



Regular Meeting Agenda
 November 8 & 9, 2012
 Owyhee Plaza Hotel
 1109 Main Street
 Boise Idaho 83702

November 8, 2012

TOPIC	NOTES/DISCUSSION/ACTION
Welcome & Introductions	Stan Burton Lorisa Wellock, Cassie Stover, Gary Rillema, Shannon Dunstan, Amber Seipert, Ellen Neff, Bonnie Moses, Paula Mason, Amanda Holloway, Carolyn Kiefer, Christy Cronheim, Valerie Burgess, Nancy Luevanos, Lauren Ertz. Guests: Maria Mandujano, Margaret Elkins Staff: Lorraine Clayton, Theresa Pera
Approve Minutes September 2012	Bonnie Moses “I move to accept the minutes as printed.” Shannon Dunstan second. Passes unanimously.
Policies and Procedures	Amber Seipert: “I will entertain a motion on accepting the Policies and Procedures as presented.” Stan Burton “So moved” Carolyn Kiefer second. Gary Rillema provided comments about some spelling and wording choices in the Policies and Procedures. Theresa Pera suggested that the Council take screenshots of the part where there are concerns and send them back embedded in an email. The Policies and Procedures will be set aside for the day and will be taken back up on Friday.
Communications and Marketing Committee	<p>Facebook: Discussed the plan for the Council’s Facebook page through the end of the year. The committee discussed providing a “healthy holidays” theme on Facebook. Healthy Holidays will include 10 toys every child should have, healthy snacks, and healthy holiday ideas. The theme will stretch over the holidays with daily updates. Possibly look into the history of Christmas with educational updates on Chanukah and Kwanzaa</p> <p>EC3 Communicator: The committee talked about the December newsletter. Sherry Iverson will write an article about the 10 toys every child should have. There will be an update on Early Year’s conference, update on home visiting and the committee will ask Shannon Dunstan about the three propositions and how the election outcomes will effect early education. For each issue the committee discussed providing a spotlight on an early childhood hero, for the December issue the person will be Dr. Noreen Womack. Some questions came up about dusting off the old strategic communications plan. Lorraine will send the strategic communication plan to Amanda. Another question came up surrounding the RECC and how many of them have Facebook. Staff was directed to inquire and report back. Amanda asked for Council input for anything that the Council wants in the newsletter or someone for the spotlight.</p>
Education and Child Care Committee	<p>David Allen: Education and Childcare Committee conversation during the meeting surrounded developing core competencies in early childhood in Idaho. The question was what the purpose is and why Idaho does need them. The committee decided that the question “Why does Idaho</p>

<p>Education and Child Care Committee Continued</p>	<p>need core competencies and who will use them?” needed to be answered before any further work is done. The committee decided to look at the same systems in other states, namely Florida and Connecticut and any other states of interest, including any laws that support their competencies. The committee is currently in the process of gathering information and getting it out to the committee members. The Governance Committee agrees that looking at other states and why it is needed is a good idea: those steps were originally requested from the Council. Amber Seipert asked for the answer to the question and the preliminary work for presentation during the February meeting. The Committee will bring arguments for developing competencies and bring recommendations to the Council. Carolyn Kiefer offered the research that the Standards Committee had done previously surrounding the work that had been done by other states. Council staff will also ensure that the committee has the original direction from the Council to facilitate the work for the competencies.</p>
<p>Data and Resources Committee</p>	<p>Paula Mason: The committee would like to invite another committee member, Sandy Hacking from the Department of Labor. The committee has decided to pick a project. Sara Weppner from Treasure Valley Education Partnership has been invited to come to the next meeting. The Treasure Valley Education Partnership is a collaborative project with Idaho AEYC and the United Way. The organization is looking at data reflecting accreditation for day care in Treasure Valley and examining how many quality slots there are in the Treasure Valley compared to how many children there are to occupy them; the committee is bringing in a representative to a meeting so that the committee can potentially replicate the study on a broader, statewide scale.</p>
<p>Childrens Health Insurance Collaboration (CHIC) grant</p>	<p>Melissa Carico: Melissa provided an update for the CHIC grant from the September meeting. The grant cycle ends in 2015. A preemptive move that is currently being worked on is building the foundation to begin transition with a Pediatric Improvement Partnership forum. St. Luke’s will be the home for the meetings to help with sustainability of collaborative work. The program is anticipating a one year transition period and will begin in 2014. The foundation has been started and when the grant cycle ends there will be a seamless transition. The most recent learning collaborative that the project hosted was immunization learning collaborative and included 9 physician’s offices statewide. Some issues were identified with the physician offices not properly documenting refusal occurrences and the reasons for refusal. Nancy Luevanos offered the suggestion to provide visual stimulation for parents to immunize their children. Parents don’t think that they need to immunize -- this is reflective of refusal numbers. Immunization marketing is a focus of the Idaho Immunization Coalition; CHIC is working with them to use their marketing to increase education for immunizations. In September 2013 a new learning collaborative surrounding mental health will begin, the workgroup will meet in January 2013 to define the collaborative guidelines. Suggested to work with WIC in rural areas for marketing. Panhandle Health District is working on whooping cough with radio campaigns, received a lot of public response. The Idaho Immunization Coalition published a book with pictures of parents with their stories about how their children died without immunizations. The book will be provided to parents who refuse immunizations to increase education. Looking at clinic specific action steps for increasing participation. Nancy suggested speaking to the superintendents of schools to talk directly with schools. There was a discussion about different education outreach options. Ellen Neff suggested that it is the charge of the Council to disseminate information and making sure that the ideas that have been shared and are not lost in the conversation. Council will discuss the assisting with this endeavor at a later time.</p>

<p>Infant Toddler Program Committee</p>	<p>Bonnie Moses: The committee reviewed comments from the Council work that was done on the Infant Toddler Program logo during the September meeting. The committee learned about the history of the current logo, and that it had not been used for very long. The committee spent some time going through the Initial request to review the logo and where it came from. The initial suggestion came from the OSEP results visit. During the OSEP visit discussion around enrollment and numbers was frequently brought up. It was suggested that lower numbers could be because of logo identification. The committee determined that it was not a priority for the program and there is not time or money available to change it. The committee determined that the addition of a tagline would be beneficial. The committee decided to stop work on the logo project. The committee looked at other ways to increase enrollment. Outreach was identified as a potential problem it was suggested that rural areas need more attention. The committee is required to look at any reports that ITP is required to file, and work as an advisory group to the Infant Toddler Program.</p>
<p>Head Start Committee</p>	<p>Maria Mandujano : The committee discussed its direction. Discussed drawing attention to Head Start in the state and becoming a major player in early childhood in Idaho. Discussed presenting at the Title I conference in April. Wanted input from Head Start directors on their challenges and successes with School districts. It was suggested to add, Frances Houffman a School Superintendent from the Plummer/Worley area, who has a good relationship with Head start in the area. Sara will be submitting registration to the Title I conference, Carolyn Kiefer and Sara San Juan will present. It was also suggested to present at the School Superintendents Conference to discuss Head Start involvement.</p>
<p>Regional Early Childhood Committee Update</p>	<p>Lorisa Wellock: Each region gave an update at the resent conference call. Region 1: is going to be focusing on N Idaho AEYC conference focusing on: domestic violence with Healthy Mom’s, Happy Babies; and, nutrition and obesity. Region 2: behavior workshops, early literacy books to rural areas Region 3: working on Kid’s fair with Region 4, focusing on increasing membership Region 4: working with IPUL to increase parent membership, Early Years Conference, Kid’s Fair with Region 3 Region 5: had a member attend the north Idaho conference and was very impressed with the presenter and will look into having the presenter come to the region for their conference. The presenter works with movement and cognition through dance. Region 6: new chairs, membership. Region 7: Happiest Baby on the Block and Block-fest Paula Mason was also present for the call and has provided a representative from Idaho Educational Services for the Deaf and Blind from each region. Carolyn Kiefer suggested informing the regions about the grant that the Idaho Commission for Libraries received which supports early literacy. Comments from regional representative, regions know but can remind them.</p>
<p>Infant Toddler Program (ITP)Update</p>	<p>Christy Cronheim: Federal Fiscal Year (FFY) 2011 Annual Performance Report (APR) and State Performance Plan (SPP) data will be available next meeting. The Regional Annual Performance Report is a collection of data to used for a variety of reports, the APR and SPP and is also information to see where the state and regions are for other requirements for IDEA Part C. This report helps see where the state is with trends comparatively</p>

(ITP)Update Continued	<p>over the years. The coming data will be used to look at program performance; identify any areas of non-compliance based on the indicators that are included in the annual performance report; some indicators are federally set and require 100% compliance. Data will be summarized and provided to ITP committee and will bring to the EC3 at the next meeting. The report will cover timelines, outcomes; IFSP will have all the data. Family outcome indicators are found from surveys. The survey has closed and now the program is looking forward to the results of the surveys. Response rates have been challenging. This year the program extended the timeline to complete the surveys. In an effort for more response the ITP used home visits to target low response rates to help increase the numbers. When OSEP came to do a review of the program in 2010 a new results component was added, to ensure that the compliance and provide technical assistance. One of the issues that the program chose to focus on was the birth through 1 numbers were decreasing. The action plan was updated in June and is now available on the ITP webpage. Met with OSEP in July to cover compliance with plan and do so quarterly. Did notice a trend in the enrollment numbers at the last meeting. Will be meeting with OSEP again in December for a progress update where the program will be able to show the progress that the program has made with enrolment for birth through 1 year olds. ITP Web 2 is starting systems testing. The new system will be called Infant Toddler Program Key Information Data System (ITPKIDS). The implementation goal is set for early 2013, the goal will be January. Updating the Policies and Procedures based on the updated changes in the Part C regulations from September. Updating e-manual to reflect changes, ready to go July 1, 2013 to ensure that all changes are written and implemented. Working on the Grant application, has to match and reflect the changes and compliance with the regulation changes. Public comment on the application has to be open for 30 days, and has to be at least 60 days from the submission of the application. Looking at January 2, 2013 to publish notice. Holding public comment period for all dates and times, all components will be on the website to read and review prior to public comment, will be provided VCE, February 4, 5, 6 for public comment period for in person, people can also write in. Any comments that are about policies that are reflective of the regulations and law then there is not action possible. Medicaid redesign, public hearings were held for basic and expanded benefits. ITP changes, was not any public comments made about the changes that would have impacted the ITP, implemented by July 1, 2013.</p>
Crosswalk of Early Learning Guidelines and k-12 Common Core Standards	<p>Shannon Dunstan: Shannon talked about the work that had been done to align the Common Core Standards with the Early Learning Guidelines (ELG). The Council was provided with a copy of the crosswalk document that describes how the ELG aligns with the core standards for kindergarten. The ELGs are now in the literacy plan as part of the early state standards. The document also provides a basis for teachers to know what is being taught in preschool to show what is being brought in through education. She will be working on a plan to articulate how to implement the ELG and the Cores to strengthen how they feed into the k-12 guidelines. In the process of updating the special education manual to be taken before the board of education in December. A new edition will be available in January. The Early Childhood Outcomes are being embedded into early childhood IEPs. Every IEP will be required to address parent input and three outcome skills. Children will be rated based on their proximity to peer level performance. Working toward a 50/50 peer environment for special education preschool, this year the baseline is being set so that growth can be measured.</p>
Idaho Child Care Program (ICCP)	<p>Alberto Gonzalez: Working on an analysis of how the co-pay is working for ICCP. Alberto discussed some of the roadblocks that the program was running into that was preventing support of the program. ICCP is working on a market rate study: will look at what providers are charging. Will begin looking at everything in January and have an idea of what the market rate should be by July. By August the program hopes to have an idea</p>

ICCP Continued	<p>of how the tiered reimbursement will work. The tiered reimbursement will hopefully encourage parents to choose quality childcare. If ICCP is covering more of the cost of childcare with tiered reimbursement with a higher reimbursement to the center for participation in the Quality Rating Improvement System (QRIS) with less cost to families. There is a plan to develop a consumer education plan to educate parents on what to look for in quality child care. To redesign the program the Department is considering input from advisory councils, parents and providers. Alberto covered the current system for reimbursement and the changes that have been made in activity level assessment, instead of assessing the actual number of hours a family is in need of care the program will simply consider part time or full time activity level. Alberto discussed the ideas that have been promoted to adjust the co-pay schedule for families, a decision has not been made yet but the Department is working on it. The changes will cost more to the program so the changes will be fiscally based and depends on how beneficial it will be for families. A focus is being placed on marketing throughout the state with a limited budget, consequently the department is looking at alternative ways to extend the message including word of mouth and social media, ultimately the decision for childcare for families is financially based and with a QRIS in place more quality will mean that the program will cover more of the expense. As time goes on there will not be any required paperwork, there will be voice interviews. The Department has access to income and other forms of verification online, making the family's requirements less intense.</p>
Head Start Association Update	<p>Stan Burton: Nationally: HS is waiting to see what happens with sequestration. With the loss of funding, most programs are looking at a minimum of 10% cut which will be devastating to many centers and will ultimately close some centers. Locally: The data book is finished for the year. January member meeting's theme is "Reaching Out". There will not be a training day offered during the member meeting, it will be held in May instead after there is less ambiguity to the security of the centers. The meeting will be three days instead of four. Focus more locally. HS is doing more reaching out. During the meeting there will be offered to help programs come up with ideas to help with their 20% matching requirement for funding. Currently working on a new initiative focusing on children of incarcerated parents. The program will work on how to support the children and their caregivers.</p>
Head Start Collaboration Update	<p>Carolyn Kiefer: Early Year's Conference is taking a great deal of time. Anticipating 300 participants. Carolyn covered the itinerary of the conference. The Head Start Collaboration grant is due, when the Conference is done work will beginning. When it is completed it will be reviewed by the Head Start Committee as they are the Collaboration Office's advisory group. There was a federal meeting in Washington D.C. and it was canceled due to a hurricane. The participants still met and had a productive meeting.</p>
Child Welfare Update	<p>Valerie Burgess: Centralized intake is now in place. There have been some technical difficulties that were unaddressed are now complete. Consistency issues were discovered in the old system. Now that everything is centralized there is the opportunity to correct some of the inconsistencies that were discovered. There are still some technical difficulties, but working through them. The new data system is functional, but there are still some discoveries that are being made with report issues that are being worked out. Efforts toward foster care recruitment are being focused. With the hub structure each one has a plan to focus on each regional need. Trying to focus on recruitment to keep with the same school and communities to reduce negative impacts on children. Working on efforts with kin care and relatives, however those people are</p>

<p>Update Continued</p>	<p>typically only interested in family member which takes them out of the larger pool. Looking at needs and cultures of children and trying to accommodate children on different levels. Trying to recruit foster parents who are able to take large sibling groups, and trying to keep siblings together. Part of the considerations for recruitment for foster parents who are financially stable parents because the reimbursement rate is not very much. Continuous Quality Improvement (CQI) Process has been asked to look at a federal tool for quality assurance because Idaho has a CQI system in place already and what the capacity is. Federal changes are being looked at based on the results in Idaho. Typically there are CQI reviews monthly in each hub. Each review team includes a Department employee and another person who is from another entity. The process is a 3 day process and looks at in and out of home evaluations. If anyone on the Council is interested in being a reviewer there is training in December.</p>
<p>Maternal Depression</p>	<p>Judy Cross: Talked about the history of St. Luke’s program to help with women who have troubles during pregnancy. Introduced the Council to the risk factors for depression in women and some statistical facts surrounding depression in women. The Council was educated on the difference between postpartum psychosis and postpartum depression and the impact that preexisting depression can have on women who have children. Judy discussed the different parts of the brain and chemical impacts on it that effect mood and the negative effect of stress on both. Judy moved into the impact on infant mental health that is impacted from maternal depression and some of the negative physical effects on children of mothers with depression. Judy provided the symptoms of postpartum depression and some myths and misconceptions of pregnancy and parenthood. Judy discussed the results of untreated maternal depression in fetuses the chemical differences in those babies compared to their peers. Judy discussed the effects on children of depressed mothers cognitively, emotionally and in a sense of their overall health. Judy discussed the effects of paternal depression after the birth of a child and the effects of that depression on children and the symptoms of paternal depression. Judy provided information on the N.U.R.S.E intervention program and the work that they do to help with pregnancy and postpartum needs of women. The program covers Nourishment and Needs, Understanding, Rest and Relaxation, Spirituality and Exercise and light. One issue that is being seen is the resources that are available to women in the more populated areas are lacking in the more rural areas. Any St. Luke’s Hospitals statewide provides the same educational material to any mom who delivers. In addition to the work that St. Luke’s is doing the Council sees a need to ensure Home visitors have the information to screen for postpartum depression.</p>
<p>Infant and Early Childhood Mental Health</p>	<p>Carrie Mori: Covered the issues of chronic stress associated with child development. Carrie also covered the importance of chemical balance in the brain. Children benefit from a positive primary and sustained relationship. It is important that the Parent’s emotions are reciprocal of the child’s and consistently meeting the needs of the child and is nurturing and supportive and protective. The nurturing style meets the needs of the child. One method is to provide the family with developmental education. Some families may need support in parenting techniques and sometimes supporting the parent/child relationship. Early relationships are important and help with brain development. Supportive environments help with making stress manageable and explore new environments with a strong home base. Mirror neurons: triggered while seeing something. If someone is doing something and then another person sees them doing it the same neurons fire in the observer’s brain. Similar reaction in children whose parents provide excited response vs. reduced response. Reflective response, focus on parent/child relationship will help parents be “good enough”. Important aspect of professionalism is to have reflective supervision to have a sounding board for professionals to provide good care for families.</p>

Childhood Mental Health continued	Covered the history of AIM Early Idaho and the work that they do. They do not provide services but help coordinate services. The best method to help children is to have them play and support exploration.
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November 9, 2012

Lorisa Wellock, Cassie Stover, Stan Burton, Gary Rillema, Shannon Dunstan, Lauren Ertz, Amber Seipert, David Allen, Paula Mason, Christy Cronheim, Carolyn Kiefer, Nancy Luevanos, Gene Sue Weppner. Staff: Larraine Clayton, Theresa Pera. Guests: Pam Blessinger, Margaret Elkins

TOPIC	NOTES/DISCUSSION/ACTION
Review of previous day	Gary Rillema would like to have continued updates from Melissa Carico on the CHIC grant. Carolyn Keifer brought brochures on infant and early childhood mental health. Amber Seipert invited the Council to provide suggestions for themes for future meetings.
Neurobehavioral Health	Jeff Hall and James Carpenter: From Northwest Neurobehavioral Health, the practice offers 27 practitioners from many different disciplines. The office provides many disciplines to provide a collective and comprehensive service for patients, enabling the clinic to provide a higher quality of care. Collaborate with the LEND program which provides training to professionals to prepare them to work in a multi-disciplinary setting. The practice can also provide services over a patient's lifespan so that a patient is not dropped at age 18. The clinic has expertise in treating patients with complex medical conditions by using a multi-system, collaborative approach to each patient. The clinic provides five different services: Diagnosis, Treatment, Educational Intervention, Community Involvement and Research and training for future professionals. Diagnosis services include Neuropsychological Testing both pediatric and adult. Autism diagnostic clinic is a multi-disciplinary clinic for preschool and school aged children as young as 18 months. Comprehensive psychological testing, development assessment, occupational therapy evaluation and speech and language evaluation. The clinic provides different treatments including therapies for play, cognitive-behavioral, psychodynamic, behavioral, family, group, couples, speech, feeding and occupational, also the clinic provides parenting support and medication management. The clinic takes all types of insurances and Medicaid. Working on bringing more professionals to grow the practice, practitioners are hard to come by. The clinic offers educational intervention with a learning lab, individual and group intervention, social groups, sibshops (sibling support), clubs Individualized Education Program (IEP) consultation and support. The clinic works with the community by offering presentations whenever they are invited and have partnerships regionally and statewide. The clinic works collaboratively with different universities to provide internships and post-doctorate fellowships.
Medicaid Update	Lauren Ertz: Discussed the changes that will be happening surrounding Children's Redesign: the program was implemented on July 1, 2011, which provided new services and supports for children needing developmental disability services. The Department has set the goal for full implementation by July 1, 2013. Initially the phase in was scheduled for one year; however there was another year added to implementation. There are still families that have not transitioned, there are 500 enrolled currently, with approximately 3200 still needing to transition. Looking at transition options, some families will stay in current services until the end date. Department is trying to encourage families to come and receive their assessments to determine new services but maintain their current services. The end date for current system is June 30 2013. Tried to work a phase program based on children's birth date in order to focus resources. The department have sent parent letters, but have had many come back. Working through providers to reach out to parents. Medicaid has developed a new database to focus the
Medicaid Update	

<p>continued</p>	<p>redesign. Redesign website is up and all updates are posted on the website. Members can sign up for updates on the website as well where subscribers can get reminders to check the website. CMS has quality assurance measures, to stay within compliance Medicaid will be doing parent surveys; will be doing clinical observations to ensure quality assurance. Collaborating with FACS and Easter Seals Goodwill that will ensure compliance. There are two models that are a traditional model and a family directed model. The traditional model has a service director that is with the Department. The family directed plan is where parents choose what services they want for their child. The family directed plan requires parents to take training to be their own support broker.</p> <p>Gene Sue Weppner: the Department is working with partners to provide human contact in collaboration with the technology that is required by the Affordable Care Act.</p> <p>School based services redesign” Working with SDE to provide replacement services that will start July 1, 2013. Idaho Training Clearinghouse offers a lot of training available for parents.</p> <p>Office of mental health and substance abuse moving toward managed care system in 2013. All Medicaid enrollees will be eligible for mental health and substance abuse services through the new plan under the name Idaho Behavioral Health Plan. The Managed Care company will be responsible for recruitment, enrollment and provider network for services. Customers will still have access to all of the benefits within Medicaid.</p> <p>Idaho Medicaid Health Home Project: focuses on moderating the effects of chronic diseases by rewarding providers for providing a preventative approach with medical home care. Healthy home is a component of the Primary Care Case Management Program. Healthy Connections providers who desire to become Health Homes will begin enrolling in November and enrollment for qualifying participants will begin in January 2013.</p>
<p>Happiest Baby on the Block</p>	<p>Sherry Iverson: Provided a history about Shaken Baby Syndrome (SBS) prevention as researched by the Idaho Perinatal Project in 2007. Tried to look at what is done for prevention in hospitals after maternal and newborn discharge. There are four programs that are out in the state. Across the state hospitals are doing what is best for their communities. The four programs are The Period of PURPLE Crying. With this program the hospital signs a contract to be a PURPLE hospital where a video is shown to parents prior to discharge and DVD is sent home. The focus in this program is to put the baby down in a safe place and take a break. Happiest Baby on the Block is another program. This program is focused on tools to help parents deal with babies who are crying. All Babies Cry is another program that has an 11 minute video prior to discharge and have five more videos to go home about why babies cry. All programs are based in Mark Diaz’s program which is the only scientifically researched program. The program is strictly enforced and has seen a decrease in SBS, but have both parents present for a video and both must sign a contract that they will not shake their baby. Home Visitors from training have liked Happiest Baby because it provides them tools to help families.</p> <p>Happiest Baby on the Block focuses on the “4th trimester”. Developmentally babies need to remain in utero, and are completely dependent on parental care.</p> <p>The training can be provided nearly anywhere in the community as long as there is a trainer for it. Training can be provided prenatally and is applicable postpartum.</p> <p>All of the programs work well together, however it is not politically kosher to blend them in hospitals.</p>
<p>Happiest Baby on the Block</p>	<p>Provided the research that surrounded the development of Happiest Baby on the Block.</p> <p>Discussed the environment that a newborn comes from in utero and the changes in the outside world and how the five S’s from the</p>

continued	<p>Happiest Baby program and how they work to calm crying babies: Swaddling, Side/Stomach position, Shushing, Swinging and Sucking.</p>
<p>Idaho Educational Services for the Deaf and Blind (IESDB) Update</p>	<p>Paula Mason: Held a parent advocacy training at College of Southern Idaho (CSI) for school based services, directed toward children with hearing loss. Holding the third Jump Start camp to focus on blind and visually impaired students to learn life skills. Incorporated more time for parent networking. Working with Kristen Negelsky, focusing on language development and implants, to work with teachers and professionals to learn about implants and language development. Training will be provided and free. Moscow school district will be hosting the training. Shannon Dunstan will send the advertisement for the training to preschool teachers in regions 1 and 2. Preschool at River Valley Elementary in Nampa, hosting a bazaar to raise money for a preschool summer camp in McCall. The Bazaar will be at Sawtooth Middle School. Jenna Dunnagan runs auditory oral preschool, found a group who funds scholarships for public speaking for deaf and hard of hearing kids; asked if the kids could come to the meeting in May to practice speeches. Offering American Sign Language classes statewide, offering 6 week sessions, the classes are offered with partnerships with different organizations statewide. Will be offering a Braille class for parents of blind students in Idaho Falls and will try to have it go statewide. The school in Idaho Falls will move in January and will hopefully have another school set up in Rexburg also. Received a grant from Giveme family for blind students to hold a dance class on campus. The classes will be offering by a parent on the board. Finding a gap in connection with Hispanic families to give them the ability network and get more resources. Giveme foundation wants to partner to fund a program to grow the profession for teachers of deaf and blind and partner with a university to offer scholarships to keep professionals in Idaho. IESDB foundation has a new grant writer and just submitted a grant to provide parenting workshops for deaf and blind parents and will provide parenting classes and workshops once a month with follow up in between them. Shannon Dunstan suggested that the curriculum from Strengthening Families framework and embed it into the training to provide consistency throughout the state with other programs that are being offered. There is a group of preschool children who are not qualifying for developmental preschool coming out of ITP not qualifying for school based services who have hearing loss. Teaming up with the libraries in the treasure valley and providing a story time with them and then provide an activity.</p>
<p>Consortium Update</p>	<p>David Allen: The last time that the Consortium met was in the spring via conference call. The goal was to meet in October or September, but the group seems to have suffered from loss of momentum and has not met as of the meeting date. The partners of the Consortium have been communicating. There are several focuses right now. Articulation is at the forefront of those issues. There is a lack of support for students who are looking for certification so the partners are looking at how best to support them. The definition for endorsement surrounding the special education certificate, the group has contracted with Christine Linder is helping to define the endorsement and also the blended certificate endorsement. Brigham Young University Idaho (BYUI), Boise State University (BSU) and University of Idaho (UofI) have defined what it will look like. BYUI does not have anything as of now since it is a master's level program. The Consortium is also looking at defining practicums. The partners had suggested that schools be surveyed to determine what needs there are so the definitions are theorized and not based on actual need; the survey simply needs to be written. The survey will help to have an idea of what the certificate needs to look like. Hoping Consortium would have some representation on professional standards commission. There are some mixed messages surrounding testing for students. There is no change in the law but students are told that they need additional testing. After confronting the Professional Standards Committee there is now some direction to advice students on the testing that is required for them depending</p>

Update continued	on their focus area. Currently students are required to take the special education test and the early childhood component. Students can also take the elementary component test, which will provide more opportunities for them. The Consortium needs to be aware of what is being done for core competencies.
Legislative Updates	Genie Sue Weppner: The Department did not want to bring anything for this session. Next year legislation that will be brought will surround the Affordable Care Act and Medicaid expansion. Christy Cronheim: with updated Part C regulations the new requirements will be added to the policies. The Infant Toddler Program is actively involved in Medicaid expansion.
Round Robin/ Hot Topics	Margaret Elkins: Idaho STARS is working on revising all of their programs. The main focus at the moment is training and training development. Working on essential trainings that will be provided to providers statewide. The training will be built into QRIS working with DHW while they are working on the tiered reimbursement framework keeping in mind that the training revisions will help with the qualifications for tiered reimbursement. Revising the pathway to professional development. So far all of the changes that have been small and incremental changes. A concern that has been heard from providers has been the necessary paperwork so the program has started to revise to make it a more comprehensive. Lorisa Wellock: Idaho Parents Unlimited back in play and have had a lot of organizations wanting to partner. Amanda Holloway: Working with the Idaho Coalition for Idaho’s Future to look at revenue and taxation for legislation to alleviate personal and business property tax. The group is also looking at what can be done to put any surplus funds back into Medicaid or education and not into a rainy day fund or grocery tax. Disability advocacy day, 5 trainings around Idaho to teach families and parents on how to communicate with legislators. Partnering to host a day at the Capitol January 24 for parents of children with disabilities. David Allen: BYUI has been constructing an infant lab; it will be finished next semester. There will be an infant class and home visiting. The office of the university president would like to build a class that will address all of the same components as other home sciences classes. The university has started to teach the course that provides a complete blended course with infant, toddler, special education and regular education emphasis. Lorraine Clayton: Please keep collaboration in mind. With every group each Council member participates in, keep in mind the others. The groups that each Council member works with can be combined many times with the other groups to create a sense of collaboration that will link everything together on a statewide basis. Lorraine has been involved in the group that is focusing on children of incarcerated parents. There was a presenter who came and presented on the statistics, however the statistics were questionable. The information came from incarcerated parents and the level of trust from the inmates to the surveyors was not established. There will be another survey with the probation and parole officers. The officers will be trained to a limited extent with the Strengthening Families curriculum so that they can be more sensitive to getting information regarding children who are affected by the penal system. There are currently approximately 25,000 children in the state whose parents are incarcerated, less than 10% of those are in foster care. There will be another survey in 2013 and there will also be a
Round Robin/ Hot	

<p>Topics continued</p>	<p>pilot project done with some elementary schools to identify children whose parents are incarcerated. After they are identified there will be a program with school counselors and teachers to see if they can discreetly help those children. Initially the children who would have been targeted would have been 3-5 grades, but the program will be expanded to include k-5. It is in federal law to refer children with cases of substantiated abuse to early intervention and Part C. What has not been done is to look at how the requirements are working. The Infant Toddler Program and Child Welfare have gone through a data remodel, but there is currently two years of baseline information, number of children who have substantiated abuse and referred to ITP, both statewide and region. There have been several reasons why the data is inaccurate. One solution to the data inaccuracy would be to possibly add a drop down box on ITPKIDS for a referral source. The project is a collaboration effort between Child Welfare and the Infant Toddler Program and potentially there could be some referrals into the Home Visiting program.</p> <p>Lorraine is working with another group called by Reading by 3rd grade. The group was formed by Idaho Voices for Children and Kids Count, working on policy change to help communities identify why children are not going to kindergarten prepared and why children are not fully literate by 3rd grade.</p> <p>Gary Rillema: Remember to promote immunizations!</p> <p>Shannon Dunstan: SDE has to set targets for least restrictive environments for preschoolers, will coordinate with Lorraine to get Council input with gotomeeting or some other method in December. Districts will have to report next year on how they are moving toward 50/50 interaction.</p>
<p>Healthy Moms, Happy Babies</p>	<p>Laura Alfani: The Home Visiting grant has six outcomes that are required to assess in target communities: Maternal/Newborn Health, Child development and parenting skills, family economic self-sufficiency, Domestic Violence and injury prevention and child abuse and neglect. Understanding domestic violence in a home visiting field is relatively new. There are some examples of programs that have had positive outcomes by using the Healthy Moms, Happy Babies strategy, but have not been broadly disseminated in evidence based home visiting models. Had to assess the available literature to determine the best practice to implement in the Home Visiting staff in the field of domestic violence. The program is produced by Futures without Violence, the national technical assistance center that receives federal funding from the office of women’s health and health and human services to provide training and technical assistance to agencies of all types to help with these areas. The curriculum was selected because it was comprehensive for staff to understand the background and other factors to understand the “whys” of domestic violence. The home visiting program arranged to have the authors of the program come and provide the one day training to the home visiting staff. There have been three trainings statewide. Laura covered some of the survey results from the participants of the first training.</p> <p>Melissa Ruth: The training contains videos, role playing and also hands on exercises. The program provides brochures for clients that cover healthy relationships and those who are not. Melissa covered the ten learning objectives of the training. Melissa showed a DVD from the training that discussed the effect that domestic violence has on a developing brain of a young children.</p>
<p>Bylaw vote</p>	<p>The policies and procedures passes unanimously with the edits that were discussed by Gary Rillema.</p>

	Theresa Pera needs the requests for the DHW sites for the February meeting by the end of the month. Because Mr. Stephen Graci was unable to attend he sent some resources for mental health, please check email. Stan Burton: Feedback on the new schedule would prefer Thursday to be 10-5 instead of 11-6.
Next Meeting:	February 7 & 8, 2013 Video Conferencing local DHW site