**SPECIAL EDUCATION ADVISORY COUNCIL**

**Draft Minutes – November 13, 2020**

**9:00 a.m. – 12:00 p.m.**

PRESENT: Sara Alimoot, Virginia Beringer, Annette Cooper, Debbie Cheeseman, Rebecca Choi (for Mary Brogan), Mark Disher, Martha Guinan, Scott Hashimoto, Amanda Kaahanui (staff), Annie Kalama, Tina King, Cheryl Matthews, Kaili Murbach, Kiele Pennington, Carrie Pisciotto, Kau‘i Rezentes, Susan Rocco (staff), David Royer, Steven Vannatta, Lisa Vegas, Paula Whitaker, Jasmine Williams, Susan Wood

EXCUSED: Andrea Alexander, Brendelyn Ancheta, Virginia Beringer, Bernadette Lane, Dale Matsuura, Rosie Rowe, Ivalee Sinclair, James Street, Francis Taele

GUESTS: Heidi Armstrong, Brian Hallett, Sandy Jessmon, Deb Mattheus, Sarah Mercado, Josliene Miller, Roxanne Rokero, Kelli Taniguchi

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| **TOPIC** | **DISCUSSION/ACTION** |
| **Call to Order/Welcome/ Introductions** | Chair Martha Guinan called the Zoom meeting to order at 9:05 a.m. and asked members and guests to introduce themselves. She noted that several members are attending a quarterly transition meeting that is being held concurrently. |
| **Input from the Public** | Notice that Paraprofessional and BISS Contracts will not be extended beyond June 30, 2021:  Josliene Miller with Bayada Behavioral Health relayed a concern shared by Jeff Krepps that behavioral service providers recently received notification that their contract will end in June and not be extended. Annie Kalama clarified thatDOE contracts are written with several extensions. The contract in question is in the last year for extension, so it requires DOE to develop a new Request for Proposal to go out to potential bidders. In addition, the expiring contract was originally written to provide one-to-one behavioral support to students with significant behavioral issues. With the ABA licensure law individuals must have specific credentials, and DOE is trying to align the contract with the new law. Now if a child needs significant support, a Functional Behavioral Assessment is done and then behavioral analysis is provided by internal or contract staff. Annie said they have been working with contractors on the new protocols. She also pointed out that SEAC has created an infographic related to intensive services. Joslienne thanked Annie for the clarification. Martha pointed out that notices like this one cause anxiety in providers and parents alike when they are not accompanied with relevant information, and she urged members to get the word out about the new contract.  Services provided to students in detention during quarantine  Lisa Vegas and the Student Services Coordinator from Olomana—Kelli Taniguchi—provided additional information relevant to Jasmine Williams’ question at the October meeting. She began with background information about Olomana. There used to be more students at HYC and Olomana’s detention home. Now with the push toward restorative justice, they typically have 15-20 students each. These placements are temporary until sentenced. If a youth is sentenced to HYCF, it is typically for 3 months, but it could be years. There are sometimes early releases, if a student cooperates. The balance with the facility and |

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| **Input from the Public (cont.)** | Services provided to students in detention during quarantine (cont.)  DOE staff is that they have to take into consideration the safety measures. Kapolei DH had some COVID cases with two staff infected. Because of that, when students come in, they are put in 14-day quarantine. The only one to come in or out of the student’s room is medical staff. Everyone else calls in. Even the guard doesn’t go in. Medical staff are not allowed to take in pens, pencils, or electronic devices. They have been allowing paper and crayons to complete work. The internet at Kapolei is not good, so DOE is working to put in WiFi to the quarantine area and modules. The students are not congregating at all. The reason why they are not given devices is because there isn’t someone with them to monitor them. At HYCF, when a student is given a device they must be monitored to prevent harmful events like contacting their victims. It is very challenging to provide work with quarantine, but teachers have been assigning work. At HYCF everything is glass, so students are able to get packets and pencils and borrow books. Then they are sanitized before returned for the safety of students and staff. Kelli added that they also make sure that related services are provided by phone access including behavioral health. Our teacher in charge is Monica Fatu. Home schools provide the IEP work with her to get a schedule. Jasmine commented that she was told that the phone is outside of the room and the BHS is listening on speaker, so she is concerned about confidentiality. Kelli replied that she thinks it is the nursing staff or guard who may be listening on speaker, and she will follow up on the logistics of the environment. |
| **Hawaii Keiki and Hawaii Keiki Telehealth Presentation & Q & A** | Dr. Deb Mattheus and Sarah Mercado provided members with an overview of their school nursing program which began in 2014 in 5 complex areas through a partnership between DOE and the UH School of Nursing. Hawaii Keiki staff are employed by University Health Partners. In 2017 they received funding to expand to all 15 complex areas, and in the spring of 2020 they added a dental screening and sealant program and launched the HK Hotline & Telehealth Services. Additionally, 15 new COVID-19 Support RNS have been funded through CARES Act monies.  Mission  The mission is to keep our keiki *healthy and ready to learn* by providing access to school nursing services in public schools. HK provides emergency care for illness or injury, screens for treatable health conditions, provides wellness education, and makes referrals to SBBH, and the medical home.  COVID-specific services  HK staff have made rounds to all schools regarding school readiness for re-opening by reaching out to administration and staff to determine safest way to re-open—a total of 166 visits since July to do readiness checklists. HK RNs and APRNs are now part of DOE’s COVID Response Team. One COVID case can mean many contacts. DOH does not have capacity on Oahu, so HK nurses do contact tracing. |

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| **Hawaii Keiki and Hawaii Keiki Telehealth Presentation & Q & A (cont.)** | 4 core goals  These include 1) reducing chronic absenteeism, 2) enhancing wellness in school environment & community, 3) promoting optimal student health thru preventive health screening and effective services for chronic health conditions, and 4) collaborating with community partners, organizations and resources.  If they are seen in a HK Clinic communication is made with the primary care provider. They check BMI, vision screening, with other partners, and participate in the Stop Flu program in schools.  Process of enrollment into program  Sarah addressed enrollment issues brought to their attention by SEAC. She explained that RNs and APRs provide lots of different services. APRNs can provide diagnosis. For other than emergency medical attention, HK nurses need parental consent to keep on file. There are two separate consent packets—one for RNs and one for ARRNs. The APRN packet requires 2 signatures—consent for services plus a FERPA consent to allow the nurse to have contact with providers like the primary care physician. APRN packet also has a Terms and Conditions of Services (TCS) form that allows HK to bill insurance for the services provided.  Cost for students and families  HK services are provided at no cost for DOE students. If a student doesn’t have insurance, they can still receive services. HK may bill an insurance company to offset some of their costs. However, students and families are not responsible for paying any co-pay— there are no out of pocket costs for families. HK is aware of the concern regarding the wording on the TCS form that says parents may receive a bill from UHP. UHP uses the same form for all its clinics, and it wanted the HK form to be consistent, but we never send a bill to families. Should a family receive a bill in error, the APRN encourages them to let them know, so that they can work it out on the back end.  2019-20 highlights  HK expanded the outreach of school nurses in DOE complex areas and schools. The APRN is assigned to a complex area but is not stuck in a clinic and can go to all schools in the complex as needed. The COVID support nurse is in a school for two days, and then visits other schools as needed, for example, to present on PPE or provide advice on isolation rooms, thus giving more reach to more schools. The dental sealant program launched in January, but because of COVID they only reached 6 schools of the 12 schools targeted. HK was able to apply 172 sealants to 2nd graders in Title I schools, and all health and dental visits get uploaded for tracking into Health Office Anywhere. HK also assisted other programs such as Project Vision, Vision to Learn, Lions Sight and Lions Club.  Expanding the reach of school nurses  Three new APRNS and one telehealth APRN started this year with 15 more RNs positioned for 20-21. |

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| **Hawaii Keiki and Hawaii Keiki Telehealth Presentation & Q & A (cont.)** | Expanding the reach of school nurses (cont.)  HK will start a pilot in January using peripherals. An RN at the school can use a stethoscope or otoscope and communicate the information to the APRN virtually. The goal is to provide equitable care to keep students in school.  Locations for HK nurses  Dr. Mattheus shared a slide with the school locations of the 15 new COVID Support Nurses, 14 APRNS, and 6 RNs.  Health room visits summary  In 2019-20 HK nurses conducted 8024 health room visits for injury, illness and health guidance. 88% of students seen were able to return to class and ~~preventing~~  prevented ER visits for students with chronic health conditions like asthma. The average time in the health room was 18.5 minutes. 11,500 parent consents were received (64%).  HK Health Hotline  The hotline is a work in progress, and AS Armstrong has been participating on all calls as HK developed it. During the school shutdown, the hotline was made available for COVID information and concerns. HK found that families call hotline to get resource information, for example immunization requirements or where to go for service. If the call involves a medical concern for a DOE student, nurse can provide nursing triage to determine severity and determine outcome. If a patient needs to be seen by a physician, the parent is asked to reach out to their child’s physician. HK can give them a list of community health providers or link them to telehealth calls. There have not been a lot of telehealth calls as people try to figure out what is telehealth and what is it used for. HK has been trying to get word out through health aides. For students who have been sick at school, parents can call their doctor or call a HK nurse.  Outreach to school level staff  HK has sent a variety of flyers for principals, teachers and staff who may be concerned about a student’s physical or mental health offering the hotline services. Because there is a rise in mental health problems in our school population during the pandemic, HK want to make sure that if there is an issue, the student is connected to SBBH for an appropriate evaluation. APRNs can provide some mental health services, but it is often preferable to link to ongoing SBBH services.  Contingency Plans  HK has been asked by DOE to help ~~developing~~ develop Contingency Plans for students who are medically fragile. The plan outlines how to safely move students, if there is potential exposure to COVID. Sometimes students have equipment, so part of the HK role is to determine if the equipment is movable. HK has developed 44 Contingency Plans since July. |

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| **Hawaii Keiki and Hawaii Keiki Telehealth Presentation & Q & A (cont.)** | Questions/comments from members and guests  C. This sounds like a wonderful service. We wish you could be in all schools.  C. One of our Council members received a consent form for potential services with the confusing language about parent liability for payment. We understand corporate needs and having to have the same form, but there must be something more you can do to better inform all parents that they won’t be billed for services, including parents who are not likely to seek out clarification. A. If the parent doesn’t sign the TCS form at the beginning of the school year, we explain it to them when they come in later.  C. Anything written in a consent form is a legal contract in a Court of law. So, even if you have verbal discussions, if it is taken further, the contract will stand. A. I agree that the average person reading that language would be confused, so perhaps we can go back to UHP to ask if there is something we can add to make it clearer that they won’t receive a bill, especially in these times. We want our information to be clearly understood by our families. We can let AS Armstrong know of any changes.  C. I agree that this is a great program, and I agree with providing more clarification. I am the one who received this form and was hesitant to sign the packet. Now that I’ve heard your presentation, I am a bit more willing, but I would still want something written to protect my family from any financial cost.  C. As to assisting with contingency plans, my son is medically fragile and we have yet to have a Contingency Plan meeting with the APRN assigned at Kalama Intermediate. Q. How are parents being informed? Are you working side-by-side with contracted nurses, so, for example RCM Healthcare? A. The Contingency Plans we developed were not individual. We didn’t want to create a separate form specific to each student. It is a much broader range that describes a plan for the whole school. On the plan, there is information about moving equipment, etc. We are involved in working with RCM nurses when they do this Contingency Plan. RCM may be involved in these school level meetings. If this hasn’t been done, the school can reach out to our HK PRN to develop that process. We don’t work hand-in-hand with RCM, but we do know those students. We can provide information, but we are not taking over any services they provide.  C. SEAC is focused on kids eligible through IDEA that provides nursing services as related services. I know that’s not necessarily what you folks are providing, but IDEA services are at no cost to families. When IDEA was first enacted there was sensitivity to the issue of not billing private insurance, even if schools were willing to pay the co-pay, because that might affect the student’s lifetime insurance limits. Our nation is currently facing a court challenge to the Affordable Care Act. If ~~it~~ the prohibition on lifetime caps is lifted, any money spent on related services could reduce the student’s access to insurance in the future. It would be great if you looked into that issue about billing private insurance.  C. SEAC is proactive about advocating for adequate educational resources at the Legislature. We |

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| **Hawaii Keiki and Hawaii Keiki Telehealth Presentation & Q & A (cont.)** | Questions/comments from members and guests  sometimes get scrutinized regarding DOE expenditures. We know that DOE contracted with Hawaii Keiki to pay the salaries of APRNs. Q. If a legislator asks, what are the additional services that may be billed to the families? Why is a family getting billed, if they have an IDEA student? A. (AS Armstrong) We will have to look into billing for sped students and get more information on that to bring back to you at the next meeting. |
| **Financial Impact on Services Due to COVID-19** | Before resuming the discussion of COVID-19 Impact (CI) Services, Annie Kalama asked Brian Hallett, DOE’s Chief Financial Officer, to share an update of the economic impact of COVID on school budgets.  Biennium Budget Discussion re: SY 21-22 and SY 22-23  AS Hallett referenced a spreadsheet that is organized by program. In August Budget & Finance asked DOE to develop 10%, 15% and 20% scenarios for cuts to the biennium budget. They haven’t provided further clarification.  EDN 150 budget  SEAC’s interest is largely around the EDN 150 budget. The current budget for special education is $390 million in general funds. In projecting for next school year, we generally add reductions that were one-time cuts--for example, the Legislature cut $100.2 million out of DOE’s budget for this year—and we have to build in collective bargaining costs. The new base funding for SY 21-22 came out to $406 million. However, DOE just was informed that the $100 million cut taken on a one-time basis will be taken as a recurring cut. EDN 150 would still be subject to a 10-20% cut, and there are also talks about furloughs for two days/month (9.23% reduction in salaries). All of these cuts would result in a $73 million reduction in EDN 150, if applied across the board. Brian wants to emphasize that this issue is HUGE amounting to an almost 20% cut for EDN 150.  Next steps in budget process  On Dec. 3rd, DOE will present a budget proposal to the Board of Education’s Finance and Infrastructure Committee. We are struggling to identify how we would propose to implement this degree of reduction with the least negative impact. He advised SEAC to be on the lookout for the draft budget and submit testimony to BOE.  Questions/comments from members and guests  C. This is a giant hit. I don’t know what you are going to do. There were concerns earlier about keeping the pay differentials for special education teachers, and this is even more than that. You have your work cut out for you, because we need these services. A. I think we all do, and even though SEAC may be critical, we believe in transparency, and we are trying to do the best job that we can. |

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| **Financial Impact on Services Due to COVID-19 (cont.)** | Questions/comments from members and guests (cont.)  C. In order to have your back, please keep us apprised of your strategies and any counterarguments we can use with legislators who are likely to bring up the issue of cost savings due to distance learning. A. Will do. We have to get better at the Legislature’s game about “hey, what about over there, like don’t you have savings on electricity?” In a huge budget there are always pockets of savings, but they are far outweighed by the need. We’ll do what we can to tighten up on where is all the other money. They’ve made it easier by cutting us past the bone. |
| **Update on COVID-19 Impact Services and General Supervision Work** | COVID-19 Impact (CI) Services Data  Annie reminded SEAC members and guests that the data shared is for monitoring purposes but has not yet been vetted, so all are asked not to share it with the public. A slide regarding the number of CI services meetings and plans showed there has been a big increase in CI services. Annie speculated that maybe folks are now realizing that they need to notate that discussion on the IEP conference notice. There has not been an increase in the number of CI service plans, so Exceptional Students Branch (ESB) staff will be meeting with District Educational Specialists (DES) to dig deeper. ESB gives them the data broken down by students to follow up. Staff have heard some of schools are addressing the student’s needs through HMTSS and a larger number are revising the IEP to provide more time, more services, etc. That’s hard to track—ESB would have to compare the old and new IEP. ESB has heard other reasons that may account for the ~~for the~~ low number of CI services plans:   * Some schools are confused about where money for CI services is coming from, so ESB sent out more information about available funds—over $4 million--reminding them it doesn’t matter where the money comes from, if there is a need. * Some schools are prioritizing students who are receiving in-person services. * Documentation issues for this new requirement may be an issue. * Some parents have said they don’t want to discuss impact yet—primarily when the student is receiving distance learning only. They believe their child is being impacted continuously by the pandemic, so they want to wait until things are ‘back to normal” before discussing what services their child might need.   IDEA General Supervision  Annie provided an overview of general supervision, an IDEA requirement that each State Educational Agency (SEA) must monitor implementation of IDEA regulations. Components of general supervision include: integrated monitoring activities, fiscal management, the State Performance Plan, policies, procedures & effective implementation, data on processes and results, technical assistance (TA) and professional development, effective dispute resolution, and improvements, corrections and sanctions. |

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| **Update on COVID-19 Impact Services and General Supervision Work (cont.)** | IDEA General Supervision (cont.)  The state is responsible to have mechanisms in place to enforce the accurate implementation of IDEA, including how monies are spent. Hawaii is required to report annually to the Office of Special Education Programs (OSEP) on the IDEA indicators that measure our implementation of IDEA. OSEP’s primary focus is on improving results/outcomes for students. It is more important than mere compliance.  Monitoring under general supervision  In a typical state, the SEA monitors the LEAs (districts) similar to how OSEP monitors Hawaii, which is a unitary system. It is extremely important for Hawaii to have a structured system, because we report as both an LEA and SEA. Although we are not bound to issue determinations for individual LEAs (complex areas), it is important to follow that model for accountability at every level. Typically, the state office just looks at the APR/SPP, but all of the components of general supervision add up to how districts should be monitored and supported. Are we using data to drive improvement? We should even consider incentives or sanctions—although, as long as I have been at DOE we have not done so. All of these pieces define how ESB and the Monitoring and Compliance Office support districts and schools. The two offices work collaboratively on many issues.  ESB General Supervision Priorities  For School Year 20-21 ESB will be focusing on the following two priorities:   1. Setting outcomes for IDEA funding, and 2. Revamping Professional learning and TA through tiered support.   For funding, the following questions should be asked:   * Is the way money is spent targeted by evidence of need? * Is it student centered--supporting student success and desired outcomes? * Are we assessing whether the funding is used for the intended purpose and is effective? We don’t want to spend money on the same training, without assessing outcomes. Is the training transformational?   For professional learning and TA we ask:   * How does ESB ensure that its support is relevant to districts and schools? * How does ESB ensure that professional development (PD) leads to durable learning/change in practice? Instead of workshops or conferences only, ESB is including an implementation component as well. * How do we empower our Complex Areas to successfully support schools?   Setting Outcomes for IDEA Funding - IDEA Project Plan  In other states, districts/LEAs submit an application to the State, just as Hawaii submits an application to |

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| **Update on COVID-19 Impact Services and General Supervision Work (cont.)** | Setting Outcomes for IDEA Funding - IDEA Project Plan (cont.)  the US DOE for money. In Hawaii, the historical practice has been for a Complex Area to do a Project Plan to receive funding. It is a blueprint of how they intend to use the money, for example, unbudgeted positions, assistive technology or training. The plan was completed annually by the DESs, approved by their CAS, and then approved by the Program Manger in ESB (now Roxanne Rokero). ESB is now talking to DESs about how to revamp this process, so that it is not just filling out a form with little meaning behind it. ESB started a Fiscal Work Group last year to rework this project plan to make it more meaningful, not only the template but also the process behind it. Their work to date has resulted in an interim plan we are planning to use this year. It includes some of the changes but not all that ESB hopes to implement. Change for a large system is challenging, so the group has chosen to go by baby steps.  Changes to IDEA Funding   * Closer alignment with school and complex area plans * Interim with expectation for improvement * More accurate data * Electronic with formulas and auto calculating * Required student performance outcomes * Proposed spending clearly aligns with outcomes – look at data * Quarterly reporting * *Essential costs only* –Defined as those activities that support student success and IEP implementation * Piloting—integrated program planning. We are moving away from specialization (ASD, SBBH, SPED, etc.) to leveraging resources. in ASD, SPED and~~,~~ SBBH.   ESB plans to use the IDEA Project Plan long term as a venue for incentives and corrective action. Another change is that the form is now electronic with formulas and auto-calculating. There are some program calculations built in (i.e. salaries). Yet another change is a requirement for selected priority areas when setting goals– postsecondary success, literacy, preschool performance, PD with implementation checks and accountability. Quarterly reporting will allow DESs to work with ESB to review spending and outcome measures and determine if there is a need for course correction.  Revamping Professional Learning and TA  Annie wants to make sure the work that her office does is targeted and makes a real difference by being more focused with tiered support. This is a joint effort with MAC, and WestEd consultants who have helped to build this model which is similar to what OSEP provides to states—tiers of universal, targeted |

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| **Update on COVID-19 Impact Services and General Supervision Work (cont.)** | Revamping Professional Learning and TA (cont.)  and intensive supports. Complex Areas would access support based on their level of need:   * Universal = supports for everyone like monthly DES meetings, DES work groups, weekly TA sessions with each district to problem solve and reinforce new information, and learning opportunities like mandatory training (SDI, literacy, evidence-based practices), memos, etc. * Targeted supports = support specific to a CA or DES based on data like program specific PD,   additional meetings with team, etc.   * Intensive supports = something like a corrective action plan, for example, accountability meetings, a directed use of planning or funding, etc.   Once the model is fleshed out, Annie will bring it back to SEAC for feedback. Once we finalize it, we will have to develop implementation plans. This will take a while to become more comprehensive.  Questions/comments from members and guests.  C. Christina Tydeman introduced SEAC to Implementation Science several years ago. It might be a good idea to revisit the topic again, because it allows reasonable expectations about when change occurs and what kind of buy-in is needed for success. A. Annie did some of that research years ago. She acknowledges that it takes 3-5 years to achieve durable change.  C. (Martha) Thank you for your presentation. You have always impressed me with your clarity of vision.  Q. Circling back to COVID-19 Impact Services and the low numbers of plans, is there any guidance you can provide to families? We have yet to nail that down for my family, and it appears that our IEP team is lost—they have a lot of things going on, trying to get through day-to-day, and see students via distance learning or in person. To take time to come up with a COVID-19 Impact Services Plan or Contingency Plan seems overwhelming to them. Is there a way to help them focus? Is there someone at the district level who can support the team? A. Thanks for recognizing that schools really do have a lot on their plate. Having said that, schools still have an obligation to provide IDEA supports. My immediate advice would be to communicate up the chain—teacher, principal, DES, CAS, or you can come to ESB, if you need to. On our website, we were able to put all of our infographics along with a video that walks through all the plans. It is not only helpful to parents, but it is helpful to teachers, as well, because it is a simple way to understand the plans. We are showing data for the COVID-19 Impact Services Plan. I also heard you mention the Contingency Plan, and we have to get better with our terminology to clarify the distinctions. I heard Hawaii Keiki refer to the Contingency Plan, but they were referring to a school-wide plan that a school uses to close and move a medically fragile class. We also have a Contingency Plan for every student with an IEP in case the school must close again. Feel free to email me if you need assistance. |

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| **Update on COVID-19 Impact Services and General Supervision Work (cont.)** | Questions/comments from members and guests (cont).  Q. What do you see SEAC’s involvement with your General Supervision work? A. (Annie) What ideas  do you have? I know you have been extremely helpful with infographics to get the message out to our role groups. I am open to your support and assistance. At the very least, we would need your feedback, once our basic draft is available. (AS Armstrong) Your feedback regarding your actual experiences in the field is one of the most valuable kinds of feedback. It allows our planning to address specific needs in the field. Annie and I will come up with some suggestions for SEAC’s help. (Annie) We have also talked with Steven Vannatta to see how we can better involve the CCCs. |
| **Announcements** | Amanda announced the following:   * The first virtual SPIN Conference was held on October 17th. Overall it was very successful, and we had great partnership with our DOE partners. We are working to get the recordings up on our website. AS Armstrong saw parts of conference live and, she was very impressed. It was phenomenal, and DOE can take lessons from that. * The Footsteps to Transition Fair originally scheduled for October 24 was postponed due to a sudden illness by the main facilitator, Leolinda Parlin. There has not been a new planning meeting, but at this late date, it probably won’t be rescheduled until after the first of the year.   Lisa Vegas provided an update regarding phone calls in the Detention Home. The teacher in charge at DH has clarified that the student in quarantine is handed a phone handset through the food portal, and the student can communicate with his counselors through that.  Sara Alimoot announced a conference for those interested in early education. She and other panelists are having a breakout session at the free Homeless Awareness Conference. She will post a link in the chat. |
| **Review of Minutes of the October 16, 2020 Meeting** | Susan asked Annie if it is okay that the October minutes contained the data on COVID-19 Impact Services. The minutes state that the data is “preliminary unofficial data for program review only”. Both Annie and AS Armstrong agreed that the way it was presented is acceptable. Both Kaili and Susan Wood offered minor typographical changes to the draft minutes.  **Action: Members voted to accept the minutes as corrected.** |
| **Agenda Setting for December 11, 2020 Meeting** | The Monitoring and Compliance Office will be coming to review Annual Performance Report (APR) data. Susan and Martha shared the desire of the SEAC Leadership Team to have small group discussions around the data to offer greater depth of understanding to members. It would also be helpful to receive the data ahead of time. Annie questioned whether there was enough time to discuss all 17 indicators. Her office is willing to provide information on preschool data, and she would like to reach out to the Early Intervention Section for a possible co-presentation. Another issue for discussion would be supports to students who are |

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| **Agenda Setting for December 11, 2020 Meeting** | transitioning to adult services during COVID-19. Amanda asked for data on in-person instruction by school and any information on plans for second semester. AS Armstrong will work with School Health to give a birds-eye view of information regarding in-person instruction; however, it would not be possible to report on second semester plans as these are school-driven plans. Susan W. mentioned news of the potential of a national lockdown of schools after the first of the year. |
| **Vetting of Infographics** | See attached document. |