

APPROVED ON 09/16/2011

**INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
GENERAL MEETING
TELECONFERENCE CALL
May 20, 2011**

MEMBERS PRESENT ON CALL:

Theresa Rossini, ICC Vice-Chair
Susan Burger, Designee for the Director (DMHC)
Arleen Downing, M.D.
Mike Fuller, Designee for the Director (First 5 California)
Gretchen Hester
Rick Ingraham, Designee for the Director (DDS)
Marie Kanne Poulsen, Ph.D.
Beverly Morgan Sandoz
Elaine Fogel Schneider, Ph.D.
Pamela Quiroz, Designee for the Superintendent of Public Instruction (CDE)
Cheryl Treadwell, Designee for the Director (DSS)

MEMBERS ABSENT:

Toni Gonzales
Madeline Journey-Lynn, Designee for the Director (DADP)

OTHERS PRESENT ON CALL:

Toni Doman, PTC Co-Chair
Debbie Sarmiento, CFO Co-Chair
Anastacia Byrne-Reed, ICC Coordinator
Jeannie Smalley, ICC Staff Manager
Carolyn Walker, WestEd, Recorder
Patric Widmann, ICC Supervisor

Refer to Attachment A for a complete list of participants on the call.

CALL TO ORDER

Theresa Rossini called the meeting to order at 10:05 a.m.

INTRODUCTIONS AND ANNOUNCEMENTS

Self introductions were made.

Rick Ingraham expressed his appreciation to all participants for their efforts in making this teleconference meeting work and for conducting business while honoring the Governor's Executive Order B-06-11 cancelling all travel by state employees.

AGENDA REVIEW

The agenda was approved as revised, adding the item to review the draft for the Early Start Service Coordinators to Request Authorization from Private Insurance.

APPROVAL OF FEBRUARY 2011 MEETING MINUTES

The minutes were approved as written.

EXECUTIVE COMMITTEE REPORT

- Elaine Fogel Schneider reported that the Executive Committee met last week via teleconference and discussed the importance of having meetings face to face. The Executive Committee recommended that a survey be sent to gather input regarding the willingness of members to participate in meetings via teleconferencing. DDS and WestEd will develop the survey and send the survey to XXXXX. Content of the survey was discussed. It was suggested that a teleconference protocol/etiquette be developed and distributed to all members and participants.
- Elaine reported that the Executive Committee also recommended that a letter be sent to the director of DDS requesting that an exception to the Governor's order be made so that the ICC can continue to conduct their business most effectively via face to face meetings. The letter should include the following
 - Federal requirement to meet four times per year;
 - Survey results;
 - Structure of ICC meetings including Standing Committee meetings and informational presentations do not lend themselves to distance meetings;
 - Limits opportunity to provide a public forum for input; and
 - ICC has made a good faith effort by revising the meeting format from one and half days to three hours and by conducting the May meeting via teleconferencing.

Marie Kanne Poulsen asked whether teleconferencing or distance meetings might become a permanent situation. Rick responded that if the ICC holds its meetings in Sacramento, it is possible that face to face meetings may resume.

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Marie asked how the ICC travel was funded and Rick said he would look into it but that he thought that it came out of headquarters Part C budget.

ICC CHAIR REPORT

Theresa asked whether the Executive Committee discussed the projected state budget and whether changes in the Prevention Program would affect Early Start. Marie indicated that information will be provided as part of the DDS report.

ICC STAFF REPORT

Staff had nothing to report.

FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA REPORT

The Family Resource Centers Network of California (FRCNCA) Steering Committee met monthly via conference call. Linda Landry reported the following:

Outreach and collaboration activities included participation on the UC Davis MIND Institute UCEDD Consumer Advisory Committee, the Tarjan Center Community Advisory Committee, the Lanterman Coalition, DDS Stakeholder groups, and on the planning committee for the California Network of Networks.

The **California Consumer Protection Foundation** webinar training grant is designed to enhance the skills of collaborative partner staff, other community-based organization staff, and family members to increase the ability of centers and agencies to provide timely information, education, support, and linkages to appropriate services for hard-to-reach families.

To date we have presented webinars entitled "Out of the Spotlight: Siblings of Individuals with Special Needs," "Policy 101" presented by the California Family Resource Association; "Introduction to the ADEPT Modules" presented by the UCD MIND Institute; and Developmental Care of the Recent NICU Graduate presented by Special Start. Scheduled webinars include "DRDP access Assessment for Preschoolers: The Role of the Family" and "Service Animal 101"

The **2011 FRCNCA Directors' Forum** was held on March 28, 2011 in Foster City preceding the Family Resources and Supports Institute, and was supported by a training grant from West Ed. The Forum provides an opportunity for ESFRC leaders to learn from their peers, share information, and develop ideas and collaborations to maximize resources.

The Network leadership has met several times to discuss the **Transfer of the Reduced Scope Prevention Program to the Family Resource Centers**. The following position statement was developed:

The Family Resource Centers Network of California (FRCNCA) opposes the decrease of the required functions of the Prevention Program, eliminating developmental monitoring by clinically trained case managers. However, if 665 *Transfer Reduced Scope Prevention Program to the Family Resource Centers* is implemented, the Early Start Family Resource Centers (ESFRCs) have the capacity and the qualifications to provide outreach, information and referral services to families who have infants or toddlers at risk of developmental disability.

The FRCNCA recognizes the critical importance of periodic developmental monitoring of infants and toddlers in the Prevention Program. It is critical that infants and toddlers who are at high risk of developmental delay receive periodic developmental monitoring to ensure detection and referral to the California Early Start Program as early as possible. The FRCNCA remains committed to work in partnership with the Department of Developmental Services and Regional Centers to ensure early identification and prompt referral to California's Early Start Program through the Prevention Program and community based outreach activities.

If 665 *Transfer Reduced Scope Prevention Program to the Family Resource Centers* is approved, the FRCNCA supports the transfer of the *Reduced Scope Prevention Program to Family Resource Centers* (Early Start Family Resource Centers).

We continue to seek additional funding sources to maintain the coordination of the Network.

ACTION ITEMS

- **ICC Activities Supplement for the ICC Annual Report FFY 2009–2010**
 - The ICC's supplemental report was approved.
- ***Infant Family Early Childhood Mental Health Training Guidelines***
 - The Guidelines were endorsed.

AGENCY REPORTS

Department of Managed Health Care – Susan Burger reported the following:

- The Department of Managed Health Care (“DMHC”) continues to respond to the impact of the implementation of ABX4 9 on health care service delivery for affected Early Start consumers and other managed care enrollees by:
 - Continuing to track and resolve inquiries and complaints filed with the Help Center. During the period of July 1, 2009 to May 11, 2011 the Help Center received a total of 48 related inquiries and 66 related complaints from Regional Center consumers, their families, and staff.

Since December 31, 2010 the number of both inquiries and filed complaints increased by sixty-five percent (65%). Of the filed complaints, the most frequently disputed treatment was speech therapy, followed by applied behavioral analysis (ABA), occupational, and physical therapies.

- Maintaining an ongoing dialogue with and answering inquiries from Regional Center staffs that are assisting consumers and their families navigate effectively through the managed health care system.
 - Exploring other options to provide training to Regional Center staffs on available Help Center services after the issuance of Executive Order B-06-11 (restriction on state employee travel) which resulted in the postponement of previously-scheduled in-person presentations. The DMHC is awaiting acceptance of its proposal to present information on Help Center services at the Supported Life Conference in Sacramento, California on October 6-7, 2011.
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- The DMHC's 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. The Help Center receives and resolves complaints from managed care enrollees to ensure that enrollees receive all the necessary medical and mental health care to which they are entitled. (Managed care enrollees have coverage with a HMO or have PPO coverage with Anthem Blue Cross or Blue Shield). The Help Center also 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**. The Help Center can provide help to consumers who speak any of 100 different languages.
 - The DMHC's website contains information on enrollee benefits, enrollee rights, and the grievance system process for managed care enrollees. Additional information is provided on the Department's Independent Medical Review (IMR) process. The website is located at www.healthhelp.ca.gov.
 - The DMHC's website contains a fact sheet related to new health care insurance options for uninsured children pursuant to AB 2244. Under Federal and California law health plans can no longer deny or limit coverage to a child under 19 years of age because of a pre-existing health condition. Health plans must offer and sell coverage to children at all times of the year. California's law AB 2244 creates "open enrollment" periods during which a child (or parent on behalf of a child) can apply for coverage at the lower premium rate.
 - The initial open enrollment period began on January 1, 2011 and ended on March 1, 2011.

- After March 1, 2011 a child will have an open enrollment period every year during the month of his or her birthday. (For example, a child born on October 27, 2010 has an open enrollment period every month of October.)
- Premium costs are also lower during a “late enrollment” period, which may be available if the child or the family experiences certain major changes, such as loss of employment-sponsored coverage, loss of coverage under certain government programs, birth of a new child, or a move to California.
- The DMHC Help Center can provide more information or assist if a health plan denies your child coverage. **Call 1-888-466-2219** with problems or questions. However, the DMHC does not sell the insurance itself.
- To find health plans selling individual and family insurance in your area, visit <http://finder.healthcare.gov> or call the California Uninsured Helpline at **(800) 234-1317**.
- For additional information read the Department’s “Health Plan Options for Uninsured Children” fact sheet at <http://www.dmhc.ca.gov/library/reports/news/fsuc.pdf> or go to the Department’s website home page, <http://www.dmhc.ca.gov>, and click on *What’s New*. (The fact sheet is provided in English and Spanish.)

Discussion ensued, largely about whether certain therapies should be provided through the health care system or through the educational system. In trying to determine the responsibilities of physicians, Peter Michael Miller asked whether the state has a policy about the responsibilities for education vs. therapeutic services.

The reply was that if it is determined that a therapy or service is medically necessary, health plans must provide that service. There is no actual service policy. Services on an IEP are educationally mandated, not of a medical necessity. Educationally based therapies are provided through CDE by mandate—a different mandate than the medical therapy mandates.

Other comments included the following:

- Bell’s bill discusses treatment and screening for people with autistic spectrum disorder. Anything rehabilitative or educational would not be denied. If the bill passes, other laws would have to change to adjust for it.
- Phone 888-466-2219 (24/7; more than 100 languages) to offer input about the bill.
- On the 39 speech, are the health plans denying those because they’re arguing that they are educational? Many are denied as “not medically necessary.”
- With applied behavioral analysis, it’s rare that it’s denied as not medically necessary—now it’s an educational service, not health, but that can be looked at.

Elaine requested that Speech and Language Pathology Assistants (SLLPA) be an agenda item for discussion, commenting that the ICC recommended that SLPAs be included as qualified personnel.

Department of Developmental Services – Rick Ingraham reported the following:

- There's been a reduction of 84,000 to the developmental system. California continues to receive a federal allocation of \$53 million based on the total number of infants from birth to three in the state. California has seen a reduction in its birth rate, but so have other states.
- Regarding budget proposals, the two most controversial are a reduction in scope of the Prevention Program with a transfer to the FRCs. If this occurs infants and toddlers presumably would still be evaluated by RCs, and if they're ineligible for Early Start, they would be referred to the FRCs. FRCs would be responsible for providing information, referral to generic services and outreach. At this time, these are just proposals.
 - Concerns are being expressed that some of the infants may start to develop delays, and by the time the parents or someone else recognize the delay and get intervention, valuable months will have been lost.
 - The Prevention program initially was funded at \$36 million annually, then cut in half to \$18 million, then cut to \$12 million. The Governor's proposed a budget reduction to \$2 million. There is \$4.5 million for 2011-2012 for transition years so the RCs would continue to serve the children served prior to July 1, 2011, and FRCs would serve the new population. By July 1, 2012, FRCs would assume full responsibility for prevention services.
 - Part C is discretionary, participation is not required by federal law. DDS is doing everything it can to keep early intervention alive and well in California.
 - There has been discussion by some RCs to withdraw from Part C and return to the services that were available under Lanterman and special education. If we pull out of Part C to forego the \$53 million in federal funding, a similar reduction in funding as experienced by prevention may also happen to early intervention funding.
 - Other states that have narrowed their Part C eligibility have not developed a prevention program. Families are left to their own devices.
 - Regional center clinicians are planning to take a closer look at the "at risk" factors and Part C eligibility for established risk. Clinicians want to make sure that infants and children who are significantly at risk and most likely to develop delays and disabilities are served under Early Start.

- Another area of controversy is a new Annual Family Fee for children birth to 22. It is being tied to the federal poverty level. Early Start and Lanterman have never had to require a fee for services.
- There is another budget proposal to eliminate the Department of Mental Health and Department of Alcohol and Drug Programs thinking that funding will be realigned to the counties and that the only state responsibility that remained would then be to the state hospitals. It is proposed that a department of institutions be established. Marie wondered whether the reassignment of DMH funds at the county level and the elimination of administrative costs at the state level would provide more money for direct services to children.
- DDS is required by OSEP to survey families as to whether they feel they know their rights, whether they're able to communicate their child's needs, and whether they're able to help their child develop and learn. Next week DDS will send out 6,000 surveys to meet this requirement. The results will be summarized, tabulated, and reported to OSEP in our Annual Performance Report which will be posted on the DDS website. DDS is using a random stratified sample requiring that the child was in the Early Start system for at least 6 months.
- DDS is about to launch the Early Start Report, which is a universal data tool which contains many of the elements OSEP requires DDS to report. Ultimately, it will have information on child outcomes, transition and other required data elements.
- Recently the MIND Institute reported a correlation between the month of conception and the diagnosis of autism. It seems that conception in the months December through March result in children who are later diagnosed with autism. This does not preclude the fact that strong genetic and environmental components still exist.

The topic of developmental surveillance was discussed along with the role of pediatricians and the importance of collaboration between pediatricians and regional centers. Marie suggested indicated that the role of the ICC is to thoughtfully look at all possibilities. She further suggested that with our new data, we could go to foundations and ask for funding.

California Department of Education – Pamela Quiroz reported the following:

- Currently in the early childhood field in California we have three Desired Results Developmental Profile (DRDP[®]) instruments; the DRDP[®]-IT 2010, the DRDP[®]-PS 2010 and the DRDP[®] access for children with disabilities. The Child Development (CDD) and Special Education Division (SED) have started a joint project to develop a single DRDP[®] instrument for use in the field for all children birth to five years of age. This joint project is including three contractors the Desired Results Access Project at Napa County Office of Education under the SED, the DRDP[®] contracts at WestEd and Berkeley Educational Assessment and Research Center

- under the CDD. The three contractors have begun meeting together under the direction of CDD and SED.
- The CDE is proposing changes in regulation for infant toddler eligibility to align with DDS. It needs to go to State Board of Education for approval and then to public hearings.
 - a. CDE-Current 50% in one area or 25% in two areas
 - b. DDS- Current 50% in one area or 33% in two areas.
 - c. Developmental Delay
 - d. Under 24 month at referral, a 33% delay in one or more areas
 - e. At or over 24 months of age at referral, 50% delay in one area or 33% delay in two or more areas
1. CDE (SPDG) is moving the administration of the Family Participation Fund from CAFEC to WestEd to leverage the work of the FEC coordination function that was competitively bid & awarded to WestEd.
 - The most recent data I have is for Calendar Year 2008.
 - Of infants born that year, we screened almost 512,000 infants (93% of all births).
 - The refer rate at the time of hospital discharge was 2% (2% of all infants screened in the hospital did not pass their hearing screen)
 - 0.7% of the infants screened needed a diagnostic evaluation
 - 832 infants were identified with hearing loss (1.6/1000 screened)
 - Of those, 66% were identified by 3 months of age
 - 100% of the infants with hearing loss were referred to Early Start
 - We received information from Early Start on 86% of those infants that they were enrolled in Early Start
 - Of those, 69% were enrolled by 6 months of age
 - Lost to follow-up
 - Of the infants who left the hospital needing outpatient follow-up – 4% were lost
 - 1.8% of those infants needing outpatient screen were lost to follow-up
 - 8.3% of those infants needing diagnostic evaluation were lost to follow-up
 - The national average of loss to follow-up is 46%
 1. CDE is proud to announce the production of a new 13 minute video: Through Your Child's Eyes: American Sign Language , which can be accessed on the CDE website at <http://www.cde.ca.gov/sp/ss/dh/> The video is in both English and Spanish.
 2. The CDE Maternal and Child Health Bureau (MCHB) Newborn Hearing Screening grant funded Parent Links program and Deaf and Hard of Hearing Programs Consultant Nancy Grosz Sager have participated in the following activities:

The Early Hearing Detection and Intervention Conference February 19-23
Atlanta, GA

Parent Links Mentor Kat Lowrance presented on "Growing Parent Leaders"

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Parent Links Mentor Irma Sanchez presented on "Working with Hispanic/Latino Families"
Nancy Grosz Sager and Marilyn Sass-Lehrer (Gallaudet University) presented on "Natural Environments for Infants and Toddlers Who Are Deaf or Hard of Hearing"

The SEECAP Conference February 25 Newport Beach, CA

Parent Links Mentors Apryl Chauhan and Irma Sanchez served on a panel related to meeting the needs of families of infants and toddlers who are deaf or hard of hearing

The California Educators of the Deaf and Hard of Hearing Conference March 11-13 Norwalk, CA

The Parent Links Mentors had a table in the Exhibit Hall - it was very popular!
Parent Links Mentor Darla Schwehr presented on "Facilitating Parent Groups"

The Family Resources and Supports Institute March 29-30 Foster City, CA

Parent Links Mentor Kat Lowrance and Nancy Grosz Sager presented on "The Importance of Using Sign Language with Deaf and Hard of Hearing Infants with Multiple Challenges"

Nancy Grosz Sager is working with the Los Angeles Unified School District (LAUSD) and with the California School for the Deaf at Fremont (CSDF), who will pilot participation in the National Early Childhood Assessment Project (NECAP) with Dr. Christine Yoshinaga-Itano and Dr. Allison Sedey of the University of Colorado at Boulder. Early Start teachers in LAUSD and CSDF will begin participation in the project in April, to assess deaf and hard of hearing infants and toddlers using the MacArthur Communication Development Inventory. Drs. Yoshinaga-Itano and Sedey have developed national language development norms for infants and toddlers who are deaf or hard of hearing, based on the MacArthur. This project is funded by CDE's MCHB grant.

Nancy Grosz Sager attended the Early Childhood American Sign Language/English Bilingual Summit at Gallaudet University April 7-10, 2011. Topics covered at the Summit included the benefits of early language development through American Sign Language, the effects of language deprivation on cognitive functioning (i.e. executive function), models of bilingual language development, teaching strategies, and cultural competence.

CDE and HS will conduct an inclusion webcast on May 23, 2011. to five counties COE at five COE. The counties are Santa Clara, Sacramento, Los Angeles, Merced and Orange.

Mike Zito mentioned that an inclusion webcast with CDE, Early Head Start, and DDS to talk about best practices and interagency agreements for birth to three

and birth to five was broadcast on Monday at five county offices of education around the state—LA, Merced, Santa Clara, Orange, and Sacramento.

Department of Social Services – Cheryl Treadwell reported the following:

- DSS has a new Social Services Director, Will Lightbourne, from Santa Clara County, previously also a director at Santa Cruz and San Francisco counties. He is on loan to the State at least until 2014.
- Regarding the budget, the Legislature may revise items with some exceptions, those being basically related to the previous \$80 million veto, half of which is proposed for restoration for this fiscal year and the full amount being restored the following budget year, for children services.
- Other reductions to CalWorks and SSI grants are still on the table. The proposal regarding realignment funding totals \$1.6 billion of which a majority of the funds will be realigned to the counties. In terms of State Operations, DSS State adoptions function and funding will be impacted if the proposal for realignment is approved; included also is State Adult Protective Services as part of the proposal to move safety functions to more local control.
- Rick asked for clarification that with realignment, the children's division would lose about 40 percent of State staff. Cheryl said that's the bulk of state adoption and independent adoption individuals. Everything is subject to legislative approval.
- Cheryl's committee had put forward as a motion that we have an item on the Executive Committee agenda asking the ICC to consider making the Family Resource Network a voting member of the ICC. It would then be an action item for the ICC at the following meeting.

California Department of Public Health -Karen Shevlin reported on the following:

Background

On 2/8/11, Health Resources and Services Administration (HRSA) released the 2nd Federal Supplemental Information Request (SIR-2) for and Updated State Plan (USP) for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The SIR-2 makes the 3rd of 3 phases mandated for the receipt of federal funding for Home Visiting Programs (HVP) by states. Phases I and II included Funding Opportunity Announcement & SIR-1, for submission of Statewide Needs Assessment.

USP Guidance features 9 narrative sections for states to respond to:

- Guidance identified 7 Evidence Based Home Visiting (EBHV) models that were selected by HRSA and Administration for Children and Families (ACF) on the basis of a systematic review completed by Mathematica Policy Research. Review referred to as the HomVEE (Home Visiting Evidence of Effectiveness Review).
- Guidance identifies 6 benchmark areas that the States must collect initial and ongoing data to see measureable improvement. The six benchmark

- areas include: 1) Maternal and Newborn Health; 2) Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits; 3) School Readiness and Achievement; 4) Crime or Domestic Violence; 5) Family Economic Self-Sufficiency; and 6) Coordination and Referrals for Other Community Resources and Supports.
- Of the models, Nurse Family Partnership (NFP) and Healthy Families America (HFA) have been selected to meet the needs of the at risk communities; NFP and HFA have the functionality to meet the 6 benchmarks.
 - The CHVP team is in the process of writing and compiling the 9 sections to submit to HRSA 6/8/11.

States were not allowed to use a Request for Application (RFA) process to have counties self-identify at risk communities:

- In lieu of RFA, a Request of Supplemental Information (RSI) was created to collect in-depth county and community information from the Local Health Jurisdictions (LHJ) in CA.
- Responses supplied by LHJs concerning their county/community capacity and ability to implement a program, have been reviewed and categorized.
- RSI will aid in the selection of communities to begin implementation based on the FFY 2010 budget
- BUDGET: Federal \$1.5 billion, nationwide. CA \$8.249 million FFY2010 and same amount anticipated for FFY2011 once USP is submitted.
- USP due 6/8/11. Once approved, we will begin notifying selected LHJs and implementation process will begin.
- LHJs selected will be allocated funds through the MCAH local allocation process.

California First 5- Mike Fuller Reported on the following:
CARES Plus Program Awards

First 5 California recently awarded program funding to 35 counties that applied to participate in the Comprehensive Approaches to Raising Education Standards (CARES Plus) Program. The program is funded for a planning and development phase through June 30, 2011, and for two years of program operations through June 30, 2013.

The CARES Plus Program builds on the success of our previous CARES program and continue the successful partnership with the California Department of Education's AB 212 Program. CARES Plus will provide statewide professional development funds designed to improve the quality of early learning programs by focusing on increasing the effectiveness and retention of early educators.

CARES Plus continues to provide incentives and stipends, training, and higher education access that collectively serve to support participants in the workforce. The new program will incorporate the Classroom Assessment and Scoring

System (CLASS) Observation Tool, along with several CLASS-aligned professional development supports.

PoP Bridge Extension

First 5 California released a Request for Funding (RFF) Application for the Power of Preschool (PoP) Bridge Program. In January, 2011, the California Children and Families Commission authorized one more year of funding to the eight existing PoP counties for the fiscal year ending June 30, 2012. PoP provides a blueprint for making voluntary, high-quality learning environments more accessible to eligible children ages 0 to 5 and their families. PoP counties must apply for the available funding by May 27, 2011, and the awards will be made in early June 2011.

AB 99

In March 2011, AB 99 was enacted to transfer \$1 billion in Proposition 10 tobacco tax funds from the First 5 Children and Families Commission (\$50 million) and First 5 county commissions (\$950 million) in order provide funding for other General Fund budget solutions. Such transfers must occur prior to June 30, 2012. Several counties have initiated litigation to stop the funds transfer on the grounds that it is not in compliance with the Proposition 10 statutes governing the use of First 5 funds for programs benefitting children 0 to 5.

Early Learning Advisory Council

As part of the Governor's strategy to streamline and restructure government agencies to achieve efficiency and savings, the Administration's May Revise Budget proposes to eliminate the Early Learning Advisory Council (ELAC). The ELAC was established through an Executive Order in 2009 to make California eligible to apply for a three-year \$10.8 million planning grant to improve the quality of child development programs and to develop a data tracking system for children 0 to 5, including preschool programs. The elimination of the ELAC will result in the loss of the remaining federal grant funds (\$3.6 million in 2011-12) and would impede California's ability to compete for future federal early learning funds.

California Department of Public Health – (Not represented; no report)

Department of Alcohol & Drug Programs – (Not represented; no report)

Department of Mental Health – (Not represented; no report)

Department of Health Care Services – (Not represented; no report)

Wanda Davis extrapolated that First 5 has chosen 5 counties already, but this information is not public yet as it is only in developmental stages. First 5 is in the process of writing their state plan which has been prioritized in terms of capacity

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and readiness to implement. Rick asked Wanda how many families are projected to be “well served”. Wanda replied 1,500 families.

What kind of collaboration or coordination is planned? Wanda answered that this was one of the questions that First 5 asked of counties. We’re looking to not duplicate services.

Marie mentioned that last year the legislature acknowledged the importance of looking at maternal depression called the Perinatal Task Force. Have they been involved in your collaborative efforts? They are screening tools used for that assessment.

PUBLIC INPUT

Fran Chasen reported that the assembly budget committee would be hearing the DDS budget on Wednesday, May 25, 2011 at 2:30p.m.

OTHER BUSINESS

- **Draft Guide for Early Start Service Coordinators to Request Authorization from Private Insurance**

The Policy Topics Committee drafted and revised the guide and would like to present it to ICC along with some recommendations. The Policy Topics Committee would like for the document to be distributed to ICC members for review and input so that the document could be an action item for the September meeting.

ADJOURNMENT

The next ICC meeting is September 15 and 16, 2011, slated for the Doubletree Hotel in Sacramento.

The meeting was adjourned at 11:10 a.m.

**ICC TELECONFERENCE PARTICIPANTS
FRIDAY, MAY 20, 2011**

COMMUNITY REPRESENTATIVES

Fran Chasen
Wanda Davis
Susan Graham
Laurie Jordan
Dwight Lee
Robin Millar
Peter Michael Miller
Sherry Torok

GUESTS

Monica Mathur, WestEd
Karen Shevlin, CDPH
Barbara Marbach, WestSide RC
Bethaney Kavrik, DDS

DEPARTMENT LIAISONS

Michele Donahue
Erin Paulsen
Elise Parnes
Michael Zito

WESTED STAFF

Peter Guerrero
Patsy Hampton
Angela McGuire
Stephanie Myers
Virginia Reynolds