

Approved on May 8, 2009

**INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
STRATEGIC PLANNING MEETING**

February 19, 2009

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
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
Suzie O'Neill, Designee for the Director of DADP
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 8:30 a.m. Self-introductions were made. It was announced that the Department of Mental Health representative will be changing and that the Department of Alcohol and Drug Program representative would not attend due to illness.

REVIEW AGENDA

The agenda was reviewed with no changes.

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LEAD AGENCY UPDATE - Rick Ingraham and Kevin Brown

Fiscal Climate

Rick began with a brief overview of the budget and its impact on the Department of Developmental Services (DDS). He referred Council members to the section in the ICC packet entitled "Moving Forward: The Landscape". The Legislature recently passed the budget; however last minute deals and negotiations remain to be seen. There is a \$334 million decrease in next year's budget for DDS and a decrease for regional centers in current year of \$40.1 million. DDS is hosting town hall meetings to discuss strategies for absorbing this reduction. As part of cost containment and budget reductions, regional center vendors will be paid 3% less than their current hourly rate.

Early Start Grant

The federal grant allocation that supports Early Start was reduced by close to \$1 million last year while the federal requirements for data and accountability increased. Most states, if not all, have indicated frustration and difficulty with the Office of Special Education Programs' (OSEP) increasing requirements and lack of additional funds. Some of the smaller states are attempting to change the grant funding allocation formula to increase their share of the annual funds at the expense of the larger states, such as California.

Federal Stimulus Package

The federal stimulus package includes \$500 million for Part C over the next two years. This will be in addition to the national, annual allocation of \$436 million. California's share is approximately \$53 million to be used over a two year period. Rick stated that for allocating the stimulus funds, DDS needs to know OSEP's conditions and restraints on spending. The federal stimulus package intent cites transparency, accountability, and sustainability in the use of funds. Rick indicated that transparency and accountability are not issues for DDS but that sustainability is. He also indicated California could continue to meet its maintenance of effort requirement if the funds were used towards Purchase of Service (POS). OSEP has said it will address spending requirements and provide guidelines by posting "frequently asked questions" on its website.

Implementing Birth-5 Option

In the Individuals with Disabilities Education Act (IDEA), 15 percent of any federal program funds over a \$460 million annual allocation is set aside for those states to access if they decide to implement the Birth-to-5 option (no state has done so). The set-aside based on the stimulus funding is estimated to be about \$34 million. The national association for Part C coordinators has asked OSEP what would happen to this funding if no states were to adopt the option. Rick noted that it would probably be redistributed to states using the current state allocation formula.

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Early Start Population Growth

The population growth rate for Early Start has been averaging 10 percent a year. The expenditure growth however, has been averaging an annual growth of 19 percent. Rick stated that if trends continue, POS expenditures would reach \$340 million this year and potentially close to \$700 million in 3 ½ years. Current year federal grant funds to California are \$53 million. Rick indicated that without increased federal funding every year, there might be additional costs to families for services other than the co-pay for respite, child care, and camp. Additionally, he noted that serving high-risk infants in IDEA is discretionary and that this population might be seen as a cost containment possibility.

DDS is working with the Department of Managed Health Care regarding serving kids falling within the autism spectrum disorder (ASD). We're now identifying more kids under the age of three with ASD and need to research the possibility of better serving this population through the home and community-based (HCBS) federal waiver.

Other Departments/Agencies

All Agencies/Departments are grappling with significant budget reductions. If public services are reduced, regional centers could be expected to backfill the reductions because of the Lanterman entitlement aspect, which in turn could further increase the pressure on DDS. Medi-Cal is expected to receive a significant amount of federal stimulus funding that may ease this fear, but depends on how it is allocated.

Part C Regulations

The proposed Part C regulations were withdrawn by OSEP prior to the new Administration (January 16). Therefore the current regulations continue to be in effect. Kevin informed the ICC that regardless of whether Part C regulations were passed, OSEP holds states accountable to the reauthorized IDEA 2004 statute. This has imposed a difficulty for California and Kevin indicated that changes to State statute and regulations should be made to better align with federal statute.

Early Start Annual Performance Report (APR)

Kevin reported to the ICC that California Part C and Part B submitted their reports to OSEP on time. He highlighted several indicator results that demonstrated performance improvement and discussed future endeavors for further improvement. He also referred members to DDS's website for access to the full report and to the most recent posting of regional center performance on each of the indicators.

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DDS Priorities and Moving Forward

Maximizing Revenue

DDS will monitor activity around OSEP's state allocation formula to ensure equitable distribution of grant funds to states, explore the Department of Medical Health Care Services' (MHCS) ASD treatment coverage, and explore the use of an HCBS waiver and other federal revenue sources.

Revised General Supervision - Focused Monitoring

This is a priority task because the current approach is too time intensive for both DDS and regional centers. Focused monitoring will include revision of the current Early Start Report (see "Data Collection" below) and development/use of other data sources to streamline on-site visits to regional centers in accordance with needs. This approach will enable DDS to obtain the required OSEP indicator data/information more efficiently and reduce workload for regional centers associated with the current on-site reviews.

Data Collection

DDS is working with the ARCA Prevention Committee on revision of the current Early Start Report (ESR) to expand universal data collection for requirements reporting to OSEP. Major changes include increased transition and services information and the addition of child outcomes information. DDS is also working with CDE in several data collection areas, including transition, in order to improve program performance.

Child and Family Rights Outcomes

DDS and regional centers collaborated during fiscal year 2007/08 in collecting child outcome data for the Annual Performance Report to OSEP. It was an intense manual collection effort by both partners. DDS is working with the ARCA Prevention Committee to include this data in the ESR and eliminate the manual collection process. The child outcomes' indicator baseline and annual targets in the State's Performance Plan (SPP) will not be established until the 2010 APR. The family rights outcome indicator in the SPP has not yet been approved by OSEP. The survey results were submitted with the 2005/06 APR but have been questioned by OSEP because of a non-representative sample response from families who have children with solely low incidence disabilities. DDS is negotiating with OSEP on this issue.

Realigning State Regulations

DDS will be working with regional center representatives and a contractor to identify current regulations that exceed/are not in line with IDEA 2004 and federal regulations. Revisions will be made as necessary.

Issues Resolution

Based on the APR results and visits to the field, three major issues that have surfaced requiring attention include transition, natural environments, and

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surrogacy. DDS is working with OSEP's contractor, the Western Regional Resource Center (WRRC), and CDE on transition between Part C and Part B and with regional centers/LEAs regarding preparing families for transition and strengthening the relationships in local areas.

Record reviews and feedback from the field suggests that in some areas of the state there is a lack of knowledge regarding, and the desire to provide services in, natural environments, especially by regional center vendors. DDS is working with some regional centers by providing presentations to vendors regarding federal and state requirements

Surrogacy is an issue that has become more apparent in the past six months. It seems that some regional centers, county welfare offices, and local judges are not familiar with the requirements associated with assigning a surrogate parent. Technical assistance is being planned.

On-Line Training

DDS is exploring training options beyond the training that is provided at Early Start Institutes and has identified this as a high priority. Frequent staff turnover at the local level, local staff's inability to attend Institutes, and misinterpretation of requirements is fueling the need for on-line training opportunities.

ICC's Annual Report

The ICC's annual report is an OSEP requirement that provides information on ICC activities as well as basic information on Early Start. Kevin suggested that the ICC might consider taking more of a lead in producing the reports to ensure timely submission to OSEP.

DISCUSSION OF ICC PRIORITIES

Members were reminded that historically, the ICC has had standing responsibilities that should be considered in the discussion of new priorities, such as the Comprehensive System of Personnel Development, monitoring, family involvement, public awareness, and health services. Rick cautioned members that DDS can only take on so many responsibilities at once.

DDS was asked for guidance on how the ICC could provide assistance in addressing the DDS priorities above. Rick suggested that a more global approach with an interagency focus would be helpful and probably more effective. For example, assistance could be provided on procedures for:

- monitoring and reporting on services to children with solely low-incidence disabilities,
- developing agreements to share service and cost data with and from generic agencies, or
- addressing confidentiality issues in data collection.

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Rick and Kevin reinforced earlier discussion that transition, natural environments, surrogacy; child & family outcomes, data collection and analysis, and on-line training are DDS priorities. Rick added however that he sees transition and natural environments as long-term issues needing to be refined and improved based on urban vs. rural and local interagency processes. Rick also identified service capacity as an emerging issue in light of budget cuts, including the impact of cuts on vendors.

It was recommended that the Comprehensive System of Personnel Development (CSPD) be an ICC priority to ensure qualified personnel are available to serve the infant/toddler program population. Current issues in this priority include recruitment, retention of qualified professionals. Salary compensation appears to be having a significant, negative impact on these issues but no data is available to support this.

It was noted that service capacity is different from CSPD and should not be combined as one priority due to the number of, and differing, issues associated with each one separately. It is still unclear how budget cuts will impact local communities and vendored programs. If budget cuts ultimately result in vendor programs closing, or cuts in the amount of generic services provided, the availability of direct program services to infants/toddlers and their families will be affected.

An additional priority identified during discussion was the promotion of the ICC and its role in advocating for Early Start. Many felt that strategies could vary in carrying out this priority but in the current climate, felt that the message needs to focus on intent.

Working from a list of DDS priorities identified above and discussed during the morning of the planning session, the following questions were asked of, and addressed by, the group following the break for lunch.

#1. Is the list of priorities complete? Several additional subject areas were added to broaden the scope to encompass more than the DDS priorities.

#2. Is the description of each priority clear to all? This discussion resulted in some modification to distinguish between the immediate impact of budget cuts and the more long-term impact on the service capacity.

#3. Are there priorities that can and should be combined? After some discussion, it was determined to let all categories stand as is. E.g., On-line training is part of a comprehensive system of personnel development but really a separate issue.

The list of priorities at this point included several that the group agreed were strictly DDS priorities and not appropriate for the ICC to become involved with.

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Those priorities, maximizing revenue/fiscal support; realigning state regulations, policies and procedures with federal requirements; and focused monitoring were dropped from the list with the understanding that the ICC might still be asked to provide input or participate in other ways. It was also suggested that the ICC Annual Report be eliminated as a potential ICC priority due to the fact that it generated little interest from the group.

The remaining list of potential priorities was transferred to a large ballot and participants were given two votes (dots) each. People were asked to cast their votes for the priorities they believed were the most important ones for the ICC to address. Following are the voting results:

Priority	Votes received	Priority Rank*
Data collection and analysis	12	3
Child and Family Outcomes	23	1
Issues: Transition, Natural Environments, Surrogacy	10	4
Comprehensive System of Personnel Development	21	2
Impact of Budget Cuts on the Service Community	2	8
Impact of Budget Cuts on the Capacity of the System	6	6
Promoting the ICC	7	5
On-Line Training	3	7

*Bold denotes top four issues.

Participants broke into four groups to identify the key issues under each of the top four priorities above that they would recommend the ICC focus on and address during the next cycle. A fifth group was tasked with developing a strategy to address the impact of impending budget cuts. The main points of group discussions are summarized below. It was recommended that the priorities and issues be discussed further at the May ICC meeting before deciding whether they are to be adopted by the ICC for the next cycle and if so, discuss and determine the most appropriate structure within the ICC to address them.

Group 1 - CSPD:

- Review updates/revisions to the Early Start Personnel Model and Infant-Family Mental Health Training Guidelines
- Personnel includes anyone who provides services on an IEP, 21 disciplines/services areas
- Recruitment and retention of personnel: begin recruiting at elementary school levels through high schools (Community College Personnel Preparation Project) is one avenue for recruitment of paraprofessionals)

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- Need data on turnover, needs for service coordinators, service providers (could survey the field)
- Expand outreach for participants to Early Start Essentials by taking training out to other agencies
- 21st Century outreach strategies, i.e., Facebook page
- Innovative incentive programs
- Marketing plans for the profession/social marketing, market within and outside of immediate Early Start “family,” more than just a resource table
- Online modules of foundational information
- Recruitment kit
- PAC address outreach strategies

Group 2 - Transition/Natural Environments/Surrogacy:

Transition:

- Parents/families are not prepared
- Regulations need to be followed
- Agencies are not collaborating
- Need to acknowledge family priorities and their availability to meet
- Link to other services at transition
- Family may not understand process
- Fear of change: what implications to family/child
- Involve parents who have been through the process to be involved with families
- Information (letter) to parents explaining transition (transition brochure/white paper/letter/fairs)
- Referral to FRCs
- Survey Early Start parents asking for tips on how to do this better
- Better training for service coordinators around transition
- Bridging the gap with CDE to increase the quality of transition services
- Support during the transition process

Natural Environments:

- Review definition of natural environments in other states
- Ongoing training in natural environments
- Increased opportunities for providing services in natural environments and more opportunities for vendors to learn
- Financially, a liability for vendors
- Institutions of Higher Education changing their training class content
- Increased opportunities to define: brochure/white paper
- Scholarship/release time for providers to attend training on how to work in natural environments/natural learning opportunities

Surrogacy:

- Process is not being followed across the board
- Training for judges, social services, foster care, service providers
- Better collaboration with DSS

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- Developing protocol or strategic plan for dealing with these issues
- Fear in dealing with biological parent

Group 3 - Child and Family Outcomes:

- Indicator 3: percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills (including social relationships), acquisition and use of knowledge and skills (including early language/communication); and use of appropriate behaviors to meet their needs
- Standardize a norm tool for assessment of all programs
- Use standardized norm tool, i.e., social-emotional tool that all programs (LEAs and regional center) use for assessment. (Test in rural area and an urban area for accurate data)
- Data merging for combined information
- Universal reporting—entrance and outcome data
- Child outcomes in developmental areas—what report, if any, is given/provided at exit?
- Family outcomes: percent of families participating in Part C who report that early intervention services have helped the family.
- Family outcomes are very subjective
- Family survey
- Sub-groups: family and child and coming back together
- Out-of-home placement
- Diagnosis in relationship to progress
- Sorting data to look at what it means to families
- Two data points: entrance and exit not being looked at in real time, i.e., what's happening in between. How to identify how the child is progressing: look at the IFSP mid-service, Part B educational benefit (entrance, pull records, side-by-side with school district, change and recommendations, exit)
- Sorting data to look at what it means to families and what services are provided by who, funding by taking a sample for a data merge (could take 1-2 years)

Group 4 - Data Collection:

- Collection of Early Start data by both DDS and CDE in order to report required data to the feds and
- Collect, analyze, and report data for state use to monitor services/outcomes
- Improve the Early Start system
- Establish data system for early intervention throughout the state and private program services

Outcomes:

- Ensure all needs of each Early Start child are evaluated
- Ensure all needs are addressed and specific reporting plans (health, education, family support)

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- Coordinate Early Start-related Departments, i.e., general agreement, specific data processes

Methods:

- Unique identifier
- Data sharing, i.e., agreements across agencies, departments, programs
- Periodic meetings of progress for representatives to compare and improve and unify data systems

Data:

- Health status
- Personnel involved
- Durable Medical Equipment
- MED (*term unknown*)
- Services provided
- Transition data

Ad Hoc group - Impact of budget cuts on the service system

- Purpose/concerns of the budget to be addressed by infrastructure and how it trickles down to needs of children and families and how they're impacted by providers who can't absorb reductions
- Impact on service capacity and our comments with focus on cost benefit analysis (i.e., dollars saved by investing in early intervention \$1/\$.10)
- Concerns for providers/vendors who are unable to absorb the reductions
- Steps are to draft a letter from ICC, send to ICC members for review/approval and finalize prior to May meeting.

Discussion Points

1. ICC addresses advice and assistance to Early Start, which includes LEAs and solely low incidence populations, dually-served populations, health, and all interagency partners on the ICC, e.g., focused monitoring data could be more interagency (CCS, MTU services, Medi-Cal, etc.).
2. What data does Early Start have or not have but need as an interagency system? What questions would come out of the data analysis that the ICC could advise and assist with?
3. CSPD in the broadest effort, i.e., pre-service and in-service to ensure a pool of prepared and trained personnel across agencies and disciplines under Part C/Early Start.
4. ICC role to include evaluating on process as well as product, e.g., focused monitoring training (preparation) of team members as well as looking at results of monitoring.
5. Could the ICC help with transition/natural environments/surrogacy through task forces, community meetings, etc.? (Short-term assistance) Transition addressed before—need to be clear about objectives.
6. Focus on interagency elements as the role of the ICC—which priorities also yield the greatest impact? Where should the ICC focus?

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7. Where do quality assurance efforts fit into priorities—the ‘why’ and ‘how’ behind data and child and family outcomes. Structure.
8. Keep in mind the role of the Executive Committee. How many standing committees are needed?

SUMMARY AND NEXT STEPS

ICC priorities were identified, as well as potential elements that could be addressed under each. Priorities will be reviewed and approved at the May meeting. The ICC structure will also be discussed at that time. Priority groups and standing committees will not meet in May.

ADJOURN

Meeting adjourned at 4:00 p.m.