



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.