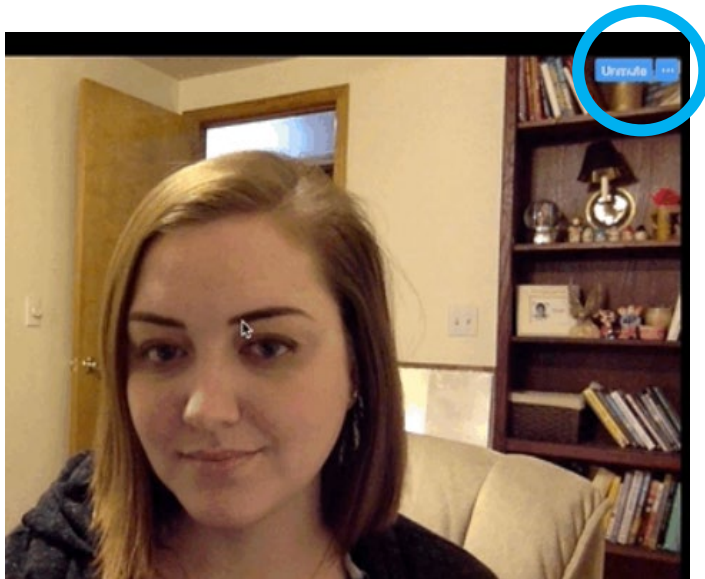


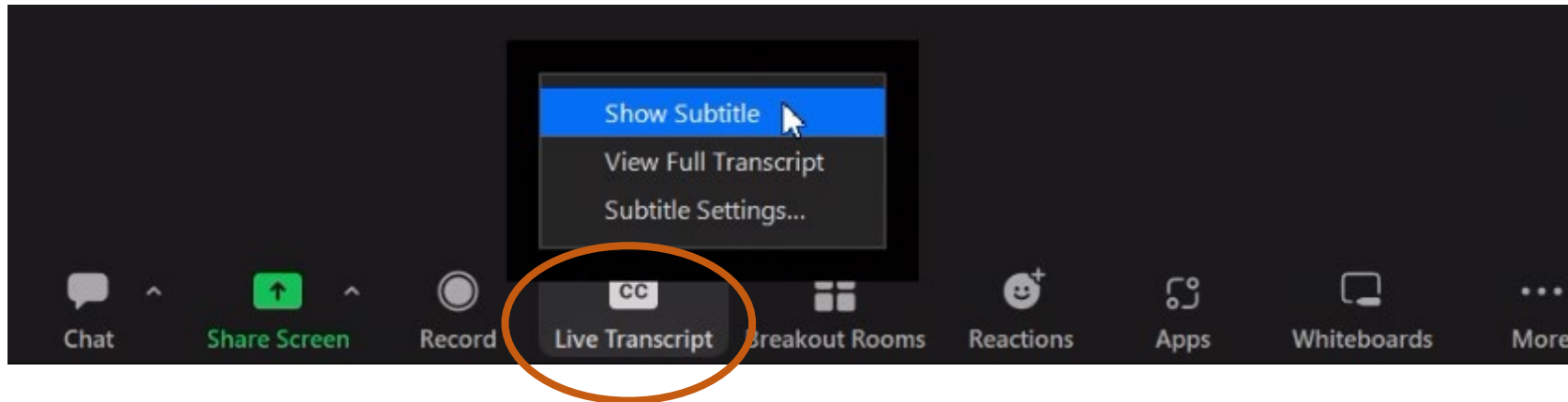
# Welcome to the COMM NET Meeting



- ✓ Click the 3 dots in the top right of your image
- ✓ Select **RENAME**
- ✓ Enter...
  - ✓ **First name,**
  - ✓ **Pronouns,**
  - ✓ **Your organization/agency name**
- ✓ If you don't see your image, check your view settings at the top of the bar and set to see all webcams or Side-by-Side Gallery View
- ✓ Please make sure you are **muted**, and your **camera is turned off** if not speaking.


# Transcriptions

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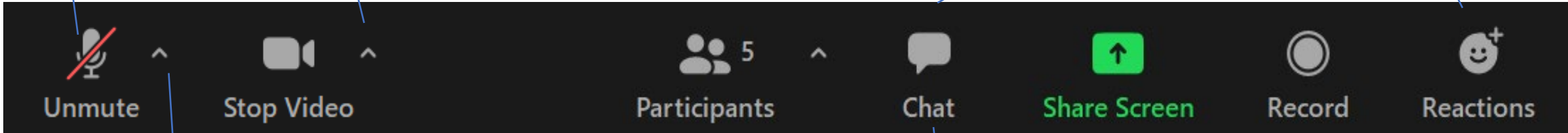



If you would like to access Transcription resources during the meeting, please select [Live Transcript](#) and click [Show Subtitle](#)

# Zoom Toolbar



Adjust **View** of presentation and participants



**Unmute to Speak**

Turn **Camera ON** when speaking

Use **Chat** to share comments & questions

Raise hand or offer nonverbal feedback with **Reactions**

Expand **Unmute** options:  
Call-In info for optimal audio\*

Submit feedback in **Chat** at end of each session

Unmute

Stop Video

Participants 5

Chat

Share Screen

Record

Reactions



# COMMUNICATION NETWORK MEETING - 7/13/23

Children & Youth with Special Healthcare Needs

## Housekeeping Items:

---

- Please list your NAME, PRONOUNS and AFFILIATION in the chat
- Ice breaker: share the first word in the chat that comes to mind when you hear “Summer”
- If you are new, please add your email address in the chat so we can make sure you are added to our future community network list
- This meeting will be recorded
- ASL interpreters
- Please keep cameras off unless speaking to help with bandwidth issues



# We honor native land, people, and experience

- The Washington State Department of Health Children and Youth with Special Healthcare Needs (CYSHCN) program recognizes and honor the original occupants and stewards of the land where we all individually and collectively gather. Many of us are occupying space from lands that are of the traditional home of the Coast Salish people, the traditional home of all tribes and bands within the Duwamish, Suquamish, Tulalip, and Muckleshoot nations.
- The CYSHCN program honors the survival, the adaptations, the forced assimilation, and the resilience and creativity of Native peoples—past, present, and future. We encourage CYSHCN partners to consider their responsibilities to the people and land, both here and elsewhere, and to stand in solidarity with Native, Indigenous, and First Nations People, and their sovereignty, cultural heritage, and lives.
- We also pause to recognize and acknowledge the labor upon which our country, state, and institutions are built.
- We remember that our country is built on the labor of enslaved people who were kidnapped and brought to the U.S. from the African continent and recognize the continued contribution of their survivors. We also acknowledge all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples who contributed to the building of the country and continue to serve within our labor force. We acknowledge all unpaid care-giving labor.
- To the people who contributed this immeasurable work and their descendants, we acknowledge our/their indelible mark on the space in which we gather today. It is our collective responsibility to critically interrogate these histories, to repair harm, and to honor, protect, and sustain this land.
- *\*This land acknowledgement is adapted from Seattle Colleges*
- Please share the people you honor of the land you are occupying in the chatbox [Native-Land.ca](https://www.native-land.ca) | [Our home on native land \(native-land.ca\)](https://www.native-land.ca)



# Agenda:

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Time	Topic	Presenter
9:00-9:15	Welcome, Agenda, Program Updates	Linda Ramirez
9:15-10:00	DDA	Doreen Vandervort
10:00-10:35	HOPE (Healthy Outcomes from Positive Experiences)	DOH Child Health Team
10:35-10:50	<b>Break</b>	
10:50-11:20	Parent Voice	Trista Mason
11:20-11:50	ESIT Parent Institute for Engagement (PIE)	Vanessa Allen
11:50-12:00	Final Questions & Closing Activities	Linda Ramirez
12:00- 12:10	<b>Break</b>	
12:10-1:00	Networking	ALL

## DOH-CYSHCN Team:

---



**Monica Burke, PhD**  
*CYSHCN Program Director*



**Nikki Dyer, MA Ed**  
*Family Engagement Specialist*



**Renee Tinder, MPH**  
*CYSHCN Behavioral & Adolescent  
Consultant*



**Linda Ramirez**  
*CYSHCN Communications & Early  
Childhood Consultant*



**Khimberly Schoenacker, RDN, CD**  
*CYSHCN Nutrition Consultant*



**Amanda Simon**  
*Process Improvement Specialist*



# Updates:

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## General Updates

HRSA Region 10 (WA, OR, ID, AK) [2023 Health Equity Conference](#)

DOH's Maternal and Child Health Block Grant (MCHBG) team is requesting public comment on our [draft report and application](#). Submit your comments to [MCHBPublicComment@doh.wa.gov](mailto:MCHBPublicComment@doh.wa.gov) by July 24

Amanda Simon (she/her) is the new Process Improvement Specialist. She is from Michigan. She also has a 2-year-old daughter. Before working in Public Health, she worked as a Recreation Therapist.

## CHIF

CHIF data will continue to be collected quarterly by spreadsheet as we've done since July 2022.

Please direct any questions about CHIF to the CHIF Inbox.

CHIF dashboard to be published soon with 2011-2021 data included for all counties, LHJs, ACHs, and all state roll-up.

Planning for improved CHIF system is ongoing and we will be reaching out to partners over the next few months to engage in the redesign process

## Communication & Early Childhood

CYSHCN working to redesign/update DOH CYSHCN website

Communications has been updating CYSHCN Coordinator List (please send any updates/changes to [Linda.ramirez@doh.wa.gov](mailto:Linda.ramirez@doh.wa.gov))

# Updates Continued:

---

## **Family Engagement**

Leading DOH internal Community of Practice on using Family Voices' Family Engagement in Systems Assessment Tool (FESAT) to measure and guide improvement on family engagement efforts within CYSHCN and in partner units.

Supporting kick-off of Gen 2 Youth Advisory Council in collaboration with Adolescent Health team.

## **Behavioral and Adolescent Health**

PMHCA-SAFES program services are up and running with SCH and Frontier Behavioral Health

PMHCA expansion funds projects will be continuing with extra funding received from HRSA

Co-facilitating the Youth Advisory Council Mental/Behavioral Health workgroup

Attending/presenting at a meeting in Cleveland as part of a technical assistance collaborative with other PMHCA grantees who are focusing on expanding ED services/suicide prevention.

## **Nutrition**

A new educator module for learning how to teach cooking skills to youth with disabilities should be finalized by fall 2023

A community (WIC dietitians) and clinical RDNs master contact list has been created and will be updated annually to help the dietitians better collaborate and communicate over shared patients

A new hire has been identified for the T1D Statewide Coordinator role which will train and support parent mentors who will partner with families that have a newly diagnosed T1D child; more to come on T1D projects in the near future

# Developmental Disabilities Administration Eligibility Overview

# What do you already know?

- 1) What is a Developmental Disability?
- 2) Who can apply on behalf of a person?
- 3) How does the person prove they live in Washington?
- 4) How long does the application process take?
- 5) True/False – Once enrolled with the DDA, always enrolled.
- 6) True/False - Once DDA enrolled, a person is automatically eligible for paid services.
- 7) Who are your Regional Contacts?

**YEAH, I KNOW**



# What is a Developmental Disability?

Per [RCW 71A.10.020\(5\)](#) The disability must:

- Originate before the individual turns eighteen,
- Continue or be expected to continue indefinitely, and
- Constitute a substantial limitation to the individual.



Transforming Lives



# Becoming a DDA client

An applicant becomes enrolled with the DDA by meeting criteria used to determine if they have a developmental disability and substantial limitations. This criteria is in WAC.

Once enrolled with the DDA, a person can request services, though they do not have to.



# Basic Determination Process

1. Applicant or representative submits application forms and required evidence

- [Request for DDA Eligibility Determination \(14-151\)](#)
- [Consent \(14-012\)](#)
- [Notice of Privacy Practices for Client Confidential Information \(03-387\)](#)
- [Eligible Conditions Specific to Age and Type of Evidence \(14-459\)](#)

A person can go to [dshs.wa.gov/dda/service-and-information-request](https://dshs.wa.gov/dda/service-and-information-request) to have an application mailed to them.



<a href="#">388-823-0020</a>	How do I become a client of the developmental disabilities administration?
<a href="#">388-823-0025</a>	Who can apply for DDA eligibility determination?
<a href="#">388-823-0055</a>	Who is responsible for obtaining the documentation needed to make my eligibility determination?
<a href="#">Policy 11.01</a>	Intake and Eligibility Determination

2. A DDA eligibility case worker assists in gathering evidence if needed
3. A DDA case worker evaluates evidence
  - Attestation of Washington State residency
  - Evidence of disability onset before age 18
  - Evidence of a qualifying condition
  - Evidence of substantial limitation (substantial limitation requirements vary by qualifying condition)



[388-823-0050](tel:388-823-0050)

For DDA eligibility, who is considered to be a resident of the state of Washington?

[388-823-0075](tel:388-823-0075)

What if I do not have written evidence that my disability began before my eighteenth birthday?

[388-823-0080](tel:388-823-0080)

How does DDA determine whether I meet eligibility criteria?

# How Long Does a Determination Take?

- The DDA has 30 days from receiving the last piece of requested documentation before making a determination
- If the DDA has insufficient information to make a determination and has not received all of the requested documentation, eligibility may be denied after 90 days from the date of application



[388-823-0090](tel:388-823-0090)

How long will it take to complete a determination of my eligibility?

[388-823-0100](tel:388-823-0100)

What is the effective date of my eligibility determination?

# Required Documentation

1. Diagnosis of an eligible condition that is not expected to improve or go away
2. Evidence that the condition was present prior to age 18
3. Evidence of substantial limitations varies by condition
  - IQ scores
  - Physical assistance needs
  - Adaptive functioning test scores





# Age and Eligibility

Eligible Conditions by Age	0 - 3	4 - 19	20 and over
One Developmental Delay	X		
Three or more Developmental Delays	X	X	
Intellectual Disability (ID)		X	X
Cerebral Palsy		X	X
Epilepsy		X	X
Autism		X	X
Another neurological, or other condition similar to ID		X	X

# Intellectual Disability

- Diagnosis of Intellectual Disability (ID) by a licensed or certified school psychologist
- Full Scale Intelligence Quotient (FSIQ) of 69 or below (depending on the test used)
- Adaptive functioning tested at more than two standard deviations below the mean



<a href="tel:388-823-0200">388-823-0200</a>	How do I show that I have intellectual disability as an eligible condition?
<a href="tel:388-823-0210">388-823-0210</a>	If I have intellectual disability, how do I meet the definition of substantial limitations?

# Cerebral Palsy

- Diagnosis by a licensed physician of
  - Cerebral palsy
  - Quadriplegia
  - Hemiplegia
  - Diplegia
- Symptoms that existed prior to age three and impair control of movement
- Need for direct physical assistance in 2 or more:
  - Toileting
  - Bathing
  - Eating
  - Dressing
  - Mobility
  - Communication



[388-823-0300](tel:388-823-0300)

How do I show that I have cerebral palsy as an eligible condition?

[388-823-0310](tel:388-823-0310)

If I have cerebral palsy, how do I meet the definition of substantial limitations?

[388-823-0760](tel:388-823-0760)

What evidence do I need to show my need for direct physical assistance?

# Epilepsy

- Diagnosis of epilepsy or seizure disorder by a qualified professional
- Seizures are not controlled
- Adaptive functioning tested at more than two standard deviations below the mean



[388-823-0400](tel:388-823-0400)

How do I show that I have epilepsy as an eligible condition?

[388-823-0410](tel:388-823-0410)

If I have epilepsy, how do I meet the definition of substantial limitations?

# Autism

- Evidence of onset prior to age 5
- Adaptive functioning tested at more than two standard deviations below the mean, AND
- Diagnosis of Autistic Disorder (DSM.IV.TR 299.00) prior to Feb. 1<sup>st</sup>, 2022, OR
- Diagnosis of Autism Spectrum Disorder (DSM.5), and
  - FSIQ below 85, or a
  - Written statement confirming your autism prevents you from IQ testing



[388-823-0500](tel:388-823-0500)

How do I show that I have autism as an eligible condition?

[388-823-0510](tel:388-823-0510)

If I have autism, how do I meet the definition of substantial limitations?



# Another Neurological or Other Condition Similar to ID

- Diagnosis of a neurological or chromosomal disorder made by a licensed physician
- Disorder results in intellectual and adaptive skills deficits
  - FSIQ of 77 or below (depending on the test used), or
  - Academic delays for children under 20, and
  - Adaptive functioning tested at more than two standard deviations below the mean



[388-823-0600](tel:388-823-0600)

How do I show that I have another neurological or other condition similar to intellectual disability?

[388-823-0610](tel:388-823-0610)

If I have another neurological or other condition similar to intellectual disability, how do I meet the definition of substantial limitations?

[Policy 11.04](#)

Determining Other Condition

# Another Neurological or Other Condition Similar to ID

- What is Another Neurological or Other Condition?
  - It must be neurological or chromosomal in nature,
  - Have originated before age eighteen,
  - Be expected to continue indefinitely without improvement,
  - Is not attributable to or is itself a mental illness or emotional, social or behavioral disorder, and
  - Must be known by reputable authorities to cause intellectual impairment and adaptive skills deficits.



# Impact of Unrelated Injury or Illness on Evidence of Adaptive Functioning

DDA must be able to determine that the functional limitations are not a result of:

- Mental illness
- Behavior problems
- Injuries or illness not related to the qualifying diagnosed condition
- Injuries or illness occurring after age 18



# Expiration and Reviews

Eligibility expires

- On the 4<sup>th</sup> birthday
- Diagnostic Transition Age
  - From one developmental delay to,
  - Three or more developmental delays, or
  - One of the five main eligibility categories



[388-823-1000](tel:388-823-1000)

Once I become an eligible DDA client, is there a time limit to my eligibility?

[388-823-1005](tel:388-823-1005)

When does my eligibility as a DDA client expire?

[388-823-1010](tel:388-823-1010)

When will DDA review my eligibility to determine if I continue to meet the eligibility requirements for DDA?

[388-823-1030](tel:388-823-1030)

How will I know that my eligibility is expiring or is due for review?

# Expiration and Reviews

## Reviews

- At age 19 if the last determination was before age 16
- When there is evidence of insufficient, mistaken, or fraudulent information
- Before the 18<sup>th</sup> birthday if eligible under the Medically Intensive Children's Program
- Before the 20<sup>th</sup> birthday if the current eligibility determination relied on evidence of academic delays in Broad Reading and Broad Mathematics

## Eligibility Termination

- If you are no longer a state resident
- If you ask

<a href="#">388-823-1010</a>	When will DDA review my eligibility to determine if I continue to meet the eligibility requirements for DDA?
<a href="#">388-823-1015</a>	What is the definition of "DDA paid services" in WAC 388-823-1010(2)?
<a href="#">388-823-1030</a>	How will I know that my eligibility is expiring or is due for review?
<a href="#">388-823-1020</a>	Can DDA terminate my eligibility if I no longer am a resident of the state of Washington?
<a href="#">388-823-1090</a>	If I am already eligible, how do these new rules affect me?



# The Person is Enrolled, Now What?

If the person needs services, they must request them.

They can make a request for services by contacting DDA, or submitting the request here:

<https://www.dshs.wa.gov/dda/service-and-information-request>

Name of the person who will receive requested services

Name of person completing this form

Date of birth of person who will receive requested services

Phone Number

Email Address

County \*  
- Select -

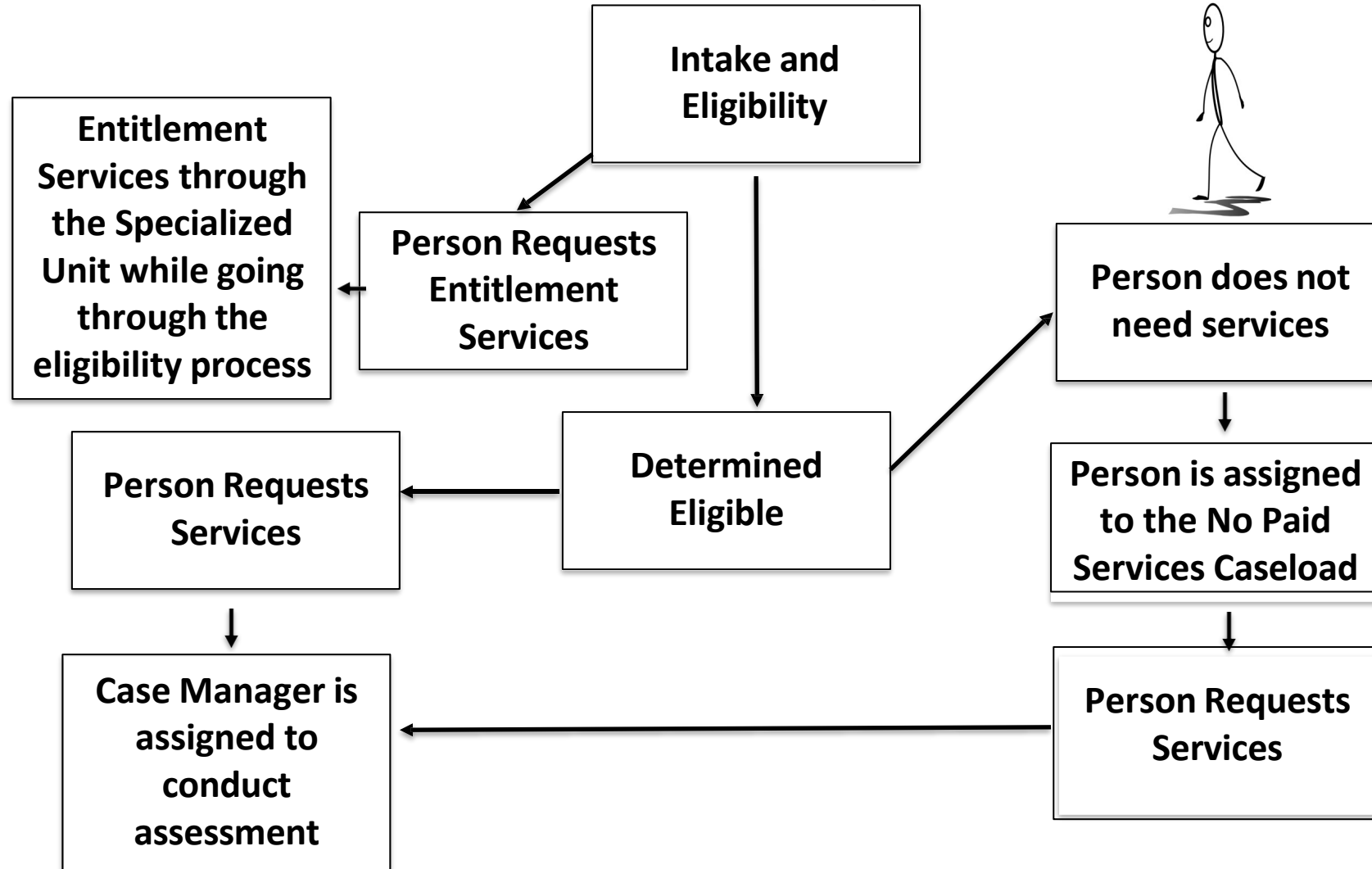
City

Please check here if you would like a DDA eligibility packet mailed to you.  
 Yes  
 No

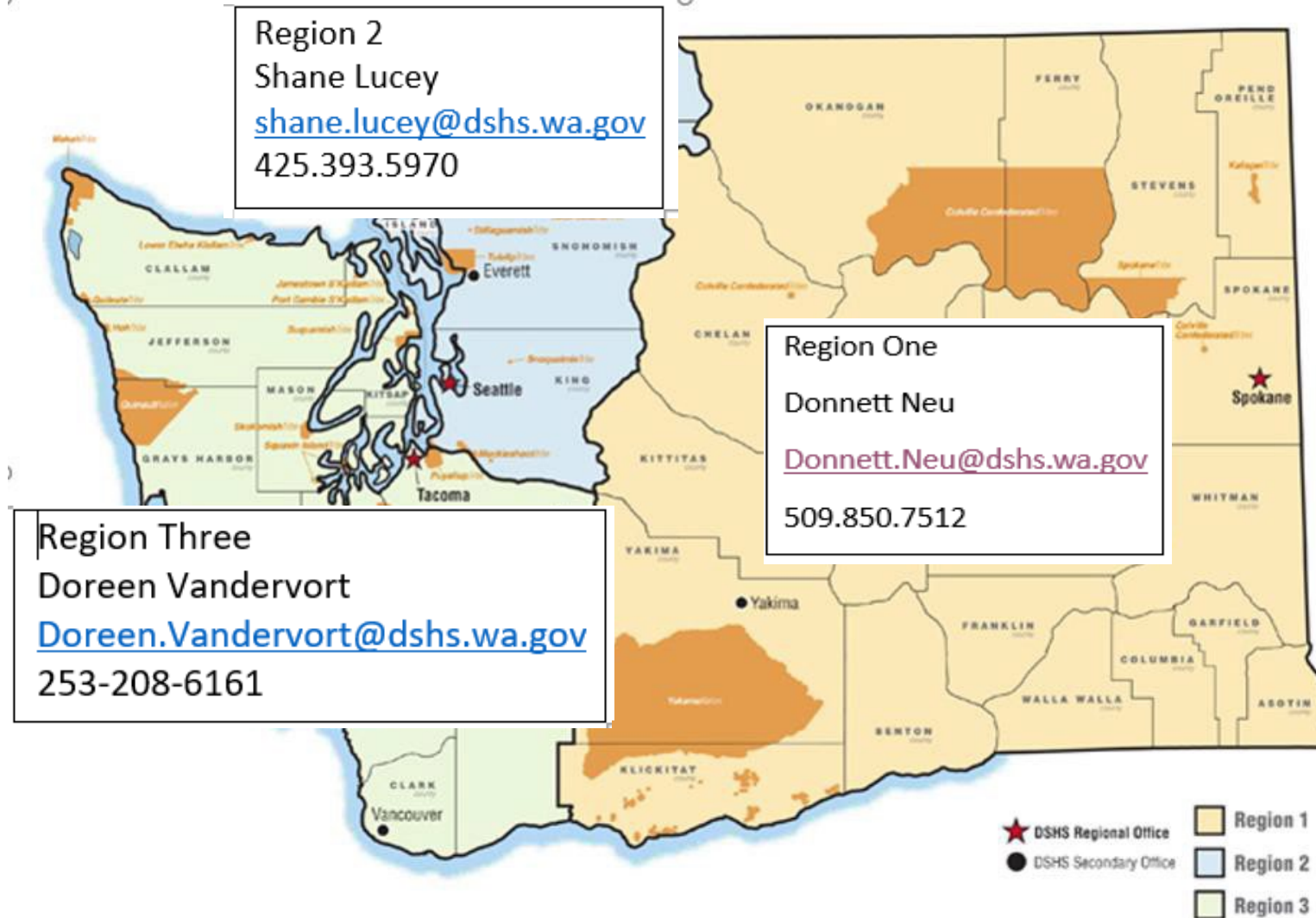
Service or information Requested

<a href="#">388-823-1010</a>	When will DDA review my eligibility to determine if I continue to meet the eligibility requirements for DDA?
<a href="#">388-823-1015</a>	What is the definition of "DDA paid services" in WAC 388-823-1010(2)?
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<a href="#">388-823-1090</a>	If I am already eligible, how do these new rules affect me?

# The Person is a Client, Now What?



# Washington State Department of Social and Health Services



# Resources

## Resource page

<https://www.dshs.wa.gov/dda/consumers-and-families/eligibility>

<https://www.dshs.wa.gov/dda/service-and-information-request>

[DDA Policy Ch. 11](#)

Program Manager– Will Nichol, [William.Nichol@dshs.wa.gov](mailto:William.Nichol@dshs.wa.gov), 360.407.1583



# What do you know now?

- 1) What is a Developmental Disability?
- 2) Who can apply on behalf of a person?
- 3) How does the person prove they live in Washington?
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- 5) True/False – Once a client of the DDA, always a client.
- 6) True/False - Once DDA eligible, a person is automatically enrolled in paid services.
- 7) Who are your regional contacts?

**YEAH, I KNOW**

# Thank You!

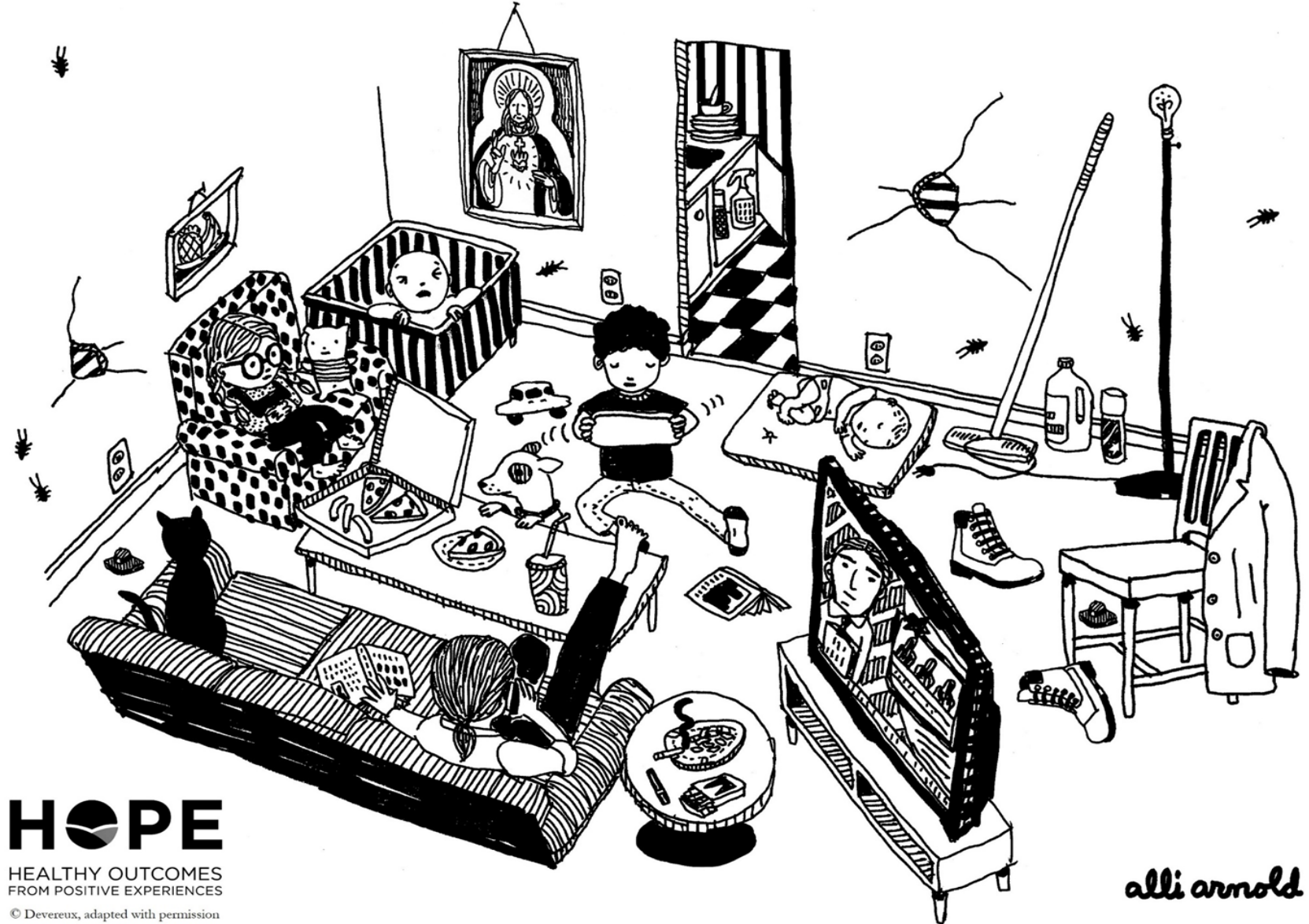




HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES

July 13th, 2023

As you join us,  
please share  
what stands out  
to you about  
this picture in  
the chat box.  
What do you  
see?



**HOPE**

HEALTHY OUTCOMES  
FROM POSITIVE EXPERIENCES

© Devereux, adapted with permission

*alli arnold*



# Discussion Overview

- Provide context for the development of the Healthy Outcomes from Positive Experiences (HOPE) framework.
  - Situate Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs).
- Increase awareness of the HOPE framework.
  - Review the 4 Building Blocks of HOPE
- Share examples for how the HOPE framework has been applied.
- Provide resources to further explore the HOPE framework.



# Early Adversity has Lasting Impacts





# ACEs and PCEs

## ACEs

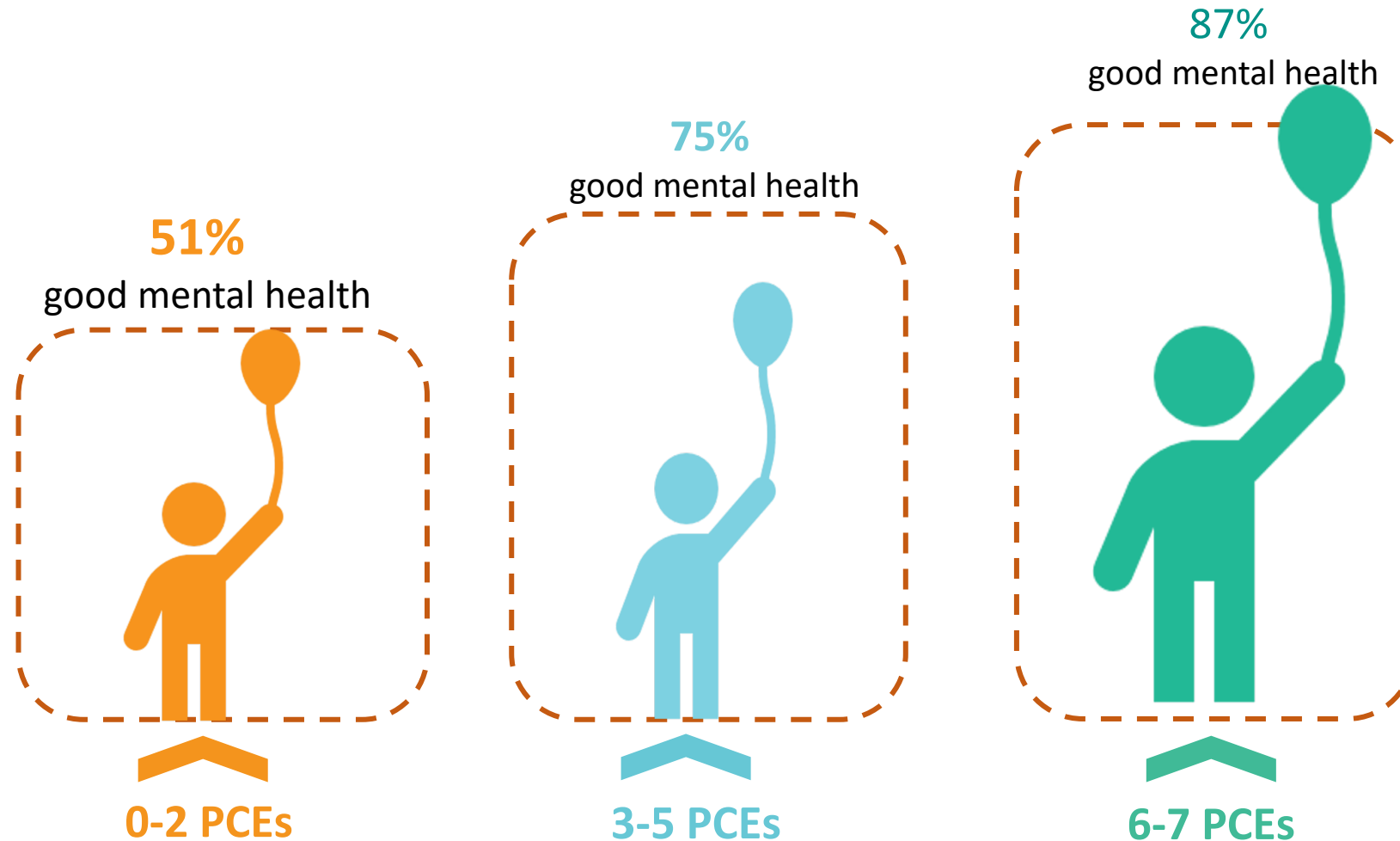
- 1998 study of employed people in Southern California
- Patients answered questions about their childhood
- Correlated with mental and physical health
- 

## PCEs

**NEW**

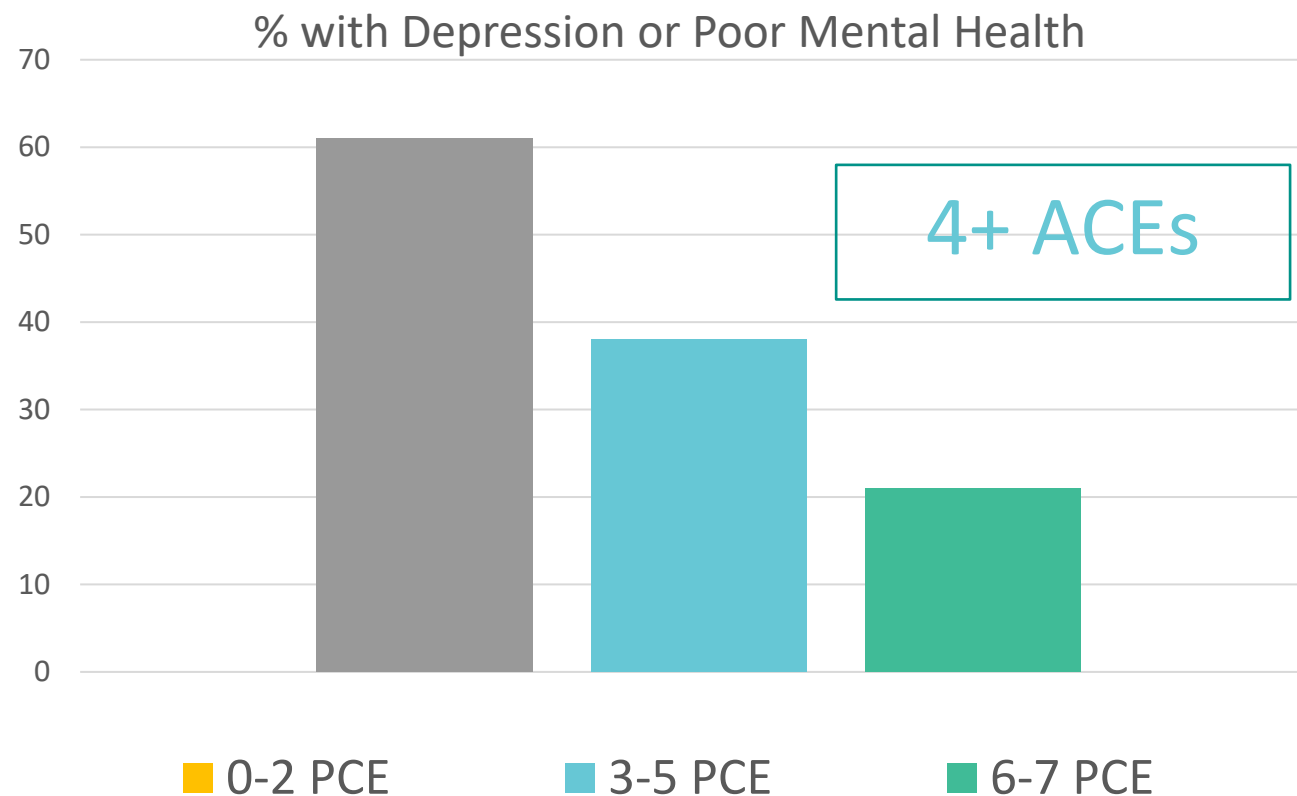
- 2015 population study in Wisconsin
- Part of the Behavioral Risk Factor Surveillance Survey
- Asked about ACEs
- Asked about Positive Childhood experiences
- Correlated with mental health
-

# Positive Childhood Experiences (PCEs) Protect Adult Mental Health



*Good mental health – those not reporting depression or poor mental health*

# Positive Childhood Experiences Mitigate ACEs Effects



Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. *JAMA Pediatr.* 2019 Sep 9; e193007





# PCEs can positively affect adult health

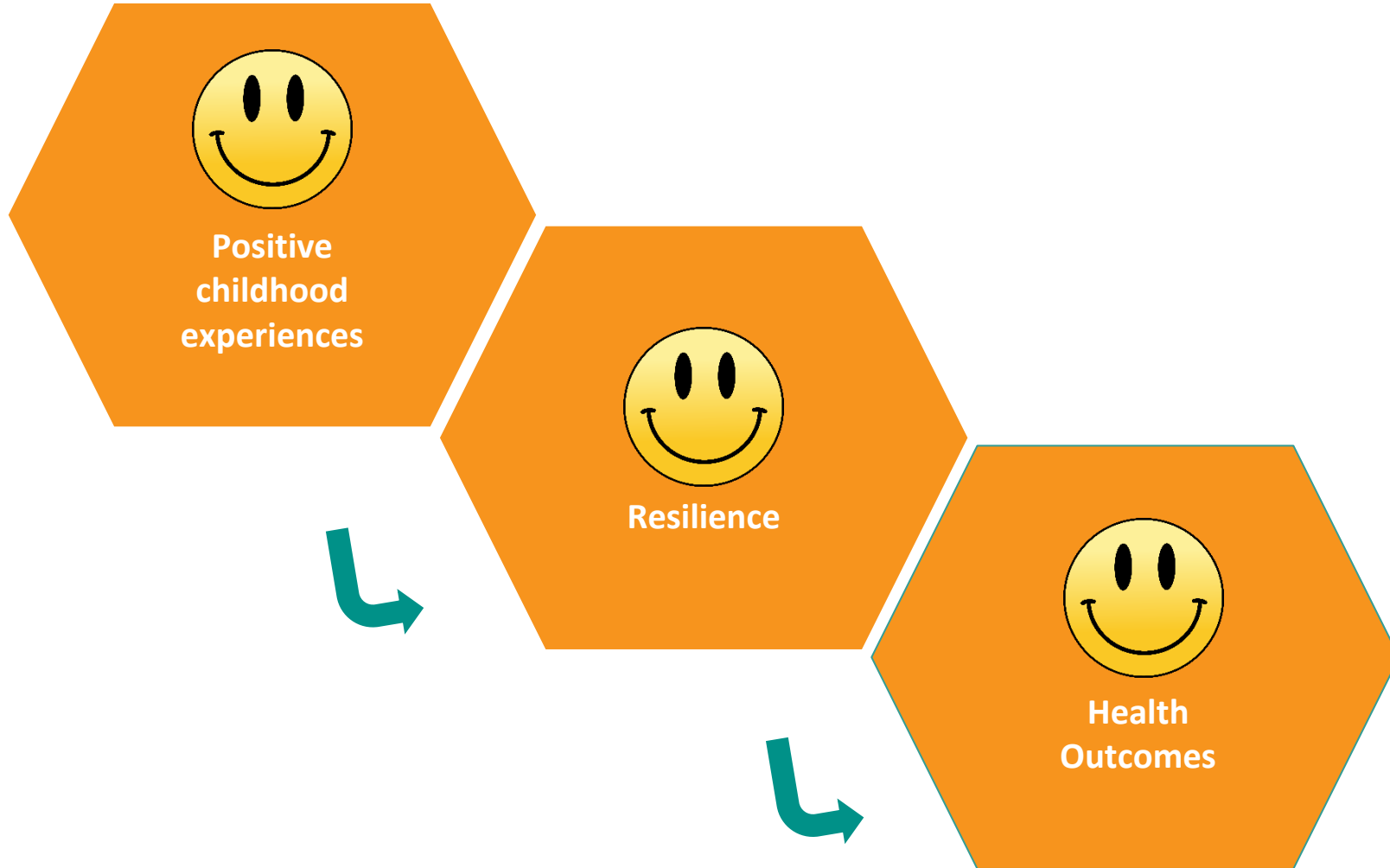


Photo by [Katherine Hanlon](#) on [Unsplash](#)





# Core assumption

from the Science of the Positive:

The **positive** exists, it is real and worth growing.

## Positive experiences:

- Promote children's **health and well-being**
- Allow children to form strong **relationships** and connections
- Cultivate positive self-image and **self-worth**
- Provide a sense of **belonging**
- Build skills that promote **resilience**

Linkenbach, J. (2007, 2018). The Science of the Positive: The Seven Core Principles Workbook: A Publication of The Montana Institute, LLC.





RELATIONSHIPS

**Relationships** with other children and with other adults through interpersonal activities.

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ENVIRONMENT

**Safe, equitable, stable environments** for living, playing, learning at home and in school.

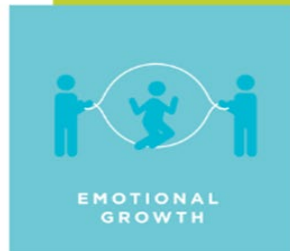
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ENGAGEMENT

**Social and civic engagement** to develop a sense of belonging and connectedness.

---



EMOTIONAL GROWTH

**Emotional growth** through playing and interacting with peers for self-awareness and self-regulation.

---

# The Four Building Blocks of HOPE



**HOPE**  
HEALTHY OUTCOMES  
FROM POSITIVE EXPERIENCES

What does this look like in practice?





# HOPE-Informed Checklist for decision making

This simple checklist will walk you through assessing if the decision you are making, policy you are creating, or tool you are considering is HOPE-informed. As you move forward, ask yourself if your decision, policy, or tool does the following things:

- Identifies, celebrates, and honors strengths and resilience
- Supports access to the Four Building Blocks of HOPE (relationships, environments, engagement, and emotional growth).
- Reflects practice that promotes empathy, recognizes common goals, and understands that individuals are doing the best they can
- Includes community feedback into continuous quality improvement
- Has clear ways to identify and address systems issues that result in inequity

Equally as important, you will want to screen your decision, policy, or tool to make sure that it does NOT:

- Exclusive focus on identifying problems and referring to services
- Creates an "us" and "them" dynamic in association with services
- Inadvertently perpetuates labeling, stigma, or bias

# Examples of Applying HOPE: Policy

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# Examples of Applying HOPE: Schools

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## Example of Applying HOPE: Direct Service Providers

- HOPE questions are centered around:
  - Identifying and supporting safe interpersonal activities with other children & adults
  - Reinforcing and encouraging playing and learning at home & school
  - Increasing belongingness and connectedness to other children and caregivers
  - Encouraging interaction or play with peers for self-awareness and regulations



# Examples of Applying HOPE: Public Health



[Tufts HOPE – Healthy Outcomes from Positive Experiences](#)

[CDC - 10 Essential Public Health Services - Public Health Infrastructure Center](#)

# Resources

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- [10 Ways for Families to Promote Positive Childhood Experiences](#)
- [Brain Builders: How a Child's Brain Develops](#)
- [HOPE Building Blocks](#)
- [HOPE Check List](#)
- [With and Without HOPE Developmental Screening](#)
- [IEP Simulation Videos With and Without HOPE](#)
- [Modifiable Resilience Factors to Childhood Adversity for Clinical Pediatric Practice Publication](#)
- [Balancing Adverse Childhood Experiences \(ACEs\) with HOPE Publication](#)
- [Family Resilience and Connection Promote Flourish Among U.S. Children, Even Amid Adversity Publication](#)



QUESTIONS?



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).





15 MINUTE BREAK  
Please return by 10:50





Trista Mason -

Birth Mom

Foster Mom

Adoptive Mom

Special Needs Mom

Auntie to my former Foster  
kiddos

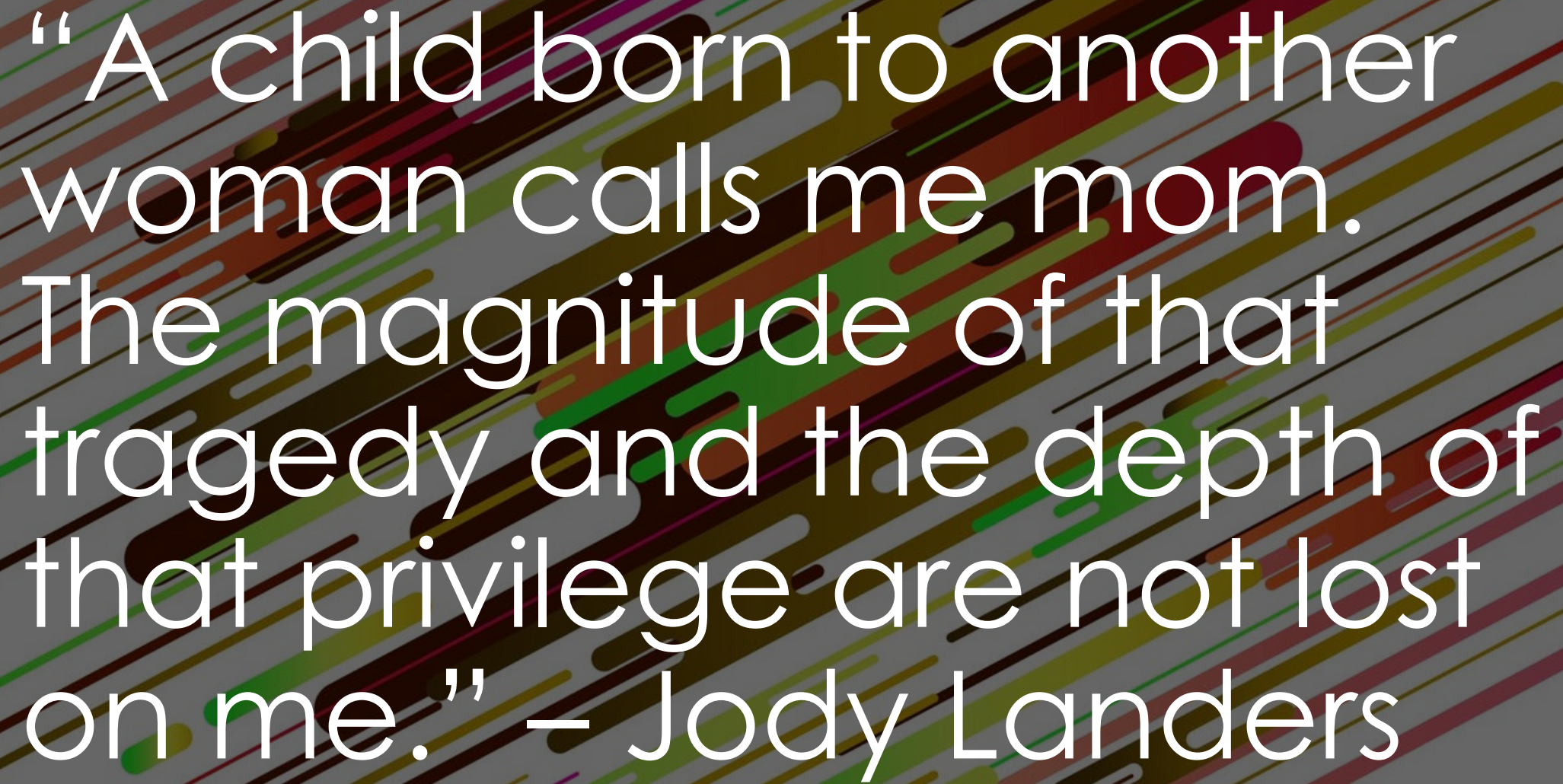


# OUR Foster Care JOURNEY

# The Who

- ▶ The Kids
  - ▶ Ada (Jase and Harper)
  - ▶ Q
  - ▶ Kay
  - ▶ Maeve – 60 days turned into 13 months
  - ▶ Mira
  - ▶ Ari
  - ▶ Hannah (Jane)
  - ▶ Ash
  - ▶ Ronald
- ▶ The Caseworkers/System





“A child born to another woman calls me mom. The magnitude of that tragedy and the depth of that privilege are not lost on me.” – Jody Landers

# Special Needs Parenting

- ▶ HARD!!!
- ▶ Special Needs parenting – me???
- ▶ Lonely
- ▶ Different for EVERY parent/family
- ▶ Learn to view the world differently
- ▶ Rare Genetic Disorder - Tuberous Sclerosis Complex
  - ▶ Epilepsy
  - ▶ Autism
  - ▶ Global developmental delay
  - ▶ 9 Specialists at SCH
- ▶ 49 trips to Seattle in 2022
- ▶ 2021 – Regence paid \$500K for Hannah's medical expenses (Medicaid secondary)
  - ▶ “Poster Child” for the HCA program that reimburses for Private insurance premiums
- ▶ Advocacy and Navigation
  - ▶ Seattle Children's Autism Clinic
  - ▶ Education Inclusion
- ▶ SSI/DDA/PFML



# How Foster Care (and adoption) has changed Me (us)

- ▶ Capacity for compassion
- ▶ Holding the tragedy and the beauty
- ▶ Poverty/Generational Impacts
  - ▶ Thermostat and laundry
- ▶ Living with the unknown
- ▶ Created community
- ▶ Advocacy – Job opportunity
- ▶ Impacted Extended Family
- ▶ Added new family (auntie and uncle)
- ▶ Caleb (11)
  - ▶ Lies/drugs
  - ▶ Special needs acceptance
  - ▶ “She will live with me”

## Kinship Care:

The care and nurturing of a child by a relative when the child's parents are unable to care for them.

- 53,000 kids being raised by relatives in WA State
- For every 1 child placed in Foster Care, 20 children are placed in Kinship Care
- 71% of Kinship Caregivers are grandparents, 13% other relatives (aunts/uncles, cousins, siblings)

# Unique Benefits of Kinship Care



Kinship placements minimize the trauma associated with removal while increasing connections to family and overall child well-being.

Improve placement stability.

School mobility was 3.1 times higher among youth living in foster care, as compared to kids in kinship care.

Youth living in kinship care have lower rates of tobacco, alcohol, and drug use than youth living in foster care.

School mobility increased rate of placement with siblings.

Greater preservation of culture and community connection.

Compared to youth in kinship care, youth in foster care were 1.7 times more likely to say they had attempted suicide in the past year.

Higher levels of permanency





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- **Kinship Navigator Program**
  - Support Groups
  - Financial Support for Low-income kinship families
  - Case Management
  - Monthly Trainings
  - Voices of Children and Kinship Caregivers annual contest
  - Inter-generational events
  - LAARK – Legal Assistance and referral for Kinship Caregivers

# Parent Institute for Engagement (PIE)



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

# Vanessa Allen

## Family Engagement Coordinator



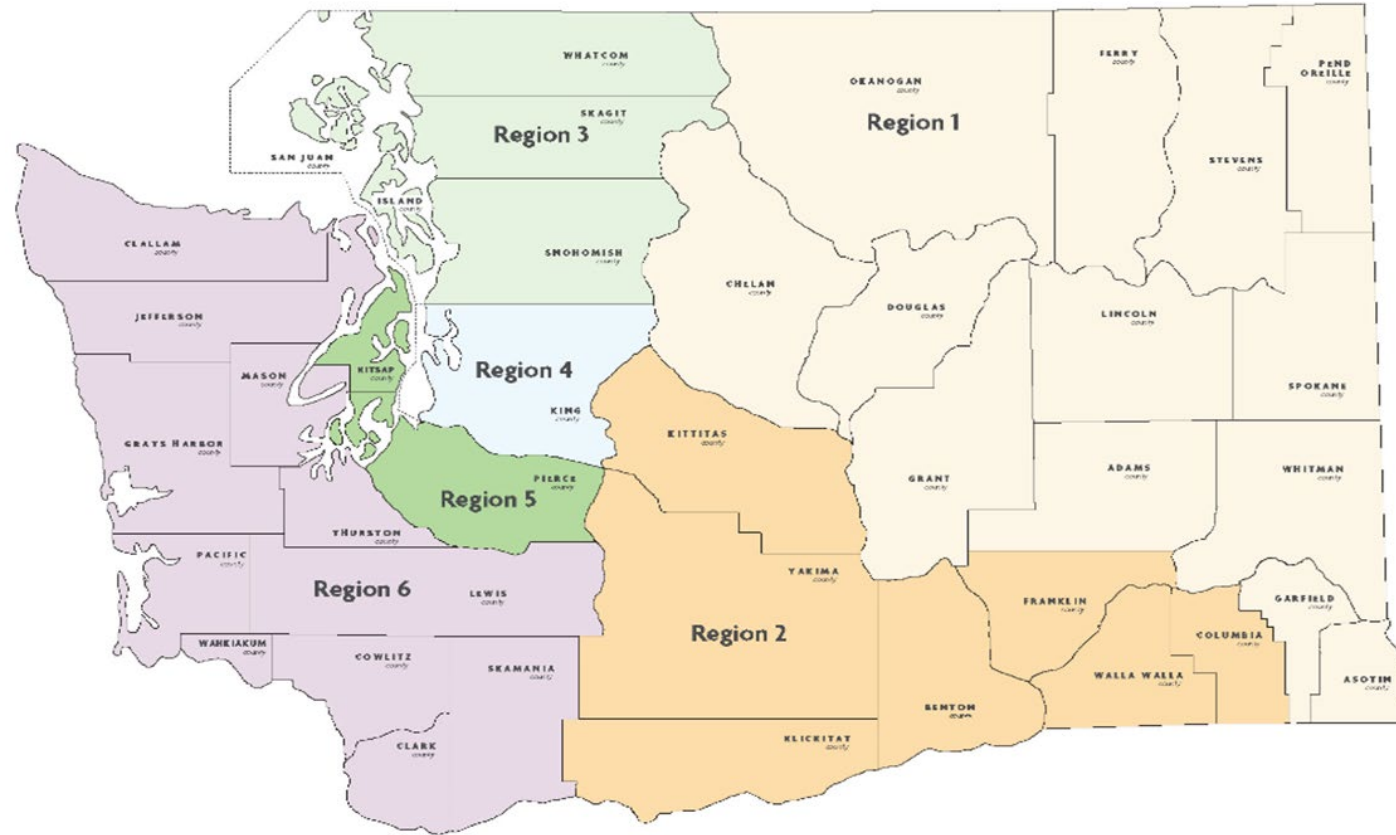


# What is PIE?

- 12-month training program
- One spot for early learning provider



# Geographic Diversity:



# Introducing members of PIE





# Whitney Stohr Cohort 2



# Lindsey Topping-Schuetz

## Cohort 2



# Elizabeth Paschich

## Cohort 4





# Gloria Castro Cohort 4



# Alma Johnser Cohort 4



# Cohorts have learned:

- Robert's Rules of Order
- State Interagency Coordinating Council (SICC) and its role with ESIT
- Leadership and Advocacy
- Public Speaking
- How to Tell Your Story





# Workgroups and Volunteer Opportunities:

- Decision Tree/Descriptor statements
- ESIT Parent Rights and Procedural Safeguards
- FRC training Facilitators
- Family Centered Groups
- ESIT Interviews
- UW trainings
- In person reentry



# Committees:

- State Interagency Coordinating Council
  - Data
  - Finance
  - Personnel and training
  - Service Delivery



# PIE Certificates



Old Capitol Building  
PO Box 47200  
Olympia, WA 98504-7200

k12.wa.us

July 15, 2020



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**  
Chris Reykdal, Superintendent

It is with pleasure that we join with the Department of Children, Youth, and Families to congratulate you on your graduation from the **Parent Institute of Engagement Leadership and Lifelong Learning** training program administered through the Stakeholder and Family Engagement section of the Early Support for Infants and Toddlers Program. You are commended for your intrinsic commitment to develop, expand, and practice leadership qualities and companion skills in stewardship for current and future opportunities to advocate, lead, and govern within early intervention, care, and education settings. Your influence will benefit not only our current generation of young children, but also those for generations to come.

We would also like to extend a special invitation to you to consider future opportunities to serve on the **Washington State Special Education Advisory Council (SEAC)**. Like the State Interagency Coordinating Council, (SICC), the SEAC is established through the Individuals with Disabilities Education Act (IDEA). The SEAC's role is to advise the State Superintendent on matters pertaining to the provision of special education and related services. Council membership reserves seats on the council for parents of children eligible for special education services. The council believes that every student in Washington State has the right to reach his or her full human potential, further that students will fully and meaningfully participate in their education and community. Council members use their strength as a broad based and diverse constituency group to play an active and influential role in decisions affecting education policies, programs, and services. To learn more about the SEAC's goals, responsibilities, and current priorities please visit the website at <https://www.k12.wa.us/about-ospi/workgroups-committees/currently-meeting-workgroups/special-education-advisory-council-seac>.

Remember, "A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the equality of his actions and the integrity of his intent."—Douglas MacArthur. *You are truly ready to lead with confidence, courage, and compassion!*

With respect,

Glenna Gallo,  
Assistant Superintendent  
Special Education

Tammie Jensen-Tabor,  
Executive Chairperson  
Special Education Advisory Council

Cc: Sue Rose, ESIT Stakeholder Engagement Manager  
Vanessa Allen, ESIT Family Engagement Coordinator

# Invitation from Washington Office of Superintendent of Public Instruction (OSPI)



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

# Recruiting

Cohort 6:

[English Link](#)

[Spanish Link](#)

[Chinese Link](#)

[Hindi Link](#)

[Vietnamese Link](#)

Arabic Available Upon Request

Closing August 4. Selecting week of August 11.





Thank you



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

## Closing and Next Steps:

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- Meeting Minutes and Recording will be available in the coming weeks
  - Please fill out [evaluation](#)
  - Please fill out [form](#) with any program updates
  - Send questions or additional info to Linda:  
[Linda.Ramirez@doh.wa.gov](mailto:Linda.Ramirez@doh.wa.gov)
- 10-minute break
- Networking over lunch (Optional)



10 MINUTE BREAK

Please return by 12:10 for a networking lunch