

HAWAII EARLY INTERVENTION COORDINATING COUNCIL

Composition. The Governor appointed members of the Hawaii Early Intervention Coordinating Council (HEICC) for staggered one, two and three year terms, effective July 1, 1987. Reappointments and new appointments have maintained a Council of 15 members that is consistent with the requirements of P.L. 105-17 (Paragraph 303.141). The composition of the Council also meets the requirements of HRS §321.353, which sets the number of members at 15. Additional members serve in an ex-officio capacity.

Three of the 15 (20%) are parents of children with disabilities under the age of six. Additionally three other Council members have older children with disabilities. Three members represent providers. There is a representative from the state Legislature and from the University of Hawaii (personnel preparation). All agencies paying for services are represented and are at a policy decision-making level of authority. The Director of Special Education is a member. There is also a representative from the agency governing public health insurance.

All ethnicities in Hawaii are minorities. Among parent membership, the Hawaiian, Pacific Islander, Japanese, Black American and Caucasian ethnicities are represented. All of the parents have children with special needs under the age of six. The Chairperson is a parent member. The Chairperson is not and has never been a representative or employee of the Department of Health (lead agency).

A full listing of the Council membership is included in the Appendix. The Chairperson of the Council is elected by the Council. No representative from the lead agency is eligible for election. The other elected officer is a Vice-Chairperson. By-Laws have been officially adopted which are consistent with P.L. 105-17. The Council establishes committees, as necessary, to assist it in its responsibilities. A copy of the By-Laws is included in the Appendix.

There is an Executive Committee which consists of seven members, including the officers and the chairpersons of each committee. The Executive Committee also serves as the Committee on Legislation.

Meetings. Meetings of the HEICC are held quarterly, usually on the fourth Wednesday of the month. All meetings are open, with a published Agenda and previous minutes on public display one week prior to the date of the meeting. Likewise, the monthly meetings of the Executive Committee are also open meetings. Interpreters and other necessary services will be provided for persons who require these services, whether it is a Council member or a visitor in the audience.

Conflict of Interest. No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

Functions of the HEICC. The Council functions in a manner consistent with the Congressional intent as outlined in P.L. 105-17, as well as State legislative intent as described in HRS §321.353. The Council advises the Director of Health on issues relative to the planning, implementation, evaluation and monitoring of the statewide system of early intervention services.

The Council assists the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State. It assists the lead agency in the effective implementation of the statewide system. The Council seeks information from services providers, care coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery. If problems are identified, it seeks to assure that they are appropriately referred and resolved. As disputes arise, the Council will assist the lead agency in the resolution of disputes.

This process usually consists of staff work which is presented to one of the Committees of the Council, providing background information. The appropriate committee then discusses, does further research, conducts other investigative activities, eventually making recommendations for implementation. These recommendations are then generally summarized in an overall "Position Paper" on the subject that is forwarded to the Executive Committee for review. Upon their approval, the recommendations are forwarded to the full Council. Following their deliberations, the recommendations are then forwarded to the Director of Health. The Director of Health has thus far accepted all the programmatic recommendations for implementation.

The Zero-to-Three Services Section staff are responsible for the implementation of these approved recommendations. This process has been successfully followed for developing the definitions of the population, for the implementation of the IFSP, and for the development of the central directory of services, among others.

The Council also has advised and assisted the Department, not only in the annual application for continued Part C funding, but for a number of other grants that have been prepared to obtain further resources to address the needs of this population. This has included grants under the Children's Justice and

Assistance Act, for funding crisis nurseries and respite care services. It has also included a Healthy Tomorrows Grant, in partnership with the American Academy of Pediatrics and the Bureau of Maternal and Child Health. The Council was also supportive in obtaining various grants from the U.S. Department of Education and the Department of Health and Human Services.

During recent years, several feasibility studies have been funded under the U.S. Department of Education. There is currently a Child Find Evaluation study underway. A model demonstration project, in collaboration with the Hawaii University Affiliated Program has just been funded to develop innovative approaches to improve child find activities. Additionally, a grant is being administered from the Centers for Disease Control for a longitudinal research study on the impact of high quality, intensive early intervention services for infants whose mothers have less than a high school education.

The Department currently has a grant funded from the Department of Human Services (DHS), using Child Care and Development Block Grant (CCDBG) funds, to develop inclusion services for infants and toddlers with disabilities. This grant is intended as a model demonstration project to both enhance the community's capacity to serve children with special needs as well as to direct a share of the resources of the CCDBG funds to provide child care services to meet the needs of families with young children with disabilities. This is a collaborative project between the two agencies.

The Department also has received a five year model demonstration grant to develop supportive parenting services for the parents of children under Part C who are themselves cognitively disabled.

The Council also advises and assists the Director of Health in the identification of the sources of fiscal and other support for services for early intervention programs. Most recently this has included recommendations for a carve-out under Medicaid and efforts to access CHAMPUS funding.

These efforts have also included recommendations for amending the State Medicaid Plan to include targeted case management services for infants and toddlers with special needs and in developing an amendment to include a special benefit for early intervention services.

The Council will assist the Department in the areas of assignment of financial responsibility and the promotion of interagency agreements. The Council has been directly involved in all the recommendations for direct service grants. The

Executive Committee reviews all proposals, then submits the recommendations for funding to the full Council. Following its deliberations, the HEICC then recommends to the Director of Health those projects which should be funded. The Director has always concurred with recommendations of the Council.

The Council will also advise and assist the Department of Education to support the transition of toddlers with disabilities to services provided under Part B, to the extent those services are appropriate. The Council may also advise the lead agency and the State Education Agency (SEA) regarding appropriate services for children from birth to age five.

Most recently the Council has succeeded in legislative efforts to mandate the provision of early intervention services by private health insurance plans.

A Report on "Early Intervention for Infants and Toddlers with Special Needs and Their Families" has been prepared for each year since the Council was established. Each annual report contains information required by the Secretary for the reporting year. This report is intended to not only report to the Secretary and the Governor, but to serve as a primary vehicle for public awareness and education of policymakers. The report concentrates on what has been accomplished over the previous year, as well as plans for the future. A copy of the most recent report is included in the Appendix.

As an example of the close advisory relationship between the HEICC and the Department, all policy memorandum issued to update the State Plan are countersigned by both the Director of the Department and the Chairperson of the HEICC.

The Council has developed a vision of the overall statewide system of services. This vision has enabled it to take the work of all its various committees, to fit those recommendations into a unified whole to assure a unified statewide system. This vision of the statewide system to meet the needs of all infants and toddlers with special needs and their families is shown on the following page.