INTERAGENCY COORINATING COUNCIL
COMMITTEE OF THE WHOLE MINUTES

Thursday, November 14, 2013
1:30 P.M. ~ 4:30 P.M.

COMMITTEE MEMBERS

PRESENT:
Arleen Downing, Gretchen Hester*, Beverly Morgan-Sandoz, Marie Kanne Poulsen, Elise Parnes, Erin Paulsen, Ashley Ramirez, Madeline Journey-Lynn, Patric Widmann

COMMUNITY REPRESENTATIVES:
Maurine Ballard-Rosa, Laurie Jordan*, Kristine Pilkington, Virginia Reynolds, Nancy Sagar, Debbie Sarmento*, Julie Kingsley Widman*

GUESTS:
Diane Williams, Ellen Wright

RECORDER:
Elise Parnes (DDS)

*Parent

MEETING NOTES

WELCOME AND INTRODUCTIONS
Arleen Downing welcomed everyone to the meeting at 1:35. Arleen is chairing the meeting for Theresa.

OPENING ROLL CALL
Madeline Journey-Lynn did roll call.

REVIEW AGENDA
Agenda items from the Executive Committee that were not addressed due to time constraints were deferred to the General Meeting on Friday.

The Executive Committee Agenda item on First 5 and FRCNCA was discussed briefly. Federal regulation state that voting members of the ICC must be appointed by the Governor. This means that currently First 5 and FRCNCA are not voting members in spite of the fact the ICC approved them as voting members.. The appropriateness of how this decision was made (if the ICC has authority) has been questioned.

TASKS AND WORKPLANS – deferred

REVIEW NATURAL ENVIRONMENT (NE) RESOURCES

Led by Arlene, the group discussed the intent of why and for whom the articles are being read/discussed and the focus. Patric reminded members that the Council decided to look into creating a white paper promoting NE for the early intervention community.

Erin shared that although NE are required by federal statute, it still is an issue in site reviews. Erin shared the conflict about NE when parents have to access private insurance, which traditionally provides services in a clinic setting rather than NE. Oftentimes, private insurance looks at the service in a medical model. If it is clinic-based it is considered a medical service. If the service is provided in the home, it is considered a developmental service and insurance companies won't pay for it, even if it is the same provider and service. She also said we are lucky if a home-based/NE service provider takes the effort/time to become an insurance provider as well as a regional center vendor. This is happening in Orange County. The group discussed that NE isn't just about providing the service in the home. It is providing a learning opportunity with the parent so that the same intervention can be carried over to the rest of the week/time with the parent/child interaction in the home.

SPECIAL PRESENTATION

Panel on Natural Environments (NE)

Ellen Wright and Diane Williams from Alta California Regional Center (ACRC)

In September 2011 Alta asked DDS and WestEd to meet with all of their service coordinator and vendors to help them incorporate the ICC Recommended Early Start Personnel Manual competencies for service providers into service standards and to expand NE practices into the way service providers do business. Over the last few years a foundation for systems change was established to foster change in the way service providers delivered services. The foundation for systems change included trainings on a variety of subjects followed by ongoing opportunities for discussion for service coordinators and service providers. Additional training was provided in July 2012 on relationship based early intervention services and in March 2013 on writing functional outcomes. Infusing the three concepts into delivering services resulted in a decrease in the no-show rate and an increase in parent involvement.

ACRC's plan is to continue to support additional vendors to embrace these evidence based practices, continue to obtain feedback about what is working/not working so that the ACRC can continue to respond and learn from the changes.

The ICC plans to acknowledge the efforts of Alta during the February 2014 ICC Meeting. Maureen Ballard-Rosa will draft an acknowledgement regarding ACRC's efforts.

Arleen Downing, ICC Member

Arleen provided a synopsis of an article from the September 2013 issue of **Pediatrics** – *Early Intervention, IDEA Part C Services, and the Medical Home: Collaboration for Best Practices and Best Outcomes*. The article focused on NE, coaching and how the medical home and EIS communities should work together. See Attachment A for ppt.

Kristine Pilkington, Occupational Therapist

Kristine presented a field perspective on delivering services in NE with a focus on the importance of coaching with families including the following highlights:

In delivering services, Kristine acts as a coach to the parent as part of the trans-disciplinary Early Start team, helping them to learn strategies that will enhance their child's development during family activities and routines. She explains to the families what her role is and what their role is early during the evaluation process so that families will know what to expect and how to be engaged in the intervention process. The steps of coaching the parents include asking, listening, and recalling past statements and then planning what and how to coach within the family's naturally occurring activities. Observing and wondering together is important to creating a space for the family to share what they've been doing (easier to do when parents are feeling competent and confident) and setting the stage for experimentation with new strategies.

As an occupational therapy consultant, Kristine's role is to also work collaboratively with other team members on each child's IFSP team, frequently conducting joint visits. The whole team aligns with the family's priorities and practices. This can be a struggle when a particular team member has an agenda or is at odds with some part of the family's priorities or even lifestyle. Parents follow the child's lead and the professionals follow each family's lead.

The family's IFSP focuses on developing outcomes within contextual activities that engage family member participation and community participation and highlight their expectations. Delivering services within and strategies embedded in the family's daily routines and activities opens a rich opportunity for natural environment interventions ("The ball is still rolling when the professional goes out the door" in other words, intervention continues whether the professional is present or not.) It is not about what the professional does with the child, or how the professional works in isolation of parents, caregivers, siblings, etc. It is about identifying who key partners are for learning, and engaging them in the discovery process. Coaching parents and caregivers is the means to achieving IFSP success.

Shifting from clinic-office-based to home and community-based services can be difficult, especially if services have long been conducted in this way. It takes a mind shift and passion for working in natural environments through everyday learning opportunities. Some of the reduced costs associated with need for less clinic/office space can help off-set the driving and other expenses incurred with home visiting. Vendors can seek to renegotiate their contracts in order to think about how they might need to re-structure their contracts and practice/billing/etc**.** Allowing time for collaborative staff meetings and individual reflective supervision are a must when implementing services in natural environments.

There has been positive feedback about the NE online courses offered through West Ed and Kristine feels that those are a really positive, helpful resource to help train the field. Kristine's handouts are Attachments B and C.

<u>Nancy Sager, California Department of Education</u>
Nancy promotes the importance of a linguistically-rich environment. She recommends that children need to be able to access the environment and all its learning opportunities including those that children who are hearing/vision/orthopedically impaired. A fully accessible natural environment (sign language, oral/spoken language) for children who are deaf and hard of hearing children includes an environment where they are interacting with language, even if that means in a special environment. Children who hear are surrounded by other children who they can talk to. That doesn't happen for children who are deaf/hard hearing unless you create a specific environment so the natural environment for a child that is deaf or hard of hearing is a

specially-created linguistically-rich environment and the child needs to be served in the context of this.

Arleen asked Nancy if she had any ideas about how the ICC can support NE for children who are deaf or hard of hearing. Nancy said that she would like to see (1) a disclaimer about the unique needs of children in the context of a linguistically-rich environment that responds to the unique needs of these children; (2) Joint Committee on Infant Hearing (JCIH) 2013 article and addressing the perception that the hearing loss (invisible) is less important than the other disabilities/delays that the child has. We know, based on research, the critical age is six months when we need to address solely low incidence disabilities and the focus on providing linguistically-rich environment in order for the child to develop/receive the services and supports they need.

REVIEW NATURAL ENVIRONMENT RESOURCES (con't)

With one hour remaining, the group agreed to continue discussing NE and to clarify how the ICC could address the NE topic.

- The following ideas were suggested:
  - Encourage trainings on NE within RC catchment areas,
  - Explore the feasibility of renegotiating vendor contracts and rates,
  - Highlight the efforts and accomplishments of ACRC,
  - Encourage ACRC to document their process for system change including promoting delivering services in NE so it can be shared with others.
  - Develop a list of issues about NE as it relates to parents, service coordinators, vendors, administration, such as information to parents about their role in enhancing their child's development.
  - Explore the role of private insurance in NE.
- The group decided that the discussion for the white paper will need to carry over to tomorrow's General Meeting.

ADJOURNMENT

Meeting adjourned at 4:30