



WV Governors Early Intervention Interagency Coordinating Council

Draft Minutes – Wednesday, November 15, 2023

Best Western, Bridgeport, WV & Zoom

Members Present: Wendy Altizer, Naomi Creer, Rhea Dyer, Kate Grim (for Susan Given), David Gustke, Tricia Haynes (for Janie Cole), Michael Malone (for Allen McVey), Wendy Miller, Holly Rinehart, Mary Thompson (for Jeff Pack), Bridget Waltz, and Mel Woodcock (for Jim Jeffries)

Members Participating Via Webinar: Katie Arbaugh (for Tina Wiseman), Kristian Ball, LeeAnn Blankenship (for Jackie Newson), Jessica Bohman, Diane Callison, Dr. Beth Emrick, Garland Holley (for Cynthia Beane and Stacey Shamblin), Dr. Alison Kreger, Stacey Martin, Dr. Jennifer McFarland-Whisman, Courtney Ringstaff (for Lesley Cottrell), Dr. Ressie Phillips, Samantha Ribeiro Matos, Kristy Stout, and Brittany Willard

Members Excused: Cindy Chamberlin, Nancy Cline, Brittany Doss, Lisa Fisher, and Kristin Walter

Members Absent: Roxane Chaney (for Nick Stuchell, Brenda Lamkin, Rebecca Sykes, and Stephanie Young

Guests Present: Sharon Bright, Jennifer Chase, Jessica Dempsey, Tandy Dixon, Sarah Feick, Rachel Hamner, Katie Heidel, Stephanie ODell, Susan Rispress, Melissa Saddler, and Kately Thaxton

Guests Participating Via Webinar: Lori Lawson (virtual), and Jenny Meeks

Staff: Sara Miller, and Sheila Zickefoose

Agenda/Topic	Discussion/Activity	Decisions/Next Steps
Welcome and Introductions	Naomi Creer opened the day with a welcome and request for introductions. Each Council member and guest in attendance introduced themselves and their role.	
Public Comment	Naomi Creer called the Council to order at 9:35am for the public comment period.	
Review of Minutes	Naomi Creer facilitated a review of the September 2023 minutes. There being no corrections or edits to the minutes a motion to approve the minutes as read was requested.	The motion was made by Jessica Dempsey, seconded by Holly Rinehart and the Council voted to approve the minutes as read and reviewed.
Lead Agency Update	Regina “Mel” Woodcock, WV Birth to Three Director, and the State Team provided the lead agency update. Office of Special Education Programs (OSEP) Determination - Mel shared an overview of the annual OSEP determination process. States must submit an annual report in February of each year, in April states have a clarification call with OSEP to answer any questions OSEP has and then OSEP releases a determination as to whether the state has met requirements. The evaluation was released in June 2023 and WV has met the highest	

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<p>Lead Agency Update – continued</p>	<p>standard and has again received the “met requirements” determination. It is a celebration of all work from the state staff, ICC, along with practitioners and service coordinators. Mel gave a special shoutout to Stephanie O'Dell for her role in data collecting.</p> <p>Annual Performance Report - Each year WVBTT must complete an Annual Performance Report to OSEP. The report is due February 1, 2024. Stephanie O'Dell shared the child count data available in the PowerPoint and handout provided. The child count is from a year ago, December 1, 2022. The single day child count was 4,448 children (8.5%) aged birth through two, with an aggregate child count (total number of children with an IFSP in the fiscal year) was 8,277. Nationally, WV is ranked third considering the percentage of the population birth through two children served. When compared with other entities with similar eligibility criteria, WV ranks second. Similarly, when considering the lead agency (DHHR), WV is ranked 2nd in population served. Looking at the data for the percentage of children birth to age one, WV is ranked second in the nation for Birth to 1 population at 3.69%. Stephanie has also broken down the Aggregate Child count by region and by county. Kanawha County serves the most at 897 children. And Region 1 serves the most at 1,601 children. Stephanie shared a percentage may be more useful because there may be low populations. Stephanie additionally shared a breakdown of aggregate child count based on race/ethnicity which is also available in the handout. WVBTT does report how many children are served in the At-Risk criteria, 95 children are served a day in the At-Risk eligibility.</p> <p>Mel went on the share that in the past couple of years the OSEP has released their Differentiated Monitoring and Support (DMS-2), which is a comprehensive state monitoring which focuses on the state's compliance with federal regulatory requirements and implementation of services for improved results for children and families. Cohort one states began the process in 2022-2023 and results are now being released. This allows WV to learn the process and what they are looking for. WV will not be monitored until after 2027. The DMS-2 process will include an on-site visit and OSEP will look back at data, so any decisions made now will impact on those results. Council members will be a part of that process, as they do interview members. She went on to explain an Annual Report is important and a lot of work, but the DSM-2 will be even more work. States prepare for well over a year.</p> <p>DHHR Transition - Mel continued that federal law requires the Governor to designate the e lead agency for Part C early intervention services. It is important to keep sending the message that WVBTT needs to remain under the Office of Maternal, Child and Family Health within the new Department of Health. Dr. Young, the newly appointed Secretary for the Department of Health, will be recommending that to Governor Justice. WVBTT hopes to hear of a decision soon. When a lead agency change occurs, the new lead agency</p>	

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<p>Lead Agency Update – continued</p>	<p>must meet with the OSEP to ensure the state can continue to meet the federal requirement including fiscal responsibility, monitoring systems, timely delivery of services, and SPP/APR and public reporting.</p> <p>Recruitment & Retention – During the last ICC meeting there was discussion on the WVGEICC recommendation that DHHR consider a small rate increase immediately. Then consider a comprehensive rate study, including looking at loan forgiveness options and creative avenues to better support the field. Mel has no updates to offer on this currently due to the DHHR shift. Most were happy to hear there are conversations happening. Wendy Altizer added that people are still leaving the program and offered specific examples. Mel added that it has not been forgotten, but the timing is not good with the Department switch. Wendy Altizer asked if they should continue to send positive letters or other things that can happen to help. Mel said sending letters to Jim Jeffries would be productive. Mel said she would share his email address, adding that WVBTT cannot advocate for folks to reach out, but they are welcome to do so if they want. For the Loan Forgiveness, WVBTT has had an initial meeting with the WV State Office of Rural Health (WVSORH). A partnership with WVSORH could result with support with the design of a strategic recruitment/retention plan, coordination of funding sources for a loan forgiveness program where WVSORH would provide up to \$10,000 match, and the administration of a loan forgiveness program. Many on the WVGEICC support the idea of loan forgiveness. If you make a standard repayment plan, then the loan would be paid off in 10 years. Melissa Saddler shared a person would need to be on an income driven repayment plan to take advantage of the forgiveness. Rhea Dyer added that you can set parameters that after a year of service a contribution could be made toward loan forgiveness. There were questions raised on if there would be differences in opportunities between virtual and person providers. Wendy added that there can be a tiered system, while Rhea explained that WVBTT is difficult to do tiered because everyone is not full time.</p> <p>ASL Specialists - Sarah and Kately shared on the addition of American Sign Language Specialists as a new discipline within WVBTT. A handout was provided to share information on the role of the American Sign Language Specialists. The ASL Specialist would be a resource for families with children who have an identified hearing loss, or when a family has identified the need/desire to learn ASL. Currently there are eight ASL Specialists available, with two additional individuals in the process of enrollment.</p> <p>Rhea stated the ASL world is divided on certification. She expressed concerns that the ASLPI, level 3 is not enough training for someone who would be teaching ASL. Mel stated the ASL Specialists have completed the ASLPI at 3.5 and the Deaf Mentor training from Ski High and will be using that curriculum. Rhea is concerned there is no qualification that these people can teach sign language. Rhea is concerned about the lack of</p>	<p>Jim Jeffries – james.e.jeffries@wv.gov</p>

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<p>Lead Agency Update – continued</p>	<p>background other than Sky High training and a 20-minute interview. Rhea is additionally concerned that an entry level position is posted with a professional level pay scale and that individuals will see it and can pass the test and will qualify Rhea shared that Interpreters must meet a much higher standard. Mel stated The ASL Specialists are not interpreters, they are teaching sign language to toddlers and their families. The ASL Specialists are enrolled practitioners with WVBTT and do not receive the usual contract or travel reimbursement that interpreters receive who are registered with the WV Commission for Deaf and Hard of Hearing. Dr Ressie Phillips shared that ASL interpreters are hard to come by. Rhea shared concerns with the different requirements for the two positions and fears many individuals are excluded based on the certification. Naomi offered a bridge thought that what if WVBTT offered those who have the national certification would have the certification test fee reimbursed. Mel explained that WV BTT sets the standard for the ASL Specialists, so this can be revisited and asked Rhea to send any information she has. Sarah and Kately are providing support and training to the ASL Specialists on team dynamics, paperwork, the role of the position, and the IFSP process. Sarah and Kately have been collaborating with the ASL Specialists supervisor at the WV Deaf Services Center as well. Mel added nine of the 10 ASL Specialists are deaf, so not only are they teaching sign language but sharing the deaf culture. This is a very immersive experience for the family. Wendy Altizer asked what happened to the School of the Deaf and Blind providing the service. Mel responded that they do not have very many on staff and do not have access to the Ski-High curriculum any longer. Mel continued that BTT is in communication with the WV Schools for the Deaf and Blind on strategies for recruitment. Sarah added that you must see how it works to understand how much support families are receiving and they welcome feedback with this being a brand-new program. Naomi added that it would be interested in a fishbowl video of family experiences to show other families the different options.</p> <p>Speech Language Assistants - Mel has switched to talking about speech assistants and would like to discuss that with the group. Some providers only want to provide services virtually and some families want services in their homes. Wendy stated that the problem with getting enough speech therapists is because the reimbursement rate is lower than a clinic setting. Kristy Stout asked what the education requirements for a speech assistant are. Rhea responded that it is a bachelor's level in speech/audiology. Some graduate programs are moving toward a process like certified occupational therapy assistants (COTA) or a physical therapy assistant (PTA) to have a SLPA certification track, which would include supervised clinical hours. SLPAs are becoming more prevalent, especially in more populated counties. Some recommended WVBTT investigate getting SLPAs. Bridget added that when they needed speech services the one in their area was 6 months out, which is important. She ended up driving to another area and paid for services. Brittany</p>	

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	online commented is there not a way to hire a few immersion mentors part time to provide that unique assistance. Rhea suggested if you look at adding SLPA she recommends looking at an authorization structure. Kristy asked what the requirement of an SLP with supervision for a visit? Rhea said 25%.	
Recess	A recess of the agenda was called for lunch at 11:45 pm.	
Lead Agency Update - continued	<p>Naomi Called the council back to order at 12:59pm.</p> <p>Technical Assistance Bulletins - Mel began to say that they have responsibility to release policy.</p> <ul style="list-style-type: none"> • Service Location Definitions - In the IFSP guidance there are no definitions or locations. Definitions have been added. Mel went over the changes in detail. Mel provided clarification on the definition of home, childcare, and residential facility. Sharon Bright asked for clarification for Hospice. Stephanie added that the Hospice would fall under residential setting. • Method of Service Delivery - Mel reiterated that face to face services is the preferred service delivery for WVBTT. The IFSP is a commitment to the family and WVBTT should provide services as that legal document states. Mel provided clarification that if the IFSP says face-to-face then that's how services should be done. If someone is sick, then you can cancel and reschedule. If a service is rescheduled or "missed", a missed appt form must be completed and added to the record. Any time there is a change of service delivery then an IFSP review is required. When a family is declining services, a review is not required. Parent, the service coordinator and the practitioner must be present for a review. Virtual services would follow the same criteria. When families want to change service that would require an IFSP review. Virtual service definition has been strengthened when the provider should see the child and family on screen. Services may not be provided via telephone call. IFSP meetings the cameras should be on as well. If WVBTT does hear that service providers are not adhering to the guidelines, then it is possible virtual services will not be an option. Wendy Altizer added that WVBTT practitioners should not have their own children present during services and that is not the case. Rhea suggested that perhaps if someone does not have their camera on then it is considered participation by phone, which is half rate. Mel explained that the ICC is our advisory and the ICC can make a recommendation to the state office. Wendy Miller thought this discussion should be tabled at this time as there are not enough practitioners. Conversation took place on the quality of services offered virtually. 	

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Lead Agency Update – continued	<p>Updates to WVBTT Standard Documentation - Susan Rispress shared what changes have been made to the IFSP Review and the Practitioner Confirmation. A handout was shared with everyone highlighting the changes.</p> <p>F-Words Implementation Team - Wendy Altizer shared a brief overview of F-Words for Child Development. WVBTT now has an Implementation Team on the F Words. Wendy shared a handout on the charge of the group. This team would like to and would like to collaborate with the ICC on the activities that are listed in the charge. This would include getting feedback on how F-words can be integrated into our services, along with feedback from families on implementation. Wendy and Mel shared the baby/toddler intake forms associated with the F Words. Wendy Miller suggested getting a team of seasoned Interim Service Coordinator to pilot the F Words program. There are training modules available for the F Words now that the group could investigate.</p>	
Unfinished Business	<p>There is no unfinished business for the Council to address at today's meeting.</p>	
Committee Work	<p>The ICC membership divided into two groups for specific conversations.</p> <p>Group 1 Susan Rispress lead a discussion on possible revisions to the referral form. Susan asked that everyone take a minute, look at the current referral, and note some problems they may see.</p> <ul style="list-style-type: none"> • Discussion: <ul style="list-style-type: none"> • Where is the form housed? Susan said it currently is on the WVBTT website. At the last meeting Susan talked about upgrading the referral form to be more family friendly and collecting adequate information from families and physicians. Some partners are sending them out to doctors' offices. • Who would be completing the form? Some folks have families submitting the form while some just have them come from professional referral sources. Bridget was provided the form as a parent, and she could not adequately complete the form. • What information does the form need? Just the basic information. • Where to send the document is a big problem. Having an electronic form/process would be beneficial. Would there be confidentiality issues with electronic forms? DocuSign would have the protections necessary to ensure protection of confidential information; however, there are some roadblocks to using that platform. How would the completed electronic forms be directed to the correct RAU. How might BTT's webmaster be able to assist? She is retiring at the end of December so that is problematic. Discussion around BTT to hire or contract with someone to assist. <p>Susan did a review of other referral forms in other states and shared a draft revised form with the group based that review. She recommended creating separate forms for CPS,</p>	

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<p>Committee Work - continued</p>	<p>physicians, and social workers. There was discussion on who can sign for children and gathering appropriate information. Rhea suggested one form, submitted online with embedded forms based on which entity they choose. Susan explained that right now we can make the referral form more family friendly. Next steps will be determined based on capabilities. Susan shared concern with getting foster care referrals.</p> <p>Group 2 will be revisiting family stories to be brought back along with resources around the family story process. Sheila shared the history of the family story. The group reviewed existing resources for families and brainstormed edits as well as a process for recruiting families to share their stories. Topics of discussion:</p> <ul style="list-style-type: none"> • Family Story Brochure and Booklet <ul style="list-style-type: none"> • Brochure <ul style="list-style-type: none"> • Create an infographic that could be shared via social media, RAU newsletters, intake packets, a resource practitioners and service coordinators could share with families • Booklet <ul style="list-style-type: none"> • Use as a resource to help them tell their story • Content of the document is good but tweak to align with the concepts of the F-Words • Update pictures • Options for sharing – face to face, video, zoom, written story, pictures with story, powerpoint story • Other Discussion: <ul style="list-style-type: none"> • What about the possibility to having an “interviewer” to assist with telling their stories? IFSP Team members assisting? • For students on rotation in BTT, how could we use the activities they are completing in placements to assist families in telling stories (i.e., Milestones F-Word projects) • Consent <ul style="list-style-type: none"> • Do we need a consent for families to sign when sharing story/pictures/video providing permission for future use of the story/pic/video and having notes included in the minutes • What can families waive • Protections for minors – what can families waive for their children • Would we need consent from interviewers, IFSP Team members, students? • Are there privacy issues with use of electronic stories/information/data? • Could we use a Google form to gather consent? • Marketing <ul style="list-style-type: none"> • Would be great to have the Family Story option to be widely known!! 	

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	<ul style="list-style-type: none"> Getting the word out multiple times/ways, because the information and opportunity coming at the right moment is going to be important for families. Invitations to families <ul style="list-style-type: none"> Included with the family survey and/EOB's Included in transition conversations Notice on the website Flag in the BTT Online Family Portal when available Gizmo on the Go Is there a way families could submit stories on the BTT/ICC website – Family Corner? See consent conversation above Reach out to foundations supporting families as a voice for family stories – helping them to understand how their story helps other families whether they share at the ICC or with other families in different ways ICC Sponsored community engagement activities in partnership with LIT's Partnerships with other groups – Parent Groups (i.e., Down Syndrome Network, ASD groups, Hands and Voices) Advocacy groups, etc. Educating the field <ul style="list-style-type: none"> Purpose of the family story Disseminate information through agencies and independent practitioners SC agencies have information to share with families (infographic) – SC CoP? How might LIT's help 	
Other Business	<p>Membership</p> <ul style="list-style-type: none"> Parent Partner Seat Open – These individuals have been emailed about the opportunity. Sheila emailed existing parent partners to let them know. Vice Chair position – Bylaws require one of the ICC leadership positions to be filled by a parent. While Naomi is a parent of children who received WV BTT services, she is a member of the council in a higher education representative. Council Members in the Parent category would be eligible for this role. Sheila will be emailing the parent members to inform them the position is open. <ul style="list-style-type: none"> The role of the Vice Chair is to: <ul style="list-style-type: none"> To conduct meetings of the ICC in the absence or request of the Chairperson. To collaborate closely with the Council Director or designated staff person and Chairperson in planning efforts; and To serve as Council contact for committee chairpersons. <p>Annual Report</p> <ul style="list-style-type: none"> ICC will discuss the annual report at the January meeting. Sheila would like to submit the Annual Report in early December 2023. Sheila requested the group 	

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	<p>send in pictures of their kiddos and provide any feedback about content. Sheila shared photo releases with those who asked for one.</p> <p>Information to Share</p> <ul style="list-style-type: none"> Sheila asked the group to share any updates for events, opportunities, or personal celebrations 	
Adjournment	There being no further business for the Council today, Wendy Miller requested a motion to adjourn the Council.	The motion was made, seconded and the Council unanimously voted to adjourn at 3:25 pm.