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

**November 21, 2008**

**MEMBERS PRESENT:**

Raymond M. Peterson, M.D., MPH, ICC Chair  
Theresa Rossini, ICC Co-Chair,  
Jim Bellotti, Designee for the Superintendent of Public Instruction (CDE)  
Susan Burger, Designee for the Director of DMHC  
Arleen Downing, M.D.  
Toni Gonzales  
Rick Ingraham, Designee for the Director of DDS  
Hallie Morrow, M.D., Designee for the Director of CDHCS  
Suzie O'Neill, Designee for the Director of DADP  
Marie Kanne Poulsen, Ph.D.,  
Elaine Fogel Schneider, Ph.D.,  
Cheryl Treadwell, Designee for the Director of CDSS

**MEMBERS ABSENT:**

Gretchen Hester  
Beverley Morgan-Sandoz  
Maureen Price, Designee for the Director of DMH  
Legislative Representative

**OTHERS PRESENT:**

Toni Doman  
Linda Landry  
Debbie Sarmento  
Kevin Brown, ICC Manager  
Patric Widmann, ICC Supervisor  
Stacie Reed, ICC Coordinator  
Elissa Provance, WestEd Recorder

Refer to Attachment A for a complete list of attendees.

**INTRODUCTIONS AND ANNOUNCEMENTS:**

Dr. Peterson called the meeting to order at 8:50 a.m. Self-introductions were made by ICC members and the audience.

**AGENDA REVIEW:**

The agenda was approved with agreement to move the Chair's Report before the Executive Committee Report

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**APPROVAL OF MAY 2008 MINUTES:**

The May 2008 minutes were approved as presented.

**CHAIR'S REPORT:**

Dr. Peterson referred to the current economy crisis and its impact on services for children and families. He noted that the proposed State Budget included cuts in many programs including funding for health services for low income children. Dr. Peterson reminded everyone that the current situation provides both opportunities and challenges for the coming year and encouraged everyone to remind their local communities and elected representatives about the importance of early intervention. He commended all of the committees, members, and staff for the cooperative effort given in finalizing the 2008 ICC Recommendations and announced that there would be a cake in celebration during the next break.

**EXECUTIVE COMMITTEE REPORT:**

Theresa Rossini reported that the majority of the meeting was spent reviewing revisions to the recommendations and noted that recommendation #13 was deleted because of the similarity to recommendation #20. She also stated that DDS had provided updates on the WestEd contract, Annual Performance Report data collection and indicator development, Family Cost Participation Program, and release of Part C regulations.

Theresa also informed the Council that Executive Committee members reached consensus that if the 2008 ICC Recommendations were finalized and approved, the February meeting would be devoted to strategic planning with no Standing Committee meetings. She concluded her report by stating that the Public Awareness Committee (PAC) would convene a conference call in December to discuss award criteria, application, and promotion of the Parent Leadership Award.

**ICC STAFF REPORT:**

Kevin requested that Patric Widmann and Erin Paulsen introduce new DDS staff: Julie Bray, an Office Technician, and Bethany Kavrik, a Local Support Liaison serving Lanterman, Pomona, Orange County and the East Bay Regional Centers were introduced. The monitoring unit is still one position short. DDS had been given approval to recruit for that position; however the hiring freeze may prohibit final hiring. Kevin reported that the Governor had recommended a two-day-a-month furlough for state employees and at the moment was not sure of its impact on the ICC.

Kevin also told the Council that DDS is working with WestEd on the completion of the ICC's 2005-06 and 2006-07 ICC Annual Reports and is hoping to have these completed by February 2009 for submission to the Office of Special Education Programs (OSEP). The ICC's Annual Report for 2006-07 will be an action item at the February meeting. He concluded by informing members that travel claim forms would be sent to them electronically.

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**FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA REPORT:**

Linda Landry reported on FRCNCA activities (Attachment B) including Partners in Policy making, a grant received from California Consumer Protection for video conferencing, a smaller grant from Strategies to update an online handbook on epilepsy for families.

**ACTION ITEMS:**

2009 Meeting Schedule: The 2009 meeting dates were approved with no discussion.

2008 ICC Recommendations: Theresa reported on the modifications that were made to the recommendations during the Executive Committee meeting yesterday. The recommendations were approved with no further discussion (refer to Attachment C). It was agreed that Dr. Peterson would submit the ICC's 2008 Recommendations to DDS.

ICC's Annual Report to OSEP: The ICC authorized Dr. Peterson to sign the ICC's Annual Report for 2005-06.

**COMMITTEE REPORTS:** Due to the availability of extra time, the committee reports were moved up in the agenda before Public Input, which was scheduled to begin at 10:00 am.

**Public Awareness Committee (PAC):**

Elaine Schneider provided an overview of the committee's activities. Refer to committee minutes for details. She reported that a conference call would be convened to review the Parent Leadership Award form and dissemination plan. Stacie Reed will coordinate dates and times.

Elaine also reported that PAC had received a summary of BabyLine calls from DDS. The initial analysis of data indicated that people appear to be finding out about Early Start on the Internet and from public service announcements. She noted that the summary report provided excellent information about the community.

**Quality Services and Delivery Systems (QSDS):**

Marie Poulsen provided an overview of the committee's activities. Refer to committee minutes for details. She highlighted that the ICC's Recommended Early Start Personnel Model was being updated, including early intervention competencies (EI). EI competencies that address social-emotional well-being will be reflected in the training guidelines being developed by the Infant/Family Early Childhood Mental Health Workgroup under Marie's leadership. Marie concluded by noting that the DDS liaison had reported to the committee on monitoring activities, complaints, and due process.

**Family Resources and Supports (FRSC):**

Debbie Sarmiento provided an overview of the committee's activities. Refer to committee minutes for details. She highlighted that Angela Thanyachareon, a Community Representative, would be leaving the committee due to her family's relocation to Washington, D.C. and that FRSC is working on a respite briefing paper. Debbie concluded by noting that the DDS representative had informed members that an

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Administrative Law Judge training session was recently provided to the Office of Administrative Hearings.

**Integrated Services and Health Committee (ISH):**

Arleen Downing provided an overview of the committee's activities. Refer to committee minutes for details. She referred to the 2008 ICC Recommendations and told members that Recommendation #13 was deleted because respite is included in FRSC's Recommendation #20. Suzanne Del Sarto provided information about Fetal Alcohol Syndrome Disorder. Janet Hill from CA DPH, Maternal Child and Adolescent Health is available to present information on the Communication Tool Kit developed to guide screening activities at the local level. Marie concluded by requesting that QSDS join ISH for Janet Hill's presentation.

**PUBLIC INPUT:**

Angela Thanyachareon: Angela is a parent and a FRSC community representative. Her son has been served through two Regional Centers (Tri-Counties and SDRC). She reported that her family will be relocating to the Washington DC area and thanked everyone for the support she has received while being in California. She is planning to apply to serve on the Virginia ICC and for their Partners in Policy Making program.

Julie Kingsley : Julie is a parent and a FRSC community representative. She shared that she is concerned about the budget situation. She asked if there would be a discontinuation of translating the IFSP into Spanish for Spanish speaking families. It was explained that regulations require that the IFSP meeting must be conducted in the language of the family's choice and that it is permissive to translate it into the family's language.

Julie announced that the focus for upcoming SEECAP trainings will be on inclusion and transition. Sharon Walsh will conduct a legislative session. SEECAP provides annual training for infant-preschool education administrators. Refer to the Master Calendar at the back of the ICC packet for details.

Shane Nurnberg: Shane is a parent and a PAC community representative. Shane reported that he has a background in computer technology and has launched a website about autism from a parent perspective - [www.autismepicenter.com](http://www.autismepicenter.com). He informed members that he welcomes reviews of the website.

Laurie Jordan: Laurie is a parent and a FRSC community representative. She suggested that parents of children one or two years out of Early Start be included in evaluations that measure effectiveness of transition practices and services. Laurie also expressed concern that when transition is discussed, the focus is on low-income families even though many high income families are also impacted at transition.

Tony Anderson: Tony is a PAC community representative. He reported that a Partners in Policymaking graduate was elected to a school board position in the Auburn area. On the national level, Tony noted that Arc of California is advocating for a Medicaid

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economic stimulus package and legislation regarding genetic testing and discrimination. He stated that today, it is clear that the results of genetic testing cannot be used for discriminatory practices.

Elaine Fogel Schneider: Elaine, an ICC member and a field associate with Nova Southeastern University and a faculty member with a focus on communication disorders, Elaine teaches online courses in the Hisparia area in San Bernardino County, which is limited in speech-language pathologists. Nova has a master's level program certified by California Speech and Language Association (CASHA). Students graduating with BA degrees work in schools as aides under the supervision of a speech-language pathologist. In the cohort model, instructors visit aides monthly. Elaine said this is a model that could address shortages in various professions within the state. She noted that there are also cohorts in Oregon and Las Vegas.

Fran Chasen: Fran is a QSDS community representative. She shared information about upcoming Infant Development Association (IDA) trainings: On December 11, "Understanding Oral Health Care Needs" will be held in Los Angeles and "A Comprehensive Multidisciplinary Approach with Children on the ASD Spectrum", will be held in Los Angeles on March 20, 2009. In January, IDA will be instituting a blog site about issues related to early intervention. The first topic will be about home visiting. The blog is accessed on the IDA website, [www.idaofcalifornia.org](http://www.idaofcalifornia.org).

**PRESENTATION: State Performance Plan/Annual Performance Report - OSEP Requirements and California**

Rick Ingraham and Kevin Brown, Part C Coordinator and Part C Co-Coordinator from the Department of Developmental Services presented on "Linkages", "SPP/APR Status", and "Moving Forward." (Refer to Attachment C) for the PowerPoint. Rick told the audience that the bottom line for early intervention should be to know how children and families are doing as a result of California's early intervention efforts and that this does not always seem to be OSEP's emphasis. DDS expends a lot of effort on reporting data and information to OSEP that is unrelated to child and family outcomes. The majority of the reporting is related to the 13 indicators of the State Performance Plan (SPP), a six-year plan, and the Annual Performance Report (APR), which is the vehicle for reporting progress on the SPP on an annual basis.

Rick noted that California receives about \$52 - \$54 million per year from OSEP for the Early Start program and that this represents approximately 20 cents of every dollar spent by the State. Total program costs are estimated to be around \$350 million/year. Rick also provided a review of the IDEA requirements that give OSEP its authority to establish requirements and to set monitoring mandates. OSEP has a lot of flexibility under IDEA statute to add requirements. OSEP monitors states through general supervision and their emphasis is on ensuring program requirements are met, educational results improve, and functional outcomes improve.

Kevin reported on the evolution of special education requirements, program accountability to OSEP, DDS and regional center/local education agency relationships

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and efforts, and items related to the SPP/APR - measurable/rigorous targets, valid and reliable data requirements, compliance indicators, performance indicators, program determination rankings, and improvement activities. He emphasized that California needs to accept IDEA's evolution to "accountability" and "results" and find ways to promote change without sacrificing accomplishments.

In terms of moving forward, Rick stated that California is facing an increasingly larger target population and that the state is surpassing growth projections based on analyses of 3-year trends. Factors that might be contributing to this include increased awareness on the part of policymakers regarding the need to identify delays/disabilities earlier; increased screening; ongoing state and county initiatives; increasing health issues/concerns that affect birth outcomes; increasing environmental concerns affecting development; and trends in poor birth outcomes. Rick added that: California has limited resource growth; there appears to be federal intransigence with increasing or modified demands; OSEP is adding more administrative burdens on states; there is frustration among regional centers; and multiple stakeholders have competing priorities.

Rick told members that DDS wants to increase technical assistance efforts to vendors and local programs but more importantly, is in the process of developing a more flexible system of program oversight and supervision. Current efforts with regional center representatives include universal data collection on child outcomes and transition, natural environments, and monitoring.

Rick and Kevin ended the presentation by stating that the ICC, in moving forward, may want to consider refocusing priorities on results associated with OSEP reporting, that we need to think "outside of the box" given the state of the budget and program requirements, and that all of us need to understand and accept each other's positions regarding different areas of interest in order to achieve positive results. To do this, the ICC might want to consider restructuring committees to address program direction and needs and also advise and assist DDS with OSEP requirements. Other ways to promote positive change might include more active participation between meetings, streamlining operations for faster action and decisions; and promotion of ideas for improving pre-meeting and meeting effectiveness/efficiency.

During questions and discussion following the presentation, Cheryl Treadwell said that there is a lot to learn from DSS regarding data, sampling, monitoring, etc. as a result of DSS' experience with federal authorities on program accountability. She noted that parent partnerships are critical to making program changes and that for DSS, their use resulted in better processes and increased accountability. She also felt that OSEP should use its resources to form a steering group to improve the SPP/APR. She believes that a peer-quality review process would be more appropriate, which is a way of monitoring that exceeds strict compliance requirements.

Arleen Downing asked about the proportion of state versus federal funds used in other states. Rick responded that California's Early Start is an entitlement program and added that some states report just using federal funds without additional state funds. He also

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noted that many states have relied on Medicaid funds for their programs and that now, they are concerned given the state of the national economy. Kevin said the amount of each state's grant is formulaic and based on the total number of infants/toddlers 0-3 in the state, not the number being served.

## **AGENCY REPORTS:**

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

November is California Court Adoption And Permanency Month.

- A. Child Protection and Family Support Branch and Parents Anonymous, Inc are collaborating to strengthen the critical role of the Parent Partner within California Wraparound Programs and:
- (1) Established a Parent Partner Outcomes Work Group to develop a Role Description for the Parent Partner and design a Fidelity Tool to measure a Parent Partner's adherence to the core competencies delineated in the role description. To view or download one or both of these documents, click on **Role Description** or **Fidelity Measure** on the website [www.parentsanonymous.org](http://www.parentsanonymous.org)
  - (2) The Work Group has gathered information on training curricula and resources for Parent Partners and compiled it into a Parent Partner Training Resource Guide for use by Wraparound Programs in California. To view or download this guide, click on [Training Resource Guide](#)
- B. The Office of Child Abuse Prevention (CDSS/OCAP), a State Advisory Committee, and Parents Anonymous<sup>®</sup> Inc. are collaborating on a joint project to develop and maintain a [California Parent Engagement Center](#). The Center is a statewide database of parent engagement programs and strategies that will assist the state in moving toward the use of evidence-based/evidence-informed efforts that include meaningful involvement of parents. The database will be accessible to all California communities and other interested individuals and organizations.
- C. CDSS, the California Co-Investment Partnership in collaboration with the Youth Law Center and Fresno and San Francisco counties are piloting a training model for social workers on a relationship-based approach for teams that include the courts, foster parents and social workers. The model emphasizes the importance of making appropriate placements of infants.
- D. New Data Outcome Indicators have been developed in our CMS/CWS system. Health And Dental Assessments will report the percent of children who meet the periodicity schedule of medical and dental assessments. We will be tracking CHDP well exams and dental exams. We will also be tracking children that are on Psychotropic Medications based on court order approvals. We are still in discussion

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regarding how to best track screening, the results and the tools used and ensure that data gets into our system.

- E. CDSS completed our Child and Family Services Review (CFSR) on site reviews this past February 2008. The findings were released in July 2008, The CFSR assesses the State performance on seven outcomes and seven systemic factors. A State not in substantial conformity must develop and implement a Program Improvement Plan (PIP). That said CA did not achieve substantial conformity with any of the seven outcomes reviewed. Our lowest performance was in Permanency Outcome - Children have permanency and stability in their living situations ( 41.0) and Well Bring Outcome 1-Families have enhanced capacity to provide for their children needs (58.5). We submitted our PIP and are awaiting a response from Region IX.

### Relevant Budget Update

See CDSS Website for Highlights –The 2008 Budget Act includes \$21.4 billion (\$9.9 billion General Fund) for DSS, an increase of 1.9 billion (\$1 billion General Fund) from the revised 2007-08 budget. The 2008 Budget Act does not provide a COLA in 2008-09 for California Work Opportunities and Responsibility to Kids (CalWORKs) recipients. The Budget does not include a reduction to foster care rates or child welfare services programs. The Budget does include reductions in county administration funding for In-Home Supportive Services (IHSS) (\$5.3 million General Fund), and the Non-Assistance Food Stamps program (\$8.6 million General Fund).

Special Session Proposed Cuts: Supplemental Security Income/State Supplementary Payment. Reduce SSI/SSP grants to the federal minimum effective March 1, 2009, which would result in General Fund savings of \$348.9 million in 2008-09 (40=individual \$117=couple)

CalWORKs. Reducing CalWORKs grants by 10 percent effective March 1, 2009, would result in General Fund savings of \$273.9 million for the current fiscal year.

Medi-Cal. Reducing California benefits to the level provided in most states, and ceasing to provide some optional benefits for adults will keep California providing more optional benefits than most states and will save the General Fund savings \$41 million in 2008-09 and \$129.9 million in 2009-10.

### Legislative Activities

Federal Legislation HR 6893 - On October 7, 2008, President Bush signed the Fostering Connections to Success and Increasing Adoption Act of 2008 (P.L. 110-351/H.R. 6893). This is significant legislation for foster care. (attached fact sheet) A key provision that is exciting is cited in the section entitled: HEALTH OVERSIGHT AND COORDINATION PLAN- This requires states to develop, in coordination and collaboration with the state Medicaid agency and in consultation with pediatricians and other experts, a plan for the ongoing oversight and coordination of health care services for any child in foster care.

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The state health plan must include:

- health screening and follow up screenings
- how needs will be identified and addressed
- how medical information will be updated and shared
- steps taken to ensure continuity of care including the possible use of medical homes for each child
- oversight of medication
- how the state consults with medical and nonmedical professions on the appropriate treatment of children

We will be awaiting further guidance from the federal government regarding implementation and identifying our next steps over the next few months. The law does provides a good framework strengthening the screening process foster children.

AB 2070 is legislation authored by Assembly Speaker Karen Bass which extends reunification services to parents or guardians with children who are dependents of the court, as a result of a parent's incarceration, institutionalization or stay in residential substance abuse treatment, to increase the opportunity for parents or guardians to reunite with their children. More to come on implementation

### **Relevant Letters and Notices**

All County Letter 08-24 Subject: Minor Dependent Parents in Foster Care. The goal is to encourage the joint placement of infants and their teen parents when both are in foster care and to provide the most family-like setting possible, includes group homes, rates.

ACL 08-13 (SB 39)—Subject: Reporting and Public Release of Records in Cases of Child Fatality or Near Fatality as a Result of Abuse or Neglect. Child Abuse Prevention and Treatment Act (CAPTA) requires that states disclose to the public, findings and information about near fatalities or fatalities. The information requires release to the public upon request the following: age, gender, date of fatality, whether the child was in foster care on in the home of his parent/guardian, whether an investigation is being conducted by law enforcement of child welfare services. Personal information is redacted prior to releasing any document. Extensive and detail instructions contained in the letter.

### **Other Interagency collaboration activities relevant to children birth to three**

State Level Screening Collaborative Workgroup has been meeting throughout the year with its last meeting in December. The Collaborative was established to examine various protocols for developmental screening of all young children. with a focus on of working with CHDP providers. MCH has been the lead the workgroup. Recommendations were made regarding the CHDP Health Assessment guidelines that are currently being revised by the CHDP. (attachment)

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The Blue Ribbon Commission was established back in 2006, by Chief Justice Ronald M. George established the California Blue Ribbon Commission on Children in Foster Care and appointed Supreme Court Associate Justice Carlos R. Moreno as its chair. The commission held nine meetings and three public hearings in various locations throughout California. It heard from a variety of juvenile court and child welfare experts, social workers, and families and children who have been in the system on issues facing the juvenile courts and the foster care system. The recommendations were released in August 2008 ( see full report at [www.courtinfo.ca.gov/blueribbon](http://www.courtinfo.ca.gov/blueribbon)) A key recommendation to note states: *The Judicial Council should urge Congress, the State Legislature, and State and local agencies—including agencies and organizations that provide health, mental health, education, substance abuse, domestic violence, housing, employment, and child care services—to prioritize the delivery and availability of services to children and families in the child welfare system.* A final report to the public on the recommendations and implementation plan is due December 2008.

The Child Welfare Council - Governor Schwarzenegger signed into law AB 2216 (Chapter 384, Statutes of 2006), the “Child Welfare Leadership and Performance Accountability Act of 2006,” to establish, among other things, the California Child Welfare Council (CWC). The CWC is a new State advisory body that will consider recommendations to improve child and youth outcomes through increased collaboration and coordination among the programs, services and processes administered by the multiple agencies and courts that serve children and youth in California’s child welfare system.”

All State Departments related to the needs of families and children are represented. The CWC is co-chaired by Secretary Kim Belshe and Justice Carlos Moreno. The subcommittees include:

1. Early Intervention and Prevention Committee - to prevent children, youth and families from entering the foster care system.
2. Permanency Committee - to reunify children and youth with their families whenever possible. When reunification is not possible, to identify and support another path to permanency through adoption, legal guardianship, or a lifelong, permanent connection.
3. Child Development and Successful Youth Transitions Committee - to ensure that the health, mental health, educational and social development needs of children and youth in the child welfare system are met and that youth are prepared for successful transitions to adulthood through collaborative partnerships at the State and local levels.
4. Data Linkage and Information Sharing Committee - to ensure that data is linked across major child serving agencies, including child welfare, education, health, mental health, and alcohol and drugs and to promote the sharing of information and data across systems that enables caregivers, social workers,

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You can visit the website to view the council ongoing work, including subcommittee workplans and presentation. The public is invited and can request to make presentations via the contact listed on the website.

**Department of Alcohol & Drug Programs (DADP)** - Suzie O'Neill reported the following:

#### 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 [Exhibit D], 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. ADP, through its Prevention and Treatment Units, are creating a FASD website.

A letter was drafted for and signed by the Departments of Alcohol and Drug Programs (ADP) and Department of Public Health's Directors, to request manufactures to place a warning label in all at-home pregnancy kits. Positive responses have been received from many of the manufacturers. ADP is also coordinating efforts with the State of New York and the Federal FASD Center for Excellence in contacting these manufacturers. The Federal FASD Center for Excellence has a state coordinator in most states and ADP is working with all sectors for a selection of a state coordinator in California.

#### Legislation

Advancing FASD Research, Prevention, and Services Act  
S. 1722/H.R. 4212 (updated October 2008)

Background -

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis; it refers to conditions such as fetal alcohol syndrome (FAS), fetal alcohol effects, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects.

It is estimated that 13 percent of women continue to drink alcohol throughout their pregnancies, contributing to the birth of 40,000 infants with FASD annually. Prenatal alcohol exposure is also the leading and most easily preventable cause of mental retardation. The lifetime cost of treating a child with FAS is estimated to be \$860,000,

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totaling nationwide to approximately \$5.4 billion annually. These costs include the greater need for special education, rehabilitation, and even incarceration.

The language in this legislation was originally introduced by former Senator Thomas A. Daschle (D-SD) in the 108th Congress as the Fetal Alcohol Syndrome and Fetal Alcohol Prevention and Services Act. Senators Lisa Murkowski (R-AK) and Tim Johnson (D-SD) reintroduced the bill in the 109th Congress as S. 1722, the Advancing FASD Research, Prevention, and Services Act. Representative Frank Pallone, Jr. (D-NJ) introduced H.R. 4212, the companion bill.

The legislation would have increased the focus on efforts to identify individuals with FASD through advances in brain-imaging techniques, development of pharmaceutical treatments, and isolation of genetic markers for the disorder. The legislation would have required the dissemination of information about best practices to facilities that treat children and adults with FASD, including community health centers, juvenile justice centers, and special education programs. It would have also authorized grants to State, tribal, and local organizations to develop better methods of treatment and curriculums to educate young people about the dangers of drinking during pregnancy.

The legislation included provisions on FASD prevention, identification, treatment, and care and pertained to two National Institutes of Health (NIH) Institutes, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute of Mental Health (NIMH), as well as the U.S. Department of Education, U.S. Department of Justice, Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration, and other Federal agencies.

#### Provisions of the Legislation/Impact on NIH

Section 399H(a)(1) would have required the Secretary of Health and Human Services, acting through the Director of NIH, to establish a research agenda for FASD and award grants, contracts, and cooperative agreements to public or private nonprofit entities to fund all or part of the research resulting from this agenda.

Section 399H(a)(2) would have directed NIAAA to:

- Conduct national and international research in coordination with other Federal agencies that includes the identification of mechanisms that produce the cognitive and behavioral problems associated with fetal alcohol exposure
- Develop a neurocognitive phenotype for FAS and alcohol-related neurodevelopmental disorder
- Identify biological markers that could be used to indicate fetal alcohol exposure
- Identify fetal and maternal risk factors that increase susceptibility to FASD
- Investigate behavioral interventions and pharmacotherapies for alcohol-dependent women in order to develop new approaches for sustaining recovery
- Develop scientifically based therapeutic interventions for individuals with FASD

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- Develop screening instruments to identify women who drink alcohol during pregnancy
- Develop standards for measuring, reporting, and analyzing alcohol consumption patterns among pregnant women

Section 399H(a)(3) would have required NIMH to:

- Conduct a study on the behavioral disorders that may be associated with prenatal alcohol exposure
- Submit to Congress a report on the appropriateness of characterizing FASD and secondary behavioral disorders as mental health disorders
- Conduct additional research on the epidemiology of behavior disorders associated with FASD in collaboration with CDC

The legislation contained several other directives that would not have directly affected NIH, including a requirement that the National Task Force on FASD identify and report on the 10 most important actions that should be taken to reduce prenatal alcohol exposure and its adverse outcomes, promote current epidemiological information and innovative prevention models, and review short- and long-term recommendations for achieving the Healthy People 2010 objectives for the Nation related to FASD. It would have also required a recommendation on whether FAS and other prenatal alcohol disorders should be included in the Diagnostic and Statistical Manual of Mental Disorders.

Status and Outlook - S. 1722 was introduced by Senator Murkowski on September 19, 2005, and was referred to the Senate Committee on Health, Education, Labor and Pensions. On September 19, the bill was reported out favorably by the Committee without amendment. No further action occurred on this legislation during the 109th Congress.

H.R. 4212 was introduced by Representative Pallone on November 2, 2005, and was referred to the House Energy and Commerce Subcommittee on Health. On November 22, the bill was reported out favorably by the Committee without amendment. On March 27, 2006, the bill was referred to the House Education and the Workforce Subcommittee on Select Education. No further action occurred on this legislation during the 109th Congress.

<http://olpa.od.nih.gov/legislation/109/pendinglegislation/advancFASD.asp>

**Department of Mental Health (DMH)** –Maureen Price submitted the following report:

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

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client and family driven, integrated, culturally competent, and recovery/resiliency oriented services within a collaborative environment.

#### Prevention and Early Intervention

The Prevention and Early Intervention (PEI) Component of the MHSA covers all age groups. PEI has monthly conference calls, the second Wednesdays of the month. The call-in number and agendas can be found at:

[www.dmh.ca.gov/Prop\\_63/MHSA/Prevention and Early Intervention/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/default.asp)

Submitted PEI County plans are available for review on MHSA Oversight and Accountability Commission website at [www.dmh.ca.gov/MHSOAC](http://www.dmh.ca.gov/MHSOAC).

Stigma and Discrimination Reduction Statewide Plan - In May 2008, the MHSOAC voted for DMH to reconvene and expand the original Stigma & Discrimination Reduction Advisory Committee and develop a strategic plan on reducing mental health stigma and discrimination. DMH is modeling this effort after the Suicide Prevention Plan Advisory Committee, which recently issued the "California Strategic Plan on Suicide Prevention."

The Committee will convene six full day meetings from November 2008 through March 2009 to discuss the components of the plan, recommend plan priorities, and provide data and resources to strengthen the plan. The Committee also will facilitate communication between local constituency groups and the statewide planning process by sharing information among these networks. Meeting are open to the public are scheduled to be held in Sacramento. Information can be found at:

[www.dmh.ca.gov/PEIStatewide](http://www.dmh.ca.gov/PEIStatewide) Projects/Advisory Committee

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

The DMHC continues its efforts to ensure that managed care enrollees with autism spectrum disorders (ASD) receive equitable health care. For example, DMHC has accomplished the following: (1) scheduled cluster surveys of behavioral health plans beginning in November 2008 using a revised survey audit tool; (2) revised the HMO Help Center system of data collection to more efficiently track and trend recurrent issues related to ASD; (3) requested information from seven health plans that describes their basic health care service delivery system specific to enrollees with ASD.

In addition, the DMHC has participated in the following outreach activities in collaboration with State Stakeholders:

- Insurance Coverage for Autism Services Workshop: In collaboration with the Blue Ribbon Commission on Autism and the California Department of Insurance, DMHC participated in an outreach workshop in Oakland, California that provided information to parents on how to file grievances with health plans and request an independent medical review (IMR) for disputed health care services. In addition to panel presentations, the workshop provided

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opportunities for attendees to receive “hands-on” assistance in completing grievance/ IMR forms.

- Autism Advisory Work Group: During five meetings facilitated by the DMHC from April 2008 through October 2008, the Work Group identified the following key issues and barriers which fall under the Department’s jurisdiction in accordance with the Statute and corresponding regulations of the Knox-Keene Act of 1975: 1) timely evaluation and diagnosis of children with autism, 2) development and communication of a comprehensive treatment plan, 3) coordinating and delivery of medically necessary care and services, and 4) ensuring adequate specialty providers and provider networks. In addition, the Work Group members discussed barriers to resolve overlapping treatment responsibilities among schools, Regional Centers, and health plans.

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

1. Federal Part C regulations: OSEP has predicted these will be issued by the inauguration.
2. Office of Administrative Hearings organized Administrative Law Judge (ALJ) training in LA for Nov. 19 focusing on Early Start. ALJs continue to struggle with:
  - a. Lanterman Act requirements vs. CA Early Intervention Services Act requirements.
  - b. What documentation constitutes scientific evidence?
  - c. How to distinguish between two expert witnesses offering conflicting testimony.
3. DDS will be issuing soon an update of the autism statistical report that has been compiled every five years. This will be posted on the DDS website.
4. The Dept. of Managed Health Care continues to sponsor a workgroup to determine the responsibility of health plans to pay for autism treatment.
5. The work on the Best Practice Guidelines for Interventions for Autism has been stopped per the Governor’s Executive order halting work on all contracts.
6. DDS is continuing to manually collect child outcome data. Target sample size = 650 individual child records randomly selected across 15 regional centers.

**Department of Education (CDE)** - Jim Bellotti reported the following:

- CDE Activities for Infants and Toddlers
  - The CDE website has been updated. Special items of interest are: 2007-08 California Advisory Commission for Special Education Annual Report; Webinar on California Modified Assessment and Individual Education Program (IEP) Requirements; and new contacts for the Focused Monitoring and Technical Assistance units.

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- The CDE has given grants to three Family Resource Centers to establish the Parentlinks (Hope! Dream! Achieve!) program. Families of infants identified as deaf or hard of hearing through the California Newborn Hearing Screening Program will be referred to the Parentlinks program to receive support and information from another parent of a child who is deaf or hard of hearing that will assist them in understanding the unique needs of their child. Parents will receive unbiased information about their language and communication options. The CDE has been given permission by the Coalition of Agencies Serving the Deaf and Hard of Hearing to use the materials developed originally by the California Endowment funded Parentlinks program. The new program is funded by a Maternal and Child Health Bureau Newborn Hearing Screening grant. The program will be up and running January 1, 2009. The three Family Resource Centers and their identified Parentlinks mentors are: Rowell Family Empowerment Center (Kat Lowrance and Barb Ciukowski); Exceptional Parent Unlimited (Darla Schwehr); and Family Focus Resource Center (Barb Matusky). The Parentlinks mentors will provide 6-10 hours of support to families, and refer families to IMPACT for ongoing family-to-family support. For more information, please contact Nancy Sager.
- Pam Quiroz and Meredith Cathcart presented two workshops at the Early Start Institute in Orange County. The first workshop consisted on law and strategies for transition from Part C to Part B and useful preschool models for transition from Early Start. The second workshop focused on state and federal mandates regarding transition and provisions of services to children at age three.

Legislative Update - No report.

Budget Update

- The 2008-09 Budget Act authorizes \$3,116,298,000 from the General Fund and \$1,174, 139,000 from federal funds for special education programs. No cost-of living adjustment (COLA) was provided for special education and other categorical programs. Due to a projected statewide average daily attendance (ADA) decline of 0.52 percent in fiscal year 2008-09, the special education budget includes a reduction of \$296,000. The federal funding for special education was increased by \$15.8 million over the 2007-08 allocation. Of this amount, \$12.8 million is being passed through to local educational agencies and \$3 million is being directed to State Special Schools. The budget continues to authorize \$100 million for the provision of mental health services to special education students. Of this amount \$31 million is for early intervention services for special education students who may need a referral to a county mental health program. These funds are allocated to special education local plan areas on an ADA basis. The additional \$69 million is from federal funds and is allocated to county offices of education for contracting with county mental health departments to provide mental health services to special education students.
- The Governor's 2009-10 Budget Proposal is due to be released January 10, 2009. Due to state of the economy and the California state budget deficit, it is

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anticipated that there will be budget reductions, the magnitude of which is not known at this time. The Governor has called a special session to address the budget deficit.

#### Interagency Collaboration Activities

- The Special Education Division and Region IX Head Start, with the assistance of the California Head Start Collaboration Office, are updating the existing CDE-Region IX Part B Interagency Agreement. For more information, please contact Mike Zito or Pam Quiroz.
- Pam Quiroz participated in a preschool field meeting to discuss the utilization of the preschool learning foundations and the Desired Result Developmental Profile (DRDP). Attending the meeting were administrators, teachers child development programs and community colleges.
- Pamela Quiroz and Nancy Sager participated in a national telephone conference conducted by K. Todd Houston, Ph.D. from the University of Utah. During the telephone conference, Dr. Houston conducted a PowerPoint presentation on privacy laws-HIPAA, FERPA and Part C regulation. The focus of the conference was to explain how to navigate through these laws in order to develop coordination efforts to help families with children who have disabilities and to learn about the privacy laws and bring back recommendations to the Integrated Services and Health (ISH) committee.
- Pam Quiroz and Meredith Cathcart participated in a telephone conference with the Department of Developmental Services (DDS) to discuss the work that the DDS and the CDE is doing on analysis of the review of California Transition Handbook. The CDE will work with DDS to develop a bridging document for Part C and Part B, and to identify terminology that may be problematic. The CDE will and the DDS will develop a joint letter to the special education local plan areas, regional centers, local educational agencies and others that involve Information about any changes or updates in law or any other information that may be deemed useful.
- Pam Quiroz and Janet Canning attended a meeting at West Ed to discuss the *Reason for Concern* posters. Pam and Meredith will work with consultants from the Child Development Division (CDD) to make sure the age groups noted on the poster align with the DRDPR age group.

#### Personnel

- Pam Quiroz will replace Janet Canning as the CDE liaison to the Public Awareness Committee.
- Pam Quiroz will represent the CDE in working with the DDS on the Reasons for Concern Brochure.
- Jim Bellotti will serve as the CDE liaison to the Quality Service Delivery Systems (QSDS) Committee.

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#### Other

- The California Department of Education has an interagency agreement with the Office of Administrative Hearings (OAH) for the provision of due process and mediation services to special education students. The interagency agreement spells out organizational and program requirements such as a separate OAH division dedicated to processing special education due process and mediation requests, staff training requirements and the submission of quarterly reports with service data.

#### **Department of Health Care Services (DHCS) - Hallie Morrow reported the following:**

##### Staffing Changes

- Dr. Dalsey is retiring the end of December

##### CCS

- Handout of Numbered Letters provided
- Webpage: [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs)
- Pediatric Palliative Care
  - Still waiting to hear about the Medi-Cal waiver from the Centers for Medicare and Medicaid Services. The Department anticipates the waiver will be approved and estimate an implementation date of April 2009
  - Webpage: [www.dhcs.ca.gov/provgovpart/initiatives/ppc](http://www.dhcs.ca.gov/provgovpart/initiatives/ppc)
- Implementation of on-site CCS liaison nurse at tertiary hospitals to review cases and authorize services for all CCS children in each hospital is pending funding allocation.

##### High Risk Infant Follow-up (HRIF) restructured program

- HRIF quality improvement initiative for data collection will be rolling out in March 2009 with training of coordinators in February. It will include data for infants born after January 2009.
- Webpage: [www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx)

##### NHSP

- Expansion – 47 of the 95 non-CCS approved hospitals have been certified
- 223 hospitals currently certified
- Selected a winning bidder for the Data Management Service, but cannot move forward with a contract due to the Governor's Executive Order. Have submitted an exemption request and are awaiting the response.
- Medi-Cal continues work on a Request for Proposals to procure a vendor for the bulk purchase of hearing aids.
- Webpage: [www.dhcs.ca.gov/services/nhsp](http://www.dhcs.ca.gov/services/nhsp)

##### Budget

- NHSP contracts have been decreased by 10% of General Fund dollars
- Money to Counties for the administration of the CHDP programs has been decreased by 4.5% of General Fund dollars
- Funding of the administration of County CCS programs has changed to an allocation

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- Decrease in the CMS Branch support budget has resulted in the elimination of 33 positions over past 17 months
- Governor's Executive Order issued in July has impacted contracts, purchasing, and travel. It has resulted in the elimination of all student assistants and most retired annuitants, which has greatly impacted the timeliness of Branch responses.
- Redetermination of Medi-Cal eligibility now required every 6 months for children
- Medi-Cal provider rate cut of 10% that was instituted in July was reversed for physicians and prescription drugs.
- Provider rate cut of 10% for CCS, CHDP, and GHPP providers remains in effect.
- Premium increases for Healthy Families and the AIM program were instituted
- MRMIB is proposing a cap in enrollment in the Healthy Families Program
- The impact on the Branch from the special legislative session to revise the current year budget is unknown.

**OTHER BUSINESS:**

None

**ADJOURNMENT:**

The meeting was adjourned at 1:40 p.m.