

**APPROVED ON 11/18/09**

**STATE INTERAGENCY COORDINATING COUNCIL  
EXECUTIVE COMMITTEE AGENDA**

**Wednesday, September 9, 2009  
10:00 A.M. - 5:00 P.M.**

**MEMBERS PRESENT:**

Theresa Rossini, Chair  
Arleen Downing  
Gretchen Hester  
Rick Ingraham  
Beverley Morgan-Sandoz  
Marie Kanne Poulsen  
Susan Burger  
Debbie Sarmento

**OTHER ICC MEMBERS:**

Nancy Sager, representing Jim Belotti  
David Banda, representing Hallie Morrow

**MEMBERS ABSENT:**

Raymond Peterson, M.D., MPH, ICC Chair  
Elaine Schneider, Ph.D, Chair PAC  
Madeline Journey-Lynn  
Toni Doman, Co-Chair PAC

**GUESTS**

Julia Mullen, DDS

**OTHERS PRESENT:**

Refer to Attachment A for a complete list of attendees.

**WELCOME AND INTRODUCTIONS**

Theresa Rossini opened the meeting at 10:00 a.m. Self-introductions were made. It was noted that Kevin Brown is retiring and his last work day is tomorrow. An informal reception will be held following today's meeting.

**REVIEW OF AGENDA**

The agenda was reviewed and approved with the following change, Item 7: 2009 Priorities Discussion was switched with Item 8: Prevention/Monitoring Program.

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**APPROVAL OF MAY 2009 EXECUTIVE COMMITTEE MINUTES**

May 2009 minutes were approved without changes.

**EARLY START POLICY CHANGES INCLUDING THE PREVENTION/MONITORING PROGRAM AND TRAILER BILL LANGUAGE**

Julia Mullen, Deputy Director from the Department of Developmental Services provided an overview of the State's extraordinary fiscal crisis. In California, we've been struggling with a budget deficit for more than eight years. Each year, there has been a reduction to DDS' budget. There have been a number of significant changes, including:

- Freezes on vendor rates beginning in 2003 are now permanent
- New providers come in at median rate
- 3% payment reduction to providers
- Supported employment and work activity employers saw their rate increase cut in half
- Regional center operation budgets were cut by 3%.

The cumulative effect is now apparent and the deficit continues to increase. In February, DDS was ordered to reduce their budget by \$100 million. They conducted a town hall teleconference and forums across the State. DDS heard from more than 1,500 constituents regarding savings. At that time, Early Start fared fairly well. The only cut would have been to no longer serve infants and toddlers at high risk for developmental disability. New criteria for the definition of developmental delay for children entering the system at 24 months of age or older was proposed.

In May, DDS needed to come up with an additional \$334 million in cost savings. The situation became dire for Early Start. The end result includes the following:

- Beginning October 1, 2009, only required early intervention services can be purchased by regional centers.
- Families will be required to use private insurance or their health plan to the greatest extent possible. If this results in a delay in provision of services, then regional center will purchase the service in the interim.
- Beginning October 1, 2009, California will no longer serve the high-risk population. There are six states remaining that serve this population.
- Toddlers who first enter Early Start at 24 months or older will have to have a delay of 33% in two developmental domains or a delay of 50% in one domain.
- DDS established the Prevention Program, designed to establish a safety net for children and families who are not eligible for Early Start based on the new eligibility criteria.

Rick Ingraham added that one of the underlying messages from the administration was a desire to try to hold the line on mandated services. If they are unable to do that, they will need to review state law to determine what can be changed to reduce mandated programs. Part C is discretionary and very vulnerable. Federal funding has been flat or reduced in California.

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The following Prevention Program topics were discussed by those present:

- Ensuring that case managers are qualified
- Family resource centers' role in the Prevention Program
- Critical need for funding of family support services
- Documenting cost savings
- Number of families affected by change
- Funding for deductibles and co-pays when accessing private insurance
- Timeliness of services (45 days from signing of IFSP)
- Status of children with hearing impairment who were identified at high risk
- Procedures for identifying children at risk and those that may have delays
- Informing families of changes in eligibility
- Identifying whether services are medically necessary, insurance denials, and appeals
- Concern for children with mental health issues and those identified under CAPTA
- Appeal rights for Early Start and Prevention Program eligibility
- Reassessment of Early Start eligibility if new information is available
- Status of conversations with First 5 regarding the \$50 million that the Governor cut for regional center services for children birth to five.
- FRCs' continued funding vulnerability since funding is permissive
- OSEP's response to California's policy changes
- Consistency in implementing Prevention Programs

### **DDS OVERVIEW OF ICC ROLES AND RESPONSIBILITIES**

Julia Mullen reported that the lack of inclusion of the ICC in the Budget Stakeholder workgroup was not intended as a 'slap' at the ICC although that is how it was experienced by some members. When DDS puts together a workgroup, it looks at the statewide organization of regional centers and providers and People First of California. Julia does not foresee the Budget Stakeholder workgroup expanding. However, the ICC is represented on the Prevention workgroup by Arleen Downing. The ICC role is as an advisory body and does a very good job through meetings, reports, public input, links to local communities and follow-up discussions at DDS. If the workgroups are convened again, Julia asked the ICC to recommend a mechanism for communicating with the ICC. A request was made to have the ICC provided with a list of each workgroup members.

A discussion ensued about whether and how the ICC can provide continued input regarding implementation of the Prevention Program. If it's not under Early Start, what links can we make? Rick said this meeting was to build on February's strategic planning meeting. Since that time, the world has shifted on its axis. The ICC shouldn't ignore what has happened. Rick suggested that the implementation of the Prevention Program might be considered under committee priorities.

### **PUBLIC INPUT TRENDS**

There is no report at this time.

### **PREVENTION/MONITORING PROGRAM**

Arleen Downing was a member of the Prevention Program Stakeholder Group where policies/procedures were discussed. She reported that all members received the latest draft on Thursday and had the opportunity to provide input. There was strong consensus within the workgroup on what should go into the document. A major concern is training for the case managers. Theresa Rossini shared that an ad hoc group from the Executive Committee discussed proposed procedures over the summer and written recommendations were submitted to the group by Arleen Downing.

The following additional topics were discussed.

- Single point of entry into system
- Informing primary health providers of changes
- Prevention program as a entity separate from Lanterman and Early Start

Rick noted some of the areas still under DDS discussion:

- Amount of direction from DDS to regional center
- What data needs to be collected?
- Should funding be a block grant to each regional center?
- Frequency and nature of family contact.
- Role of FRCs.
- Transfer of infants from prevention to Early Start, logistically.
- Monitoring of the prevention program.

### **2009 PRIORITIES DISCUSSION**

How will discussion about the Prevention Program influence ICC priorities? The ICC could assist in addressing how the program will be evaluated and updating the factors and criteria for determining high risk. Arleen Downing stated that the major role of the ICC is to provide advice and assistance regarding Early Start, not the Prevention Program. She suggested that the relevance to Early Start is to ensure that the kids who are no longer served under Early Start receive developmental monitoring and that they are referred to Early Start when appropriate. This focus could be added to the ICC's priorities.

Other potential priorities:

- Private insurance
- Non-required services
- Research-based interventions
- Cap on respite

Theresa suggested a review of the priorities to see how the Prevention Program might be included. The following are the four priority areas identified in February and May 2009:

- CSPD (see p. 135)
- Transition/Natural Environments/Surrogacy
- Child and Family Outcomes
- Data Collection

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The group decided to prioritize the following priorities

- Budget impact (use of insurance, non-required services, evidence-based practices) (4)
- Prevention Program (8)
- Transition/Natural Environments (0)
- Child and Family Outcomes (13)
- Data (1)
- CSPD (0)

### **ICC COMMITTEE STRUCTURE AND TRANSITION**

It was suggested that the ICC needed to consider what they do and how they can do it more effectively. The group brainstormed some potential tasks (e.g. What does evidence-based mean? What is an acceptable tool to measure outcomes?) Kay Ryan and others drafted an example of how tasks and priorities might fit together. Refer to Attachment B.

Based on the information above, the Executive Committee needs to further discuss how priorities will fit with committee structure. To support that process, DDS was asked to create three committee options based on:

- Task and priorities and resulting committee structure.
- OSEP priorities
- Issues and values expressed by ICC members/audience members

Upon receipt of that information the Executive Committee will select a viable option and will make assignments to committees before the November meeting.

### **REVIEW OF SEPTEMBER 2009 ICC AGENDA**

- Action Item: Proposed 2010 Meeting Schedule will be discussed and approved at the full ICC meeting.

### **OTHER BUSINESS**

- Under-Representation and Outreach Work Group – Debbie Sarmento reported the work group has not met yet. Debbie requested clarification regarding purpose and tasks for the work group.

### **ADJOURNMENT**

Meeting adjourned at 4:25 p.m.