



WV Governors Early Intervention Interagency Coordinating Council

Final Minutes – Wednesday, November 20, 2024

Summersville Arena, Summersville, WV & Zoom

Members Present: Dr. Breanna Adkins, Katie Arbaugh (for Tina Wiseman), Sheila Barnhard Womack, Melissa Carpenter, Cindy Chamberlin, Trina Clark, Naomi Creer, Dr. Beth Emrick, David Gustke, Michael Malone (for Alan McVey), Wendy Miller, Mary Thompson (for Kim Ricketts), Kristi Walter, Brittany Willard, and Mel Woodcock (for Teresa Marks)

Members Participating Virtually: Wendy Altizer, Kristian Ball, Diane Callison, Emily Church, Kate Grim (for Susan Given), Garland Holley (for Cynthia Beane and Stacey Shamblin), Tiffany Kiess (for Janie Cole), Dr. Jennifer McFarland-Whisman, Erin Morrison, Courtney Ringstaff (for Lesley Cottrell), Bridget Waltz,

Members Excused: Nancy Cline, Brittany Doss, and Lisa Fisher

Members Absent: Jessica Bohman, Rhea Dyer, Jennifer Hay (for Nicholas Stuchell), Jennifer Hay, Dr. Alison Kreger, Brenda Lamkin, Jackie Newson, Holly Rinehart, Stephanie Young

Guests: Sharon Bright, Jennifer Chase, Jessica Dempsey, Sarah Feick, Rachel Hamner, Katie Heidel, Lori Lawson, Jenny Meeks, Stephanie ODell, Susan Rispress, Melissa Saddler, Kristy Stout, Kately Thaxton

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 9:40am for the public comment period. There was no public comment.	
Lead Agency Update	<p>Mel Woodcock, WV Birth to Three Director, and the WVBTT State Staff provided the lead agency update.</p> <p><u>Fall Come Grow with Us Sessions</u> - The team gathered information about what families are experiencing, including challenges and training needs. Kristy Stout shared that there was great conversation across the state as well as the trends from those conversations, including:</p> <ul style="list-style-type: none"> • families that do not have a lot of social connections, • extended family members raising kids, • both parents working full time, • more fathers having full custody, • bilingual families, 	

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	<ul style="list-style-type: none"> • more parents with autism raising children on the autism spectrum, • foster families, • young (teen) parents, • families involved in child protective services, • middle income families that cannot afford childcare and food but do not qualify for assistance, • transition resistant families more interested in homeschooling or private schools • parents are experiencing a lot of stress and a lack of resources • more families with mental health concerns, with every region interested in mental health first aid training. <p>Conversations led to an understanding that compassion fatigue is also trending with practitioners. They also requested training on different cultures to have a better understanding.</p> <p>The state team used the Come Grow with Us sessions to provide information on how data is collected and how the child outcome summary form works, and the data is utilized. The team created an infographic that highlighted the most pertinent information in an infographic that was shared with the ICC today. Attendees at the Come Grow with Us sessions were very interested in the review of APR data, with much discussion on the Child Outcome Summary (COS). Questions were around:</p> <ul style="list-style-type: none"> • age anchoring and there were concerns that the child outcomes data was not consistent around the state. Cindy Chamberlin asked what age anchoring is. Kristy Stout shared there is an age anchoring tool that was always been used with the COS. Some regions utilized it, and some did not so the team encouraged everyone to take the COS training. • great interest in how to complete child outcome summaries for children under 6 months. This was identified as a training need. • how a child's diagnosis impacts the COS. Stephanie shared diagnosis does not directly impact the data. <p>The group was very interested in the Child Count and counties that were high and low, and how we compared nationally with the Child Count.</p> <p>Folks inquired about how WV is doing compared to other states, and the team shared WV is a bit above average, and the state is meeting the targets (except one), so we are doing well in WV.</p> <p>Another theme was connecting families to resources. Naomi suggested the WVBTT has a list of resources by region. Mel shared there are already other websites that have resources that the WVBTT website can connect to. Naomi added that the amount of</p>	

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	<p>information a parent can receive can be overwhelming, so something simple like a fridge magnet or QR code is ideal. Cindy Chamberlin added she has seen a lot of resource sharing on Facebook. Resources shared today:</p> <ul style="list-style-type: none"> • WV Connections (https://wvconnections.findhelp.com/) have a great listing of resources • West Virginia Department of Education has partnered with the Cook Center for Human Connection for the next three years. One of the supports offered is Parent Coaching. Parents can sign-up to obtain a 1:1 coach that can help them navigate situations that they encounter as they are raising children. Preschool children and young children are eligible. They just need to enroll under the county that they plan to attend school in if not already enrolled in public or private school. https://wvde.us/wvde-offers-new-resource-to-support-mental-health/ • The group has requested an updated contact for Help Me Grow. https://dhhr.wv.gov/helpmegrow/Pages/default.aspx <p>The Annual Progress Report will be posted to the WVBTT website - https://sites.ed.gov/idea/spp-apr-letters?selected-category=sppapr-part-c&selected-year=2024&state=West-Virginia. Stephanie went on to share that there was slow response rate to the family outcomes survey. The team is encouraging practitioners and service providers to encourage families to complete the survey.</p> <p>Infographic - https://www.wvdhhr.org/birth23/lawandregs/APR_FFY_2022.pdf Local data - http://www.wvdhhr.org/birth23/localreporting.asp</p> <p>Continuous Quality Improvement was another conversation topic at the Come Grow with Us sessions. Jessica Dempsey shared information on the CQI process. She shared that monitoring happens through billing audits, interviews with parents and/or practitioners, formal/informal complaints, and regular periodic monitoring with self-assessments, individual child record reviews, RAU quarterly improvement activity reports. Mel shared that the team would have to detail out how many children/programs will be monitored, how TA will be provided, in the APR report. Naomi asked if there will be a standardized monitoring rubric and will they share the rubric with those being monitored. Jessica shared that thus far, monitoring procedures that have taken place and corrective action plans that have been created have been based on formal and informal complaints that the state office has received. The state has already created self-assessments for the RAUs as part of regular periodic monitoring procedures. Trina asked if the self-assessment rubric is out for everyone. Jessica stated that the RAU directors have been provided the rubric. Naomi added that a rubric would add to the ability for people to self-correct and add a sense of fairness. Mel wants people to not see this as a punitive situation but a way to ensure people are successful by identifying where people may need support. Wendy Miller added the word audit put regions on edge. Wendy added that she received</p>	

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	<p>feedback that if a phone call were made prior to the letter that would reduce the stress of regions.</p> <p><u>Differentiated Monitoring Support (DMS-2)</u> - Mel shared that on October 4, 2024, WV was notified of our inclusion in Cohort 5 of the US Department of Education Office of Special Education Programs (OSEP) DMS-2 Cycle. There will be several steps in the process:</p> <ul style="list-style-type: none"> • Discovery (document request and review), • Engagement (onsite/virtual visit), • Close Out (follow-up and • Technical assistance on required actions. <p>WVBTT will be contacted in October 2025 with next steps. The onsite visit will occur in 2027-2028. The ICC will be highly engaged because they are the advisory council to WVBTT. Mel will share the official notification with the ICC group. Many tools are being provided, including a gap analysis to look at monitoring, due process, policies and procedures, and data. Mel added that WVBTT will need to work on the messaging, so the monitoring will not be so scary but seen as a support. The state of Arizona is sharing a template for tracking the activities needed to prepare.</p> <p><u>Revised WVBTT Referral Form</u> - Susan Rispress shared on the new referral form. She gave a detailed walkthrough of the electronic form. Mel added that they are contracting with DocuSign to ensure information is secure.</p> <p><u>Transition Procedures</u> - Mel shared the local transition procedures from Part C to Part B and the Part C to Head Start are finalized and ready for the RAU to begin meeting with local school districts and Head Start Grantees for review and signature. The WV Department of Education is still reviewing the state level interagency agreement between WV Birth to Three and the WV Department of Education.</p> <p><u>Rate Increase</u> - WV BTT will not be conducting a provider survey due to time sensitivity. There will not be issuing an across-the-board percentage because provider rates some disciplines some are well below reasonable while some rates are closer to market rates. WVBTT recommended rates comparable to other rates used by programs who do home visitation. Budget recommendations are being finalized by the lead agency.</p> <p><u>Discussion</u> - An inquiry was made to see if there are any complaints about delays in enrollment services, and what response is the state providing? Mel said they are receiving complaints about access to services. Technical assistance is being provided to the region on a weekly basis as well as in person training on data entry. She added that when there is significant turnover it is hard to bounce back, so they are using creative strategies to find other staff within the agency that can come in and help with referral to</p>	

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	<p>IFSP. 13 staff were trained. The region is moving toward staffing up again. The only other option would be to end that region's grant and put out a request for proposals to fulfill those roles. WVBTT believes the new leadership is more well versed so they believe providing support and TA will get them on the right path. Mel added they are not the only state experience this, provider shortages and other states are experiencing waiting lists some as high as 6 – 9 months. She added WVBTT does not supervise or hire at RAUs. WVBTT puts out a grant and a statement of work for application. This is not an open application because the same agencies have filled the roles since 2003. They are required to submit quarterly reports and complete an RAU self-assessment. The statement of work has been revised to make expectations clearer. It was inquired if there was a corrective action timeline; Mel responded that if we do not see improvement and where the RAU needs to be, then they will need to evaluate whether to open the Call for Proposal to others. The parent partner in that area is contacting everyone that has been waiting. Mel said the WVBTT set an expectation when they asked the RAU to utilize the RAU Parent partner, they can also inform them they can file a formal complaint against the RAU because they have not received timely services.</p> <p>Proposals WV BTT would like feedback from ICC</p> <p><u>Financial Landscape</u> - WVBTT must consider cost containment. WVBTT will continue to support services that are evidence based with a focus on family and caregiver coaching. WVBTT is committed to providing service equitably across the state. WVBTT will work closely with ICC and other stakeholder groups to make data informed decisions along the way. WVBTT is proposing</p> <ul style="list-style-type: none"> • Effective January 1, 2025, WVBTT will require that evaluation/assessment activities occur with a family first prior to assessments being conducted in childcare. • Evaluation/assessment will be capped at: <ul style="list-style-type: none"> • Six (6) units with family present • Two (2) units in childcare • Effective April 1, 2025, all new evaluation/assessment activities will be conducted face to face with the child, family, or other primary caregivers. • WVBTT will begin the design of a prior authorization process for circumstances where virtual evaluation/assessment is justified. <p>Discussion –</p> <ul style="list-style-type: none"> • Wendy added Medicaid reimburses assessment as a non-timed code. Most outpatient clinics limit it to 60 minutes. • ICC is in support of this proposal <p><u>Virtual Services</u> - WVBTT is proposing:</p> <ul style="list-style-type: none"> • Effective January 1, 2025, all virtual direct services and virtual service coordination be capped at four (4) units per session. 	

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	<ul style="list-style-type: none"> • There will be no change to virtual teaming units • Effective April 1, 2025, all direct services will be provided face-to-face • WVBTT will begin the design of a prior authorization in circumstance where virtual direct services are justified. • WVBTT will form a collaborative team to evaluate the state's dedicated service coordination system. <p>Discussion –</p> <ul style="list-style-type: none"> • Jessica Bohman The greatest part of that is that the hour you provide to that family allows them to go to the park and other places as a family. Or hopefully be a better family unit. I love both sides of that perception and statement. Just a parent perception. Without our therapist and hours of therapies we would not be able to access the community as a family or have family time as we do. • Lori Lawson stated I know that face to face is best practice, but I do not have enough practitioners in RAU 8 as it is and if I cannot use virtual practitioners, we will not be able to serve all our families. Emily Church added if we require evaluations in person only, we will never meet our 45-day timeline, and we will end up with waiting lists. • ICC is in support of this proposal <p><u>Monitoring of Service Delivery</u> - WV Birth to Three is proposing:</p> <ul style="list-style-type: none"> • Effective January 1, 2025, WV Birth to Three will monitor all practitioners and service coordinators who provide six (6) or more units per child per day. • WV Birth to Three will clarify when it is appropriate to use a one -time authorization and monitor the use to ensure families have agreed to services at a frequency that meets the family's needs. • WV Birth to Three will initiate conversations with state level Early Care and Education staff on growing need of WVBTT support within childcare settings. • WV Birth to Three will review data on children who receive less than six months of service to look for trends. • WV Birth to Three will form a collaborative team to evaluate the state's eligibility criteria to answer the question - are we serving the children we should be serving? <p>Discussion – no discussion</p> <ul style="list-style-type: none"> • ICC is in support of this proposal <p><u>Hearing Screening and Assistive Technology</u> - WV Birth to Three is proposing:</p> <ul style="list-style-type: none"> • WV Birth to Three will form a collaborative team to explore the use of hearing and vision screens to support the need for hearing and vision evaluations. • WVBTT will form a collaborative team to evaluate the WVBTT Assistive Technology processes. 	

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	<ul style="list-style-type: none"> Mel inquired if the ICC would be interested in WVBTT forming a collaborative team for Assistive Technology processes. There was a unanimous yes. Mel asked about hearing and vision screening collaborative team and there was a unanimous thumbs up as well. <p>Discussion – no discussion</p> <ul style="list-style-type: none"> ICC is in support of this proposal 	
Recess	A recess of the agenda was called for lunch at 12:04 pm.	
Review of Minutes	Sheila Zickefoose facilitated a review of the September 2024 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 Dave Gustke, seconded by Cindy Chamberlin and the Council voted to approve the minutes as written and read.
Unfinished Business	There is no unfinished business for the Council to address at today's meeting.	
Other Business	<p><u>WV GEIICC Website</u> - Sheila shared the newly created WVICC website and walked through the website with the council. One the website goes live in November 2024 Sheila will share the link with the council.</p> <p><u>WV GEIICC Annual Report</u> - Sheila shared the ICC Annual Report and has inquired with the Governor's office when the report would be due. She also requested child pictures for the report.</p> <p><u>Other Information to Share</u></p> <ul style="list-style-type: none"> Mel shared that she received an OSEP voluntary self-assessment to support military children and their families. She inquired with the ICC if they would like evaluate challenges with military families within ICC. The council is open to it. Cindy shared People magazine has done five articles on kids born substance exposed and had positive reviews of the articles. https://people.com/nas-support-group-launched-by-mom-to-help-families-like-hers-8743994 Trina Clark asked multiple questions to further understand how ICC functions and supports WVBTT, including insurance billing questions which Michael Malone and Mel fielded, explaining WVBTT is in the minority for not billing. Michael added it could be possible in WV, but it would be a very long conversation. Mel added that families are so overburdened with copays and insurance payments that they are thankful WVBTT does not bill insurance. Melissa Carpenter shared that the Instructional Resource Center at the WV Schools for the Deaf and Blind has compiled a list of resources and supports available through their lending library. This can be accessed at Lending Library Items Description. 	

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Adjournment	There being no further business for the Council today, the 3:05pm Breanna motioned a requested a motion to adjourn the Council, and Melissa Carpenter seconded.	The motion was made, seconded and the Council unanimously voted to adjourn at 3:13 pm.