



Inclusion Work Group Meeting

February 12th, 2016

Agenda

- | | | |
|------|--|------------------------|
| I. | Welcome & Introductions | Helene Good |
| II. | Approval of Minutes | Helene Good |
| III. | Summary of Recommendations: Status | Anabel Espinosa, Ph.D. |
| IV. | Identification of children with disabilities | Anabel Espinosa, Ph.D. |
| V. | Workgroup Review of Progress and Next Steps | Work Group Members |



Inclusion Work Group Notes: 10.27.15 (page 1)

In attendance: Helene Good, Alain Zamora, Rachel Spector, Lisa Sanabria, Evelio Torres , Pam Hollingsworth, Angelo Parrino, Jackie Romillo, Mara Zapata, Gladys Montes

Via conference call Gilda Ferradaz, Abilio Rodrigues, Philip, and Alex Lopes

Approval of Minutes: Mara Zapata moved, Gladys Montes seconded. Approved

The summary of the 10/27 meeting information will be given to board in December

Anabel outlined that as per F.S. providers can be paid a special needs differential

Evelio stated that Miami Dade County was paying a differential to a group of providers in the past but realized that there was no documentation of the services the children enrolled in these programs were receiving. Evelio stated that before reinstating this practice the Coalition would have to establish a monitoring protocol.

Helene stated that the workgroup has been consistent and firm in its recommendation that the differential should not be given to any provider. "We do not know who it's going to, what the needs are of the children, and whether there is a substantive relationship between child need and services provided".

21 referrals have come from CCRR. These were not included to totals.

Alain stated referrals to FDLRS come from the Warm-Line, Head Start. , and from redetermination packet which is forwarded to the inclusion department. The parents are asked if the child has been diagnosed, if not then referred to FDLRS. Providers that accept the special needs differential have not been verified. Evelio states it is a challenge to educate parents on questions to ask.

483 children with special needs have been identified. A breakdown of special needs by coalition should be gathered.

Anabel mentioned a Cornell study: 1.6% of children under 4 and 3%. of children 5-15 have specials needs. Evelio asks that we work to identify a target number.

Gladys stated that 17% with special needs out of 116 children are enrolled in the CFE. There is a hole in the system if children are not being identified. The CFE serves infants with severe disabilities, screen all children, and have some with diagnoses. CFE works with FDLRS or ARC. 7-8% early head start providers.

Alex Lopes inquired: Is inclusion a child with IEP, child without an IEP? All children with special needs-- we ought to assist them to obtain an IEP.



Helene observed: When you find these children we should document so we can track. Need to focus on that and not on the differential.

Evelio mentioned that the Inclusion Team has a list. 141 families called warm line. Through work with Citrus, 2500 have concerns approx. 350 received IEP, about 50 refer to FDLRS or early steps. Large # of children who just need speech are included, here.

Alex MDCPS speech primary disability can get walk-in service. You can receive this at 3 years old, free. Qualification? Process like FDLRS.

Helene posed: If doctor diagnoses? Reply: No, still needs to go through our process.

Evelio posed: how long? Reply: Not sure.

Goals? Identify children-start with SR enrolled children who have info from ASQs. Adapt what Gladys is doing at the Center for Excellence.

Jackie: Strengthen and enhance resources offered by the Coalition.

Helene: Provide education to providers and to parents, numbers are higher but behavioral doesn't qualify for FDLRS or Early Steps. Are we widening the disability spectrum?

Anabel: Makes it more difficult to monitor, follows DOE description.

Helene: Take differential off the table-- pay therapist or trainer rather than provider.

Anabel suggests an incentive for providers to accept these students.

Abilio hired a psychologist and FLDRS formerly accepted the evaluation. That no longer happens. Alex grant at UM evaluating children and FDLRS is accepting them.

Gladys: Contract with centers to offer services.

Abilio: Add columns to EFS: ASQ database to capture children with concerns. Centro has 13% early head start students with diagnosed disabilities.

Anabel: Big difference of children with concerns and diagnosed.

Proposed actions: Red flag then citrus goes out to validate the ASQ. Gladys has parents conduct an ASQ. When parents identify at intake what is done? Intake should have a warm transfer with warm line because that is the point of entry. Contact parents immediately - you can do ASQ over phone and get parents' opinion. Make it part of eligibility process must come in to do an ASQ.



At eligibility parent checks concern, parent invited to center to have ASQ and will complete eligibility. If parent agrees to this process. We can do home visits, need to partner with people who may have done the ASQ, new system being developed to integrate the ASQ system.

Abilio: Once parent shows a concern it should go straight to warm line.

Change form.

Parent shows concern but does not receive eligibility. Send to Help me Grow 0-8 they will assist the parent with ASQ.

Target is: 10% with IEP

What about the children that do not have an IEP, and didn't qualify for Early Steps or FLDRS?

Sign a release with The Children's Trust to exchange information. Action Items: 10% within 12 months that the ELC Children flagged and validated, IEP, 0-2, 3-5, revising eligibility form, form parent has checked concern will be manually given to warm line and will be called and/or visited. If they are not eligible for SR we will refer them to Help Me Grow.



Staff Progress on Inclusion Work Group Recommendations

Improved Referral Loops

- The Inclusion Workgroup met on October, 2015 and recommended that ELCMDM begin to route and respond to internal requests for assistance, via the 'Family Needs Assessment', completed by families during the Eligibility and Redetermination stages. (Completed December, 2015)
 - In response to this recommendation the Coalition's Child Care Resource and Referral (CCR&R) Department has started sorting and routing Family Needs Assessments. The CCR&R Department began sharing all Family Needs Assessments, where a family identified a concern regarding their child's development and/or behavior, to the Warm-Line. The Warm-Line Specialist. is following the protocol below to link families with needed supports
 - Concerns about children who are enrolled in School Readiness are being confirmed and referred to Citrus Health Network.
 - Concerns about children who did not qualify for School Readiness and who are currently enrolled as a Private Pay child in an early care setting are being staffed by the Inclusion Team
 - Concerns about children who did not qualify for School Readiness and are not in care or over the age of 5 are being referred to Help Me Grow for additional supports.

Improved Referral Loops (cont.)

- The workgroup met October 2015 and recommended that ELCMDM and Citrus Health Network work collaboratively through the 'Developmental Follow Up' contract to identify all children who may have been diagnosed with a disability/delay while enrolled in School Readiness. (Completed December, 2015)
 - In response to this recommendation Citrus Health Network has shared a report of all children identified with disabilities from July 2014-July 2015.
 - The Warm Line Specialist identifies a child's current enrollment status in EFS
 - The Warm Line Specialist reaches out to providers to confirm child enrollment with EFS enrollment status.
 - Reports from Citrus Health Network for August 2015-December 2015 include
 - 1) children who are eligible for services Early Steps/FDLRS and parent accepts,



- 2) Children who are eligible for services as per Early Steps/FDLRS and parents declines
- 3) Children whose parents declined the ISP process and referral to Early Steps/FDLRS.

Improved Documentation and Data Tracking

- The workgroup also recommended during the October 2015 meeting that families have a means by which they can report their child's disability status. In addition, the Inclusion Work Group recommended that values be developed in EFS to track a child's disability status. In response to this recommendation the ELCMDM's MIS department has developed two additional custom columns that allow the designation of either Documented Disability/Delay (DDD) or Parent Concern (PC) and corresponding History Notes (Completed, December 2015)
 - Full implementation of the improved documentation and tracking system is in progress. The 'Family Needs Assessment' has been revised to capture information needed to use custom columns in EFS. (January, 2016)
 - Once the 'Family Needs Assessment' is fully revised, Staff Eligibility Specialists must be trained in order to implement the process with fidelity to the desired process. (target completion date: May, 2016)

New: Partnership with Help Me Grow

State and local affiliates from Help Me Grow visited the Coalition on January 20, 2016 and February 3, 2016.

1. During the January 20, 2016 meeting state and local affiliates from Help Me Grow and met with several members of the Executive Leadership Team and discussed ways to improve and strengthen collaboration.
2. On February 3, 2016 state and local affiliates from Help Me Grow met with several members of the Program Leadership and Eligibility to evaluate current workflow and discussed ways to improve current referral practices.



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Recommendation: Child Care Resource and Referral (CCR&R) shares Family Needs Assessments with Parent Concerns (development and behavior)

Family Needs Assessment Data December 2015- January 2016

Outcome	Number		Percent
	<i>Number of Families</i>		
Confirmed Need	15	82	18%
Confirmed & Referred	15	15	100%
Declined Need	55	82	67%
Pending (3+)	10	82	12%
Unable to Contact	2	82	2%
	<i>Family Referral Data</i>		
Help Me Grow	1	15	7%
Citrus Health Network	7	15	47%
Parent to Parent	1	15	7%
FDLRS/Child Find	1	15	7%
Inclusion Strategy Share	5	15	33%



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Recommendation: ELC Warm-Line follows up on the current enrollment status of children who consented and completed the ISP phase of short term interventions with Citrus Health Network.

Status (July 2014- July 2015)	# of children
Exceed age of eligibility	4
No longer receiving School Readiness	18
Pending Transfer	1
Receiving SR & in attendance with Provider	110
Total	133

32 of 110 have transferred between Providers

3 of the 110 have requested additional supports via the Warm-Line



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Recommendation: Management and Information Systems (MIS) adds values in EFS that allows for documentation of Parent Concern data and Documented Disability or Delay.

Enhanced Field System (EFS) Production - [CC1385]

Parent CareLevel History **Custom** Window

Child

ID	SSN	Last Name	First Name	M	DOB	Num	Care
Parent: []	[]	BONAVENTURE	MICHEL	R	Birthdate	Ver	Sex Fee Hrs Need
Child: []	[]	BONAVENTURE	NAOMI	M	[]	B	F N [] PT

Relationship: P Care Level: PR4 As Of: 05/24/2015 Last Immunization: [] Physical: []

Ethnicity: Hispanic/Latino Race: White Black Asian US Indian/Alaskan Hawaiian/Pacific

Rilya Wilson: Headstart: Student ID: [] Deceased: Fee Override:

Enrollment

Enrolled With: 999993101 0 MDCPS / FRANK C. MARTIN K-8 CENTER

Care Starting: 08/24/2015 Terminated On: [] Reason: []

Schedule Note: []

Program: PRE-K Classroom: AF16 M-F; 8:20AM-11:20AM

Clnr	FullDay	SchID	Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Sched: HR M1	Unit: []	HR	[]	[]	[]	[]	[]	[]	[]	[]
As Of: 08/24/2015	Hrs: []	3	[]	[]	[]	[]	[]	[]	[]	[]

Enrollment Funding: VPK Eligibility: VPK Parent Fee: [] Match Source: [] Cert Or POS: CERT Payment Opt: PROV

Starting: 08/24/2015 Relative?: No In-Home?: No

<<Previous Next >> OK Cancel



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Enhanced Field System (EFS) Production - [CC137]

Window

Custom Codes

Child : ID [] Last Name [BONAVENTURE] First Name [NAOMI]

Dates

		Start	End
BG1 REFERRAL OFFICE	[]	[]	[]
BG3/ BG5 AGENCIES	[]	[]	[]
TITLE V AGENCIES	[]	[]	[]
DOCUMENT DELAY/DISABILITY	[]	[]	[]
PARENT CONCERNS	[]	[]	[]

Codes

[]	[]
[]	[]
[]	[]
[]	[]
[]	[]

Text

PS WORKER NAME AND NUMBER []

BG3 - PS WORKER []

BG5 - PS WORKER []

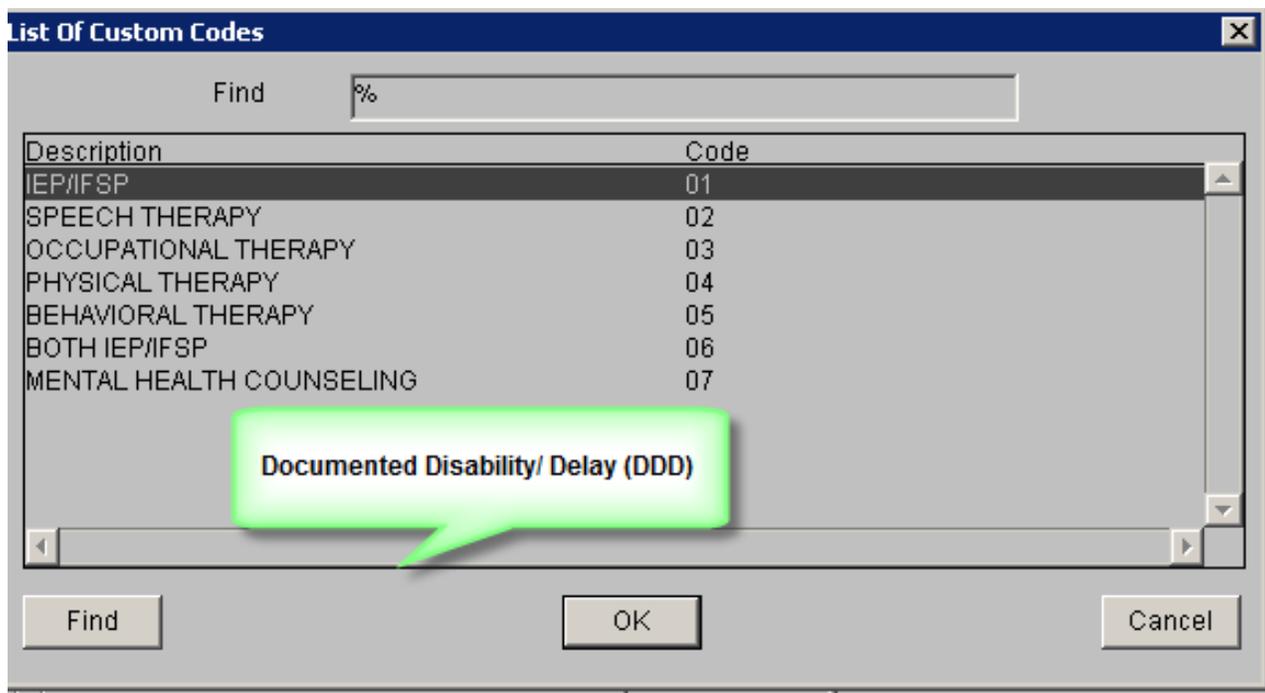
TITLE V - PS WORKER []

[OK] [Cancel]

Inclusion



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List Of Custom Codes

Find: %

Description	Code
YES	01
NO	02

Parent Concerns

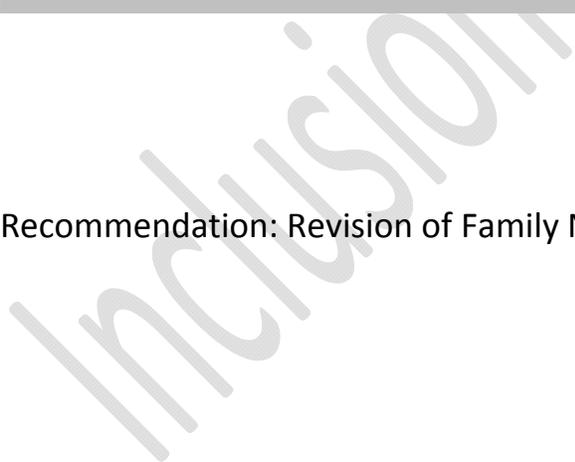
Find OK Cancel

Text

PS WORKER NAME AND NUMBER	
BG3 - PS WORKER	
BG5 - PS WORKER	
TITLE V - PS WORKER	

OK Cancel

Recommendation: Revision of Family Needs Assessment



Family Needs Assessment Information Form
Formulario de Información sobre la Evaluación de las Necesidades de la Familia

Parent or Guardian Padre or Guardián	
Name Nombre	
DOB fecha de nacimiento	
Address Dirección	
City/State/Zip Ciudad/Estado/ Código postal	
Telephone Teléfono	
Alternative phone number Numero de telephone alternativo	
Language Idioma	
Eligibility Status (New applicant/ Redetermination) Estado de Elegibilidad (Aplicacion nueva/	
Email Correo electrónico	

Children eligible for services Niños elegibles para servicios		
Names Nombre y apellido	DOB Fecha de nacimiento	Relationship Relación

Children are at the heart of all we do. We believe that all children, regardless of circumstance, are capable of educational excellence and personal growth, and we are committed to ensuring school readiness and lifelong success for each one. Please identify any areas of concern you have for your family and the appropriate department will contact you to discuss available services.

Los niños representan el corazón de nuestra organización y es nuestra creencia que ellos tienen la capacidad de lograr sus metas personales y excelencia académica sin importar la circunstancia. Nos comprometemos a asegurar la preparación escolar y triunfos académicos que continuarán a beneficiar a sus hijos para toda la vida. Por favor identifique temas de interés/preocupación para usted o para su familia y el departamento adecuado se comunicará con usted para conversar sobre los servicios disponibles con más detalle.

Child Care Resource and Referral (CCR&R)		
yes	no	
		1. Obtaining medical care Obtener atención médica
		2. Emergency Shelter/ Low income housing Albergue de emergencia/Vivienda para personas de bajos ingresos
		3. Emergency financial assistance Ayuda económica de emergencia
		4. Relationships with significant other (spouse, girl/boy friend) Relaciones con la pareja (cónyuge, novia/a, etc.)
		5. Accessing support groups/counseling/therapeutic services Aceso o grupos de apoyo/asesoramiento/servicios terapéuticos
		6. Budgeting and money management Presupuesto y administración del dinero
		7. Parenting Responsabilidades o funciones como madre o padre
		8. Legal concerns (i.e. immigration issues) Preocupaciones legales (por ejemplo, de inmigración)
		9. Employment needs Necesidad de empleo
		10. School needs (i.e. older children, after school) Necesidades escolares (por ejemplo para niños mayores)
		11. Other needed information (specify) Otra información requerida (especifique)

Health and Wellness Bien estar y salud		
yes	no	
		1. Practicing healthy eating and drinking Practicando la alimentación saludable
		2. Increasing Physical Activity Aumentando la actividad física
		3. Maintaining a healthy weight (i.e. overweight, underweight) Mantenimiento de un peso saludable (por ejemplo, bajo en peso, sobrepeso)
		4. Reducing Screen Time Reducción del tiempo de televisión
		5. Support with Breastfeeding Apoyos de lactancia
		6. Practicing Family Style Dining Practica creando union familiar durante las comidas

Comments

Client Signature _____

Date _____

Family Special Needs Assessment Information Form

In an effort to improve support services at the Early Learning Coalition of Miami Dade/Monroe we would like to know a little more about your child. **The information obtained from this form will not be used to determine eligibility for School Readiness.**

Children Eligible to Receive Services		
Name	Date of Birth	Relationship

Documented Developmental Delay/Disability (DDD)	yes	no	Decline to identify						
1. Has your child been evaluated by Early Steps or Florida Diagnostic and Learning Resources System (FLDRS)? Name of child(ren): _____									
2. Does your child(ren) receive specialized supports as part of an IFSP or IEP? If yes, and you are willing to share, please provide a copy of the document. Child Name: _____ Authorization Date: _____ Child Name: _____ Authorization Date: _____ Child Name: _____ Authorization Date: _____									
3. Does your child(ren) receive specialized services? If yes, please include child(ren) name under the appropriate specialty. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> Speech/Language Therapy Child Name: _____ Child Name: _____ </td> <td style="width: 33%; border: none;"> Behavior Therapy Name: _____ Name: _____ </td> <td style="width: 33%; border: none;"> Child Physical Therapy Child Name: _____ Child Name: _____ </td> </tr> <tr> <td style="border: none;"> Mental Health Counseling Child Name: _____ Child Name: _____ </td> <td style="border: none;"> Occupational Therapy Child Name: _____ Child Name: _____ </td> <td style="border: none;"> </td> </tr> </table>	Speech/Language Therapy Child Name: _____ Child Name: _____	Behavior Therapy Name: _____ Name: _____	Child Physical Therapy Child Name: _____ Child Name: _____	Mental Health Counseling Child Name: _____ Child Name: _____	Occupational Therapy Child Name: _____ Child Name: _____				
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Mental Health Counseling Child Name: _____ Child Name: _____	Occupational Therapy Child Name: _____ Child Name: _____								
4. Does your child(ren) require assistive devices or equipment (i.e. Assistive communication device, hearing aid, wheel chair, etc)? If yes, please describe and include child(ren) name: _____ _____									
5. Does your child take medication? If yes, are there any medication side effects please specify and include child name: _____									

Parent Concern (PC)	yes	no
1. Do you have any concerns about your child's growth and development?		
2. Do you have any concerns about your child's vision or hearing?		
3. Do you have any concerns about the way your child moves?		
4. Do you have any concerns about your child's behavior?		
5. Do you have any concerns about the way your child communicates?		

Formulario de Información sobre la Evaluación de las Necesidades Especiales de la Familia

Quisiéramos mejorar los apoyos que se ofrecen en el Early Learning Coalition of Miami-Dade/Monroe y nos gustaría obtener mas información sobre su hijo/a. **La información incluida en este formulario no se usara para determinar su elegibilidad en el programa de School Readiness.**

Niños autorizados a recibir servicios		
Nombre y apellido	Fecha de nacimiento	Relación

Documented Developmental Delay/Disability (DDD)	si	no	Declino participar																		
1. Su hijo/a recibió una evaluación de Early Steps or Florida Diagnostic o de Florida Learning Resources System (FLDRS)? Name of child(ren): _____																					
2. Su hijo/a recibe servicios especializados como parte de un IFSP/IEP? Por favor compartir una copia del documento (IFSP, IEP) con el ELC. Nombre de hijo/a: _____ Fecha de Autorización : _____ Nombre de hijo/a: _____ Fecha de Autorización : _____ Nombre de hijo/a: _____ Fecha de Autorización : _____																					
3. Su hijo/a recibe servicios especializados? En caso afirmativo favor de incluir el nombre del hijo/a debajo del especialista adecuado: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Terapia del Habla/Comunicación</td> <td style="width: 33%;">Terapia de Comportamiento</td> <td style="width: 33%;">Terapia Física</td> </tr> <tr> <td>Nombre de hijo/a: _____</td> <td>Nombre de hijo/a: _____</td> <td>Nombre de hijo/a: _____</td> </tr> <tr> <td>Nombre de hijo/a: _____</td> <td>Nombre de hijo/a: _____</td> <td>Nombre de hijo/a: _____</td> </tr> <tr> <td>Consejería</td> <td>Terapia Ocupacional</td> <td> </td> </tr> <tr> <td>Nombre de hijo/a: _____</td> <td>Nombre de hijo/a: _____</td> <td> </td> </tr> <tr> <td>Nombre de hijo/a: _____</td> <td>Nombre de hijo/a: _____</td> <td> </td> </tr> </table>	Terapia del Habla/Comunicación	Terapia de Comportamiento	Terapia Física	Nombre de hijo/a: _____	Consejería	Terapia Ocupacional		Nombre de hijo/a: _____	Nombre de hijo/a: _____		Nombre de hijo/a: _____	Nombre de hijo/a: _____									
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4. Necesita su hijo/a asistencia de algún equipo? (ej. Aparatos ortopédicos para caminar, silla de ruedas, aparatos de comunicación, insulina, nebulizador?). En caso afirmativo, favor de incluir una descripción del equipo y el nombre del hijo/a quien le corresponde: _____ _____ _____ _____																					
5. Su hijo/a toma alguna medicina? Hay efectos secundarios al tomar estos medicamentos? En caso afirmativo, favor de incluir una descripción del efecto y el nombre del niño/a que le corresponde _____ _____ _____																					

Parent Concern (PC)	si	no
1. Tiene usted alguna preocupación sobre la salud o desarrollo de su hijo/a?		
2. Tiene usted alguna preocupación sobre la visión o el oír de su hijo/a?		
3. Tiene usted alguna preocupación sobre la manera que se mueve su hijo/a?		
4. Tiene usted alguna preocupación sobre el comportamiento de su hijo/a?		
5. Tiene usted alguna preocupación sobre el la manera que se comunica su hijo/a?		