

Early Intervention Council



Council Meeting Minutes

Meeting	Wyoming Early Intervention Council	Date	April 28, 2023	
Chair/Facilitator	Alisha Rone	Time	1:00pm	
Location	Google Meet	Scribe	Jolene Flores	
Members In Attendance	Last	First	From	Represents
	Beastrom	Jamie	Region III	Provider
	Caylor	Kim	BHD	EIEP
	Shannon	Cranmore	WDE	Homeless
	Figenser	Jennifer	Parent Information Center	Other
	Gregory	Heather	WY Child & Family	Head Start
	Shepp	Kelley	WY Dept of Insurance	Insurance
	Reyes	Amy	WDE	TANF
	Rone	Alisha	CDC Casper	CDS/Providers
	Smith	Deana	WDE	Agency responsible for preschool
	Terrell	Natalie	Campbell County	Provider
	Wagner	Helena	Head Start	Collaboration Office
	Cari	Glantz	UW	Personnel Preparation
Members Absent	Jennifer Blaylock, Kara Wilcox, Sara Serelson, Shawna Pena, Kelli Pedersen, Deb Hibbard, Carleigh Soule, Jen Davis, Brittany Thyarks, Sara Rogers			
Guests	Judy Juengel, Sarah Fitzgerald, Jolene Flores, Jennifer Petri			

Discussion Items

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April 18, 2023

The meeting was called to order at 1:00pm by Alisha Rone

Reading of the mission by Alisha Rone

Reading of the charter by Judy Juengel

Welcome to new members – Cari Glantz, Sara Rogers

Membership updates – We have two new members joining the Council. Cari Glantz will be joining from the University of Wyoming, and Sara Rogers will be joining from Medicaid. We are excited to have them on them on the council.

Self- Introductions and Role of Guests and EIC Members and Updates

Alisha Rone: Executive Director of Region 9 CDC in Casper - I'm Alisha Rone and the Executive Director of the CDC in Casper. And this is my last meeting as chair Helena will be taking over this role which is exciting, and I'll support you in any way that I can. For us up here we have our big event on April 29. And we have 550 in attendance, usually off of this event we raised about \$300,000. And then we've been working on the RISE project which I'm going to update you on in a little bit and worked hard on the ECA. I'm so glad that came through and we'll start preparing for next year's budget and joint appropriation. I've been having a lot of family focus meetings with our pre K kids going into kindergarten and their parents just to see how we can constantly improve our program and highlighting the Wyoming Inclusion Project. It'll be good to see that project kind of come to a close here soon as well. But it's been a good project for all of the sites that have taken it on. Natrona is also doing the plans of safe care, piloting so I've been busy getting that committee put together.

Amy Reyes: TANF Program Administrator - I'm very involved with the ECIDS project and trying to get all the TANF information loaded into that very large ECIDS project that DFS is working on. I'm also working really hard to get all of my TANF sites currently up and going with ready for K. We got a grant through ready for K to get approximately about 414 kids enrolled. Ready for K is a program where they text the parents and give them conversation starters and so on and so forth. I've been really involved with the oral language screener for four year olds within WY BILT grant. That deadline was on the 15th. And so all 25 districts that have accepted WY BILT dollars, through the CLSD grant at the US Ed level. Approximately 300 four year olds across the state were screened for oral language. So that was really great. The really good news is TANF is now on a two year

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contract basis so we are able to amend those contracts. So everybody that I'm currently contracted with will be live through September 30 of 2024. We just finished our professional development series on baby talk supporting infant and toddler peer relationships. So that was a large success as well. Just about to start TANF travel.

Cari Glantz: I'm a senior project coordinator at the Wyoming Institute for Disabilities or WIND at the University of Wyoming. Thank you so much for letting me be on the council. I'm excited to work with work with all of you. At WIND I primarily work on our professional development and our echo networks. We have an echo for early childhood and also echo for autism and positive behavior supports and then echo for families. We're wrapping up with the professional development pieces for the academic year. But we will be having a an echo for families series, two sessions in May and two in June, focused on behavior supports and helping parents with some of those transition pieces as kids are getting out of school for the summer. I also have to support our Family to Family Health Information Center work, and that does include our act early program I work closely with our act early ambassador to Wyoming to provide learn the signs act early materials for families and providers in the state to increase the awareness of developmental interventions and developmental milestones and in those screenings.

Sarah Fitzgerald: I'm Sarah Fitzgerald and I work for the Wyoming Early Hearing Detection and Intervention Program which basically comprises newborn hearing screening diagnosis and getting kids to early intervention as well as periodic childhood hearing screenings to find late onset and hearing loss through all child development centers. Judy had asked if we would do just a quick wrap up of our national EHDI conference that happened in March. This conference just brings together all of the states and territories and people who work within EHDI systems. In March, we had our first in person conference since 2008, which was pretty exciting. And eight people from Wyoming attend. One highlight for us was that the Wyoming EHDI website won website of the year, so we were pretty excited about that. That means that our website is pretty user friendly. Wyoming also did a couple of presentations. One on early onset system in Wyoming and then one about the Wyoming Early Intervention Initiative for families with children who are deaf or hard of hearing. Wyoming has been participating in something called the ODDACE or outcomes and developmental data assistance center for EHDI programs since September of 2020 and these ODDACE assessments are developmental assessments on children who are deaf or hard of hearing. Typically starting at nine months of age up through five years and the person who runs this project presented quite a bit of data at the conference. It was really interesting to see what that is showing with programs throughout the US. The next EHDI conference will be in Denver March 17-19, 2024.

Helena Wagner- I'm Halina Wagner and I'm the Headstart Collaboration Office Director at the Department of Education. I don't really have anything major, there's a lot going on, but I don't think

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that any of its new, it's just ongoing. I will be submitting my grants at the end of the month, and it's really going to be focused on looking at the partnerships and seeing where we can strengthen some of those partnerships and communications between Headstart programs and some of our special education programs. I know there are a lot of common causes, especially with workforce, salaries, and wages. So I'm honing in on some of those projects and seeing where they overlap.

Deana Smith- Wyoming Department of Education- I'm Dana Smith from the Wyoming Department of Education and I work with the continuous improvement team with doing professional development and technical assistance for special education. I also support our 619 through BHD. The things that we have going on right now, I just wanted to give you a little update. We called together a stakeholder group for chapter seven rules. We opened up a few sections, one was just a definition for timely manner, it was federally mandated and some things have changed. So we had to change that for vision and so there's a new definition. That's in section three. Section four for evaluation, identification, and eligibility. We did look at the DD category Deaf Hard of Hearing a section of SLD which is specific learning disability, and then a part in vision. We're getting ready to close that part for our stakeholder group. We'll have our final meeting to share all the proposed language. Then that language goes to leadership and to the AGs office, and then it will go out for public comment. I will share when that get when that goes out for public comment so that you guys can be aware. Section five, there was a part in residential placement, there was some changes that needed to happen there. On May 2nd, 9th and 11th we have Ann Benninghoff who's going to be doing a three part series on specially designed instruction. And we just closed out a statewide book study and had a wonderful participation. We do have our annual in person WAVE conference on August 1-3 at University of Wyoming.

Shannon Cranmore: I am the state homeless coordinator for the Department of Education. And with the McKinney-vento act, any facilities that serve children early childhood, up to school age if they receive any kind of federal funding, they are required to follow some of the McKinney-vento mandates such as helping to identify enrolled students that are homeless, and that is done in coordination with your local school districts. So if you partner with your local school districts already great. If not, that's probably something you should be looking into and contacting them or me to get that partnership going. I do want to let you know that generally, with our McKinney-vento funding, we receive as a state a little over \$200,000 a year that we sub grant out to school districts. Usually there's between 6 and 10 school districts who apply for that additional funding. However with COVID, as a state we also received just over \$2 million under the ARP HCY, the ARP for homeless children and youth. About half of the school districts in Wyoming have received those funds. So there's some additional funding there if you have children that are homeless and you need some extra support from the school district.

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Heather Gregory: Headstart Program Manager for Lincoln Uinta Development Association – Representing Wyoming Headstart Association. Early headstart, Headstart is a big thing for us within 45 days. It's a performance standard that every child is screened, so that we make sure kids are all having access to early intervention services. The Start Association is trying to increase our participation to include parents and community members. The more that we can get involved, the more parents and our communities know about the services that are available to them. It's a busy time of year for Head Start early head start, it's recruitment time and so we work real close with our Part C and our Part B, just to make sure that we're accessing all the kids and families that are in need, but other than that, no big changes.

Jamie Beastrom: Family Service Coordinator for Crook and Weston County – We're putting together a love and logic training for two of our communities. We're using some of the Western county CPT grant money to reach out to those parents in Upton in Newcastle. We found that it's a big need up here and our parents that are court ordered to have it have had to go to Gillette or just try to do some online pieces and so we did find someone that's willing to come to Newcastle to set those up for us. So we're excited about that. We are sending some staff to the hearing and visually impaired conference in June. We're excited to get out of Newcastle and do some professional development travel versus trying to do it all online. Our Part C report card came in and that looks good again this year, so I'm excited about that. I'm just kind of winding down the school year for Part C kids as well as setting up schedules for the summer and what that's going to look like. My crowd is transitioning so I think out of my 21 kiddos from my December one count, I will have 7 by August they are all transitioning from C to B or transitioning out, so our crew is busy with those last transition evals and helping parents transition from the programs.

Jennifer Figenser: Executive Director with PIC, Director of the nonprofit PHP – We have our big annual conference coming up April 29. It's a Saturday. So parents of children with disabilities and we're offering free for children. So if you'd like to come or if you know some kids who would like to come for free, they can register at wpic.org. We're not offering it free to parents, but some districts are providing funding for parents to go so if parents have a question they can call me. I have been known to give out discounts for parents that have more than one child especially just because we want to get those parents there. Jordan Toma is speaking there and the special education boss there she'll be there as well. So some big speakers. I think this group maybe that helped me come up with the idea of having a health panel at this event, so I'll be contacting some of you here this week to talk about if you could speak for 5 or 10 minutes about what you do. Parents helping parents is looking for board members. We're also hiring someone to work with youth and parents of youth. So we're really excited about this new position. We're excited about working with different state agencies for young adults. And PIC is just trying to find our place in that. As well as of course we love our early childhood partners. So we're just happy to be here today. Contact me if you have any questions.

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Kelley Shepp: Kelly Shepp with the Department of Insurance, I'm an insurance standards consultant and I really don't have any updates. It's pretty much business as usual around here.

Natalie Terrell: I'm Natalie Terrell. I'm with the children's developmental services of Campbell County in Gillette, Wyoming. We do have a group of people that will be coming on at 1:45 and we'd like to talk with you about the trust based relational intervention program that we've been implementing both in the home visiting program as well as preschool. In terms of what's new here. We've had a lot of change. Our Executive Director, Bob Trenas' last day was Friday. Our board has recently offered the position to Nate Grotrian who will start on May 1 so that's a big thing here. Then our special education coordinator Trena Bauder who is also the Interim Director will be retiring June 1, we have a lot of big changes coming. We're really focusing on staffing and still looking for early childhood special education teachers. I think last time I told you that we were unable to find a speech therapist, however that's been resolved. So we're fully staffed with speech therapist, and that's all good.

Kim Caylor: Just overall as a state. We've had a lot of travel, a lot of out of state travel. Judy and I just recently got back from the National Pyramid Institute last week in Florida. There was just so much information and it was pretty overwhelming. I will report on the ECA later on today but that's exciting that we got the ECA for this year. And then we just continued to work on program activities and we are busy with end of the year stuff and other program items.

Judy Juengel: Part C Coordinator - You're going to be hearing plenty from me later in the agenda with our topics that are covered. So I'm going to do something a little different with my 60 seconds here. For anyone who's new or hasn't been around for a while. Our council is a requirement of the grant. And so I wanted to just kind of emphasize the importance of us coming together to talk about these issues that are facing the kids that we serve and families and so I just want you to know that I appreciate your time. And then I don't think I've ever really talked about why we're all here. And so there's quite a few required positions on the council. The US Department of Education requires that we meet quarterly and that we have parents on the council, that we have someone from Medicaid, someone involved in training. We have our department of Ed folks, we're required to have people that are responsible for preschool services. And of course in our state that's done partly in WDE and partly and BHD so I just kind of got to thinking about all the things we've talked about in the five years I've been here and it is definitely an important time. So thank you all for coming today and I'll cover the rest of my topics later.

Jennifer Petri: Part B/619 Coordinator - We're just continuing to work through our corrective action plan, which is statewide and so we're coming on to finding out the results of the last year here pretty soon. The entire agency is going to be switching our data platforms. Hopefully in the

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next couple of months. We're going to be going to SpEd Advantage from Welligent so that's something that I think most people are looking forward to. So that's a positive. And then we're also working on doing individual trainings with different regions depending on their individual needs. So not only are we doing statewide trainings for everybody, but we are doing more targeted trainings as we see things come up so that we can make sure that we're supporting each region individually in and things that they need.

Jolene Flores: Data & Contracts Specialist – I've been bust working on the contract amendments for the ECA increase as well as working on drafting the FY24 contracts that will begin July 1. As Jennifer stated we are also working on building the new data system in SpEd Advantage and getting ready for the transition from Welligent.

Call for Additions to Agenda Discussion and Approval of Minutes from July Meeting –Deana Smith requested a motion to approve the minutes. Helena Wagner seconded the motion. January 2023 minutes approved.

Public Comment- no public comment was received.

Presentation from Regional Provider- Started implementing Trust Based Relational Intervention (TBRI) in our early headstart home visiting program about three years ago. It's kind of a holistic approach that is based on attachment and connecting with kids. Its evidence based and looks at brain development and research, and how the early experiences can alter that brain development piece. TBRI is focused on three sets of principles, Connecting, Empowering, and Correcting principles. Because it's based on research and looking at how development should have happened for kids who had typical or healthy experiences in early childhood and early in life then it looks at helping get them back on track developmentally. It's designed for kids who come from hard places, but it also applies to all kids. We've found it to be effective with any children that we work with. Like I said, it really is based on brain research and TBRI specifically focuses on six actual risk factors for brain development. They look at things like a difficult pregnancy, whether it's medical complications, drug or alcohol abuse crisis or other trauma, high levels of stress during pregnancy, difficult birth, early hospitalization, abuse, neglect, and any other kind of trauma. Then through using those principles, you can then help make sure that the attachment is solid with kids and help reconnect so that you can form that solid foundation that they can develop all other skills. We've been able to use this to help coach parents and how to build connections and relationships with their children, but we've also been able to utilize the strategies and the principles that we've learned through TBRI to build our connections with parents and help support our parents in healing from difficult things that they've experienced themselves. We've found it to be really beneficial. We started implementing it with our Part C program and throughout the center

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- What did the training look like? Who provided that? Was it costly? How long was it? I'd like to hear a little more about that piece. We received our training from Tara Reed who a counselor in our community. I believe the Life Center is the name of her business. She implemented the training for us it was very cost effective, we were able to offer it to all of the staff at the Children's Center when early headstart initially started doing it, then again this last August and we've been able to carry out the ongoing implementation support on a monthly basis.
- Does this help with trauma children? Yes. It's considered a trauma informed approach and it really is looking at those kids from difficult backgrounds, specifically, and lots of our kids with difficult paths have parents who've had difficult paths as well. And so that's where we've really seen it applied across the board. I also have found it to be really helpful for staff with secondary trauma and looking at a lot of that with some of the situations that we encounter in our program.

I'm Lexi Buckley, and I'm a Part C home visitor. I've been using the TBRI principals in the homes for about a year. I would say that because our visits are a little bit shorter than the early headstart visits we typically will start with coaching the parents on using some of these principles, building connections with their child, and embedding that just like we would with interventions. We embed that in the routines of their day. We talk a lot about things like sensory strategies to those connecting principles.

Dana is our social emotional coordinator, will talk a little bit about how she uses TBRI. I do that and then I also provide early intervention services to all the outreach preschools in our community. So I go out and see the children that don't attend to our center and work with the schools that have not been through the training. A lot of what I focus on are the regulation strategies and the engagement strategies within those preschool settings. So just being able to help the teachers work with all of the children in their classes. Then from a social emotional standpoint, if we have a child that comes through screening clinic, or if there's a child at an outlying preschool that they have social emotional concerns with it's been really helpful in the parent interview process to find out if they have any of those six risk factors, because then that can help implement some of these TBRI strategies within that consultation piece.

- Do many of your staff feel like it's equipped them with the strategies to use? I think we've all seen an increase on kiddos with high social emotional needs. Do you feel as though this has given you the tools to help some of these kiddos with extreme behaviors? I would say in my experience working with staff at our center that have had the training and staff that have not, I do think it is very helpful. It's also helpful to have that ongoing consultation piece with Tara Reed. It gives us things to do when we have those kiddos in our classrooms and we just don't know what to do. We have a lot of tools that give us the needed guidance. And so for me personally with being in the center, in the homes, and in outlying preschools, I do



think it's very helpful. And it is definitely different with people that have had the training versus not because the “why” is there. I would also share that I think having all of the staff center wide go through the training gives us a common language and so we can really implement with fidelity the program as its intended.

- The feedback that I've gotten from the early headstart home visitors is that they really find it helpful in reframing your thinking about different situations. So you have the tools and the strategies to apply it in the moment and those situations, but it also then becomes kind of a shift in thinking which helps alleviate some of the frustration that's sometimes experienced with the challenging behaviors. Because instead of focusing on the behavior you start to think of the reason for it, the need that is being unmet, and kind of where can you go from there. And so I think it helps in that thinking to kind of break down the behaviors and feel a little bit empowered that there is actually something helpful you can do in those moments.
- I would just add to that, in terms of the preschool classrooms. Yes. I think that our classroom staff are feeling really supported by it because it is a definite mind shift change for us. So instead of seeing them as challenging behaviors, we're seeing the unmet need. So Tara really has helped us to talk through some of the situations that we find to be really hot buttons for teachers and really seeing the need behind it. And then also the trauma response and how do you go about helping a child who comes from hard places and has a trauma brain.
- Does this is this the same or does this fall in line with the Wyo Kids First or is it a different program? It's a different program, it does fall in line with that but they are not the same. This is a more of a big picture kind of holistic piece in terms of not just putting those protective factors in place is like a child abuse or neglect kind of prevention piece, but more so how do we help get their brain and their development in a place where they can then be back on track for learning because we know that social emotional foundation then supports their development and all areas. And so I would say this really looks more at probably a development.

At Risk Continued Discussion – Alisha Rone –I wanted to give you an update on where we are at with Project RISE our at-risk project that the early intervention Council has adopted as our project and I'm looking forward to continuing on with it throughout the year. We have a great committee around this project who have put in a lot of time to get it to where it needs to be right now. We've kicked it off in Natrona County. The at-risk project started when we talked about babies being born with substance in their system, and how can we best support these babies. Jen Davis, who's the governor's Health Advisor, brought it up to us and we talked about it for a while. The committee met and chose at-risk qualifiers to provide early intervention support. With this project, we will get referrals over the next year of babies who have been substance exposed, whose primary care giver has a known mental illness, who are born into a family who has an open child welfare case, have failure to thrive or attachment concerns, prematurity, and then low birth

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weight. It's been interesting and I'll talk about the referrals that come in. But our ultimate goal is to pilot getting these referrals of babies into the CDC in Natrona County and Albany County, Rawlins specifically and then just see what those outcomes are in getting these referrals and providing early intervention services to the these babies, then either moving them into Part C, or graduating them off the program or getting them into Part B. We're walking into a black, black hole right now with not knowing what to expect. But in the end, we want to change our state statutes to be able to include this at-risk verbiage, because right now, our Part C which is birth to two years of age, we can only qualify kiddos who are showing a developmental delay, or who have a diagnosis. With a lot of these at risk babies we're not catching them until 2-4 years of age and by then it's really too late and we want them right out of the gate. The early intervention council decided to take on this project. Helena suggested piloting the project so we know what we're getting into before changing statute. I wrote a grant to the collective health trusts and we were awarded \$160,000 for the first year and half that we're going to be able to pilot this project. It falls right in line with the recent legislation that was approved for plans of safe care through DFS, and those are only for drug endangered babies, not for at-risk babies. Although DFS said we can do a plan of safe care for a baby that comes through the at-risk project. They have opened up the plans of safe care pilot project in different areas in Wyoming and seeing how far we've come along with the at-risk project. DFS asked if we would consider running a plans of safe care pilot in Natrona County as well and run in conjunction with the at-risk project. We're starting to formulate a committee based on our drug endangered child committee here in Casper. We're hoping to use the same people that are on that committee to be our plans of safe care committee. So far, we've had 16 at-risk referrals since March. We have had eight babies with substance abuse and those substances have include cocaine, heroin, meth, and alcohol. One baby had all of those substances in their system. Our heroin baby was the first one we got and that little baby was born at home with no midwife. We were fortunate to have the foster parent be referred to us and that's how we got them, now they're working on reunification with the parents. The rest have been maternal attachment, prematurity or low birth weight. We're just kind of getting the gist of it because we have preemie babies that are born in Denver, coming home and we evaluate them and ultimately they're qualifying for part C right out of the gate. Even though we kind of started them with this. They're already moving into Part C. But sometimes it went the other way where we had a baby who came in for a screening mom was 15 and baby didn't qualify for Part C, but grandma is a meth user and mom and baby live in that home. And so we refer them to the RISE project. And so it's just interesting. It's a fine line, determining if they should move into Part C with their premature status, or if we keep them in the RISE project. With getting so many referrals that once we weren't prepared for this influx.

- There's some work to do on the state side with the rules and we have taken an initial look at them. What we were advised to do was to keep it simple. To take the six or eight categories and make it so that they all get into the at-risk one way, and that we don't have different criteria for all the different categories to make it super complicated. I've been thinking about what kind of language to put into the rules. We don't want to make it super complicated for

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providers. I'm going to have to get more technical assistance on what that's going to look like in our rules. It definitely takes some time but we know that we need to be working on that piece. The data that you've presented from one month is, absolutely a reason to move forward sooner than later. Wyoming is so small and this just started, I can't believe there's that many babies that have been exposed to substances such a small community.

- You talked about prematurity and qualifying for part C, but we know these kids don't qualify for part C or they haven't had a full screening or eval yet because you just received these referrals? Some have qualified for part C. We've been doing the Bailey on them and determining eligibility it that way, but we're just tracking so we'll be able to tell you how many we've moved into Part C from the RISE referral, and then how many that didn't qualify and keeping as at-risk. The reason I asked that question was in part because of child find, I was thinking that I would love to get this information out to all of the regions because we know that the at-risk is a pilot project in two areas of the state only, but if you've found kids that are qualifying for services way more than we thought because you've been in touch with the medical community and other avenues then we want all of our providers to be doing this for child find. I'm not saying providers aren't doing some of these things already. I'm not saying that by any means, but it sounds like this has brought some kids into our program who definitely need our services.
- I don't think we would have gotten some of these substance exposed babies right out of the gate if we hadn't gone to the hospital. We had to have an MOU with the hospital to get the referral. Who knows when we would have gotten them, because if they go into foster care, I mean, usually we get the kiddos in foster care, we get them screened and evaluated. But if right if it's just a weed in their system, they're not taken away from the parents. And so it's, it's been on those parents to bring them in for a screening or the pediatrician to recommend them which some take advantage of it. Some don't. We've all seen that. And so at least now, we're giving them a referral and we're reaching out to the family. That's been good.
- Of the 16 referrals are the families opting in? With this substance exposed infants they don't have a choice to opt in. It's going to be part of their reunification plan that they have to have services. We've worked closely with DFS, so it becomes part of their plan. Some of them were their babies are premature or low birth weight, they brought him in and we've said we're willing to offer services, you could come and get a little OT here and there, we'll come to your house and do family service coordination. Those families have been more reluctant, they think their baby is doing great. So we're just going to keep checking on them and following up on the ones that have requested to not have OT hands on services.

Thank you for embracing this project as an early intervention Council project. Because we just we need this in our state. It's obvious just by seeing the numbers that we need to be catching these babies a lot sooner.

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- I just want to say thank you a big thank you to Alisha because I know the work that goes into something like this and she has taken it full steam ahead. So congratulations and hats off to you for the work that you're doing and for seeing a need and making something actionable so that we could move quickly on it. You've just moved so quickly, its mind blowing the progress that you've made already. I am just I'm thrilled to be a part of it, and happy to help in any way I can but hats off to you and the work that you're doing.
- Thanks, Amy. I couldn't do without Judy, Kim and the whole committee that invested in this project, and I think we just all know that it's much needed. In fact, at one point in time, Judy and Kim were like slow the reins, call the train back a little bit because I was like, I'm going to go get this money. We're going to pilot this. This is what we're going do and I think Judy was like, what is happening? This is moving way too fast. But in the end, it worked out okay. We're well on our way. So, more to come.
- What are the next step for Rollins? We should have the money next week. We have all the informational sheet and the referral sheet for Albany County. Jamie will have all that information and can then start getting referrals in Rawlins which will come out of Laramie hospitals I'm really going to have to hold Jamie's hand in this, I have yet to tell her what we're seeing here so it's going to be one great big surprise. We're just going to work with the hospital in Laramie. And Natalie has a great contact there. I wanted to get this kicked off so I can provide better guidance to Jamie in what we're seeing here and what needs to be done. So that should be next week or the following. But she has all the tools to do it.
- I will say when I was newer to this work and when we would be monitoring for part C and reading child files. I remember being so concerned about the amount of files with these issues and families with substance abuse, homelessness, poverty. When you read some of these files and think what can we even do? How can this get better for this family? I think we are doing something to make it a difference so it is awesome. It makes you makes you feel good.

State Funding Update – Kim Caylor - We are required to request an external cost adjustment (ECA) every year for our programs to account for any inflation or increased costs to do business. In this past session, we requested the ECA and always request amount that that will bring us up to the level that school districts are at or close to it. In this past session we requested \$10million knowing that the chances of getting that amount are pretty slim, but we continue to do that. The Governor suggested a small amount, then the legislation increased that and recommended and approved a \$4million ECA. We have hardly ever gotten a clean, straight ECA during the middle of a biennium so that presented some work for us to research historically what that looks like and how it rolls out. Because that does affect our maintenance of effort (MOE) and that MOE is a requirement that is placed on federally funded grant programs that state education and local education agencies to demonstrate a level of local and state funding and that it remains constant from year to year. We were tasked with how we are going to make sure that the regions get the \$4million ECA while being able to maintain MOE, so we worked closely with our budgeting office

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and our director's office and did a lot of planning and worksheets preparing and working through how this is going to work out. The solution that we came up with is to amend our fiscal year 23 contracts to allocate and distribute the \$2million across the system now, then include the remaining \$2million in fiscal year 24 contracts. This enables us to remain compliant with MOE requirements. Knowing that we will again go back and request ECA next year.

- That was a great overview. I just wanted to that \$660,000 of the \$2million went to part C. That was the breakdown between Part B and C since Part B has doubled the enrollment. Some regions got as little as just \$8,000-\$9,000 but other regions with more kids got \$100,000+. I wanted to give you an idea of what that looked like for the providers.

While it doesn't provide the amount of money that's needed to bring us up to what we should be at, it certainly helps tremendously. And so I think we were all really excited about that ECA and we wanted to work really hard to make sure that we were able to roll that out.

- If it was just the department or Stephen going in and asking for this ECA it wouldn't have happened, and I think we know that based on the track record. We're now \$10 million plus behind in funding for early intervention in the state. You know, it took directors calling joint appropriations committee and legislators to say we need this or the viability of CDC is going to be sparse in the future. We are seeing that in sub areas that are having to close preschools. While I do give credit for the Department of Health, I really give the credit to the directors that spent hours with the joint appropriations committee members begging for this to go through. We requested \$11million, and that got pulled back to the \$4million with the intent of going next year for an additional \$4million. So that would be \$8million with which still is nowhere close to where we need to be. And I think for me as a director, I didn't take into account that the budget runs on a biennial basis. And so we were like, Yeah, we got the \$4million ECA. I didn't even think that it would be split over two years. And so that was great, but we still are so far behind. We still have a ton of work to do to get this to where we need it to be because it's in state statute that they will fund us at the same level as school districts and we are nowhere near that. So we just have to keep pushing forward and keep going to work with this.
- I think it was evident during this last session with a number of bills that involve early childhood in some way that early childhood is gaining momentum in the state. So work of the directors and the CDCs is obvious and I think it is gaining momentum.
- Just keep continuing the work. We have a long ways to go. But thank you for that. I know for my region all of it is going towards staffing increases, just in hopes to keep staff because I can't compete with the school district right now.

Part C State Report Card/Public Reporting Process – Judy Juengel - I wanted to talk a little bit about our public reporting requirements and the Part C state report card. I sent a message out to the providers this morning letting them know that the public report cards have been posted on the

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part C website. I'm going to show take just a minute to show you all how to find that, the link will be in the minutes as well. Go to the Wyoming Department of Health web page, then click on divisions, click on Behavioral Health, from there you'll find the Early Intervention education program. Then when you click on that, there will be a Part C tab, so that's where you will go. And at the bottom, it says SFY 2021 performance reports by region. I labeled it that way because OSEP looks at these to ensure that we have fulfilled our reporting requirements. Once you click on it all of the regions will be. I'm going to pull up the state report card next, but I just wanted to bring it to your attention how to find that. The state report card is based on the data that was submitted to OSEP in February, so July 1, 2021 through June 30, 2022 data. You have heard me talk about the indicators. Those are basically just the data points that we measure. These are the required data points that are submitted to the Department of Education each February. I'll do a quick overview of what those are. So indicator 1 is the percent of infants and toddlers with IFSPs who receive early intervention services on their IFSP in a timely manner. We send out a self-assessment each year and providers take a look at a designated number of files and report if children received those initial services within 30 days of the IFSP, and if not, they also would document what the reason is. We usually get very close to 100%. Indicator 2 is the percent of infants and toddlers who received their services in the home or community based settings. In Wyoming we do awesome in this area and I really saw after COVID started to finally decline that the numbers came right back up to where they were before COVID. I believe that providers did their best to get back into the homes as quickly as they were able to and so we met our target. Indicator 3 is a big one. We spend a lot of time looking at this and we do have a Part C data drill down but it's basically a share out deep dive into the data scheduled for May 1 to give providers an opportunity to look at their child outcomes data and analyze and think about it. We look at three areas; social emotional, knowledge and skills, and taking action to meet needs. The results that we're seeing here are very similar to what we see every year. It's hard to get those social emotional scores up to target. It was difficult when we were target setting to project. We've now moved from the BDI2 to the BDI3 and these results only reflect the BDI2, but I'm anticipating we'll see some changes with the BDI3 as well. And so we did not meet our target for the social emotional, so we'll really focus on that at the drill down since that's part of our state plan work with the pyramid model. Knowledge and skills we typically do pretty well in. We were able to meet both our targets for taking action to meet needs. Indicator 4 is our family survey, that's something the council has spent quite a bit of time talking about in recent times. Wyoming does so well with our family survey. When I look at other states results. We have close to 50% response rates. Some states are less than 20%. And so we have a small population but those providers are really doing their best to get as many responses as possible. I'm really proud of this and I hope that you guys will share this with others who may be interested but as far as family knowing their rights 98% said that they do. 97 % say that they're able to effectively communicate their child's needs. And 97.99% say that services help their children develop and learn and that's really what we're here for to support those families of young children so they can develop these skills. I think this is a really great reflection. It's really hard to

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show progress as you can see from our child outcomes data, but the families are recording that this is making a difference. Indicators 5 and 6 are child find that's measuring the number of kids' birth to one and then birth to three on IFSPs. A couple of years ago the council discussed the difficulty in moving the needle in this area. We don't use this as part of the local determinations, but we still have to report it to OSEP and we still have to include it in our public reporting process. We did exceeded our targets by quite a bit. The target was 1.92% and then 4.32%. And our results are were 2.5% and 6.12%. So we're doing really well with Child Find. Indicator 7, that's the referral to IFSP timeline and it's very short. In part C it's 45 days, and because it's from the referral date, the date the center gets that call they have to get in touch with the family, get consent to evaluate, schedule the evaluation, conduct the evaluation, write the report. There is a lot that goes into it and it is really hard timeline to meet. But we were so close. The target is always 100% and two files in the entire state for that fiscal year were missed so 99.81% is what we received. This is up from last year which was 99.72. Indicator 8 is a very complicated one. That's our transitions. There's a lot of steps that go into transitioning a child from Part C to part B. These are for the kiddos potentially eligible, not kids that are exited from the program before they approach their third birthday. The target for these is also 100%. 99% of IFSPs contained transitions, transition steps and services compared to 95% last year, that's a huge jump. Notifying the LEA if children are potentially eligible for Part B, we got 100% in that because the way our system is set up. Transition conference, that's the meeting that needs to occur at least three months before the child turns three to talk about what Part B services would look like what the evaluation process may look like and answer any questions the family has. We went up quite a bit we received 98.5% versus 94% last year. So even though we didn't meet the target, I'm super proud of how much progress we made.

Break

Input on Part C Determinations- Judy Juengel - I did want to get input from you all about how to add a couple of things to our determinations. So our public reporting in our report cards and our determinations, so, we're required to post the report cards. And then we use the data on those report cards to issue local determinations. OSEP takes our statewide data, and they issue a local determination that's supposed to be released on June 20th, but in turn, I need to issue a local determination to each provider based on their report card scores. They are not public, they are sent to each region individually. I wanted to talk about the requirements for what goes into those determinations. Presentation shared by Judy. I found the criteria for determination resource on the ECTA (Early Childhood Technical Assistance) website. In order to issue a determination states must consider performance on compliance indicators which are timely services, the IFSP timeline from referral to IFSP, and transitions. We must consider whether data submitted by EIS programs are valid, reliable and timely, uncorrected non-compliance from other sources and audit findings. Uncorrected non-compliance from other sources could be from monitoring or from any other activity where we identify non-compliance, and then the audit findings are that regions are required

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to submit a yearly audit if they receive more than \$750,000 in federal funds from all sources. If they don't, then they submit their financial statements and we gather those and send them to our grants team. In addition, states could also consider performance on performance indicators and other information. I was unaware that I needed to include audit findings and data quality and so they were not included that in last year's determinations. Performance on compliance indicators, uncorrected non-compliance, sorry, performance on performance indicators are what was included. So child outcomes, services in natural settings, family survey, etc. I wanted to discuss how to go about it this year. I'm hoping to issue the determinations by the beginning to the middle of May. I don't have a ton of time, and haven't had a chance to talk to my team here in EIEP about how to handle the data piece and how we roll that into determinations. With the audit findings, we're going to have to look at those audits internally and if there are issues we'll have to subtract a point from the total determination, but I have an idea that I wanted to run by the group.

- Can you tell us how you determine the percentages on the report card and if that in compliance, or non-compliant is determined? I can. Before I go through this, I do want to mention that states have the authority to do this however they chose, we just have to meet the required points. We have to take into account the compliance indicators, so last year, we took the five indicators, and you can get five points maximum and so you'll get zero points. If you did not improve from previous year and did not meet the target. But you could get three points. If you did not meet the target but showed improvement. I wanted to give regions credit for making improvement even if they didn't reach that 100% target. You get five points if you've met the target of 100%. So that's all five of the compliance indicators. For the results or performance indicators, I really wanted to give folks credit for those because it's so time consuming. Doing child outcomes measurements, all those endless BDI assessments is very time consuming, and same with the family survey. I realize the amount of work that goes into it and I think regions should get credit for that. So these results indicators I did score them only at one point, but use the same criteria. If they did not improve and did not meet the target they got zero, and one point if they met the target or improved from last year. The requirement categories that OSEP specifies meet requirements score 86-100%, needs assistance 71-85%, needs intervention 56-70%, and substantial intervention is less than 56%. We didn't have any regions in the needs substantial intervention category. We had a couple in needs intervention, a few in needs assistance, and the rest were meets requirements. I'm thinking of adding points for the audit. I don't believe there are regions with significant concerns, but we'll need to look at those audits.
- I had an idea on the data, just because I just learned that this is a requirement and I need to get these determinations out I thought about taking a simple approach. It says that we need to consider valid, reliable and timely data. And so when I started thinking about if the data is valid? Is it is it measuring what we want it to measure? That's more on the state side, I think, but reliability and timeliness, like is the data complete and accurate. That's something

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we can measure. And timeliness is the data entered into our data system in a timely manner. So my initial idea, is since our data has improved immensely over the last three years, I was thinking for this first round of determinations that everybody would get a point in all of these areas. Then next year we can develop like a little bit stronger criteria. I believe every region has made improvements. So that's just my idea. What do you guys think?

- I think that's great, to give everybody that point, because it has been hard on every region. I think we're going to see a lot of work being put into sped advantage too. Having reliable data and being timely and entering it into the new data system is going to be a lot, but I agree with that. For this year.
- I was wondering if when you pull 10 files and they're being reviewed. Is that information being submitted in a timely, reliable manner? Maybe that's something you can look at the following year as we do file reviews. Are regions getting that information in or corrected timely. Part B is doing a monthly file review but is part C doing the same?
- No, we have our monitoring and then we just rolled out self-assessments, but no, we don't have those file reviews, but that's a really good point. Part C in general is very good about submitting things on time. But if they don't, I'm pretty forgiving also. I think part of that is just because I don't get things done as quickly as I want to and then I feel guilty about coming down too hard on folks. But that could be part of it, especially at the beginning of the fiscal year. People know this is going to be part of their determination. I don't want it to be hours of work for Jolene to be you scoring data timeliness and reliability, but data is so key to what we do that we do need it to be accurate for sure.
- The easiest way to track timeliness and accuracy is if you have specific times that you collect your data and you have to have a due date. You would want to track that due date, track who submitted on time or early, who did not, that would be your timeliness. Accuracy can be determined once you receive that data and you review it. You could look at it like how many times you had to return that data to get corrections, or do they have a large number of corrections that are needed? Those are a couple of different pieces from the accuracy point. And I would suggest just focusing on collecting data that are consistent each year. So you want to look at things that are collected every year or every month that you can do consistently and pretty easily. Once you get a tracking system in place to do that. I wouldn't suggest tracking every piece of data they have to submit to you or everything they enter into the system. It should be something that's easy to track that has a firm due date has error checks so you can check the accuracy and do it that way.
- That makes a lot of sense. A lot of times we're looking at data that they're submitting on a daily basis, you know, IFSP, dates, referral dates, consent dates, but we do ask them to submit things too and we certainly could do an annual submission, when those times are, and if it's submitted timely and accurately. I think that's a really good point.

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GEPA Form/Part C Application – Judy Juengel - A quick update on the part C application. It was released to us late as they were working through a lot of stuff on the federal level. They came up with some new requirements, and then tried to clarify their new requirements. I do not fully understand what they're asking us to do and wanted to talk about it with this group and get additional ideas. It's surrounding equity and states that "Equity for students, educators and other program beneficiaries. Section 427 of the Act applies to applicants for grant awards under this program. So applicants for new grant awards must include the following information in their grant applications to address this provision." I've worked with the EIEP team and covered it on the part C call. We need to respond to these questions:

- Describe how your entities existing mission policies or commitments ensure equitable access to and participation in proposed projects. So part C services. And so I wrote that the Department of Health's mission is to promote protect and enhance the health of all Wyoming citizens. Wyoming Child Development Centers continue in intensive Child Find campaign to spread knowledge and awareness about developmental screenings and Part C services. The program is committed to Child's find as well providing written materials, websites, media ads to promote screenings and services for all families who qualify.
- Document what barriers are impeding equitable access to participation of families. These are ideas that came from the field. Families who do not speak English or Spanish, families experiencing substance exposure and addictions, a growing number of families experiencing poverty, staff shortages across the state, access to health care for those families who have to go out of state, cost of traveling to Denver, Salt Lake, not everyone has transportation or funding for that, limited access to psychological services, concerns with autism and trying to get kids evaluated sooner rather than later, complex needs, families that need more psychological supports, and lack of childcare and preschools.
- Are there any additional barriers that you're seeing for families receiving services?
 - Transportation in general, especially for families that are in high poverty or experiencing homelessness, just transportation locally is a huge barrier.
 - Transiency and housing shortages.
 - Qualified staff at childcare/preschool facilities. Unknown 5:17
 - Staff shortages across the state.
 - Higher number of immigrants coming in.
 - provider safety- going into homes is becoming more and more risky for providers
 - Small and rural communities who don't have local resources.
- Based on the barriers identified, what state steps will you take to address such barriers to equitable access and participation? What I documented is that now that barriers have been identified, continued discussions will occur during informational calls with Part C providers to discuss the status of the issues identified, and to share ideas and resources to make progress towards addressing the identified barriers. State staff will seek resources from

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other entities to include the Wyoming Department of Education to discuss how to overcome barriers. Quarterly discussions will occur during these meetings. These are complex issues that we anticipate will take some time to see noticeable progress.

- Region 9 received a grant to pilot Globo Translation Service, which is on demand and it includes sign language, about 300 different languages and it could either be video on demand or just a phone call. But that's something we're trying out here to see if that would help with some of the access issues. Maybe we can put together a focus group to touch on some of the problems or issues and how to navigate what can be done or come up with some solutions.
- Maybe add a little bit of wording to say that the state is not only collaborating with WDE and other departments, but also with local entities that serve underprivileged, underserved, or identified students in the community.

This discussion was helpful. I think I was able to add some important barriers and I think the idea of a focus group is a very good one. And I'd love to get representation from other parts of the state that we don't hear from us much seeing, hearing what they're facing. So thank you for that. Thank you for everyone's input.

National Training Institute Recap – Helena Wagner - A few Wyomingites traveled to Tampa Bay to learn about how other states were implementing pyramid model in a statewide system as opposed to a functional system. It was nice to step back, and do an inventory and say, we're not as advanced as some states, but we're not going to struggle that much either. If we do go this route, we would need to focus on the details and spend some time in the weeds and think about a process as well as who should be involved. There were two other programs from Wyoming that attended and spoke about how much they're struggling with challenging behaviors. Wyoming Child and Family Development Center team plans on doing some additional pyramid work through the Regional Office of Head Start. They have a plan that might work well for some of the Part C efforts, but that's to be determined. The Children's Learning Center from Jackson attended because they were nervous about their workforce, and some of the challenges they're having with retention. I think it was an informative conference. They're looking at taking the pyramid model idea and some of the bigger concepts and applying it to other settings like child welfare, and doing things with law enforcement, like here's how you speak to a child with a traumatic experience which is really awesome that they are thinking through that bigger lens, because the things that we do have impacts on children. We have quite a few neighbor neighboring states that are deep into this work. Montana is just starting to add Part C but they've been doing the bigger pyramid in that preschool setting and they have a pretty established coaching system set up. Utah sounded like they were in a similar position as we are. The other thing that our neighboring states are doing is tying in their preschool development grant funds to focusing on behaviors. Some are more committed to the pyramid model than others. Many states are experiencing an influx of extreme behaviors.

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Nominations/Voting for Vice-Chair –

Amy Reyes Nominated by Alisha Rone and seconded by Helena Wagoner.
Amy Reyes appointed as Vice-Chair at 3:38pm

Set Meeting Dates for FY24 Quarterly Meeting –

Meeting set for 8am – 3pm, July 13, 2023 in Gillette
October meeting will be scheduled in July
January & April Meetings will be held virtually
July & October Meetings will be in person

Agenda Ideas for July meeting/Finalize Location

July meeting will be held in Gillette
Agenda items? Project RISE, PRISM Program Presentation, Homeless Requirements Discussion,
School Based Services, Part C Determination

Final comments/thoughts/reflections

Alisha – Really appreciate working with everyone and all the support given while holding the EIC
Chair role this year. Will continue to be a council member.

Judy – Alisha, we love your ambition and drive to get things done on the RISE project. It is
definitely something you and your team should be proud of. I'm glad you are staying on the
council.

Motion to adjourn at 3:49pm- Amy Reyes. Seconded by Helena Wagner. Motion passes.