

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

February 22, 2008

MEMBERS PRESENT:

Raymond M. Peterson, M.D., MPH, Chair
Theresa Rossini, Co-Chair ICC, Chair FRSC
Arleen Downing, M.D., Chair ISH
Hallie Morrow, M.D., Designee for the Director (CDHS)
Marie Kanne Poulsen, Ph.D., Chair QSDS
Elaine Fogel Schneider, Ph.D, Chair PAC
Cheryl Treadwell, Designee for the Director (CDSS)
Kevin Brown, representing Rick Ingraham, Designee for DDS
Pamela Quiroz, representing Jim Bellotti, Designee for CDE

MEMBERS ABSENT:

Toni Gonzales
Gretchen Hester, Co-Chair ISH
Beverley Morgan-Sandoz, Co-Chair QSDS
Maureen Price, Designee for the Director (DMH)
Suzie O'Neill, Designee for the Director (DADP)
Dan McCord, Designee for the Director (DMHC)
Legislative Representative

OTHERS PRESENT:

Toni Doman, Co-Chair PAC
Linda Landry, Family Resource Centers Network of California
Debbie Sarmiento, Co-Chair, FRSC
Kay Ryan, WestEd, Recorder
Patric Widmann, ICC Staff

Refer to Attachment A for a complete list of attendees.

INTRODUCTIONS AND ANNOUNCEMENTS:

Dr. Peterson called the meeting to order at 8:45 a.m. Self-introductions were made by Committee members and the audience. Dr. Peterson announced that the travel restrictions recently issued by the Governor due to the State budget shortfall had resulted in three State Department representatives not attending today's ICC meeting. He noted that the State's fiscal situation and budget reductions would probably continue to affect attendance of Department representatives at future meetings.

AGENDA REVIEW:

The agenda was reviewed and approved.

APPROVAL OF NOVEMBER 2007 MINUTES:

The November 2007 minutes were approved without change.

EXECUTIVE COMMITTEE REPORT:

Theresa Rossini provided a brief overview of yesterday's Executive Committee meeting. Kevin Brown, representing the Lead Agency, reported that the State Performance Plan and Annual Performance Report were submitted to OSEP on time, on the status of DDS' response to the ICC's 2005 recommendations, about stakeholder progress on focused monitoring development, and about the outcome of the CAPTA Summit.

All Standing Committees reported that they will complete their recommendations by the end of the May meeting. The Executive Committee will have a one-day meeting in June to review Standing Committee recommendations. The merged document with all recommendations will be sent to ICC members and Community Representatives electronically for review and preparation for the September meeting. The agenda for September will be reversed, with the Standing Committees meeting on Thursday from 9:30 to 12:00 to discuss Executive Committee feedback to their recommendations. The Committee Chairs will share Committee discussions with the Executive Committee in the afternoon.

The Executive Committee approved the *Recruitment and Appointment Protocol for ICC Community Representatives* (Refer to Attachment B). Standing Committee Chairs were asked to communicate their committee's needs to the ICC Chair. The May and September special presentations will be on Autism. The September and November meetings may be moved to Sacramento due to travel restrictions.

Dr. Marie Poulsen reported that the three recommendations submitted by the Parent Leadership Ad Hoc Workgroup to the Executive Committee were approved (refer to the Executive Committee minutes for detail). A fourth recommendation was referred to the Public Awareness Committee. Marie also reported that QSDS was assigned responsibility for tracking and reporting on public input, trends, and follow-up actions if required and that the FRSC was assigned responsibility for communicating with the directors of FRCs to encourage them to inform and educate families about ICC meetings, accompany families to ICC meetings, and provide input on their behalf at meetings. Since the Parent Leadership Ad Hoc Workgroup will sunset in May, they will be given 10-15 minutes on the May ICC agenda to highlight their accomplishments.

CHAIR'S REPORT:

Dr. Peterson referred to his *Message from the Chair* on page 1 of the ICC packet and explained that there was an error in that the State Children's Health Insurance program (SCHIP) was not reauthorized. However, funding was continued at the current level and will be reviewed again in March 2009. He encouraged continued vigilance to ensure that this important resource for so many families remains a priority of our elected officials. Dr. Peterson also noted that the \$1 billion in budget cuts made in the recent Extraordinary Session of the Legislature included 10 percent cuts in Medi-Cal,

which could adversely impact children in Early Start. He re-emphasized the need to keep Legislators informed about how important early intervention is to our kids in preventing delays and reducing long term costs.

ICC STAFF MANAGER'S REPORT:

Patric Widmann reported that DDS has advertised for three positions in the Early Start Section: a Community Liaison, a supervisor in the Liaison Unit, and an ICC support person. DDS expects to be able to fill these positions since they are federally funded and were advertised before the statewide hiring freeze was instituted. Patric provided clarification that the SWABIZ accounts are only for ICC members and Community Representatives. SWABIZ is not to be used for anyone else attending ICC meetings. The State mileage reimbursement rate has increased to 50.5 cents per mile. A reminder was shared that travel advances must be cleared before another one can be issued. Stipends to support parents' participation in the ICC are still available through the California Association of Family Empowerment Centers and application information is on pages 208-221 of the packets in both English and Spanish.

FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA REPORT:

Linda Landry reported on FRCNCA activities (Attachment C) including updates on Partners in Policymaking, the Autism Spectrum Disorder project, and other collaborative efforts. Linda highlighted the upcoming 10th Annual Family Resources and Support Institute sponsored by DDS and coordinated by WestEd. FRCNCA has participated on the planning team for this Institute since its inception and has been instrumental in shaping the format and content.

PUBLIC INPUT:

Rebecca Carroll, a Community Representative on the PAC and parent from Santa Barbara, talked about the support needs of families and emphasized the mental and emotional health needs of parents who may be sad, lonely, isolated, and tired. She also described the communication challenges faced by a Latino parent of a child with Autism who is having a hard time finding emotional support within her family. Rebecca also shared that her daughter, who will be six years old next month, had transitioned out of Special Education into a regular curriculum. She also announced that she was four and one-half months pregnant and that she would continue attending ICC meetings as long as possible.

Laurie Jordan, a Community Representative on the FRSC and parent from Ventura, shared a letter from a parent whose child was not referred to Early Start until after three years of age. She was unaware of the Early Start Program or her ability to access services through the regional center. Laurie also reported that her FRC is ordering 200 of Physician brochures because on March 22, a local pediatric foundation will sponsor training for 200 MDs about identifying Autism. Laurie welcomes the training but is concerned about the potential increase in referrals and the ability of providers to meet the increased need without additional resources.

Tony Anderson, a Community Representative on the PAC, reported that the Departments of Alcohol and Drug Programs (DADP) and Public Health have written a letter to manufacturers of pregnancy tests requesting an insert on the dangers of drinking alcohol when pregnant. The Fetal Alcohol Syndrome Disorder Task Force wrote a letter protesting the recent piece on Good Morning America which they believe encouraged women to drink during pregnancy. DADP also distributed 40 information packets to leaders in the Native American community and has been working with leaders to increase awareness about FASD. John Mathias, a 2007 graduate of Partners in Policymaking, has been very involved with advocating the “stay-put” provision in California. From March 2 - 4, over 600 Advocates will be in Washington, D.C. to learn about the status of federal public policy issues affecting people with disabilities and to meet with their representatives in Congress. This is the largest annual conference of its kind. For more information, Tony said people could the website at www.thearc.org.

Cindy Oser, Director of the California Regional Office of Zero to Three, announced that Zero to Three will hold its annual conference in Los Angeles this year at the Bonaventure, from Dec 5 through 7. Cindy would appreciate input from the ICC or individuals about topics of significance. For more information, visit the website at www.zerotothree.org. Zero to Three also has a professional journal, *The Zero to Three Journal*. The June issue is about Autism. Cindy encouraged people to request their public libraries to subscribe so parents can have access to this resource. Early Start Resource Library subscribes to the journal and members can access it through WestEd.

Robin Millar, a Community Representative to ISH and Chair of the Infant Development Association (IDA), reported on IDA’s upcoming trainings: 1) Relationship-Based Practice in Early Intervention: Supporting the Parent-Child Relationship in Home Visiting, by Dr. Victor Bernstein from the University of Chicago, 3/26 in LA and 6/17 in Long Beach; 2) What we KNOW and What we can DO in Early Intervention, by Joy Bonds-Baird in Napa on 5/16 and Rancho Cucamonga on 9/19. For more information, visit the website at www.idaofcal.org. IDA’s sole focus is children zero to three with disabilities. The next IDA newsletter is on “Home Visiting”.

COMMITTEE REPORTS:

Family Resources and Supports (FRSC):

Debbie Sarmiento provided an overview of the committee’s activities. Refer to committee minutes for details. Debbie also shared that the FRSC had completed its recommendations and that a discussion was held regarding the distribution of the Physician brochure. Theresa Rossini will meet with Arleen Downing to talk about how Family Resource Centers might coordinate with the American Academy of Pediatrics (AAP) on distribution strategies.

The FRSC requested the appointment of new committee members who represent the Far North, Head Start, Child Care providers, and parents of young children. The Committee discussed the assignment to the FRSC by Executive Committee for

collaborating with local family resource centers to support parent involvement at ICC meetings and about possible expectations for the FRCs to provide child care as a support for parent involvement, since funding is not available for that type of support.

Terry Colborn agreed to provide back-up to Debbie Sarmento as the FRSC representative to the Under-Representation and Outreach Workgroup.

Integrated Services and Health Committee (ISH):

Arleen Downing provided an overview of the committee's activities. Refer to committee minutes for details. The ISH work plan has five recommendation areas: 1) improved care coordination, 2) increased number of documented needs assessments specific to in-home respite services, 3) increased access to child care, 4) service coordinator training revisions to include information on working with primary health care providers and, 5) determining the percentage of children, identified as having a hearing loss, who have been referred to Early Start and are determined eligible within 45 days. Arleen said that she had e-mailed colleagues to verify that these are major issues in the field and stated that responses she received confirmed that they were.

Peter Guerrero provided sample IFSPs to the Committee members to review and determine if "health status" included information that demonstrates the need for respite services or nursing respite. ISH also looked at Early Start Institute data to see if child care providers are attending the Institutes and noted that attendance by this group has increased from 2 percent to 5 percent over the past year.

Nenita Herrera-Sioco will represent ISH on the Under-Representation and Outreach Workgroup.

Public Awareness Committee (PAC):

Elaine Schneider provided an overview of the committee's activities. Refer to committee minutes for details. PAC reviewed the committee work plan and Parent Leadership Award process. This award is designed to recognize the contributions of parents acting in leadership roles that impact the early intervention system. The selection criteria were expanded this year to include anyone who has served in a parenting role to a child with, or at risk for, a developmental delay. Nomination forms have been mailed to approximately 800 people and will be distributed at the FRS Institute. Nominations must be returned to WestEd, who is coordinating the nominations, by March 31. The award recipient will be announced at the May ICC meeting.

PAC also requested an interim conference call to develop wording for a welcoming statement to new ICC members, indicated that members would like information about how often and in what areas Early Start Public Service Announcements are aired, and discussed reviewing regional center referral rates to see if they could determine the reasons for those with higher referral rates. Finally, it was shared that a new database tracking Babyline calls was instituted and that DDS would share the reports with PAC each month.

Rebecca Carroll will represent PAC on the Under-Representation and Outreach Workgroup.

Quality Services and Delivery Systems (QSDS):

Marie Poulsen provided an overview of the committee's activities. Refer to committee minutes for details. The Committee meeting started with each attendee stating what their issues were related to early intervention. Part of the role of QSDS is to provide oversight to the Comprehensive System of Personnel Development and identify training and technical assistance needs. QSDS will review public input, monitoring feedback, and complaint data to address this role. They will also solicit information from other Standing Committees.

Key issues for QSDS are the 45-day timeline, parent leadership, mental health services, and the struggle to maintain quality in services in this time of budget cuts. The QSDS priority area is social-emotional and behavioral well-being. QSDS is developing a matrix to identify the social-emotional supports and services available through partner agencies. They are also looking at the feasibility of having infant mental health and/or social-emotional development added as categories on the Early Start Report. Kris Pilkington reported on revisions to the personnel model, which will be brought to the Committee in either May or September.

Linda Landry, Susan Graham, and Kate Warren all volunteered to serve on the Under-Representation and Outreach Workgroup.

PRESENTATION – Developmental Delay in Young Children: Identification in the Medical Home:

Marc Lerner, M.D., UC Irvine and Alyce Mastrianni, MPA, Children and Families Commission of Orange County presented on the identification of developmental delays in the medical home. See Attachment D for PowerPoint. After clarifying to the audience that a medical home is not a building but a system of care, Dr. Lerner and Ms. Mastrianni highlighted the differences between surveillance and screening, and the need for both. Several other key items they presented included:

- Screening timelines recommended by the American Academy of Pediatrics;
- The need to screen for Autism at 18 months and between 24 30 months;
- The complex needs of families and engaging parents as partners;
- The lack of infrastructure and understanding of the resources available;
- Another definition for children with special needs -“children without identified conditions, but requiring specialized services, supports, or monitoring”, and
- Current initiatives in Orange County.

The presentation generated a lot of discussion and questions, both during and following the presentation. Dr. Lerner and Ms. Mastrianni responded to questions about high rates of referrals and their ability to successfully do what they are doing by

stating that many professionals have worked to make it happen but acknowledged that it probably represents a multiplicity of efforts, not the least of which is support from First 5. They added that Orange County has had a number of planning efforts and initiatives and that the Regional Center is always at the table.

Cheryl Treadwell asked if there were any formal agreements to ensure coordination among the many agencies, such as Interagency Agreements or Memoranda of Understanding exist. The presenters responded that Orange County has no formalized agreements or memorandums but that a formal framework has evolved and developed, which they hope all agencies will adopt.

Mara McGrath reported that Alameda County has trained personnel at 60 pediatric practices, provided tools, and offers ongoing support every month. The website www.medicalinfo.org has information available. The American Academy of Pediatrics has combined the Ages and Stages Questionnaire (ASQ) initiative and a reading initiative. Alameda County's Screening, Assessment, Referral and Treatment (SART) group is also looking at tools. ASQ has a software tool available for tracking the ASQ.

Peter Michael Miller stated that from an organizational view, he hoped that there would be a statewide longitudinal system that would continue to exist over time rather than through 61 separate health planning groups. He encouraged the State agencies to think about developing a model that works and then encouraging its replication throughout the State.

During discussion of the presentation, it was recommended that the Medical-Home model be promoted as a standard of care. Hallie Morrow noted that the California Children's Services (CCS) is considering introducing a Medical Home initiative in the State.

AGENCY REPORTS:

Department of Mental Health (DMH) – Report was submitted electronically

Mental Health Services Act

In November 2004 California voters approved Proposition 63, the Mental Health Services Act (MHSA). The Act provides a vision for transformation in the delivery of public mental health services. Specifically, the Act requires the development and implementation of client and family driven, integrated, culturally competent, and recovery/resiliency oriented services within a collaborative environment. Since approved, the Department of Mental Health (DMH) has been creating the mechanisms to provide funds to the counties for the various components of the Act.

The following MHSA Community Services and Supports Implementation Reports are available for review on the DMH homepage: www.dmh.ca.gov under the Prop 63 tab:

- A Summary of First Year County CSS Implementation Progress Reports, Jan 08

- CSS Implementation Phase 2 Study
- CSS Implementation Phase 2, Executive Summary
- MHSA Implementation Study, Phase I; CSS State Planning Process June 2007

The following Mental Health Oversight and Accountability Commission report is available for review on the Prevention and Early Intervention section of the above website: Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction

Since the last summary of Community Services and Supports plans was compiled, the following information is available regarding planned MHSA services for children:

- 182 programs include children among other age groups
- 53 programs are exclusive to children
- 6 programs are specifically targeting 0-5 years of age

Budget

The following are some highlights from the Governor's January 2008 proposed budget regarding Department of Mental Health reductions in community mental health programs related to children. Given the State's current financial picture, it is unknown how the following items may change:

- AB 3632 (Services to Handicapped Students): No reductions or changes to this state and federally-mandated program for either current or budget year. This includes \$69 million in federal IDEA funds, \$52 million in SGF and reimbursement of counties through the SB 90 mandate reimbursement process for all allowable costs incurred for complying with this mandate.
- Early Mental Health Initiative: A 10% reduction to this program (which provides mental health assistance to school-aged children) only in the budget year, for a total reduction of \$1.6 million
- MHSA: Revenues to the Mental Health Services Fund are projected to decrease over previous estimates by \$177.2 million in the current year and \$105.2 million in the budget year, for total estimates of \$1.6 billion in 2007-08 and \$1.7 billion in 2008-09.

Department of Managed Health Care (DMHC) – No report was submitted.

Department of Developmental Services (DDS) – Kevin Brown reported the following for Rick Ingraham.

1. Some of the proposed reductions for fiscal year 2008/09 include:
 - a. Freeze on service provider rates that are negotiated, unless health and safety are impacted;
 - b. Freeze on resource development, unless health and safety are impacted;

- c. Expansion of the Family Cost Participation Plan to families with children ages 0 to 3; and
 - d. Ten percent provider payment reduction under Medi-Cal.
2. The Governor just released Executive Order S-01-08 which mandates operational expenditure reductions by all Agencies and Departments. These include targeting non-essential and non-mission critical General Fund activities related to:
 - a. A freeze on hiring;
 - b. Reducing, canceling, disencumbering, or postponing contracts; and
 - c. Reducing travel costs.
3. Office of Special Education (OSEP) Updates:
 - a. All but two states turned in their Part C Annual Performance Reports (APR) to OSEP on time. Which states were late are unknown.
 - b. All states turned in their Part B APRs to OSEP on time.
 - c. OSEP reiterated that there is a potential for sanctions for those states that received a determination of "needs assistance" last year and have not demonstrated improvement this year.
 - d. OSEP will review all APRs and will give states the opportunity to clarify their data/information if OSEP indicates a problem or issue exists with what a state submitted. States will have one week to submit clarification.
 - e. OSEP expects to have APR response letters to states with their respective determination by June, just as was done last year.
 - f. OSEP stated that they still expect Part C regulation changes to be completed by late summer or this fall. The Office of Management and Budgets must review and approve the changes before final publication.
4. The California Department of Developmental Services, in collaboration with the UC San Diego Office of Continuing Medical Education, is presenting the Health and Wellness Forum in San Diego September 24-26, 2008. Topics include Genetics, Teratogens, Early Start, ASD Assessment and Intervention, Risk Management, and Model Projects that promote the physical, mental, and oral health of individuals with developmental disabilities. The primary audience for the Early Start strand is regional centers, and so DDS is working with regional center representatives on the ARCA Prevention Committee on potential topics and speakers. There are still openings and ICC members are encouraged to submit recommendations.
5. Institutes:
 - a. The Family Resources and Supports Institute will be held February 25-26, 2008 in Anaheim. It will highlight Kate Warren with a poster as the ICC Parent Leader recipient for 2007.
 - b. The SkillBuilder II Institute, "Facilitating Relationships, Communication and Behavior", will be held in Foster City March 13-14, 2008.
 - c. The Advanced Practice Institute will be held April 9-10, 2008, in Foster City.

6. Early Start Personnel Development Fund:
 - a. Total awards committed to date for 2007/08 are \$242,700.
 - b. Remaining funds are earmarked to support attendance at the Early Start Institutes scheduled between February and June.

Department of Education (CDE) - Pamela Quiroz reported the following for Jim Bellotti.

CDE Activities for Infants and Toddlers

- January 22, 2008, the CDE formally released the California Preschool Learning Foundations. The purpose of the California Preschool Learning Foundations is to provide the child development field with researched based competencies-knowledge and skills.
- Feedback received about the draft Infant/Toddler Learning and Development Foundations is currently being considered. Upon completion, the Infant/Toddler Learning and Development Foundations will comprise a focus in the area of social-emotional, cognitive, language, and motor/perceptual development. CDE is working to complete the infant/toddler foundations with the reasonable expectation of publication in the next few months. The actual publication date is subject to a number of intradepartmental approvals in completing the process. During this process the CDE is working through the steps to complete the manuscript and complete development of support materials.

Legislative Update

- AB 1768 was introduced January 8, 2008 by Assembly members Evans and Lieber. This bill would amend Section 56505 of the Education Code relating to special education. This bill would required local education agencies (LEA), during the pendency of a hearing involving an application of an individual with exceptional needs for initial services under a preschool program serving an individual with exceptional needs between 3- 5 years of age who are no longer eligible for early intervention services because he or she has reached the age of three, to ensure continuation of the same services that were provided under the California Early Intervention Act.

Governor's Proposed Budget Update

- The Governor's Proposed State Budget in January proposed a major reduction of \$357.9 million in 2008-2009. No Cost-of-living Adjustment (COLA) will be provided and existing state funding for local schools' special education costs will be reduced. "Schools may have to backfill most of this reduction as the program is federally mandated." A major reduction of 9.2 million in 2008-2009 for the Department of Education State Special Schools. "This reduction is unallocated to provide maximum flexibility to the Superintendent and the State Special Schools." (Governor's Budget Summary 21008-2009 document.)

Interagency Activities

- The *Reasons for Concern* brochure has been delayed in being reprinted from the State Office of Printing. It is now estimated that the brochures will be available in about 4 weeks. The web versions are available on the CDE Early Start.
- December 2-6, 2007, Pamela Quiroz and Meredith Cathcart attended the National Early Childhood Conference in Washington, DC.
- Part C requires that each state establish a Comprehensive System of Personnel Development [Sec.303.168,303.360]. On January 28, 2008 the CDE met with DDS and WestEd to discuss the development of personnel standards. It is estimated that this project will take several months to complete.
- Pamela Quiroz and Meredith Cathcart attended the California Head Start Inclusion Project Workshop on January 31, 2008. Participants of the CA HS Inclusion Project Workgroup is to develop a collaborative survey that will identify the extent to which policies and practices that support young children with disabilities in inclusive environments are in place.
- Chris Drouin and Meredith Cathcart will attend the Special Education Early Childhood Administrator Project (SEECAP) symposium February 26-28.

Department of Health Care Services (DHCS) - Dr. Hallie Morrow reported the following:

CCS

- Handout of Numbered Letters provided
- New webpage: www.dhcs.ca.gov/services/ccs
- Neonatal Quality Improvement Initiative (NQI)
 - Now have 22 NICUs participating – 13 Regional and 9 Community level NICUs
 - Focuses are on:
 - Catheter Associated Blood Stream Infections
 - Vascular Catheter Management
 - Antibiotic Usage
 - High Reliability Organization (Root Cause Analysis/use of Checklists)
 - Ventilator Associated Pneumonia
 - Surgical Sepsis
 - New webpage: www.dhcs.ca.gov/ProvGovPart/initiatives/nqi
- Pediatric Palliative Care
 - Medi-Cal waiver to provide a pediatric palliative care benefit as a pilot project has been completed and being reviewed by Department management
 - Webpage: www.dhs.ca.gov/pcf/cms/ppc

High Risk Infant Follow-up (HRIF) restructured program

- Between July 1, 2006 and January 31, 2008, 7200 infants have been enrolled.
- New webpage: www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx

Newborn Hearing Screening Program

- Expansion – 10 of the 95 non-CCS approved hospitals have been certified
- 2006 NHSP data
 - Screened 425,638 infants
 - 76% of California births
 - 98% of participating hospital births
 - 2.1% did not pass the inpatient screening
 - 0.3% waived and 0.3% were missed in the hospital
 - Identified 919 infants with hearing loss (2.2 per 1000)
 - 56% of infants identified with hearing loss by 3 months of age
 - 669 infants (72%) are known by NHSP to be enrolled in Early Start
 - 69% of these enrolled in Early Start by 6 months of age
 - Lost to Follow-up – 11% of the infants tracked by HCCs (National lost to follow-up rate for 2005 was 60%).
- Presentations at national EHDI conference next week
 - Loss to Follow-up Rate of 10% - You Can Get There Too!
 - Quality Assurance – What Happens to Your Babies?
 - Ensuring Quality Audiology Services – Roundtable Discussion
 - A Learning Collaborative Approach to EHDI System Improvement
- National Initiative for Children’s Healthcare Quality (NICHQ) Collaborative
 - Focus for Year 2 is on language acquisition.
 - Goal is for deaf and hard of hearing children to have age-appropriate language.
- Medi-Cal is working on a Request for Proposals to procure a vendor for the bulk purchase of hearing aids.
- Webpage: www.dhs.ca.gov/nhsp

Legislation

- AB 368 (Carter) – 2-year bill that would require insurance coverage for hearing aids up to \$1000 be offered for children under 18 years of age. In the Senate Health Committee
- AB 55 (Dymally) – Repeal the requirement that the Department contract for purchasing hearing aids.

Budget

- Legislation reducing current year expenditures signed by the Governor
 - 10% reduction in provider reimbursement for Medi-Cal and CCS – effective 7/1/08
- Governor’s Executive Order – effective immediately
 - Restrictions on travel and production of materials
 - Hiring freeze
- Proposed for 7/1/08
 - Decrease NHSP contracts by 10% of General Fund dollars
 - Decrease General Fund money to Counties for the administration of the CCS and CHDP programs by 10%
 - Eliminate 23 positions in the CMS Branch

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

I. Current status of DSS activities relevant to children birth to three

DSS has just completed its second round of the Child and Family Services Review (CFSR's) which was held during the week of February 4-7 2008 in Los Angeles, Santa Clara and Fresno counties. The CFRs promotes continuous quality improvement in the State's child welfare system; evaluates the State performance; identifies both the strengths and areas needing improvements in the child welfare programs. There are seven outcomes and seven systemic factors. The outcomes concern, safety permanency and well-being. The review process includes a Statewide Self-Assessment (which will be posted to our website soon); onsite case level review of a sample of 65 cases (26 in home and 39 foster care cases); interviews with key State and local stakeholders (23 groups were interviewed); state data from system that tracks' permanency and child abuse data.

At our Exit Conference the Federal government highlights some preliminary findings. The strongest performing outcome for California was Well Being Outcome 2. Children receive appropriate services to meet their educational needs; Children are protected from abuse and neglect and WB 3 Children receive adequate services to meet their physical and mental health needs with physical health of child outperforming the mental/behavioral health of the child.

The preliminary area of concern has to do with permanency and stability of children in their living situation and involvement of the child and family in case planning. Our Next Steps are to await the final determination of substantial conformity as the State begins work on the Program Improvement Plan.

Personnel Changes:

With the appointment of our New Director John Wagner, more recent changes are happening. Greg Rose is our new Acting Deputy Director. Director Wagner has identified along with other leadership staff and the executive team, new Department Priorities as follows:

1. Report Cards (statewide data on program performance)
Increasing transparency in outcomes to assess statewide performance measures, with the goal of better targeting resources to areas most needed
2. Food Stamp Access
Recognizing the importance of nutrition and adequate food, increasing access to this important nutritional benefit

3. Workforce Development

Planning to ensure CDSS is able to meet its and the public's future needs, making us an employer of choice, proactively addressing our higher rates of impending retirements, and making CDSS the best DSS in the country

4. Increasing Access to Employment (including WPRs)

CDSS is about building self-sufficiency and alleviating poverty. In order to perform our mission, we must actively seek ways to increase access to important resources for the populations we serve; for many, this will be through employment as well as other supports

5. Safety (including Licensing) and Well-Being

we seek to improve the lives of all of those who come to us. Regardless of the programs and resources, our fundamental obligation is to ensure safety and well-being while under our care and/or custody

6. Program Integrity

In addition to our responsibility to the families and individuals we serve, we also serve the taxpayer. We strive to ensure that only those eligible for our programs and services have access to them. Program integrity is also in the best interests of our clients so the public knows our resources are going towards those intended to receive them, in as an efficient manner as possible.

II. Legislative Update related to children birth to three

SB 84 All County Letter – Dual Agency rates and policy. All County Letter is forthcoming. Recently enacted by Senate Bill (SB) 84, and made effective August 24, 2007. SB 84 changes the care rate structure for foster and adoptive children served by regional centers and clarifies the roles and responsibilities of child welfare service agencies and regional centers. is a child in a foster care or an adoptive placement who receives CDSS' AFDC-FC or AAP benefits and who is concurrently a consumer of DDS' regional center services based upon the child's developmental disability, and/or is receiving services under California's Early Start Intervention Services Act These rate changes are intended to promote the timely and appropriate placement of children with developmental disabilities with foster and adoptive families. Children served by dual agencies are individuals with developmental disabilities who receive services from regional centers and are recipients of either AFDC-FC or AAP benefits.

- Establishes a new rate of two thousand and six dollars (\$2,006) for the care and supervision of children served by dual agencies three years of age and older.
- Establishes new rates of eight hundred ninety-eight dollars (\$898) for children under the age of three years who receive services under California's Early Start Intervention Services Act, but are not yet determined to have a developmental disability and who receive AFDC-FC or AAP benefits.
- Establishes that if a regional center subsequently determines that a child under three years of age is an individual with a developmental disability, the rate to be paid from the date of that determination is \$2,006.

- Requires CDSS and DDS to collect various data regarding children served by dual agencies for the purpose of reporting to the Legislature semiannually.

III. Relevant Budget Update

Here are just a few proposed highlights:

Kinship-Guardianship Assistance Payment (Kin-GAP) Program:

The Kin-GAP Program is intended to enhance family preservation and stability by recognizing that many foster children are in long-term, stable placements with relatives and that these placements are the permanent plan for the child. The Kin-GAP Program provides a subsidy for a dependent child who has been living with a relative for at least 12 months if the relative assumes guardianship.

- Total funding for Kin-GAP is \$158.2 million in FY 2008-09 and reflects the delayed implementation of the Enhanced Kin-GAP Program.
- As part of the Administration's Budget Balancing Reduction proposals, the Budget proposes to reduce the Kin-GAP benefit (rate) by ten percent for 58 counties for a GF savings of \$7.5 million GF in FY 2008-09.

As part of the Administration's Budget Balancing Reduction proposals, the Budget proposes to reduce the CWS Allocation for 56 counties for a GF savings of \$62.5 million.

- As part of the Administration's Budget Balancing Reduction proposals, the Budget proposes to privatize independent adoptions for GF savings of \$0.8 million.
- As part of the Administration's Budget Balancing Reduction proposals, the Budget proposes to stop implementation of the AB 2488 sibling contact provisions for GF savings of \$1.1 million.

Foster Care Program:

The Foster Care Program provides support payments for children in out-of-home care. This program is administered by the counties in accordance with regulations, standards, and procedures set by CDSS as authorized by law.

- Average monthly caseload is projected to decrease slightly from 72,667 in FY 2007-08 to 72,274 in FY 2008-09, a reduction of 0.5 percent.
- The cost of the rate increase of five percent for foster care cases (Foster Family Home (FFH), Group Home (GH) and Emergency Assistance (EA)) will result in an increase in FY 2008-09 by \$11.0 million GF to reflect a full year of implementation.
- As part of the Administration's Budget Balancing Reduction proposals, the Budget proposes to reduce the foster care rate for 56 counties for a GF savings of \$28.0 million GF.

- As part of the Budget Balancing Reduction proposals, the Budget proposes to suspend the State SSI COLAs for June 2008 and June 2009 for savings of \$300.3 million GF.
- As part of the Administration's Budget Balancing Reduction proposals, the Budget proposes to reduce the IHSS Hours of Service for a GF savings of \$109.4 million.

IV. Interagency Collaboration activities relevant to children birth to three

The first CAPTA Summit was held January 23, 2008 in Foster City. The Summit was able to convene Regional Centers, Child Welfare and other key stakeholders to discuss how to move forward on meeting the CAPTA requirements. Presentations were provided by DDS, Social services, and Mental Health including panelists from the county and regional centers showcasing models of service delivery to young children. Attendees were able to meet with their Regional centers and discuss needs and next steps regarding how to enhance or develop multiple pathways for child welfare children to be screened, referred and assessed.

The next activities will include two day working sessions that will provide a more detailed opportunity for counties to plan a process for moving forward or to make recommendations. Sessions are scheduled for March 10-11 and March 28-29. (Los Angeles and Sacramento) Registrations can be made through the UC Davis Resource Center for Family Focused Practice. This has been strong collaborative effort between DDS and CDSS, WestEd and UC Davis.

Department of Alcohol & Drug Programs (DADP) – Report was submitted electronically.

Budget

The Department of Alcohol and Drug Programs (ADP) proposed budget for Fiscal Year (FY) 2008-09 is \$662.5 million. This represents a total decrease of \$17.4 million as compared to the FY 2007-08 Budget Act Appropriation of \$679.9 million. Of the total \$662.5 million, \$606.2 million (91.5%) is for local governments and communities to provide treatment, recovery, and prevention services; and \$56.3 million (8.5%) is for State Support.

Fetal Alcohol Spectrum Disorder (FASD) Task Force

ADP's Director Zito has designated FASD as an area to be addressed and has dedicated staff to the subject area.

A letter has been signed by Director Zito of ADP and forwarded to Dr. Horton, Director of the Department of Public Health, to address manufactures to place a warning label in all at-home pregnancy kits.

At the February 6, 2008, FASD Task Force meeting, Tony Anderson stated Assemblyman Beall was inquiring about FASD issues. Assemblyman Paul Cook briefly attended the meeting to state he was interested in helping the FASD Task Force on FASD issues.

The Task Force discussed having the alcohol industry help pay for the costs of alcohol abuse, as the tobacco industry has done.

Legislation

Assemblyman Beall has introduced AB2129 – Maternal health: alcohol and substance abuse screening and treatment. The bill addresses FASD issues and wants the Department to, "...develop, coordinate, and oversee the implementation of a model program for the universal screening, assessment, referral, and treatment of pregnant women and women of childbearing age who are suffering from drug and alcohol abuse." (This bill is quoted in part.) At this time ADP is preparing a Bill Analysis.

Article

Good Morning America aired a program entitled, "Drinking Can Pregnant Women Drink Alcohol in Moderation? Doctors Say Lack Of Studies Make It Hard To Tell What's Safe. Women Fear Stigma". To see the response from this show, go to <http://abcnews.go.com/Health/OnCall/Story?id=4232695&page=1>

OTHER BUSINESS:

No other business.

ADJOURNMENT:

Dr. Peterson adjourned the meeting at 12:45.