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**INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
GENERAL MEETING**

April 30, 2010

MEMBERS PRESENT:

Theresa Rossini, Vice-Chair
Susan Burger, Designee for the Director (DMHC)
Arleen Downing, M.D.
Gretchen Hester
Rick Ingraham, Designee for the Director (DDS)
Madeline Journey-Lynn, Designee for the Director (DADP)
Marie Poulsen, Ph.D.
Pamela Quiroz, Designee for the Superintendent of Public Instruction (CDE)
Cheryl Treadwell, Designee for the Director (DSS)

MEMBERS ABSENT:

Jill Abramson, M.D., Designee for the Director (DHCS)
Toni Gonzales
Janet Hill, Designee for the Director (DPH)
Beverley Morgan-Sandoz
Elaine Fogel Schneider, Ph.D.

OTHERS PRESENT:

Toni Doman
Linda Landry
Debbie Sarmento
Jeannie Smalley, ICC Manager
Patric Widmann, ICC Supervisor
Stacie Byrne-Reed, ICC Coordinator
Elissa Provance, WestEd, Recorder

Refer to Attachment A for a complete list of attendees.

CALL TO ORDER

Theresa Rossini called the meeting to order at 8:45 a.m.

INTRODUCTIONS AND ANNOUNCEMENTS:

Self-introductions were made.

Patric Widmann introduced Jeannie Smalley as the new Early Start Section Chief. Jeannie came from the Department of Health Care Services (DHCS) and spent many years with CDSS. Her bio is located under the Executive Committee Handouts.

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AGENDA REVIEW:

The agenda was approved with the following changes:

- August travel issues will be discussed during the ICC Staff Report.

APPROVAL OF FEBRUARY 2010 MINUTES:

Minutes were approved with no changes.

EXECUTIVE COMMITTEE REPORT

Arleen Downing reported that the Executive Committee received an update from Rick Ingraham regarding IDEA regulation, maintenance of effort, federal funding allocations, and state issues.

Arleen shared that Kris Pilkington introduced information about the revised draft of the Early Start Personnel Manual (ESPM) which will be the presentation at the August ICC meeting. It will then be an Action Item at the October ICC meeting.

Any changes in committee membership should be reported to Patric who will update the Standing Committee Rosters. Committee members were asked to identify volunteers to host the Newcomer Orientation on a rotating basis. In the future, the Parent Leadership Award will be the responsibility of the Child and Family Outcomes Committee. The Under-Representation Workgroup will begin work this summer with Debbie Sarmento and Terry Colburn as co-chairs. Committees were asked to identify two members to participate on the workgroup.

ICC CHAIR REPORT

Theresa told a story about her son, Joey, who entered the Early Start system at 19 months of age with a diagnosis of autism. She talked about the importance of an early diagnosis and finding support from another parent who has a child with a disability. She received the "model" of what services should be like. She serves on boards to ensure other families receive the services her son received. He is now about to graduate from 8th grade. She is concerned about changes to Early Start and how these will impact families. Her family has appreciated all of the services and the people they have met.

ICC STAFF REPORT

Patric provided the report. All vacancies at DDS have been filled; however, two positions were lost during the fiscal crisis. Desiree Watts is temporarily filling in for Rick's secretary.

Patric encouraged everyone to make hotel reservations early. There has been difficulty reaching our booking numbers for hotel rooms which increases costs. The number of rooms has been reduced but it is helpful to make reservations prior to the deadline.

Patric reminded everyone that if you receive a travel advance, you must file your claim prior to applying for another travel advance. If you are concerned about not receiving reimbursement for the next ICC meeting due to the possibility of not having a state budget, arrangements need to be made for travel advances. DDS needs to know by

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June 15 if you need a travel advance for the August meeting. The money would be sent to you prior to the August meeting. Airline reservations on SWABIZ should be made prior to July 1, 2010. DDS is anticipating a delay in the budget.

Patric informed the ICC that since the Newcomer's Orientation is at 9:00 a.m. on Thursdays, DDS can cover hotel costs for Wednesday night for one parent and one professional who volunteer to host the Orientation. There was a question about whether this is the best use of resources. Perhaps two Executive Committee members who already come on Wednesday night could host the meetings. Currently, the Child and Family Outcomes Committee members volunteered to host the August meeting (Julie Kingsley Widman and Al Millan). Arleen Downing said members of her committee also volunteered. Rick said there was a value expressed by the ICC that other parents and other ICC members need to be there. That's where the balance is—the value expressed vs. the fiscal resources expended. Rick and Pam Quiroz agreed to attend these meetings as well as Toni Doman or Kathleen Colvin agreed to act as parent representatives. Theresa suggested an email go out to ICC members to see who arrives on Wednesday evening vs. Thursday morning to see who might be available to attend the meetings.

The Waiver of Tax form located in the ICC packet is acknowledged by the Doubletree Hotel. Complete and submit when checking in and the hotel will waive the tax. Arleen asked that when email reminders go out regarding reservation deadlines that the tax form be attached and highlighted. An email will be sent to the ICC to remind them about the form and that it is available by email and in the ICC packet.

The June 2010 Skillbuilder III Institute has been cancelled due to low registration.

FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA

Linda Landry reported the following (Attachment B):

FRCNCA's California Consumer Protection Grant funded a recent webinar, the *Family Resources and Supports Institute*, which was a great success. Mac Peterson was given a much deserved Champion for Children Award.

FRCNCA's members continue to serve on:

- DDS Budget Workgroup.
- Emergency Preparedness Committee
- IDA Webinars

AGENCY REPORTS:

Department of Public Health (DPH) – No report.

Department of Alcohol & Drug Programs (DADP) – Madeline Journey-Lynn reported on the following:

- **SIT FASD WORK GROUP**

Background of Project

The SIT FASD WG is composed of representatives from CDSS, CDDS, CDE, CDMH, CDPH, Corrections, AOC and subject experts/partners including Children and Family Futures, The ARC and a FASD subject matter consultant. Under the direction of the SIT, the Work Group was tasked with looking at how our departments could positively affect the issue of FASD prevention.

In April of 2009, the SIT FASD WG met for the first time. During the initial meetings the work group brain stormed ideas affecting Fetal Alcohol Spectrum Disorders (FASD) prevention. After deliberation and discussion, the work group decided to devote the year to completing three deliverables for presentation to the SIT in June 2010.

Initial Key Deliverables

All WG members volunteered for one of the three groups. Discussion on the 3 deliverables, including clarification of each of the deliverables then ensued. The initial goal was to further clarify the deliverables by defining or answering the following:

- What is the Objective
 - Define parameters
 - What will be the product / outcome
 - How will it be accomplished
 - Selection of a group coordinator
- Deliverable 1 – A department by department map of program/services for sexually active women, pregnant women and families impacted by FASD. The map captures information which will improve collaboration at the State level, avoid duplicative efforts, assist the SIT in the assessment of gaps in services, and identify necessary policy changes that impact FASD.
 - Deliverable 2 – FASD Department fact sheets customized for audience. Fact sheets to be used at department/agencies' conferences, (i.e., Governor's Conference on Prevention and Treatment, ADP annual conference, FASD International Day, etc.) list serves and internet sites.
 - Deliverable 3 - Work with the Dept of Insurance to request that ob-gyns who use a validated screening tool for pregnant women for AOD use during pregnancy receive a discount on their malpractice insurance rates.

Outcome of Deliverables

Services for pregnant and sexually active women and their families are strengthened to help prevent and treat FASD.

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- Deliverable 1—the maps for current resources for pregnant women and families impacted by FASD and for sexually active women has been developed. Each SIT FASD WG member has completed the map –specific to their department. They will be delivered to the State Interagency Team (SIT) for distribution to the impacted State departments. The maps capture information which will improve collaboration at the State level, avoid duplicative efforts, assist the SIT in the assessment of gaps in services, and identify necessary policy changes that impact FASD.
- Deliverable 2—a fact sheet template has been developed with a consistent message re: FASD. Each Department SIT FASD WG representative is completing the template to customize it for their specific audience.
- Deliverable 3 – was dropped after repeated contacts to the Department of Insurance with no response.

Recommendations for Future Work - TBD

- **ADP CONFERENCE HAS BEEN RESCHEDULED FOR 12-14 OCTOBER 2010**

- **CA FASD TASK FORCE Alert**

Hello Kitty Says Hello to Alcohol

Monday, 12 April 2010 11:32

Hello Kitty—the iconic cartoon image gracing thousands of children’s toys and clothing throughout the globe—is now promoting alcoholic beverages. Wine with names like “Hello Kitty Angel” (white) and “Hello Kitty Devil” (red) will be available for purchase in May.

The Rosé label features Hello Kitty in a little black dress, winking and holding a glass of wine. The “Devil” and “Angel” wine labels show Hello Kitty with a devil’s tail and angel wings, respectively, and heart-shaped tattoos on each of their behinds. The Brut Rose label displays Hello Kitty in a pink onesie with hearts, and has a special prize hanging on each bottle: a little Hello Kitty pendant on a chain.



Italian winemaker Tenimenti Castelrotto, along with with Camomilla, an Italian fashion company, collaborated to sell the wine with the Hello Kitty brand worldwide. Their rationale for this campaign: "Hello Kitty is not just for children. She is a recognized cult fashion icon among teenagers and adults around the world."

The Hello Kitty Wine [website](#) also lists recipes for mixing the wine with distilled spirits, juice, and/or sugar to make special cocktails. They look like recipes for homemade Hello Kitty alcopops.

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The CEO of [Innovation Spirits](#), the company in charge of marketing the wines in the U.S., said that they see the Hello Kitty brand identity as somewhat mature and open to various product interpretations. Their tagline for the wine products is "[Our favorite girl has grown up.](#)" to indicate that Hello Kitty, in her 35 years of existence, has crossed over to being a brand for children and adults alike.

The little kitten advertising the alcohol does not look like mature. Her face looks like a young kitten, not a 35-year-old wine drinker. Children will immediately recognize Hello Kitty on the bottles, and want to have one of the pendants. Teenage girls, not legally able to obtain alcohol, are also attracted to the Hello Kitty brand.

Hello Kitty's portfolio may have expanded from inexpensive coin purses for girls to include luxury fashion bags for women, but alcohol is not like any other product. It is not for children and adults alike, and should not be advertised as such.

- **AB 1694 – Assemblyman Beall; Alcohol-Related Services Program; 04/06/2010** in committee: Set, second hearing. Hearing canceled at the request of the author.
 - An act to add wording to the Health and Safety Code, relating to alcohol abuse programs, and making an appropriation therefore. Existing law requires ADP to perform various functions and duties with respect to the development and implementation of state and local substance abuse treatment programs. This bill would, in addition, establish the Alcohol-Related Services Program and the Alcohol-Related Services Program Fund and would authorize the State Board of Equalization to assess and collect specified fees from every person who is engaged in business in this state and sells alcoholic beverages for resale, as prescribed. The bill would require the fees to be deposited into the fund and would continuously appropriate those moneys exclusively for the alcohol-related services programs established pursuant to this bill. The bill would authorize ADP to establish, contract for, or provide grants for the establishment of component services under the program.
- **NATIONAL ASSOCIATION OF STATE ALCOHOL/DRUG ABUSE DIRECTORS (NASADAD) – WOMEN'S SERVICES NETWORK (WSN) – Pregnant and Parenting Women Committee**

Working with other state representatives from this group to write pregnancy kit manufactures about putting an announcement/statement in their pregnancy kits to tell users to avoid drinking while pregnant or not getting pregnant if you are drinking – still in the early planning stages.

Department of Mental Health (DMH) – No Report

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Department of Managed Health Care (DMHC) – Susan Burger reported on the following:

In response to the implementation ABX4 9 which includes regulatory changes to the Regional Centers' purchase of medical and dental health care services for consumers, the Department of Managed Health Care ("DMHC") continues to do the following:

- Process, resolve, and track complaints and inquiries filed with the DMHC Help Center related to the ABX4 9 implementation.
- Investigate opportunities to inform and educate Regional Centers of the DMHC Help Center services which are available to assist consumers and their families as they seek authorizations from their managed health care service plans.
- Conduct outreach efforts to educate individuals on services available from the DMHC's Help Center, including information on how managed care enrollees can access basic health care services and medically-necessary treatment from their health care service plans. Help Center staff provided and scheduled presentations on Help Center services for the following associations/ agencies:
 - 2010 Health Summit, sponsored by Family Voices of California, Sacramento CA - March 2, 2010
 - Early Start Training and Technical Assistance Collaborative, Sacramento CA- March 4, 2010
 - The 2010 Early Start Family Resources and Supports Institute Conference, San Diego CA – March 17, 2010
 - Brown Bag Lunch Training Webinar, sponsored by Family Voices of California, April 7, 2010
 - Early Intervention: Practices that Make a Difference Conference sponsored by the Infant Development Association of California and the Riverside County Office of Education, Riverside CA - April 22, 2010.
 - San Diego Regional Center, San Diego CA - May 25, 2010

Additionally, the DMHC continued its participation in both the California Statewide Screening Collaborative and the California Interagency Autism Work Group whose efforts respectively focus on enhancing timely and effective statewide developmental screenings for young children and on enhancing statewide early identification, intervention, and service coordination for children with autism spectrum disorders.

The Department reiterated that the DMHC Help Center provides a free consumer service that is available 24 hours a day, seven days a week to answer consumers' questions regarding accessing health care services from managed care health plans. The Help Center receives and resolves enrollee complaints to ensure that enrollees receive all the necessary medical and mental health care to which they are entitled and provides referrals to community and other government organizations, when applicable. If medical treatment has been delayed, denied, or modified, managed care enrollees have the right to an Independent Medical review (IMR). If families are uncertain about how to proceed with a health plan dispute or are having other problems involving a

health plan, please contact the Help Center at **1-888-466-2219**, **TDD: 1-877-688-9891**, or visit the Department's website at www.healthhelp.ca.gov. The Help Center can provide help to consumers who speak any of 100 different languages.

Department of Developmental Services (DDS) – Rick Ingraham reported on the following:

I. Priorities

Budget. Like most state departments, DDS is concerned about the budget crisis. There is another proposal for the DD service system to make an additional \$25 million in cuts adding to the \$334 Million in budget reductions for this year. Provider rates are proposed to be cut another 1.25% on top of the 3% continuing from last year to reach the \$25 million budget reduction target. The administration is proposing to provide "administrative" relief to offset cuts but no details have been provided. DDS has not been asked to do any budget reduction calculations, i.e. Early Start, in terms of the May revise. The "word in the media" has been that the legislature and administration have adopted a "wait and see" approach in expectation that revenues will continue to increase.

II. Challenges

- A. Caseload. There are 3,162 kids in the Prevention program as of March 31. The point in time figure for Early Start is 26,234. Last year, it was 31,000 point in time and as high as 36,000.
- B. Appeals. The recent data on appeals from the Office of Administrative Hearings indicated 270 requests for mediation/due process hearings and 230 decisions. Last year it was about 160 hearings total.
- C. Autism. Autism continues to be a significant challenge. During a national call, Texas and Iowa reported that their services for autism are "abysmal" due to budget cuts (i.e. no funding for services).
- D. Increasing OSEP requirements. At the beginning of IDEA, Part C, the lead agency designee for each state was as follows: 1/3 Department of Education, 1/3 Department of Health, 1/3 other state departments, like DDS. Currently 39 states have the Health department as lead agency, 10 have Department of Education and 7 other state departments.
- E. Monitoring. DDS has resumed program monitoring of regional centers,. It will be difficult to collect ample data prior to the end of the fiscal year.
- F. Implementation of the budget reduction measures. Especially problematic are:
 - i. Requirement for families to access their private insurance
 - ii. Reported confusion amongst referral sources about Early Start versus Prevention Program services.

III. Collaboration

- A. A resolution about April being Early Start Month was issued. May is Drowning Prevention Month. Currently, 660 individuals who are near-drowning victims are being served in the regional center system.

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Obviously, near-drowning is 100% preventable. DDS is working on media coverage to get the message out.

- B. How best to share information on innovations currently occurring among FRCs, RCs, LEAs, and First 5 projects?

Department of Education (CDE) – Pamela Quiroz reported on the following:

The CDE website is updated and special areas of interest are:

- Information related to disproportionate representation of student by race and ethnicity receiving special education services
- Updates about student participation in statewide assessment
- Focus Monitoring and Technical Assistance (FMTA) unit consultants assignments by county, local education agency (LEA)
- Program summaries and information on specified federal grants allocated to provide services to individual disabilities
- Information about the advisory Commission on Special Education (ACSE)
- National Autism Center Standard Projects that provide critical information about which treatments is shown to be effective for individual with Autism Spectrum Disorder

Legislative Update

- AB 1802 Pupil Health; Diabetes: Insulin Injections
Authored by Hall (D) and Co-Authored by Padilla (D)

Authorizes a parent or guardian of a pupil with disabilities to designate one or more school employees as parent-designated school employees for administering insulin to the pupil as necessary during a regular school day under certain conditions. Authorizes an employee to administer insulin. Require a parent or guardian to submit a written statement in order to designate any employee for these purposes.

4/20/10 failed passage in Assembly Committee on Business, professions and consumer protection.

- SB 1051 Emergency Medical Assistance: Diastat
Authored by Huff (R) Co-Authored Adams (R), Fuller (R), Logue (R)

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SB 1051 authorizes a school district, in the absence of a licensed nurse onsite at the school, to provide employees with emergency medical training to provide emergency medical assistance to pupils with epilepsy suffering from seizures in accordance with performance standards developed by specified entities. Provides employees who are trained and administer Diastat in good faith would be immune from liability for injuries resulting from acts or omissions in administering Diastat.

4/14/10 In Senate Committee on Health: Failed passage

4/21/10 In Senate Committee on Health: Reconsideration granted.

Budget Update

- GOVERNOR'S PROPOSED STATE BUDGET FOR 2010-11

The proposed 2010-11 budget provides \$3,212,979,000 from the General Fund and \$1,218,832,000 from federal funds for special education programs for individuals with exceptional needs. As part of the General Fund Budget Item 6110-161-0001 for local assistance under Proposition 98 for special education programs for individuals with exceptional needs, the sum of \$65,000,000 is available pursuant to legislation enacting a settlement agreement for the Behavioral Intervention Plan Mandate.

Interagency Collaboration Activities

- Pamela Quiroz and Meredith Cathcart participated in the Special Education Early Childhood Administration Project (SEECAP) special event held March 2, 2010. Sharon Walsh presented legislative updates on the 111th Congress and the U.S. Departments of Education and Health and Human Services affecting the Part C program
- March 9, 2010 Pamela Quiroz and Meredith Cathcart met with DDS to discuss on going topics related to Part C collaboration
- A California Department of Education and Head Start (CDE/HS) Interagency Agreement (IA) video conference held in March 16, 2010 provided guidance to LEAs and HS programs on developing an IA at the local level. The video conference was very successful. Ten County Office of Education (COE) provided the venue across the state. Local HS technical assistant providers met with their LEA counter-parts participated in the video conference
- Desired Results Access Project will conduct a Part C study with the DRDP access this fall. It will include school district Infant Programs and interested regional centers. Contact Pamela Quiroz (916-327-3699) for more information
- Management Bulletin 09-24

Requirements for the Desired Results Developmental Profile (DRDP)

Management Bulletin 09-24, a joint bulletin from the Child Development (CDD) and the Special Education Divisions, explains that the CDD preschool programs, preschools, child care and Head Starts will be using a new instrument starting in the fall 2010, the DRDP PS (2010). Special Education will continue to use the DRDP R and the DRDP access for children with Individualized Education Programs (IEPs). Special Education will **not** be using the DRDP PS (2010). To support the field's collaboration, the DRDP R and DRDP access may be used by CDD programs, for children with IEPs. Management Bulletin 09-24 is available at <http://www.cde.ca.gov/sp/cd/ci/mb0924.asp>

If you have any questions, contact Meredith Cathcart at mcathcart@cde.ca.gov. The Fetal Alcohol Spectrum Disorder Work Group (FASD), sponsored by the California Department of Alcohol and Drug Programs (ADP) is working to finalize a fact sheet. A fact sheet will be available to the public when it has been approved

- As part of California's federal Newborn Hearing Screening grant, the Parent Links program (housed at three Family Resource Centers) continues to provide parent-to-parent support for families of infants and toddlers who are deaf or hard of hearing. The Parent Links program mentors and CDE consultant Nancy Sager have done the following:

Provided a poster session and a workshop at the national Early Hearing Detection and Intervention (EHDI) conference in Chicago, February 28-March 2.

Hosted a Parent Tent and did two workshops at the California Educators of the Deaf and Hard of Hearing (CAL-ED) conference in Sacramento, March 12-13.

Provided a presentation on the unique needs of infants who are deaf or hard of hearing, and on the Parent Links program, at the Southern California Regional Center Managers' meeting at the Eastern Los Angeles Regional Center on April 6.

Had an exhibit booth at the national Audiology Now! Conference in San Diego, April 15-17.

Parent Links mentor Apryl Chauhan (from the Family Focus Resource and Empowerment Center) attended and participated on a parent panel at the National State Summit on Deaf Education in Council Bluffs, Iowa, on April 22, 2010.

Personnel Updates

- Karen Allen is the new Administrator 1 for the NPS/NPA Unit

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- Interviews for the CDE Director of Special Education are completed. There are no announcements of the CDE Director of Special Education

Department of Health Care Services (DHCS) – No report.

Department of Social Services (DSS) – Cheryl Treadwell reported on the following:

MAY IS FOSTER CARE MONTH AND MENTAL HEALTH AWARENESS DAY

All the month of May is Foster Care and activities will be scheduled at the Capitol honoring key counties and agencies for their work with foster children. Also on May 6th, DSS will be promoting Mental Health Awareness Day by linking to national efforts, specifically providing a webinar on Art Therapy and disseminating printed materials for use by all types of caregivers (parents, foster parents, kinship, etc) the focus will be on early childhood development. A link will be posted on the CDSS website.

Wraparound Institute June 7-9, 2010 will meet in Anaheim, California at the Anaheim Marriott. We will have a robust track of 78 workshops and featuring a wraparound workshop that focuses on young children. For further information you can visit the UC Davis Resource Center for Family Focus Practice, website at: http://humanservices.ucdavis.edu/resource/wraparound/institute_2010.asp or contact the Resource Center for Family-Focused Practice at (530) 757-8643 or email resourcecenter@ucde.ucdavis.edu

Relevant Budget Information

The Department awaits the release of the May revise for any changes to the proposed reductions. One latest development that will warrant budgetary considerations is related to the Department's exposure as result of a recent lawsuit (The Alliance for Children vs. Cliff Allenby). The lawsuit was based on the argument that group home providers were not being paid enough for the cost of necessities for board and care of foster children. The State has been ordered to pay a 32% increased rate to group home providers. The CDSS is moving forward to comply with that order until otherwise determined.

Other Activities

CDSS and UC Davis for Family Focused Practice continue to offer a series of Webinars to assist the counties with training on the various developmental screening tools and approached that can be used for young children. Priority is given to county teams, public health nurses and trainers committed to training others in their counties

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and regional center staff. Individual county technical assistance has been provided by UC Davis Resource Center.

UC Davis has been providing access to free webinars and individualized training on various topics such as the ASQ, and PEDS along with understanding the benefits of early screening and assessment, demonstrating how counties have collaborate to implement CAPTA. .

As part of the State Interagency Team, each Department has been tasked with developing a Fetal Alcohol Spectrum Disorder Fact Sheet, in order to raise awareness and get attention on its importance.

Note: *Agency reports were interrupted at 10:00 am to allow for public Input*

PUBLIC INPUT

Laurie Jordan: Parent and Community Representative from Oxnard shared information from local FRC staff who attended FRSI. They said information they received was very valuable— everything from tips to navigating health care plans and information about the appeals process. They feel better able to serve the parents they work with.

Shane Nurnberg: Parent and Community Representative from Redding stated that he has a son with autism who is turning 8. He demonstrated what his son does when he is excited and joyful. He also shared that his son has always been a picky eater and didn't like going to bed until they downloaded a visual scheduler called FirstThen, onto his IPod, thus helping tremendously with daily routines.

Marty Omoto: California Disability Community Action Network (CDCAN) shared a picture of his sister who passed away a couple of years ago. She was born in the 1950s when there were no real early intervention services. His family did what they could. He said the value of talking with people who have participated in whatever services were available is important to remember.

CDCAN was formed to bring people together. They convene town hall meetings on a variety of issues. Marty reports that he is hearing concerns expressed about Early Start and the creation of the Prevention Program. Marty tells people who are telling others not to be afraid to not say that. Families are scared. Outside of this room are people who don't have all of the information or assurances. No one has the right to tell another parent not to be scared. CDCAN is doing what it can to provide information regarding the startling drop in the Early Start caseload and to attend legislative meetings about policy changes to the early intervention program, and to share how people are faring across the state. It is important that policymakers, advocates, and state departments know the true impact. Regarding the May revise, even though Early Start may not be impacted, the deficit is so large, there may not be enough revenue to cover the deficits and more cuts may be coming to regional centers, which impacts infants, toddlers, and children with special needs.

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Tony Anderson: Community Representative and Executive Director of the ARC of California reported that he recently returned from Washington, D.C. There are parts of Health Care reform that impact Early Start. There is a section on prevention and support to improve prevention efforts across the country. It is important to watch and see how California will participate. The other piece is educating providers. There will be grants to states for improving education specific to people with intellectual and developmental disabilities for medical providers and for physicians in medical school training. There also are issues of accessing equipment and health care facilities.

Tony provided updates on the two legislative bills. First, SB 110 (Liu), which affords protections to people with developmental disabilities, is still moving along to appropriations. Secondly, AB 2702 (Westchester) which ensures families are involved at every step of the IPP/IFSP process, has passed its first committee. DDS has set up workgroups to look at the 1.25% provider cut and respite. Tony also reported that First 5 California approved the transfer of \$50 million to DDS for services for children birth to five.

Fran Chasen: Community Representative from Santa Monica and IDA Public Policy Chair. The IDA website has a listing of upcoming hearings and a link to a website to download agendas to prepare to share comments on the May 5th hearing and the May revise.

There is an IDA training on June 15 in Sacramento. This is an early learning advocacy day open to all. There will be panel sessions in the morning that give concrete research info about early childhood issues. In the afternoon, there will be an opportunity to visit legislators.

The recent IDA conference hosted an Early Start policy reception. Concerns were raised about the reduction of referrals to early intervention, confusion over prevention programs and the role for families, barriers to Early Start services regarding medical services, high co-pays, reduction in qualified personnel, and the economic impact in communities. Resources are available related to the May revise, the budget process and legislative process. These booklets are available for free at the Senate publications office at 1020 North N Street, 916.651.1538.

Kristine Pilkington: Community Representative from Santa Barbara County shared a story from Santa Barbara County regarding the role of the Early Start team in supporting a family's ability to care for their child's development and health needs. Rudy is an 18-month old with severe cardiac anomalies who is technology dependent. His siblings are 7, 10, 13. The parents realized that they could never be home enough to improve his motor, social, and cognitive skills. So his siblings became the early intervention team implementing developmental activities with their brother. Last week the family went to Knott's Berry Farm with their toddler. It was a joy for the family to know they could do things together as a family. To see more on Rudy's story, visit his website <http://rudysbeat.wordpress.com/>

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Robin Millar: Community Representative from Ventura and past IDA Chair reported that IDA had a successful three-day conference in Riverside. Robin thanked Rick for providing the Leadership Day with a kick-off of a PowerPoint for participants. Other supporters were Tammy DeHesa, Kris Pilkington, Fran Chasen, Letha Sellers, and Cheryl Treadwell who provided financial support for keynote speaker, Dan Siegal. IDA has two presentations in Southern California on May 2 and June 16.

As a Ventura county provider, Robin wants to reiterate that we're all in this together and to keep providing excellent services for children and families. An additional provider rate decrease will have further impact on services. She heard another program in Santa Barbara County had to close. She asked, where do families go if high quality programs are going under and access to services are impacted?

Julie Kingsley Widman: Community Representative from San Diego reported that SEECAP recently completed its cycle of trainings with excellent attendance. Next year, the SEECAP symposia will be in the south, with special events in Sacramento. April 2011 will be the Excel leadership trainings. SEECAP graduated 28 members of the Excel training. They came away with resources, philosophy of leadership, action plan, and a network around the state to further leadership abilities.

Arleen Downing: ICC Member from Santa Ana and pediatrician representing the American Academy of Pediatrics (AAP) said there is a new journal website available to families: www.healthychildren.org. It has information about immunizations in relation to concerns about autism. The American Academy of Pediatrics website also has information that is accessible to families.

Tammy DeHesa: Community Representative from Rialto asked that the ICC consider reinstating the Public Awareness Committee. She is hearing that Early Start is finished and thinks that with the numbers declining, the issue needs to be addressed now or the numbers will continue to decline.

PRESENTATION – INFANT MENTAL HEALTH

Rick introduced Dr. Penny Knapp, Medical Director, California Department of Mental Health (DMH), who is recognized as a national leader in Infant-Family Mental Health. She was a contributor to the infant-mental health competencies. She is also Professor Emeritus of Psychiatry and Pediatrics at the University of California, Davis.

Dr. Knapp provided an overview in PowerPoint of mental health initiatives (Attachment B) happening both nationally and in California by using the analogy of preparing children to preparing a garden: choose your genes, be in a benign environment (gestation), prepare the ground, then fertilize, water and weed, (nurture). She stressed the extent of the need for mental health services, the factors that place infants and toddlers at risk, early identification, funding streams, evidence-based practices, and California and national collaborative activities.

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Mental health is on the continuum spanning prevention, treatment, and maintenance. Specialty mental health focuses on treatment. Most kids need to be cared for by other state agencies and pediatricians. Medi-Cal beneficiaries that show medical necessity are entitled to mental health services. Counties have contracts with the state to administer the Medi-Cal specialty mental health benefit. Medical necessity has a number of criteria. Training new providers is challenged by multiple lines of responsibilities for serving children and families.

Dr. Knapp reported that the California IFECMH Training Guidelines Workgroup developed the guidelines and personnel competencies. Trainings are being rolled out currently with the idea that there is a set of competencies in four concentration areas for three age groups. Providers come in through different doors. To do a comprehensive intervention plan, you need to know all areas of competencies. There is an endorsement process to ensure quality care and a network of providers. A website will show competencies and locations of trainings so providers can develop their own portfolios.

STANDING COMMITTEE REPORTS

Quality Data Committee: Arleen Downing reported on Committee activities. Refer to meeting notes for detail.

Highlights:

- Tammy DeHesa volunteered to attend the Newcomer's Orientation.
- Ed Gold would like to be a permanent member.
- Other members needed include education and a psychologist.
- The State Annual Performance Report (APR) was reviewed and federal data requirements were discussed. Focus is on assessment tools, data on diagnosis and geographic results.
- The Committee received a report from Elise Parnes, DDS regarding the Prevention Program and discussed funding, caseload numbers and creative services in local communities.
- Arleen suggested that committees collaborate when they are looking at similar issues.

Policy Topics Committee: Toni Domain reported on committee activities. Refer to committee notes for detail.

Highlights:

- Tony Anderson was thanked for co-chairing the meeting.
- Rick and Kathleen Colvin volunteered for the Diversity Workgroup
- Toni and Kathleen are willing to host the Newcomers Orientation
- Membership needs include someone from the Department of Insurance
- The Committee discussed the Prevention Program and believes it's important to promote the value of the Prevention Program. Members discussed ways to get info out into the community. DDS is working on a Prevention Program brochure and will add information to the website.

APPROVED ON 08/26/2010

- Eight topics were consolidated and prioritized into insurance and training.
- Members agreed to develop an advisory for submission to DDS on promising practices regarding the use of private insurance.

Child and Family Outcomes Committee: Cheryl Treadwell reported on committee activities. Refer to committee notes for detail.

Highlights:

- The Committee had a robust discussion about the Family Outcomes Survey and the 2010 dissemination plan.
- The Child Outcome Indicator was discussed and data reviewed
- Family Support Guidelines is moving through the process for dissemination.
- The Parent Leadership Award needs a transition process. Also, the Committee recommends that the top three nominees go to the EC for the final decision.
- The Committee supports the FRCNCA as a voting position on the ICC.

Qualified Personnel Committee: Marie Poulsen reported on committee activities. Refer to committee notes for detail.

Highlights:

- The reduction in numbers for Early Start and Prevention were discussed and budget impacts on registration for Early Start trainings, enrollment in university programs and the workforce.
- May 6, 2010 is Early Childhood Mental Health (ECMH) Awareness Day. ECMH is launching ECMH Awareness Month.
- The Committee discussed perinatal depression and the Los Angeles county Perinatal Mental Health Task Force.
- There also will be a "Strive to Thrive" conference February 3-4, 2011 in Long Beach that will address infant-family mental health and a system of care approach.
- The Committee reviewed and discussed the content and dissemination plan for the Revised Draft Early Start Personnel Manual.
- The Committee still needs a regional center service coordinator to help look at the model and trainings that will result from it.

OTHER BUSINESS:

Theresa reiterated the need for some allowances for when parents are not turning in claims, i.e., a telephone call asking if a parent needs help. By August, there will be no one on the ICC representing kids under 13. Can we explore ways of being more creative and helping parents?

ADJOURNMENT:

The meeting was adjourned at 1:08 p.m.

ATTACHMENT A

STAFF AND OTHERS ATTENDING ICC GENERAL MEETING

FRIDAY, APRIL 30, 2010

COMMUNITY REPRESENTATIVES

Tony Anderson
Fran Chasen
Kathleen Colvin
Tammy DeHesa
Stephanie Pringle-Fox
Edward Gold
Laurie Jordan
Julie Kingsley Widman
Dwight Lee
Al Millan
Robin Millar
Shane Nurnberg
Kristine Pilkington
Letha Sellars
Sherry Torok
Carmen Vasquez

DEPARTMENT LIAISONS

Michele Donahue
Michael Miguelgorry
Erin Paulsen

WESTED STAFF

Debbie Benitez
Peter Guerrero
Patsy Hampton
Angela McGuire
Stephanie Myers
Virginia Reynolds

GUESTS

Marty Omoto
Mary Ellen Peterson
Robert Powell
Bill Barnaby

Dr. Raymond Mac Peterson
Family Resource Center; Network of
California
Champion for Children
Family Resource & Support; Institute
March 17, 2010 – San Diego, CA



ATTACHMENT B

I could stand before you today and recite the lifetime of achievements our next award recipient has accomplished, but it would take far too much more time than we have allotted because he has dedicated his life as a champion for children with special needs and their families.

Dr. Raymond Peterson, or Mac as most of us know him, began his medical profession in the 1960's after graduating from San Diego State University. His special interests include Child Development, Developmental Disabilities, the Prevention of Disabilities, Down syndrome, Cerebral Palsy, Seizure Disorders, Specific Autistic Spectrum Disorders, Learning Problems and School Failure, and Public Health.

In 1969 he became the Executive Director of San Diego Regional Center and carried a number of responsibilities and special appointments even after his retirement in 2006. He has created a history and legacy of innovation, leadership, and tireless advocacy for persons with developmental disabilities and their families. Many of us know Dr. Peterson by his passion for Prevention and Early Intervention. With this dedication he has served as Chair of California's Interagency Coordinating Council on Early Intervention since 1995.

As I mentioned, Mac's lifetime achievements could fill a very large book. I know he has been honored with numerous awards and I will guess most notably the Dr. Albert L. Anderson Health Care Professional Award in 2006.

Today, I want to share a few words from those many individuals who nominated Mac for this FRCNCA Award.

"Mac must be recognized for his knowledge, leadership abilities, and his nurturing of those of us who have had a desire to become a voice for parents and families of those infants and toddlers in Early Start."

"I have learned many things from him through his example, words, and dedication to the needs of families in our state."

"He encouraged or sometimes pushed us to do more than we thought possible but through his faith many people have improved and become leaders and advocates that did not know they had it in them." (I know this, because I was one of the people he would tell, Patty, you can do this, you are perfect for the job...)

"Dr. Peterson is nothing short of a hero, there is no individual who has been more responsible for the development of California's network of services for individuals with developmental disabilities and the support provided to families."

It is an honor today to present to you Dr. Mac Peterson, truly a Champion for Children and Families, and thank him for the many lives he has touched.

FOOTNOTE April 26, 2010:

I received a wonderfully kind note from Mac thanking us all for the honor presented to him at the FRSI Conference. He especially mentions the scrapbook he keeps as a "lasting memory of the work we have done together – parents, families, professionals to make lives better throughout California". He states his artwork hangs proudly in his home office.

Infant Mental Health A California Update

ICC 4/30/2010

Penny Knapp MD

Medical Director, CA DMH

Professor Emeritus, Psychiatry & Pediatrics, UC Davis

Goals for Today

1. Background Issues re Infant Mental Health
2. California activity re Infant MH
3. New programs in California
4. National perspective
5. Resources

1 - The neuro-psycho-social foundation of mental health

Choose your genes

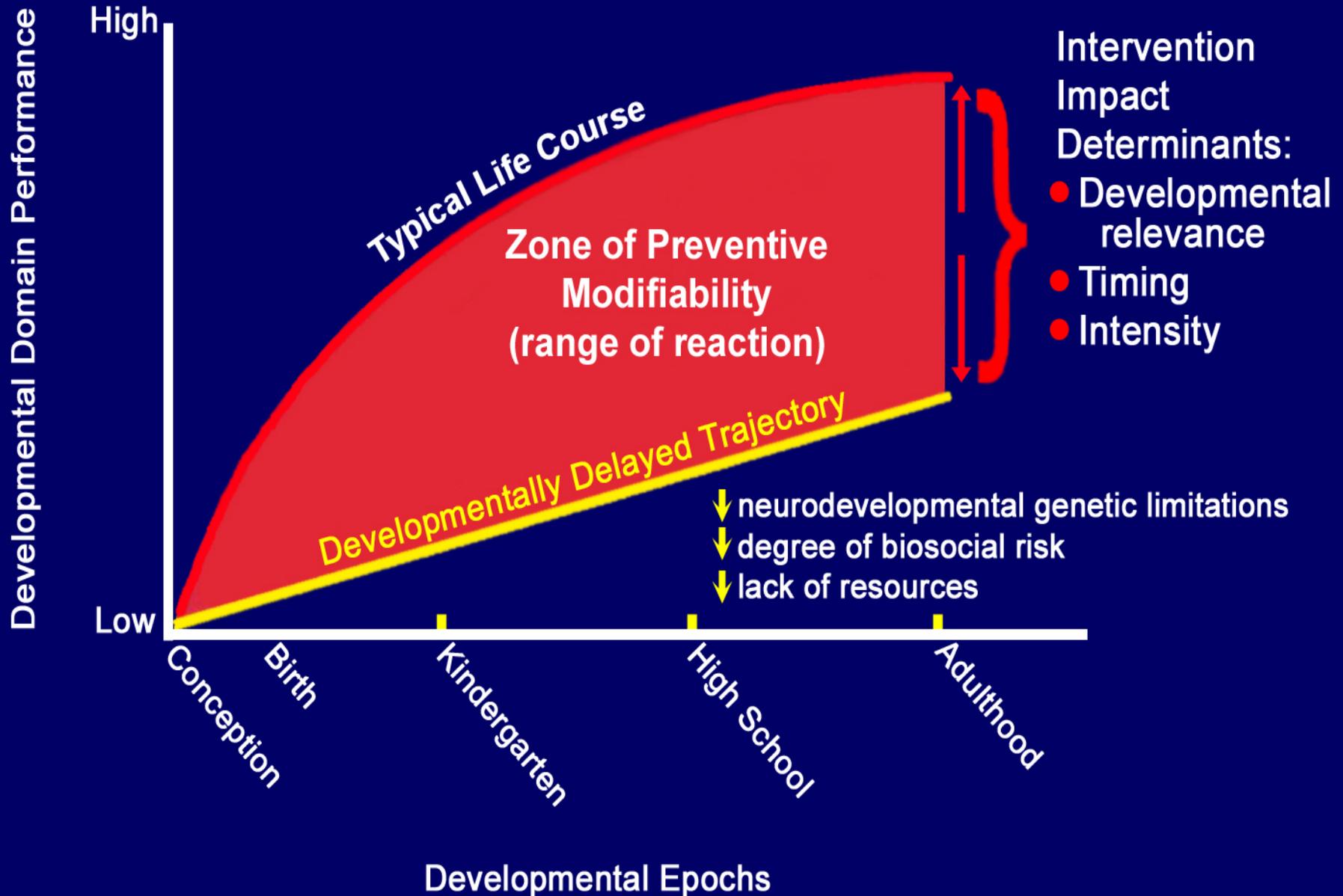
Be in a benign climate
(environment)

Prepare the ground
(Gestate well)

Fertilize, water, weed
(nurture)



RANGE OF REACTION FOR EXPERIENCE-DRIVEN NEURODEVELOPMENT



adapted from Ramey & Ramey, *American Psychologist*, 1998

Background 1: The problem

- MH symptoms often originate in the pre-school years
- They are complicated by or contribute to developmental delay.
- 17% of children have developmental or behavioral disorders
- @ 30% of children with DD have co-occurring mental disorders

Background 2: What is done?

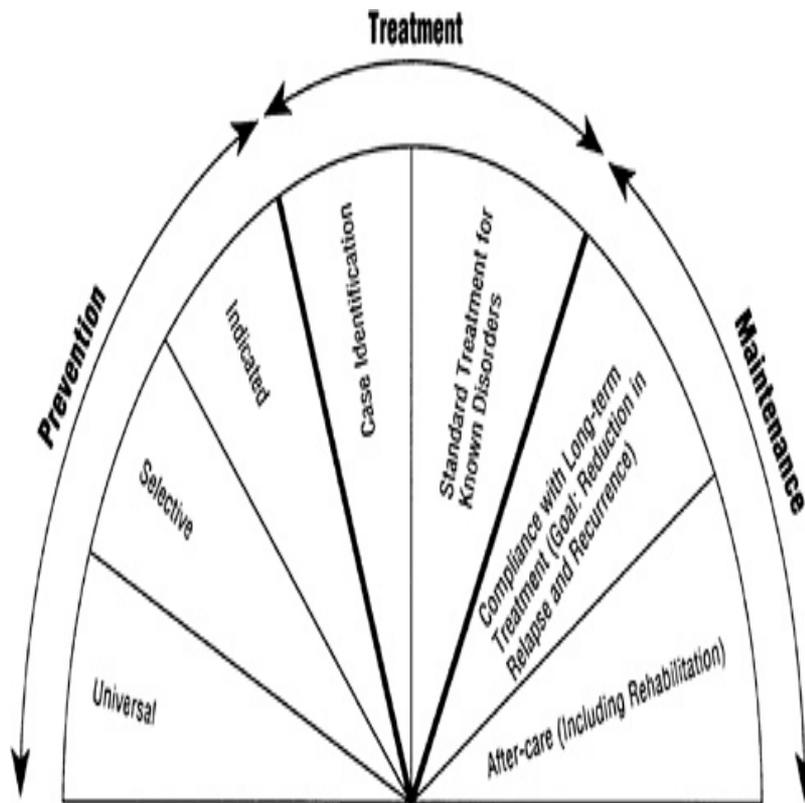
- 70% of children with DD, and 80% of children with MH problems are not identified until school entry by developmental surveillance in the pediatric well-child visit.
- 2/3 of pediatricians feel inadequately trained in assessing children's developmental status*,
- less than 20% of pediatricians use validated screening tools on a routine basis*

* *AAP survey*

Which babies and toddlers are at risk?

- Born prematurely
- Brother or sister with developmental issue
- Prenatal exposure to drugs, alcohol
- Depressed mother
- Poor or poorly nourished
- Abused, neglected or in foster care

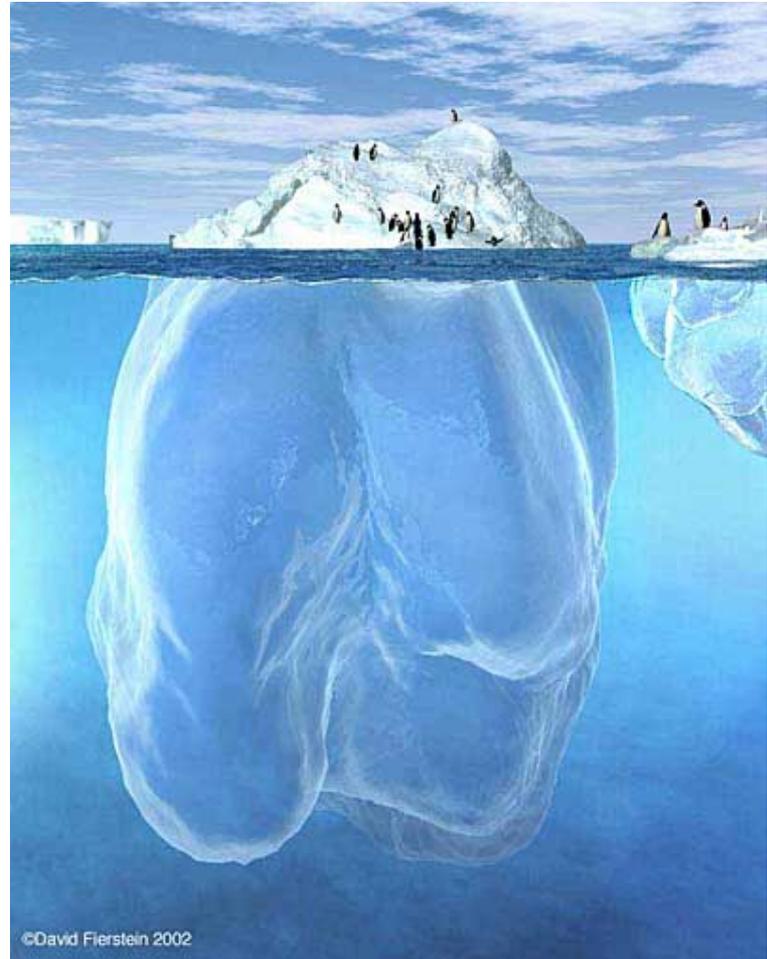
What is the Role of Mental Health (DMH)?



On the continuum spanning Prevention, Treatment, & Maintenance, specialty MH (carve-out per 1915b waiver) focuses on **TREATMENT**.

The case for prevention

- 70 million children
- If 10% have SED: 7 million need MH services
- But 20% -40% may have significant functional problems
- 7000 Child Psychiatrists (nationally)



2 Current California activities

Funding Streams for children 0-5

- Health: DHCS (*incl. CSS*), CDPH, MRMIB (*SCHIP*)
- Child welfare and Cal-WORKs
- Education (ECE)
- DDS:
- First 5 (funding not for direct service)
- Mental Health (*incl. MHSA Prevention & Early Intervention*)

Medicaid (MediCal) and EPSDT

California implements Medicaid as Medi-Cal
DHCS, including

- CMS,
- CSS,
- CHDP,
- HRIF

EPSDT a federally funded mandate,
implemented through health services,
including specialty MH services (carved-out)

“S” = SCREENING, including developmental
and behavioral/social-emotional problems

Healthy Families Program CA SCHIP (MRMIB)

- o Federal health insurance program SCHIP
- o Eligible families may purchase health insurance for children ages 0-19
- o Eligible children are not eligible for Medi-Cal and have family incomes below 250% of federal poverty level
- o Healthy Families Insurance has a mental health benefit
 - split into the *basic* and *serious emotionally disturbance (SED)*
 - *Does not include screening or services for depressed mothers*

DSS - CAPTA

- Child Abuse Prevention and Treatment Act (2003) requires that a child under the age of 3 involved in a substantiated case of child abuse or neglect be referred to early intervention services
- A foster care child is 4x's more likely to have a disability, serious behavioral or emotional problem than a child living with one or both parents.
- 21% of children in foster care have learning problems, compared to 4% of children living with a parent
- There are 22,000 children under 3 in Early Start, with 13% from Child Welfare= UNDER identification
- **Child welfare Redesign (AB 636)**
- **Title IV-E (foster care, administration, training)**

ECE - IDEA Part C

- IDEA Part C- requires a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families (Early Start)
- ***Early Start Family Resource Centers:***
http://www.dds.ca.gov/EarlyStart/docs/FRC_English.pdf
- For a web link explaining what FRCs are:
<http://www.dds.ca.gov/EarlyStart/FamilyResources.cfm>
- For a link to **where** the FRC's are located, by county:
listhttp://www.dds.ca.gov/EarlyStart/docs/central_directory2006.pdf

DDS

- IDEA Part B- Individuals With Disabilities Education Act (IDEA) Part B addresses the educational needs of children with disabilities from birth to the age of 21

Children 0-36 months who need EI services and have

- Significant developmental delay
- Established risk
- Or at high risk for a disability

Education

- Special education allocation (IDEA Parts B and C)
- Regular education (daily attendance) funding
- **Head Start/Early Head Start**

Mental Health

Welfare and Institution Code Section 1810.100

- Defines the mental health Medi-Cal program
- Medi-Cal beneficiaries that show medical necessity are entitled to mental health services provided by County Mental Health Plans
- A Mental Health Plan is an authorized organization that has contracted with the State Department of Mental Health to provide specialty mental health services

Mental Health Plans

- Counties have contracts with the State Department of Mental Health to administer the Medi-Cal specialty mental health benefit
- Counties authorize and/or provide treatment
Specialty Mental Health Services work via:
 - Access teams
 - County clinics
 - Private contract clinics
 - Private “network” providers

Medical Necessity

- (1) An Axis 1 (DSM-IV) diagnosis** (May cross-walk from DC 0-3, but not bill for DC 0-3 diagnosis)
- (2) Must have at least one of the following impairments as a result of the mental disorder(s)**
 - (A) A significant impairment in an important area of life functioning.
 - (B) A probability of significant deterioration in an important area of life functioning.
 - (C) Except as provided in [Section 1830.210](#), a probability a child will not progress developmentally as individually appropriate. For the purpose of this section, a child is a person under the age of 21 years.

Medical Necessity, 2

- (3) Must meet each of the intervention criteria listed below
 - (A) The focus of the proposed intervention is to address the condition identified in (2) above.
 - (B) The expectation is that the proposed intervention will
 - 1. Significantly diminish the impairment, or
 - 2. Prevent significant deterioration in an important area of life functioning, or
 - 3. Except as provided in [Section 1830.210](#), allow the child to progress developmentally as individually appropriate.
 - (C) The condition would not be responsive to physical health care based treatment.
 - When the requirements of this section are met, beneficiaries shall receive specialty mental health services for a diagnosis included in subsection (b)(1) even if a diagnosis that is not included in subsection (b)(1) is also present.

Other Current CA activities

ABC - Assuring Better Connections

LACDMH received a SAMHSA grant for SOC for 0-5 to explore and catalyze development of comprehensive systems of care for children 0-5. *Bill Arroyo MD & Marie Poulsen PhD lead.*

EDSI: Early Developmental Screening and Intervention Initiative:

LA First 5 \$ to develop a collaborative to improve developmental and preventive services. Moira Inkeles MPH PhD

3 – Current new activities in CA

- Statewide Screening Initiative
- CSEFEL
- Grant-funded projects: LAUNCH, ABC
- Training guidelines: IFECMH endorsement

Post ABCD: CA Statewide Screening Collaborative

State Departments:

- Alcohol and Drugs
- Developmental Services
- Education
- First 5 CA
- Health Care Services (Medi-Cal, CMS)
- Managed Health Care
- Managed Risk Medical Insurance Board
- Mental Health
- Public Health
- Social Services

Key Partners

- ARC of California
- Advancement Project
- CA Academy of Family Physicians
- CA Academy of Pediatrics
- CA Association of Health Plans
- Center for Families, Children and the Courts
- First 5 Association and County Commissions
- Lucile Packard Hospital
- UC Davis and UCLA
- University Centers in Excellence for Developmental Disabilities
- WestEd

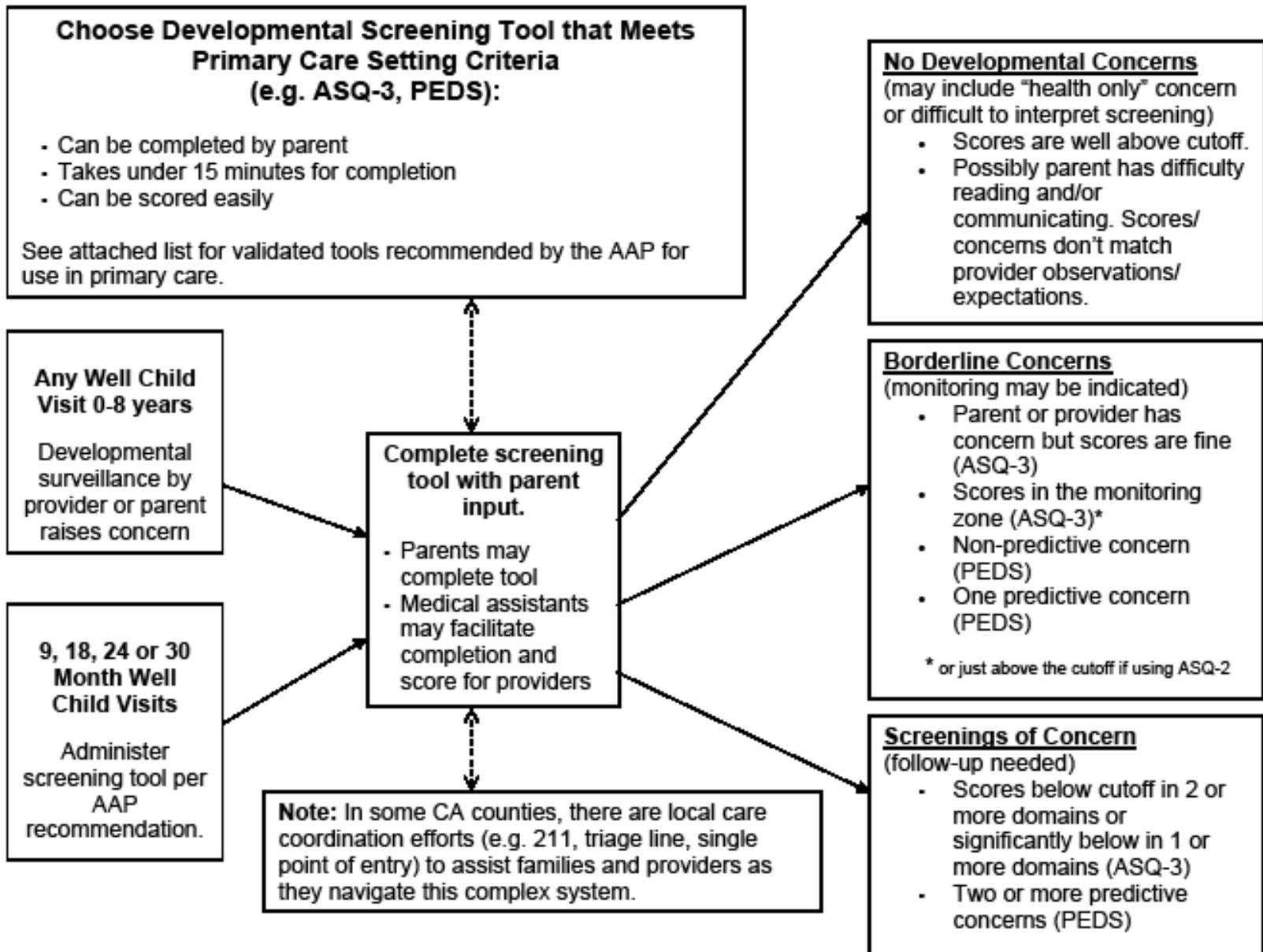
California Screening Initiative 2009 -current (CSI)

Strategy: The Statewide Screening Collaborative is promoting the California Screening Initiative

Purpose: To increase the use of standardized screening tools for all young children and referral into services (universal screening)

Intended Outcome: Behavioral change via policy changes, community and provider engagement to support early identification and interventions

CALIFORNIA DEVELOPMENTAL SCREENING, RESOURCES, AND REFERRAL TIPS



CA Screening Website

Website for CA Screening Providers

- Includes information on how to implement screening, billing, models of community screening efforts, algorithms, resources, information on screening tools, etc.
- Has links for providers across many sectors, e.g. health, early childhood education, child care, schools, social services (foster care), etc.
- www.first5ecmh.org

CSI - Early Childhood Information Sharing Toolkit

Developed with input from AAP, Regional Centers, WIC, Child Welfare, Child care, and Pre-school and Schools, etc.

- To promote communication amongst providers when there are developmental concerns about a child
- Forms and resources to facilitate flow of information across sectors, e.g. health, ECE, schools, foster care, and parents
- Will be accessed through the Screening website and housed on the MCAH website for ECCS

CSI - Developmental, Mental Health/Behavioral and Academic Screening Tools Table

- o For primary care providers
- o Feasible
- o High quality tools (70% sensitivity and specificity). The chart is a list of measures that meet standards for screening test accuracy, meaning that they correctly identify, at all ages, at least 70% of children with disabilities while also correctly identifying at least 70% children without disabilities

CSI - Screening Tools Discounts

California statewide discounts for ASQ, ASQ-SE, PEDS and PEDS-DM and CHADIS available now

- ASQ and ASQ-SE, minimum 20% off; requires code “PK0901”
- PEDS and PEDS-DM – 25% off on PEDS; 10% on PEDS:DM
- CHADIS- web based screening, diagnostic and management system for physicians; 20% off
- Discount getting own page on Screening Website

Who are providers for EC MH in California? *Challenges to Address*

- 2,660,000 infants & young children
- 660,000 live in poverty
- 265,000 w/ special health care needs
- 182,000 \leq 5 years in contact with CWS
- 1,000 preschoolers expelled

Training new providers: *Challenges to Address in CA*

- Multiple lines of responsibility for serving infants, young children and their families
- Realignment of funds from state to 8 counties leading to diverse policies & practice
- *Drastic lack of a trained infant-family and early childhood mental health work force!*

Infant-Family & Early Childhood Mental Health in California

2001-2003

Infant Preschool Family Mental Health Initiative (*DMH & WestEd CPEI
through CA First 5*)

***The Delivery of Infant-Family and Early Mental Health Services:
Training Guidelines and Recommended Personnel Competencies***



Infant-Family & Early Childhood Mental Health in California (IEFECMH)

2007-2008

California Infant-Family and Early Childhood
Mental Health Training Guidelines Workgroup
(Foundation funding)

*California Training Guidelines and Personnel
Competencies for Infant-Family and Early
Childhood Mental Health, Revised*

Components of IFECMH Training Guidelines

- **Four Competency Concentration Areas**
 - Early Care & Education (still to be developed by ECE Field)
 - Core Provider
 - IFECMH Specialist
 - IFECMH Reflective Practice Facilitator I, II or III (*requires prior endorsement as an IFECMH Core Provider or Specialist*)
- **Within the Core Provider & IFECMH Specialist Competency Concentration Areas, there are *3 age-related specialty distinctions:***
 - Prenatal to age 35 months (*Infant-Family*)
 - Age 35 – 60 months (*Early Childhood*)
 - Prenatal – Age 60 months (*Infant-Family & Early Childhood*)

Recommended California IFECMH Competency Endorsement System *(continued)*

- First wave of IFECMH Core Providers, IFECMH Specialists, and IFECMH Reflective Practice Facilitators to be processed in early 2010.
- Should be available statewide by July 2010.

Descriptions of California's IFECMH Training Programs

Go to IDA's Website: www.idaofcal.org

Click on "Mental Health Resources" on the Menu

Click on "Resource Directory"

For the **County**, select "All Counties"

For **Category**, select "Training Programs"

For more **information:**

- www.idaofcal.org
- www.wested.org/cs/cpei/print/docs/215
- Cindy Arstein-Kerslake
carstein@pacbell.net
- Dr. Kristie Brandt
dr.kristiebrandt@sbcglobal.net

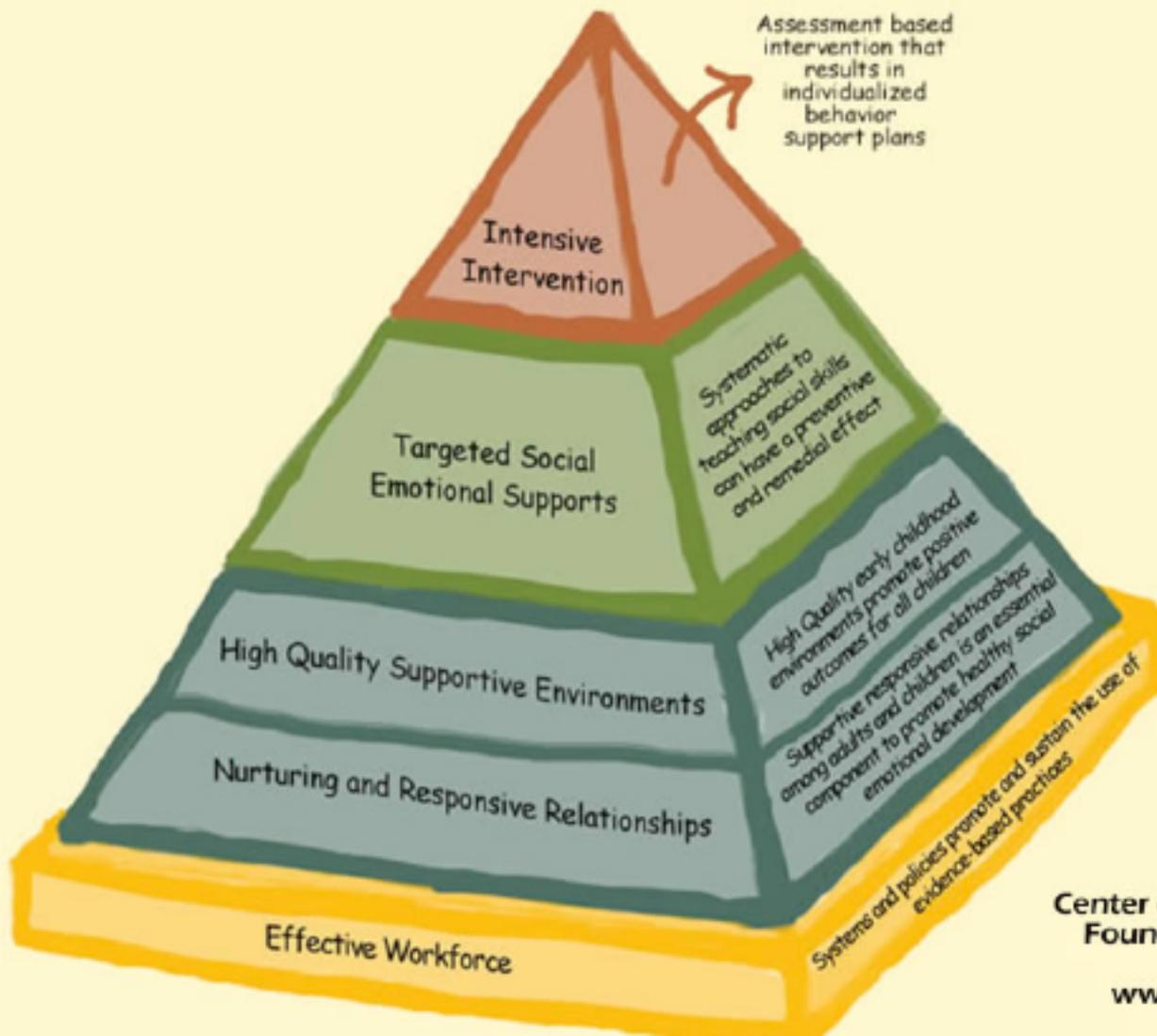
Other National Initiatives

With California Participation

- **CSEFEL** - Based on National Center on the Social and Emotional Foundations for Early Learning conceptual framework based on the pyramid model for promoting social and emotional competence in infants and young children. Maximizes collaboration to enhance linkages and methods for local agencies to deliver services & connect families to appropriate interventions including MH, Early Start, Special education & medical services.
- **Healthy Development Summit**
SRCD & 20 other sponsors. Convened national experts; generated key statements for communication science studies of prevention of emerging MH disorders, and promotion of social emotional learning

Pyramid Model

for Promoting the **Social and Emotional** Development of Infants and Young Children



Center on the Social and Emotional Foundations for Early Learning

www.vanderbilt.edu/csefel

Project LAUNCH

- SAMHSA funded to 17 state & 1 tribe
- Public Health approach to improve systems that serve young children
- Grant to CADPH
- East Oakland, Alameda County: will crosswalk with SSC to reduce risk and improve protective factors in community
- www.cdph.ca.gov/.../MO-CA-ECCS-LAUNCH-Overview2-Website-Feb-2010.ppt

Evidence-Based Practices for children 0-5

- “MHPs and providers combining traditional clinical practice with EBP/PP must ensure that ...activities meet conditions for medical reimbursement”

(DMH Letter No. 08-07, 10/30/08, at www.dmh.ca.gov/DMHDocs/2008Letters.asp)

MTFC - Multidimensional Treatment Foster Care

IY -Incredible Years

PCIT - Parent-Child Interaction Therapy

Olds Nurse Home Visiting

Triple-P Parenting

Parent Child Interaction Therapy

- Targets children ages 2-8 and their parents, at risk of or presenting conduct problems
- 12 session clinic or home-based family therapy, aimed at improving parent-child interaction
- Improved parenting skills; Decreasing child behavior problems; Improving quality of parent-child relationship; Improved parental affect and personal distress
- Generalization to untreated siblings; Generalization between home and school
- Approximately 12 sessions; 6 devoted to relationship enhancement and 6 to disciplinary practices
- Parent and child are given a series of tasks; Child-directed play session; Parent leads play; Child cleans up without help
- Developed by Eyberg

Incredible Years

- Targets children ages 3-12 at risk for conduct problems
- Three sets of comprehensive developmentally based curriculums for parents, teachers and children to promote emotional and social competence
- Strengthens parents and teachers competence in communication, child directed play, clear limit setting, nonviolent discipline
- 18 years, randomized research
- Less conduct problems
- Increases in effective parenting
- Less parental depression & increase in esteem
- Developed by Webster-Stratton

Nurse Home Visitation Program

- Targets low income, at-risk pregnant women bearing their first child
- Intensive and comprehensive home visitation by nurses from pregnancy through age 2
- Significantly less child mal-treatment
- More employment
- Less maternal substance abuse problems
- Less maternal arrests
- Developed by Olds

References

- 1 Mental Health and Developmental Disabilities in Children: A research summary from children's health policy centre www.childhealthpolicy.sfu.ca
- 2 AAP Policy Statements
July 2001: Developmental Surveillance and Screening of Infants and Young Children
<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;108/1/192.pdf>
July 2006: Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening
<http://www.medicalhomeinfo.org/Screening/DPIP%20Follow%20Up.html>
- 3 How to implement effective validated screening in primary care
<http://www.developmentalscreening.org> <http://www.dbpeds.org>
- 4 CDC Resources and other links on Developmental Screening
<http://www.cdc.gov/ncbddd/child/devtool.htm>

More references

Kay Johnson, Jane Knitzer & Roxanne Kaufmann 2006 Making Dollars follow Sense: Financing Early Childhood Mental Health Services to Promote Healthy Social and Emotional Development in Young Children

NCCP.org/publications/pub_483.html

Spending Smarter: A funding guide for Policymakers and advocates to promote Social and Emotional Health and School Readiness

NCCP.org/publications/pub_483.html

Strategies for Financing Mental Health Screening, Assessment, and Services,

www.cimh.org/projects/ipfmhi.cfm

Resources

- Strengthening America's Families
 - <http://www.strengtheningfamilies.org>
- SAMHSA Model Programs
 - <http://www.modelprograms.samhsa.gov>
- Promising Practices Network on Children, Families and Communities
 - <http://www.promisingpractices.net>
- *Evidence-Based Practices in Mental Health Services for Foster Youth* – California Institute for Mental Health
 - <http://www.cimh.org/downloads/Fostercaremanual.pdf>

More Resources

Kay Johnson

- www.cms.gov
- <https://www.cms.hhs.gov/medicaid/epsdt/default.asp>
- www.cms.hhs.gov/EPSTDentalCoverage
- http://www.hrsa.gov/medicaidprimer/maternal_child_part3only.htm
- www.kff.org
- www.gwumc.edu/sphhs/healthpolicy/chsrp/newsps
- www.cmwf.org
- www.nashp.org
- www.mchlibrary.info/KnowledgePaths
- www.family-networks.org
- www.partoparvt.org
- www.healthconsumer.org/cs009epsdt.pdf
- www.familyvoices.org
- www.wpas-rights.org
- www.aap.org
- www.brightfutures.org/mche/psdt.html
- www.medicalhomeinfo.org/tools/screening.html

CONCLUSION:

Support early parent-child dyads

As vulnerability is based on specific genetic and neurobiological factors....

design benign environmental impact for the specific child.

