Welcome SD Birth to Three ICC Members

April 22, 2020

SD Birth to Three contributes to the success of children with developmental delays and their families by providing dynamic, individualized early intervention services and supports by building on family strengths through every day routines and learning experiences.

south dakota
BIRTH TO THREE
The first three years build a lifetime

STATE INTERAGENCY
COORDINATING COUNCIL

Wednesday, April 22, 2020 | 3:00pm CT
Virtual Meeting: Skype (see below)

AGENDA

1. Call to Order and Roll Call

2. Approve Agenda

3. Approve January 2020 Minutes

4. Public Comment

5. Head Start Collaboration Update

6. Birth to Three Program Updates

7. FFY2020 Grant

8. Adjournment

To Join the Meeting:

You can join the meeting via your laptop/computer by clicking on the below link.

Join Skype Meeting

Trouble Joining? Try Skype Web App

If you are unable to join via computer please use the below call in numbers:

Join by Phone

Toll number: 8664108397
Conference ID: 6057734478

**Note if you are viewing on your laptop and listening on your phone, please mute your computer
microphone/speakers.

Member	Representation
Chair, Sarah Aker	DSS/Medicaid
Jordan Mounga	Parent
Katherine Schmidt	Parent
Katie Wiseman	Parent
Rebecca Poelstra	Parent / Provider
Rochelle Holloway	Parent
Sen Jim Bolin	Legislator
Leonard Suel	Provider/ Agency
Michelle Martin	Provider / District
Vacant	Provider / Private
Kim Brink	Provider / Private

Member	Representation
Dr. Mary Bowne	Program Prep (SDSU)
Cindy Fisher	Head Start / OLC
Carla Miller	SD Parent Connection
JoLynn Bostrom	Foster Care/CAPTA *Child Abuse Prevention and Treatment Act
Laura Johnson-Frame	McKinny-Vento *Homeless children and youth
Jodi Bersheid	HS Collab Office
Vacant	SPED Part B 619
Carroll Forsch	Child Care / Mental Health
Gretchen Brodkorb	Division of Insurance
Lucy Fossen	Dept Health
Jaze Sollars	Dept Human Services

south dakota
BIRTH TO THREE
The first three years build a lifetime

STATE INTERAGENCY
COORDINATING COUNCIL

Wednesday, April 22, 2020 | 3:00pm CT
Virtual Meeting: Skype (see below)

AGENDA

1. Call to Order and Roll Call

2. Approve Agenda

3. Approve January 2020 Minutes

4. Public Comment

5. Head Start Collaboration Update

6. Birth to Three Program Updates

7. FFY2020 Grant

8. Adjournment

To Join the Meeting:

You can join the meeting via your laptop/computer by clicking on the below link.

Join Skype Meeting

Trouble Joining? Try Skype Web App

If you are unable to join via computer please use the below call in numbers:

Join by Phone

Toll number: 8664108397
Conference ID: 6057734478

**Note if you are viewing on your laptop and listening on your phone, please mute your computer microphone/speakers.

Public Comment

- Share your name and what you want us to know about you and why you are here.

- Provide your public comment please keeping your remarks to 3-4 minutes.

- Each speaker should represent new idea / concern / position.

- Thank you for your participation. The ICC appreciates your comments and we will consider them as we continue our work.

What you may already know about Head Start?

- Provides comprehensive services to low-income pregnant moms and children birth to age five and their families.

- Promotes early learning, health, mental health, nutrition, and family well-being.

But did you know?

- It started as a six-week summer program in 1965. That makes Head Start 55 years old. Early Head Start turned 25 this year.

- There are over 1,700 Head Start/Early Head Start agencies in the US and territories. There are 155 Tribal Head Starts/Early Head Starts in the US and territories.

- Over 1 million children, birth to age 5, and pregnant women have been served.

South Dakota Head Starts/Early Head Starts

❑ There are 8 Non-Tribal Head Starts and 8 Tribal Head Starts. Not all Head Starts have an Early Head Start which serves pregnant women and children birth to age 3.

❑ South Dakota is one of 6 states considered as Region VIII. ND, WY, MT, UT, and CO and the other states. (our regional office is in Denver, CO)

❑ All Tribal Head Starts are considered as Region XI.

❑ 4,161 children and 123 pregnant women were served in 2018-2019.

❑ The Head Start Collaboration Office has been around since 1990.
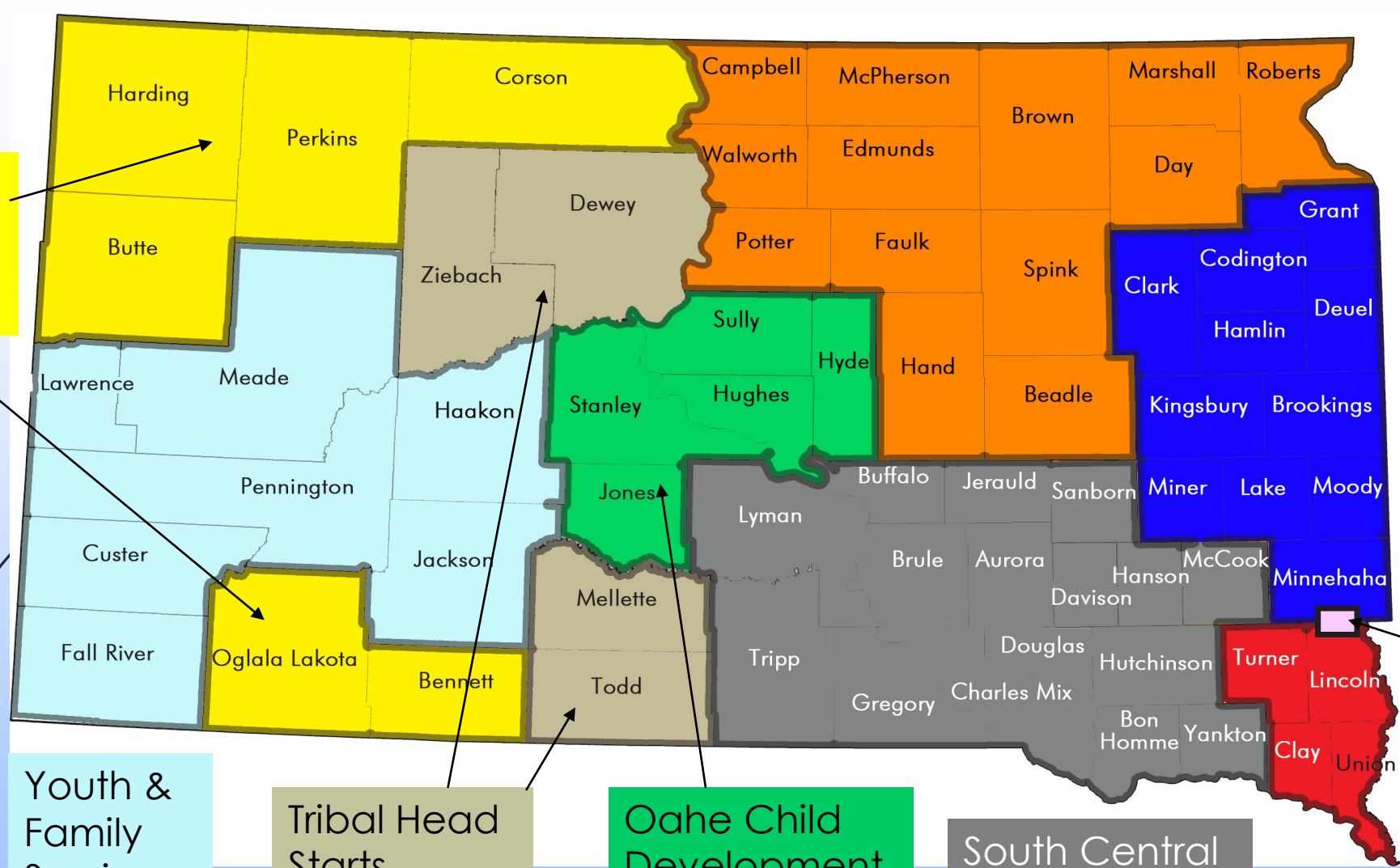
Head Start grantees by program and counties served

What It Is....

The purpose of the South Dakota Head Start Collaboration Office (SD HSCO) is to collaborate and coordinate on the national, state, and local levels to insure the quality and comprehensive services for children and families respecting commonalities and diversity.

Collaboration with:

- ✓ South Dakota Head Start Association and Grantees
- ✓ Multiple State Agencies (DOE, DOH, DSS, etc…)
- ✓ Awareness linkages such as Mental Health, Health, and Substance Misuse entities
- ✓ Elementary District Administrators and Education Staff
- ✓ Advisory and Committee Meetings including ICC, Opportunity Gap Workgroup and other Early Childhood focused groups

Six Priorities guide the work of the SD Head Start Collaboration Director

☼ Partnering with state child care systems emphasizing the Early Head Start – Child Care (EHS-CC) Partnership Initiative.

☼ Working with state efforts to collect data regarding early childhood programs and child outcomes.

☼ Supporting the expansion and access of high-quality workforce and career development opportunities for staff.

☼ Collaborating with State Quality Rating Improvement Systems (QRIS).

☼ Working with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA).

☼ Regional priorities resulting from the Needs Assessment and ongoing networking with Head Start grantees.

What It Isn't….

The Head Start Collaboration Director does not monitor the Head Start grantees in South Dakota.

It does not receive funding for distribution to grantees. Funding for HSCO is for the purpose of collaboration and to perform the duties and responsibilities given by the Office of Head Start.

Although collaboration is done through communication and other methods, SD Tribal Head Starts do not fall under the SD Head Start Collaboration Office.

Questions????

Department of Education

605.773.4640

Jodi.Berscheid@state.sd.us

https://doe.sd.gov/headstart/

Birth to Three Program Updates

Federal Reporting

- Federal Reporting Completed
  - SPP/APR (Indicators C1- C10) Submitted by 2/1/2020 Date
  - SSIP (Indicator C11)
    Submitted by 4/1/2020 Date

ED Facts Portal

SPP/APR Federal Reporting

Published reports found at https://doe.sd.gov/birthto3/documents/FFY19-SPP-B3.pdf

60 Day Public Comment Process Federal Register February 19, 2020

❖ Part C SPP/APR Package – Docket ID Number ED-2020-SCC-0028

❖ Comments due April 20, 2020 at www.Regulations.gov

❖ Search on Docket # and *open docket folder* and/or select *Comment Now*

❖ After comments are considered, an additional set of proposed documents will be published for final comment for an additional 30 days

❖ Final OMB approved package for six years (FFY 2020-2025) will be published in the Federal Register with form numbers and approval dates

Few Proposed Changes to SSIP for Part B and Part C

- No change in baseline language – still refers to FFY 2013 and targets for FFY 2025 must demonstrate improvement over FFY 2013 baseline.

- Must set 6 years of targets for FFY 2020 through FFY 2025

- No change to Phase III language

- Silent on procedures if state wants to select a new SiMR

COVID-19 and Birth to Three

CORONAVIRUS AND HOME VISITING GUIDANCE
For Birth to Three Home Visitors

With guidance from the South Dakota Department of Health and the federal Office of Special Education Programs (OSEP), the following information is being shared regarding home visiting as of today, March 11, 2020.

Until further notice, prior to any home visit provider should call ahead and have an open conversation with families about the home visit. Things to cover with families:

➤ Is anyone in the home ill or has anyone been in contact recently with someone who is ill (in the last 14 days)? Examples include high temperature, difficulty breathing, upper respiratory problems etc.

➤ Has anyone in the home recently (14 days) traveled out of the country? Information on country list found here: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

➤ Has anyone in the home recently (past 14 days) traveled out of state to geographic area with community transmission. Current information on states located here: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

If the families answer yes to any of the above risk factor questions, discontinue serving the child face-to-face for the CDC recommended days. Communicate this with your service coordinator.

Providers should take inventory of their own health. Ask oneself:
➤ Have I been ill or been in contact recently with someone who is ill?
➤ Have I or anyone in my home recently traveled out of the country to an area that is highly impacted?
➤ Have I or anyone in my home recently traveled out of state to geographic areas with community transitions.

The same guidelines would apply to providers in the above instances regarding face-to-face contact. If you answer yes to any of the above questions, discontinue serving children face-to-face for the CDC recommended 14 days. Communicate with your service coordinator.

As always, assess if you and/or your staff are comfortable serving children at this time. If there are concerns, reschedule your visit until the following week and reassess the situation at that time. Keep appropriate notes of missed sessions and document accordingly in the billing system.

We understand there may be specific scenarios you need assistance with, please feel free to contact your local service coordinator or the state office. We will work to keep you informed as this fluid situation continues to evolve. Please watch your listserv messages for future updates

Sincerely,

SD Birth to Three State Team

Guidance specific to EI services in circumstances such as these when services are potentially interrupted due to risk factors.

Do make-up services need to be offered when the family has a risk factor, is not available or has requested no services for a period of time?"
OSEP does allow for a pause in IFSP services under circumstances such as a major outbreak. "For children who did not receive early intervention services for an extended period of time, once services resume, the service coordinator and EIS providers must determine if the child's service needs have changed, determine whether the IFSP Team should review the child's IFSP to identify whether any changes are needed, and consider whether compensatory services are needed. (20 U.S.C. 1436; 34 CFR § 303.342(b))."

Can providers offer tele-intervention to families who typically have in-person services to avoid service disruption?
Early Intervention Providers are encouraged to find creative ways to provide continuity of services in situations such as this. If providers have experience with the virtual method, a secure platform and families are receptive intervention can occur in a virtual manner for a temporary period of time upon approval from the state. Note, if this option is offered to one family, it must be offered consistently to all families.

Can a shift to virtual services happen temporarily without an IFSP review, to avoid disruption in service if I am a state approved provider of virtual services?
Yes, an IFSP review is not necessary in this instance for a temporary switch. However, providers must receive approval from service coordinators to make this switch and in turn it must be noted in the IFSP obligates for billing purposes.

Do make-up services need to be offered when I, the provider, am not available to provide services for a period of time?
Yes, this would be a provider driven reason and as such, services would need to be made up.

If I have upcoming travel how do I handle missed services for the time gone and the potential 14 days upon my return?
Good communication with families is always critical but especially during these times of health crisis. If you plan to travel notify your families in advance and inquire if per make-up services could be done before you are absent (see attached Make-up Service G). Feel free to contact the state office for any other guidance related to your travel as updates on countries and states are occurring with some frequency.

March 11, 2020

March 13, 5:00

south dakota
BIRTH TO THREE
The first three years build a lifetime

COVID-19 (Coronavirus) and Home Visiting Guidance
For Birth to Three Home Visitors
Updated: March 13, 2020 5:00pm

On 3/13/2020, it was announced that during the week of March 16 – 20th state staff will work remotely. Therefore, the Birth to Three office will be considered open, staff will be available via email for questions.

Clarification: In the event of school closings below is clarification on EI services related to districts and private providers.

District Guidance – If you are providing EI services for a school district that is closed, EI services do not need to take place during the closure period. Notify your service coordinator of the closures; they in turn will notify families.

Private Providers- If you are a private provider, self-employed or employed by a business and do not close, see 3-12-20 guidance on if IE services can continue how those services may be delivered.

Providers who are district employees <u>and</u> serve children privately: If you are serving a child for a district that is closed, see above District Guidance. If you are serving children privately see above private provider guidance.

Guidance Throughout

Helpful Tips for Offering Virtual EI Services

Virtual Early Intervention Technology Checklist	
Yes/No	To better understand family's capacity to receive EI services provider should ask the following:
	Do you have access to a computer, smartphone, or tablet with camera and speakers?
	Do you have access to a reliable and secure internet connection at home?
	Does the bandwidth in your home have speeds for high quality video over the internet?
	If unable to connect to the internet using Wi-Fi, do you believe the data plan for your smartphone and/or tablet would accommodate the use of virtual visits?
	Have you used video conferencing or chat in the past?

Best Practice for Conducting Visits Alternative Method

Alternative methods are those provided using video conferencing (telepractice) or phone consultation or email/texting during the COVID-19 pandemic.

Consider a practice virtual visit with families prior to first virtual visit
- A practice session with the parent will allow you to establish rapport
- Consider doing the practice during the child's nap time to help you and the parent have a relaxed, conversational interaction
- The practice session also allows you to assess technology issues such as sound and video quality
- Close other programs not needed for the session
- Discuss the quality of the live interaction including lighting and background noise
- Provide a brief outline of future session structure

Communicate with the family via email, text, or phone call a few days before the session
- Confirm the appointment
- Share outline/flow of the session
- Identify who will be participating in the session, both on the provider side and the family side

Discuss arranging the home environment for the session with the parent.
- Where will the computer sit?
- Will the child be in a highchair?
- Who will be in the room?
- Where will materials reside?
- What order will materials be used?
- Where will parent(s) sit for the session?
- Who will interact with the child?

Provider should prepare a location for the session
- Set up your room / location.
- Check the lighting to confirm it is sufficient; it should be in front of you.
- Evaluate your background area and remove any distractions.
- Place a sign on your door to eliminate unauthorized people from entering your session.
- Turn your phone to silent.
- Close all programs on your computer not needed for the session.
- Ensure all technology necessary for the session is charged.
- Evaluate your microphone to confirm it is in the correct location and turned on.
- Adjust your camera to allow for direct eye contact with the family .
- Check to see if the family is online.
- Gather your thoughts.

Conduct the session
- Follow the same preparation procedures as you did for the test session.
- Greet family and ask if they can see and hear you on a scale of 1 to 5, 5 being great and 1 being poor.
- Close session and start over if there are problems.
- Share your impressions and tell family how to adjust their equipment.

---

south dakota BIRTH TO THREE
The first three years build a lifetime

Item for Consideration	Procedures
Documentation	Any interruptions or dela... 19 must be clearly docum... See below for further inst...
Fourteen (14) day break from services – family initiated	• A family may choose a... COVID-19. • Either services must re... another alternative me... • Communicate with you... services. SC will docum... • Provider make note on... COVID-19 - family
Fourteen (14) day break from EI services – provider initiated	• A provider may choose a... against COVID-19. • The provider must notify... pause and the date servic... communication with the s... team. • Either services must resum... another alternative metho... • Provider must make not in... provider
Ending EI Services Indefinitely – Family Initiated	• A family may request an IFS... their child's eligibility status... • The service coordinator will... regarding the family's decisi... • Service coordinator will com... • The family may resume their... availability. • When the family is ready to re... collaboration with the IFSP te... determine if the outcomes or s... interruption in services.
Alternative Methods vs. Face-to-face	Currently federal Office of Special E... provider EI services other than face... • Virtual / Teletherapy (see s... • Phone conference (see spec... • Email / Text (see specific gui... Providers moving to an alternative m... coordinator. Service coordinators are keeping reco... method providers will be using with...
Alternative Method – Virtual sessions for allowable IFSP services	Providers should be confident, comfo... virtual/teletherapy EI services. It may... own family to build your confidence.

COVID-19 GUIDEANCE
Updated: March 19, 2020 4:00 pm

ECH THERAPY ASSISTANT ALT

...are ONLY to be used by providers, who due to the COVID-19, are ... EI services.

...ific guidance on billing for services not offered face-to-face. Please ...ce on this any questions related to what is or is not allowable ... to Medicaid directly.

...ot allow for an alternative method (i.e. email/text) those EI ...lled to Part C. Contact Crystal Goeden in those instances. ...eimburse for any units that go above the approved amount on the

...e not used, providers need to bill accordingly.

...ce to receive virtual early intervention services. If a family declines ...ve method, provider must document the family's decision and ...coordinator immediately. Service coordinators will follow up with

...9 is no longer a threat, the service coordinator and EIS provider(s) ...t assess the child to determine if the child's service needs have ...termine whether the IFSP Team needs to meet to review the ...tify whether changes to the IFSP are needed.

...d for an extended period and services are not provided for an ...he IFSP team must meet under 34 CFR § 303.342(b)(1) to ...es are needed to the IFSP and to determine whether ...rices are needed to address the infant or toddler's developmental

...T offering flex learning options to its general education students or ...ices would not need to be provided during the same time frame.

...ering flex learning opportunities to its general education students ...ts with disabilities must receive the same opportunity which ...s for children in need of prolonged assistance. Please refer to ...alternative methods.

EI Services Are Happening

- Alternative Methods Allowable by OSEP
  - Virtual Platforms
  - Phone Consultation
  - Email/Text
- Service Coordination
- Documentation

NO Face-to-face / in person early intervention sessions announced in counties determined by the SD Department of Health to be impacted with community spread of Minimum/Moderate or Substantial.

April 9, 2020

Counties Impacted

- 4/22/2020 26 Counties
- Daily Review and update
- Statewide letter for families
- Following DOH lead
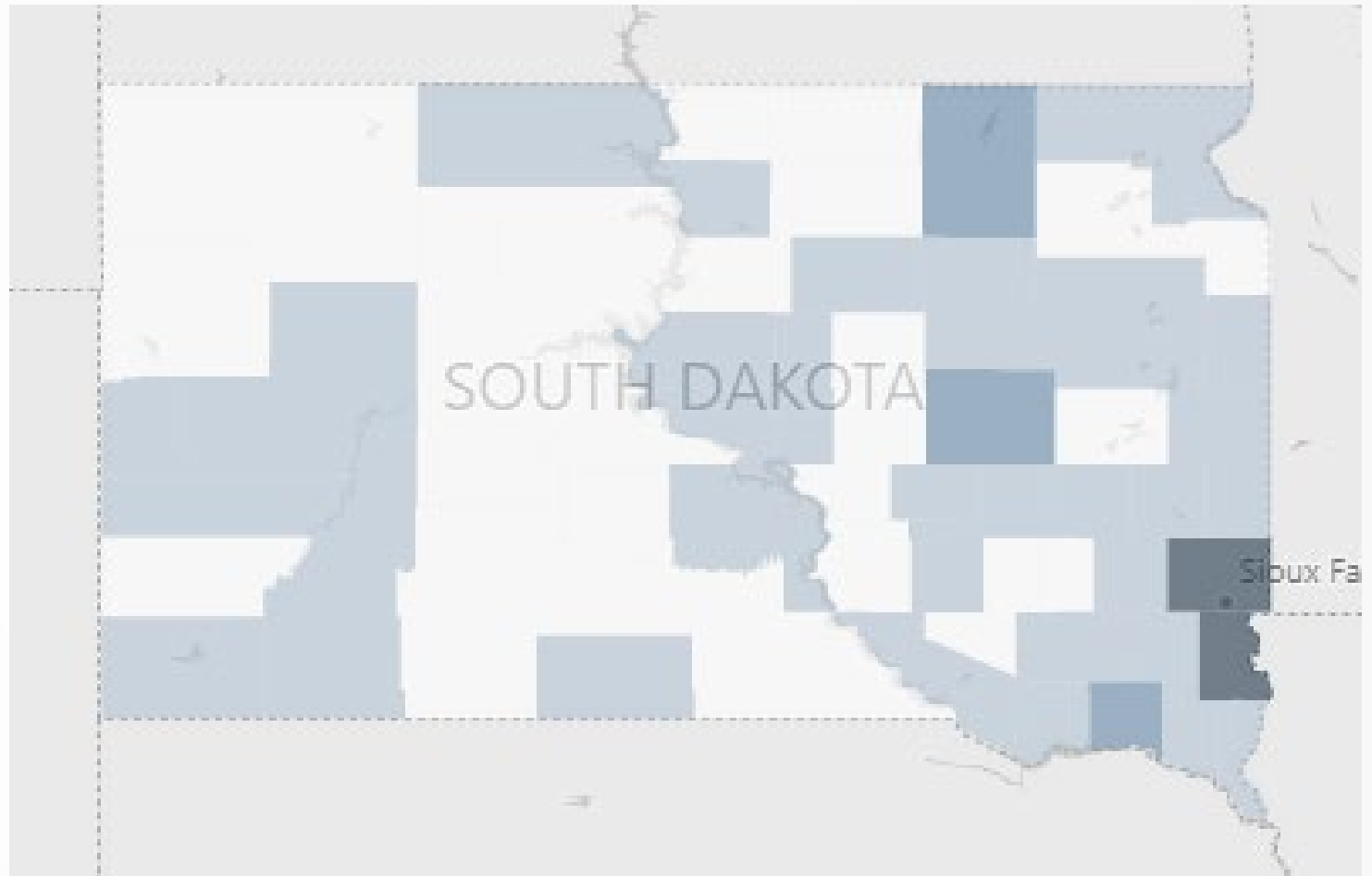
Successes!

- Providers
- Service Coordinators
- Billing
  - COVID Specific Codes
  - NO Changes in rates
  - NO Interruption in Payments
- Medicaid
- Professional Boards
- Parent Flexibility
- Virtual World
- Adaptability

COVID Challenges Now and Future

- Evaluations
  - Eligibility / Initial
    - Interim
  - Exit
- Make-up / Compensatory Services

- OSEP Determinations
  - Child Outcomes
  - BDI Completion Rate
  - Child Count
- Future Target Setting
- Unknowns!

Questions?

Other Updates

Bright Beginnings PD Update

COHORT 4

- 22 school district and cooperative providers

- 256 children served

- 28 school districts and 4 coops

**Developmental Disabilities Council Grant covers costs (coaching) for cohort.

COHORT 5

- Designated for private providers

- Application due January 31st

- Training March 23 – August 16, 2020

- Reliability Review Sept. 1 – Oct. 11, 2020

COHORT 6

- District & Coop providers

- Training Aug. 3 – Dec. 20, 2020

- Reliability Review Jan. 4 – Feb. 21, 2021

**Developmental Disabilities Council Grant covers costs (coaching) for cohort.

Additional Items

- Data System Upgrades
  - HB1228
  - Annual system updates
- End of Year
- Professional Development
- OSEP Determinations
- New SPP/APR release
- Opportunity Gap
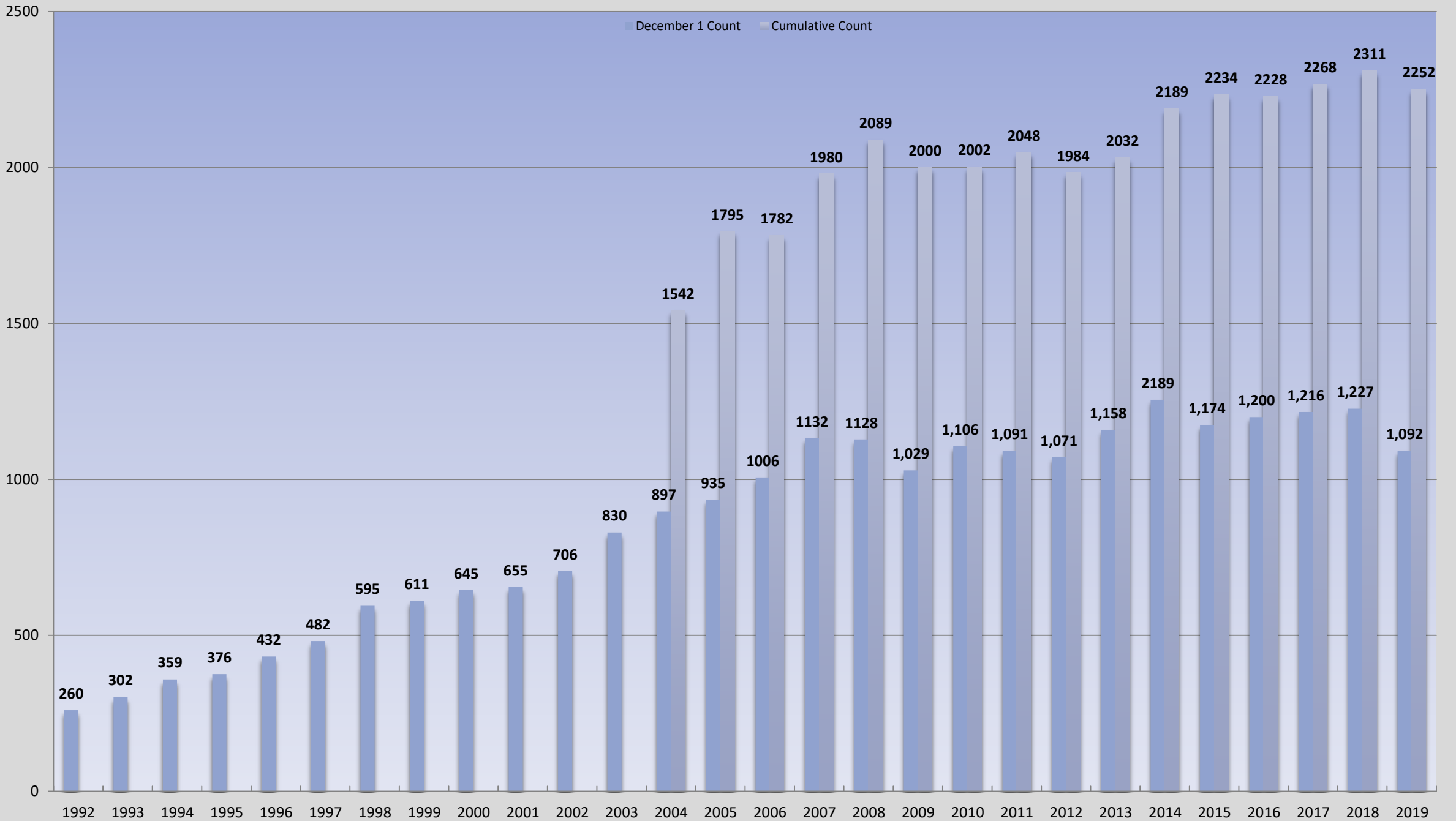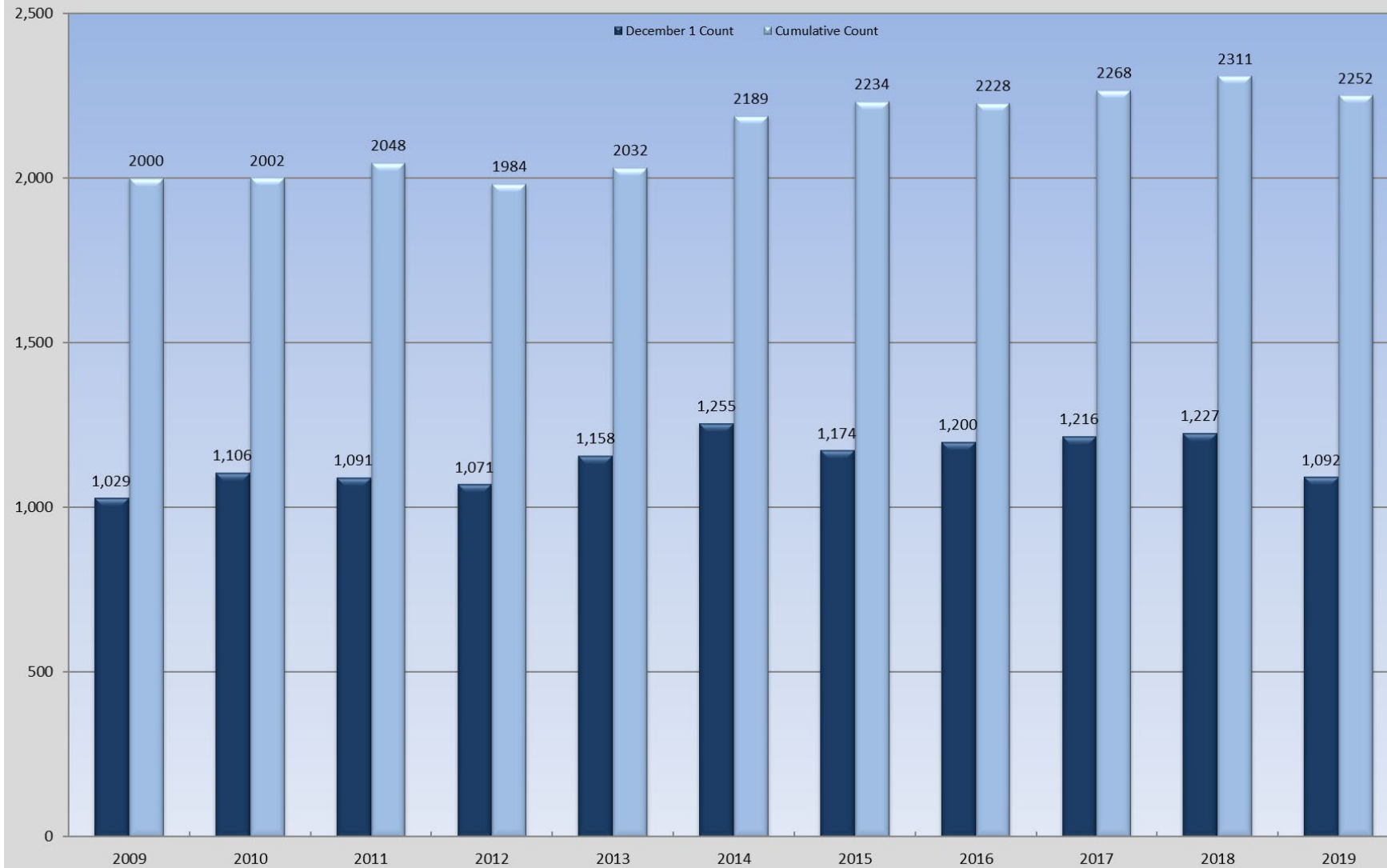- ICC Membership

FFY2020 Grant

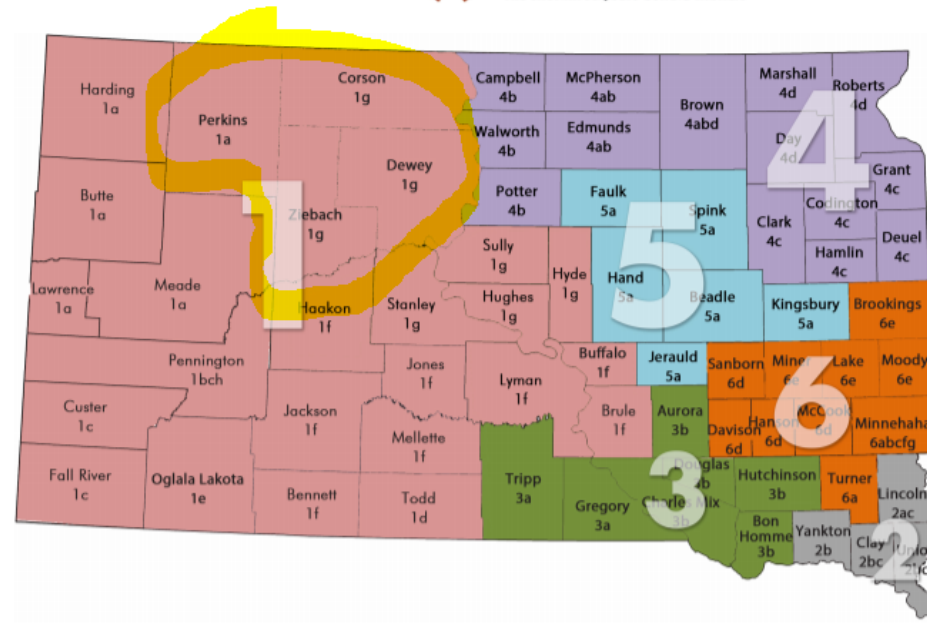July 1, 2020 – June 30, 2021

Part C Funding Sources:

- Federal Grant
- State Maintenance of Effort
- Medicaid (Federal and State MOE)
- Private Insurance

Birth to Three Child Count

Legend: December 1 Count, Cumulative Count

Year	December 1 Count	Cumulative Count
1992	260	
1993	302	
1994	359	
1995	376	
1996	432	
1997	482	
1998	595	
1999	611	
2000	645	
2001	655	
2002	706	
2003	830	
2004	897	1542
2005	935	1795
2006	1006	1782
2007	1132	1980
2008	1128	2089
2009	1,029	2000
2010	1,106	2002
2011	1,091	2048
2012	1,071	1984
2013	1,158	2032
2014	2189 / 1,227	2189
2015	1,174	2234
2016	1,200	2228
2017	1,216	2268
2018	1,227	2311
2019	1,092	2252

Birth to Three Child Count

Year	December 1 Count	Cumulative Count
2009	1,029	2000
2010	1,106	2002
2011	1,091	2048
2012	1,071	1984
2013	1,158	2032
2014	1,255	2189
2015	1,174	2234
2016	1,200	2228
2017	1,216	2268
2018	1,227	2311
2019	1,092	2252

CHILD COUNT BY GENDER

12/1/2019 COUNT

12/1/2018 COUNT

Federal Race

Category	Percentage
Two or More races	5.86%
Hispanic/Latino	6.68%
Asian	1.47%
Native Hawaiian	0.00
White	69.41%
American Indian or Alaska Native	14.65%
Balck of African American	1.47%
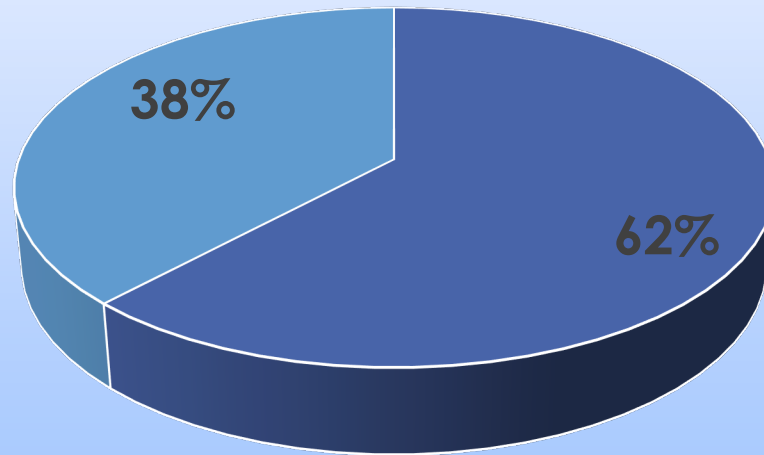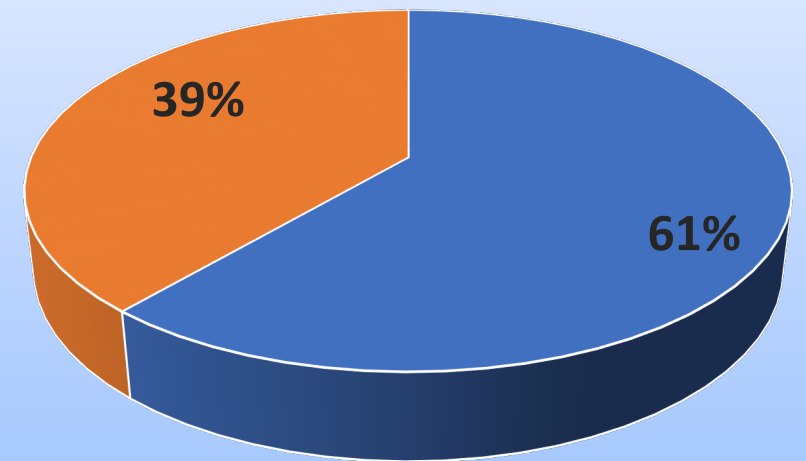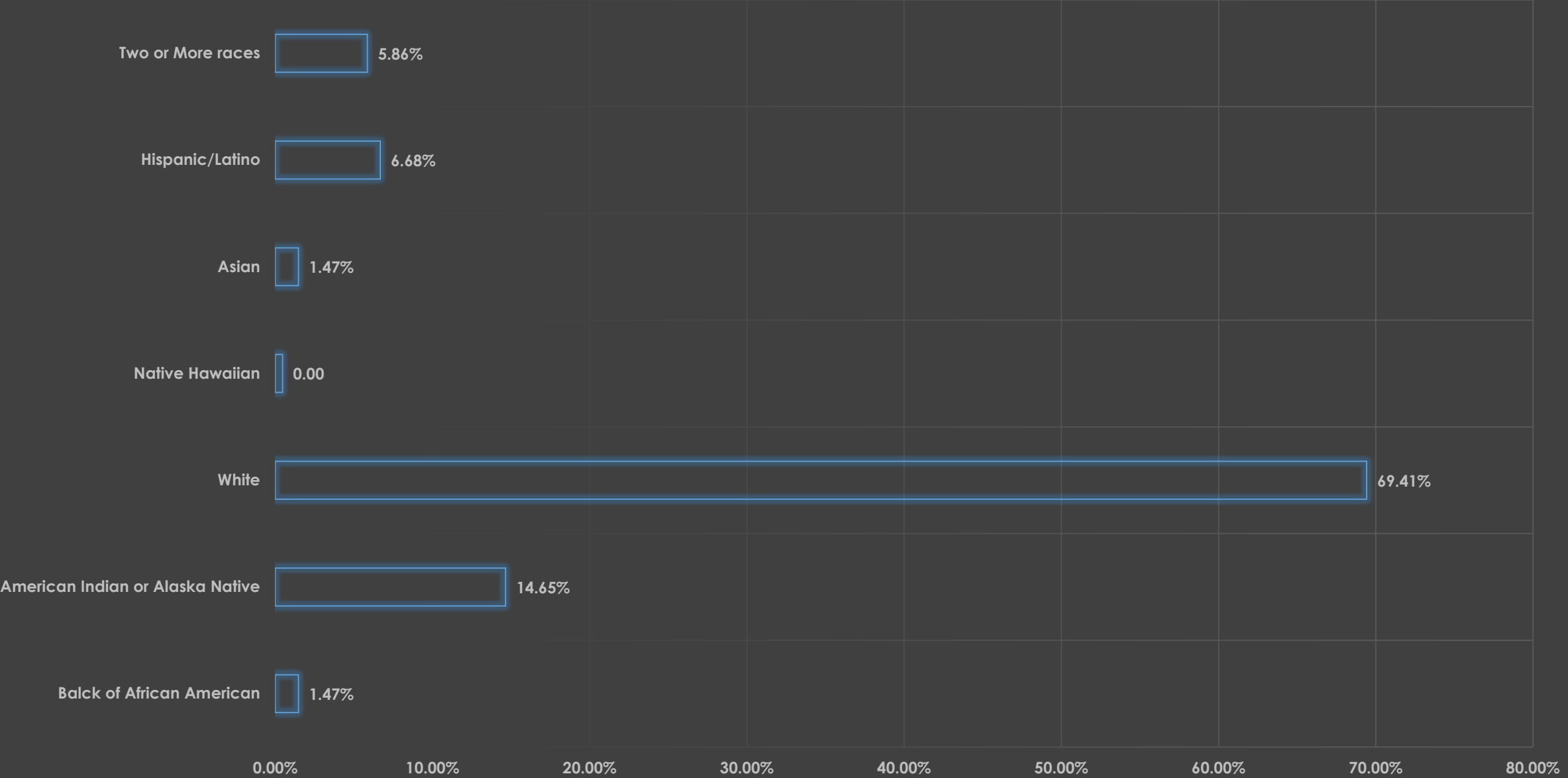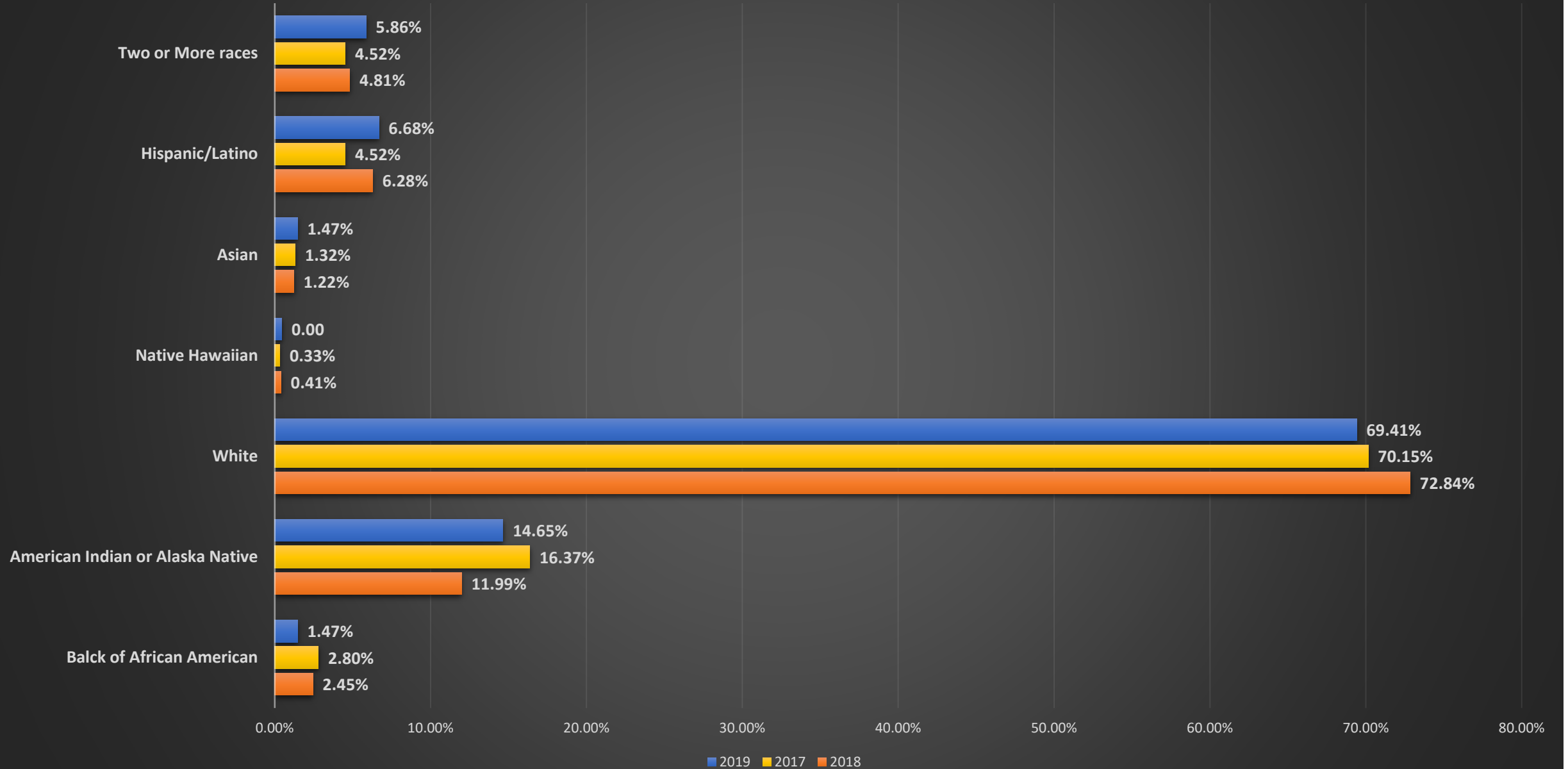
Child Count By Race

Child Count by Age
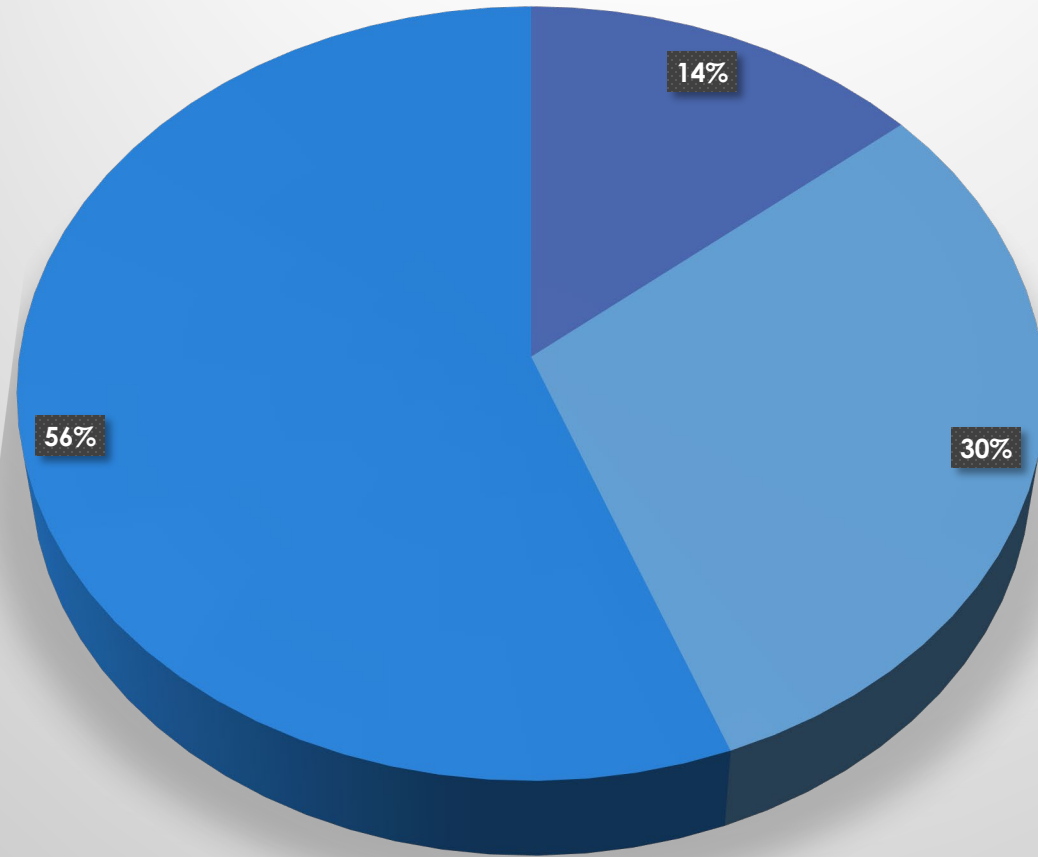
Child Count by Age Over Time
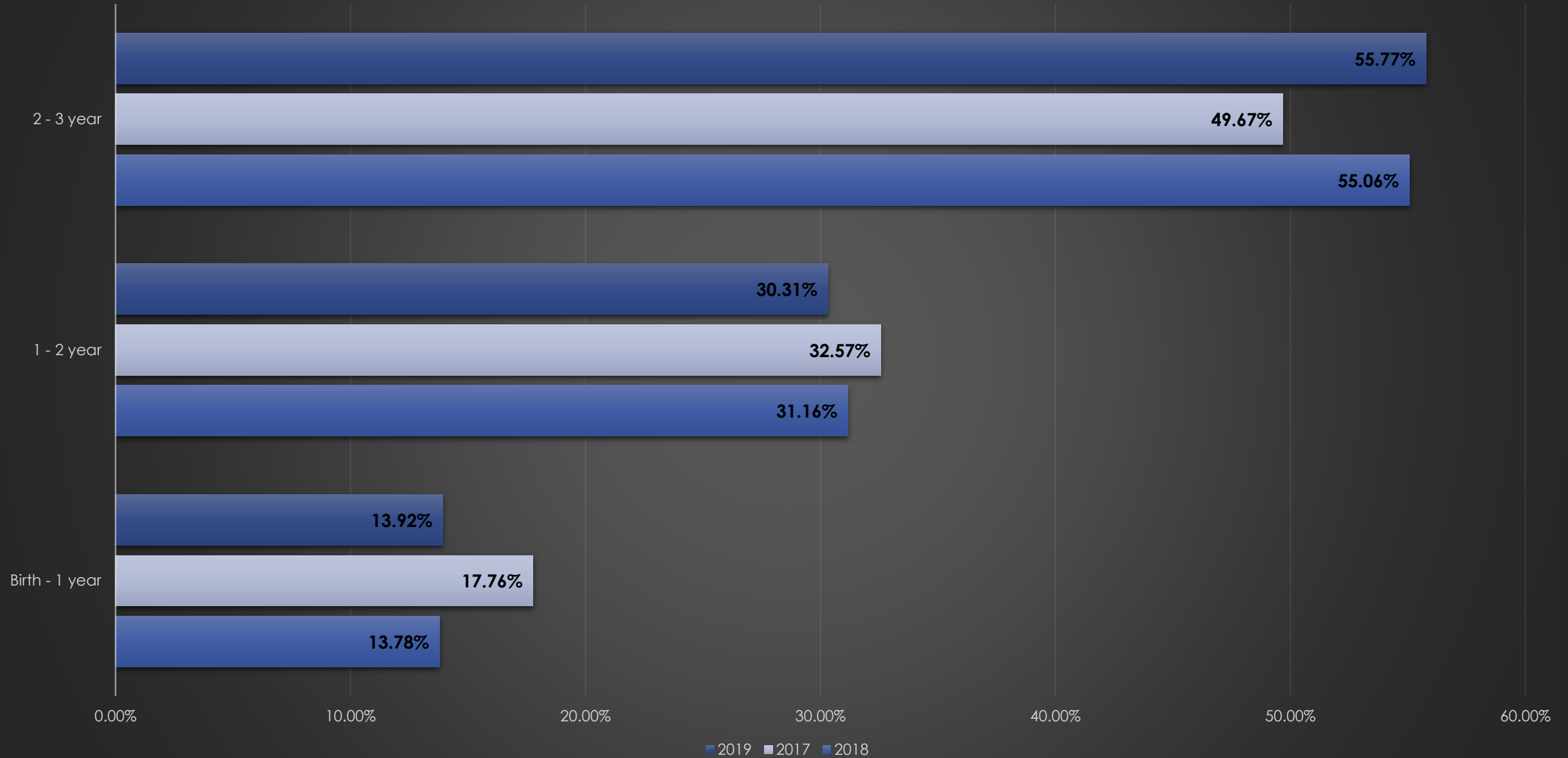
Location of Service

0.37%

24.27%

75.37%
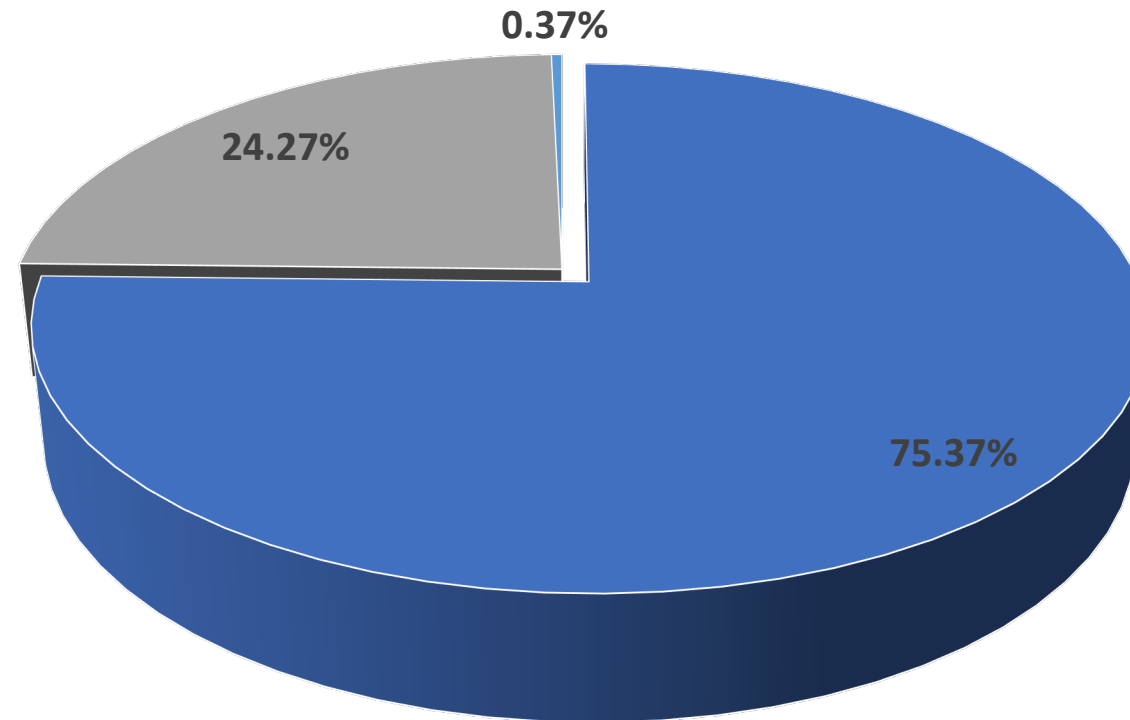
■ Home ■ Community-Based ■ Other

Eligibility Language ARSD **24:14:07:02**

Part C eligibility is determined by each state – South Dakota

- 1.5 standard deviation in any one of the following
  - Cognition
  - Communication: rec. or exp., or both
  - Social/Emotional
  - Adaptive (self-care)
  - Physical: fine or gross, or both, incl. vision & hearing
- Born 28 weeks or less
- Medical Diagnosis
  - Medical documentation
  - Condition likely to result in develop. delay
- Informed Clinical Opinion
  - Explain why test didn't capture concern
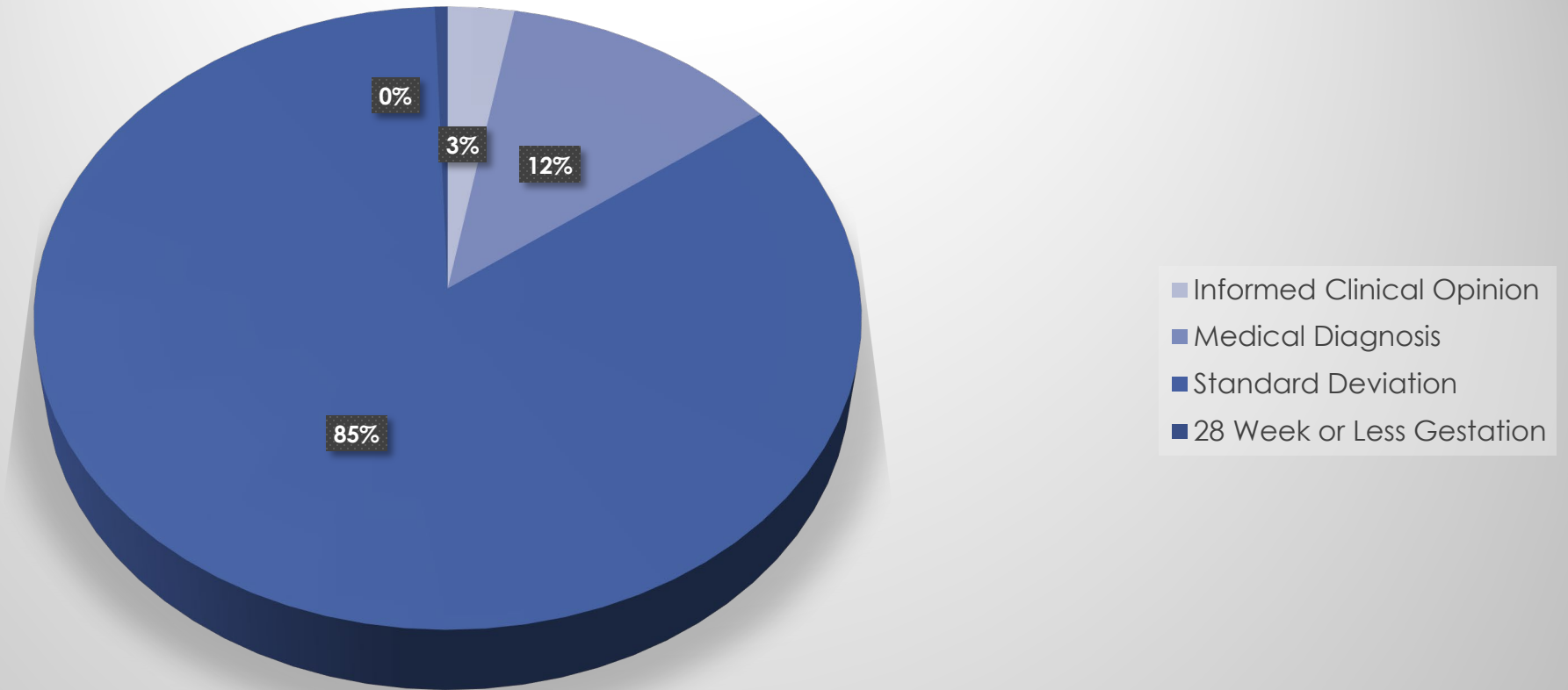
CHILD COUNT BY ELIGIBILITY

Legend: 2019, 2017, 2018

28 Week or Less Gestation
- 0.55%
- 1.07%
- 0.65%

Standard Deviation
- 84.62%
- 78.04%
- 80.02%

Medical Diagnosis
- 12.00%
- 15.87%
- 15.33%

Informed Clinical Opinion
- 2.84%
- 5.02%
- 4.00%

Referrals

Category	2019
Service Provider	3.79%
School/Prechool	5.19%
Physicians	39.82%
Parent/Guardian	24.95%
NICU/Hospital	7.39%
Hearing Services	0.80%
HS/EHS	2.79%
Family Member/Friend	1.30%
EC Screenings	2.50%
Developmental Clinic	0.80%
Child Protection	4.99%
Child Care	0.70%
DSS Partners	4.99%

Referrals Over Time

Referral Source	2018	2019
Service Provider	6.26%	3.79%
School/Prechool	6.17%	5.19%
Physicians	37.30%	39.82%
Parent/Guardian	27.62%	24.95%
NICU/Hospital	6.54%	7.39%
Hearing Services		0.80%
HS/EHS	1.66%	2.79%
Family Member/Friend	1.75%	1.30%
EC Screenings	2.85%	2.50%
Developmental Clinic	1.01%	0.80%
Child Protection	4.51%	4.99%
Child Care	1.20%	0.70%
DSS Partners	3.13%	4.99%

FFY2019 Grant
Federal Funding for Part C

http://doe.sd.gov/Birthto3/documents/FFY19FedApp.pdf
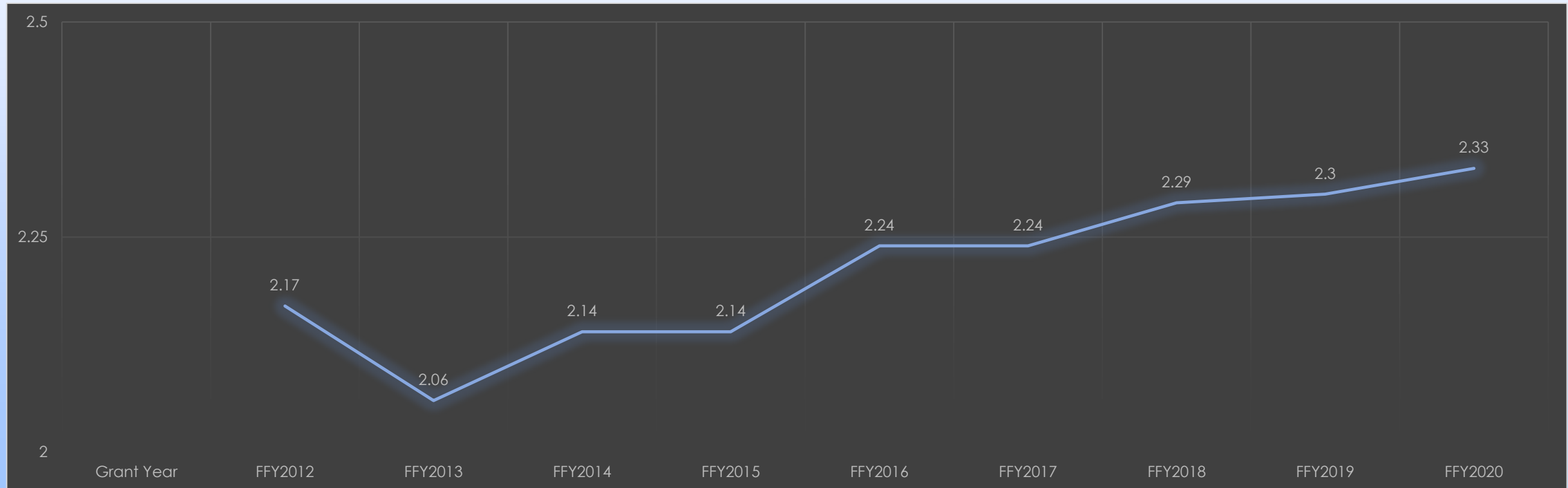
Grant Award

Contents

- Section I: Submission Statements For Part C of IDEA

- Section II: State Policies, Procedures, Methods and Descriptions

- Section III Description of Use of Federal IDEA Part C Funds

Section III: Fiscal

- A. State Lead Agency
  - Salaries/Benefits state team
- B. Maintenance and Implementation Activities for LA and ICC
  - ICC Activities
  - Travel
  - Operational Expenses
  - Professional Development
  - Service Coordination Contracts
  - Public Awareness
- C. Direct Services
  - OT/PT/SLP/Special Instruction etc.
- D. Indirect

GY2020 GRANT BUDGET

Category	GY2020
III.A. State Agency	$360,778
III.B. Maintenance & Implementation Activities for LA and ICC	$1,658,652
III.C. Direct Services (PT, OT, Speech, etc.)	$260,096
III.D. Activities by Other State Agencies	0.00
III.E. Optional Use of IDEA Part C Funds.	0.00
IV.B Indirect	$53,518
Total	$2,333,044

Questions?

http://doe.sd.gov/Birthto3/documents/FFY19FedApp.pdf

We Always Focus on The Main Thing

Infants and Toddlers and their Families

2020 ICC Meeting Dates

July–Aug. 2020

(Virtual Meeting)
- Date TBD

Based on release of OSEP Determinations

Oct/Nov 2020

(Face-to-Face)
- Date TBD

Based on release of OSEP plan
- 5 year Target Setting

south dakota
BIRTH TO THREE
The first three years build a lifetime

**STATE INTERAGENCY
COORDINATING COUNCIL**

Wednesday, April 22, 2020 | 3:00pm CT
Virtual Meeting: Skype (see below)

AGENDA

1. Call to Order and Roll Call

2. Approve Agenda

3. Approve January 2020 Minutes

4. Public Comment

5. Head Start Collaboration Update

6. Birth to Three Program Updates

7. FFY2020 Grant

8. Adjournment

To Join the Meeting:

You can join the meeting via your laptop/computer by clicking on the below link.

Join Skype Meeting

Trouble Joining? Try Skype Web App

If you are unable to join via computer please use the below call in numbers:

Join by Phone

Toll number: 8664108397
Conference ID: 6057734478

**Note if you are viewing on your laptop and listening on your phone, please mute your computer microphone/speakers.

Thank you!!