

**STATE INTERAGENCY COORDINATING COUNCIL
ON EARLY INTERVENTION**



Together, we make a difference!

***WebEx Meetings
September 6 & 7, 2012***



Interagency Coordinating Council on Early Intervention
1600 Ninth Street, Room 330, Sacramento, CA 95814
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DATE: August 7, 2012

TO: ICC MEMBERS AND COMMUNITY REPRESENTATIVES

SUBJECT: September 6 & 7, 2012 WebEx Meetings

Due to the continuing enforcement of Executive Order #B-06-11, travel is restricted for state employees including state councils. Consequently, the ICC will convene via **WebEx and teleconference on the dates and at the times indicated below. Teleconference call-in information can be found on the second page of this notice.**

PROPOSED TELECONFERENCE AGENDAS

DATE: THURSDAY, SEPTEMBER 6, 2012
TIME: 10:00 A.M. – 12:00p.m.

Executive Committee WebEx:

The ICC Executive Committee will review standing committee assignments and plans for future meetings.

DATE: THURSDAY, SEPTEMBER 6, 2012
TIME: 1:30 P.M. – 3:30 P.M.

ICC Standing Committees:

- Policy Topics
- Child & Family Outcomes
- Qualified Personnel
- Quality Data

The ICC standing committees will continue to address priority areas and develop recommendations.

DATE: FRIDAY SEPTEMBER 7, 2012
TIME: 8:30 A.M. – 11:30 A.M.

Full ICC Meeting WebEx:

The ICC will hear reports from agency representatives and standing committees. The Special ICC Presentation is yet to be determined.

Instructions for joining the Executive Committee and ICC General Meetings:

The ICC Executive Committee Meeting (September 6, 2012 at 10:00a.m) and the ICC General Meeting (September 7, 2012 at 8:30a.m.) will be WebEx conference calls.

Participants need to call into teleconference line AND login to the WebEx online conference site to hear and fully participate in the proceedings as well to view any online materials.

To join the meetings by phone:

Dial-in number: (877) 413-2826

Conference code: 7166875684

To login to the WebEx online conference site go to <https://www.wested.webex.com>.

Once logged in, you will see a list of meetings for that day. Select the meeting name (ICC Executive Committee Meeting, September 6th, or ICC Teleconference Meeting, September 7th). There is no password; just click on the link. Enter your name, and you're in the WebEx conference.

Instructions to join the Standing Committee Meetings

Unless otherwise stated by your standing committee staff, the standing committee meetings (September 6, 2012 at 1:30p.m.) will be held by teleconference. You only need a phone to join the meeting. Below you will find the call in numbers and conference codes for the standing committees:

Qualified Personnel Committee:

Web Meeting: <https://wested.webex.com>

Dial-in number: (877) 413- 2826

Conference code: 7166875684

Host: Angela McGuire

E-Mail: Amcguir@WestEd.org

Quality Data Committee

Web Meeting: <https://wested.webex.com>

Dial-in number: (877) 413-2826

Conference code: 9250084122

Host: Monica Mathur-Kalluri

E-Mail: mmathur@WestEd.org

Policy Topics Committee:

Dial-in number: (877) 413-2826

Conference code: 4089167996

Host: Patsy Hampton

E-Mail: phampto@WestEd.Org

Child & Family Outcomes Committee

Dial-in number: (877) 413-2826

Conference code: 1446303720

Host: Stephanie Myers

E-Mail: Smyers@WestEd.org

Contact the committee hosts by email for content information. Please contact Debbie Pollard at (916) 492-4011, or dpollar@wested.org with any logistical questions or problems.

CALIFORNIA INTERAGENCY COORDINATING COUNCIL
“Together We Make A Difference”

EASY TIPS for SUCCESSFUL WEBEX and CONFERENCE CALLS*

PARTICIPANT COURTESIES

1. **Use a landline if possible for the least static interference.**
2. **Avoid cellular and cordless phones.** The potential static and poor or broken connections reduce the sound quality for all conference call participants. If you must use a cell phone, find a quiet location with excellent reception and limit moving around during the call.
3. **Know your phone’s features and how to use them.** Don’t wait until the call to figure them out.
4. **Turn off call waiting.** It’s very disruptive to the call. Most call waiting features can be deactivated by pressing 70# or *70 before dialing the conference number. (Check with your carrier.)
5. **Use the speaker feature on your phone only if the room is quiet and others in the room are participating on the call with you.** Speakerphones can add to the overall noise of the teleconference and create a hollow sound on the call.
6. **Choose a quiet location.** Avoid background noises such as a radio, TV, pets, or side conversations with others.
7. **Stay focused and participate on the call.** Avoid using this time to answer email, eat, clear off your desk, file papers, or talk to others.
8. **Be on time.**
9. **Introduce yourself when you join the call.** If you join the call late, wait for a break in the conversation to announce that you’ve joined or until the moderator asks who joined.
10. **Introduce yourself each time you speak.** Not everyone will be familiar with your voice.
11. **Mute your phone (*6) if you are not participating at the time, need to talk to someone else, or need to leave the call for any reason. Unmute your phone (#6) when you’re able to return to the call.**
12. **Never put the call on hold.** Either mute your phone (*6) and unmute your phone (#6) to rejoin. Hang up and call in again if you must leave the call.

FACILITATOR/CHAIRPERSON COURTESIES

1. **Be familiar with the audio controls.**
2. **Start—and end—at the scheduled time.**
3. **Have an agenda—preferably one that’s been distributed prior to the conference.**
4. **Identify yourself when you first connect to the conference call.**
5. **Identify yourself each time you speak.** Others may not know your voice. Speak clearly and at a moderate speed.
6. **Take roll call at the conference start so that everyone knows who is involved and listening.**
7. **Review the rules of etiquette and ask that each participant identify him or herself before speaking.**
8. **Allow only one individual to speak at any given time during the conference.**
9. **As much as possible when appropriate, address questions to individuals by name.**
10. **Mute the microphone or speakerphone (*6) if you must speak to others in the room with you during the conference. Unmute by pressing #6.**
11. **Address agenda items in their specified order.**

*Thank you to the Family Resource Center Network of California, the source for many of these tips, for sharing its teleconference etiquette.

**INTERAGENCY COORDINATING COUNCIL
SEPTEMBER 2012**

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Additional materials listed below can be found at:

<http://www.dds.ca.gov/EarlyStart/ICCOverview.cfm>

**Public Notice
Member Rosters
Website List
Correspondence
Master Calendar
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Acronyms
Handouts
Travel**

STATE INTERAGENCY COORDINATING COUNCIL
THURSDAY, SEPTEMBER 6, 2012

Executive Committee WebEx.....10:00a.m. – 12:00p.m.

Standing Committees Teleconferences.....1:30p.m. - 3:30p.m.
Standing Committees may meet on alternate dates/times as long as a Standing Committee report is provided at the General ICC meeting on Friday, September 7, 2012.

FRIDAY, SEPTEMBER 7, 2012
AGENDA

General ICC WebEx

1. Call to Order.....8:30 a.m.....Theresa Rossini, Vice-Chair
2. Opening Roll Call.....WestEd
3. Introductions and Announcements.....Theresa Rossini, Vice-Chair
4. Agenda Review.....Theresa Rossini, Vice-Chair
5. Approval of May 18, 2012 Meeting Minutes.....Theresa Rossini, Vice-Chair
6. Executive Committee Report.....Marie Kanne Poulsen
7. Chair's Report.....Theresa Rossini, Vice-Chair
8. ICC Staff Report.....Anastacia Byrne-Reed
9. Family Resource Centers Network of CA Report.....Linda Landry
10. Agency Reports:
 - Department of Managed Health Care.....Susan Burger
 - Department of Developmental Services.....Don Braeger
 - Department of Social Services.....Cheryl Treadwell
 - Department of Health Care Services.....Jill Abramson, M.D.
 - Department of Public Health.....Vacant
 - Department of Alcohol & Drug Programs.....Vacant
 - Department of Mental Health.....Vacant
 - First 5 California.....Vacant
 - California Department of EducationVacant
11. Public Input (10:00 a.m.).....Interested Parents & Members of the Public
12. Presentation.....To Be Determined
13. Other Business.....Theresa Rossini, Vice-Chair
14. Closing Roll Call.....WestEd
15. Adjournment11:30a.m.....Theresa Rossini, Vice-Chair

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Full ICC Roster Information can be found at:
<http://www.dds.ca.gov/EarlyStart/ICCRosters.cfm>

ICC CHECKLIST & DUE DATES 2012 DEADLINES FOR ICC MEETING MATERIALS

ICC MEETING ACTIVITY ALL MATERIALS ARE SUBMITTED TO ANASTACIA BYRNE-REED (AREED2@DDS.CA.GOV) AND/OR PATRIC WIDMANN (PAT.WIDMANN@DDS.CA.GOV)	2012 MEETING DATES			
	FEBRUARY 23 & 24	MAY 17 & 18	SEPTEMBER 6 & 7	NOVEMBER 15 & 16
STANDING COMMITTEE MINUTES (PRIOR MEETING NOTES) (handouts, work plan updates, agendas, electronic reports from each Department, action and all revised minutes) 3 WKS AFTER ICC Note: Chairs and Liaisons review 2wks after ICC	12/09/2011 12/02/2011	03/09/2012 03/02/2012	06/08/2012 06/01/2012	09/28/2012 09/21/2012
DEVELOPMENT OF ICC/EC AGENDAS: 45 DAYS PRIOR TO ICC	01/04/2012	04/02/2012	07/23/2012	10/01/2012
MASTER CALENDAR ITEMS	01/04/2012	04/02/2012	07/23/2012	10/01/2012
ACTION ITEMS (30 DAY NOTICE!!)	01/23/2012	04/06/2012	08/06/2012	10/15/2012
PUBLIC NOTICE Posted on DDS website NO LATER THAN 30+5 DAYS PRIOR TO ICC	01/13/2012	04/13/2012	08/01/2012	10/10/2012
PACKET DUE DATES: Final Packet Preparation <ul style="list-style-type: none"> • Final ICC minutes and agendas • Final EC minutes and agendas 1 WK PRIOR TO COMPLETED PACKET	01/18/2012	04/06/2012	08/02/2012	10/04/2012

ICC MEETING MINUTES

OF MAY 18, 2012

**INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
TELECONFERENCE
GENERAL MEETING MINUTES
DRAFT-TO BE APPROVED**

Friday May 18, 2012

MEMBERS PRESENT

Arleen Downing, MD, Acting Chair
Don Braeger, Designee for the Director (DDS)
Gretchen Hester*
Marie Kanne Poulsen, PhD
Theresa Rossini*
Elaine Fogel Schneider, PhD
Cheryl Treadwell, Designee for Director (DSS)

MEMBERS ABSENT

Jill Abramson, M.D., Designee for the Director (DHCS)
Susan Burger, Designee for the Director (DMHC)

OTHERS PRESENT

Anastacia Byrne-Reed* ICC Coordinator
Angela McGuire,* WebEx Host
Carolyn Walker, ICC Recorder
Patric Widmann, ICC Supervisor

*Parent

Refer to Attachment A for a list of other participants.

CALL TO ORDER

Arleen Downing called the meeting to order at 8:34 a.m. and gave a preview of some upcoming agenda items, including the General Meeting of the Standing Committees from the previous day and the work the temporary workgroups would do.

OPENING ROLL CALL

Carolyn Walker took the opening roll call.

INTRODUCTIONS AND ANNOUNCEMENTS

There were no new members or guests to introduce and no announcements.

AGENDA REVIEW

The agenda was approved as written. Arleen clarified that we would have both the APR and the Early Start Report presentations today.

APPROVAL OF FEBRUARY 24, 2012 MEETING MINUTES

The minutes were approved as written.

In response to a suggestion to include Don Braeger's request for a roll call vote on the Family Resource Center Networks of California action item from the February 24, 2012 ICC meeting, it was clarified that the roll call was noted in the minutes. Because Don asked for the roll call during his agency update, it was mentioned in that section rather than under the action item.

EXECUTIVE COMMITTEE REPORT

Marie Kanne Poulsen, Acting Chair of the Executive Committee, reported the following:

Gretchen Hester reported on the Under Representation and Outreach Work Group, which made several recommendations:

- Support appointment of new ICC members.
- Appoint new community reps/committee members.
- Add language to the bylaws addressing required attendance/participation.
- Facilitate public input/participation.
- Address barriers to/provide supports for participation.

The work group will meet once more with DDS to discuss next steps.

The Executive Committee discussed the feasibility of putting all four subcommittees on hold for six months at DDS' request and instead developing work groups on topics such as the family-directed assessment tool, family outcomes survey for indicator 4, and ICC requirements and recruitment to help DDS with its workload.

At an afternoon joint meeting of the four subcommittees, Council members approved placing the subcommittees on hold to establish work groups to support DDS. Some members commented on the importance of the ICC in addressing community issues and their resolution and reminded us that this is one of the Standing Committees' major responsibilities and not to neglect it. There was also some discussion of the need to address private insurance issues, including deductibles and co-pays. However on further discussion, policy committee members decided work was at a standstill until the new Part C regulations, released in October 2011, were analyzed.

Since time is of the essence, within the next few weeks, DDS will contact ICC members regarding their interest and commitment and to discover their committee interests and organize assignments.

ICC CHAIR REPORT

Arleen stated that she supports the work identified at the joint committee meeting.

ICC STAFF REPORT

Anastacia Byrne-Reed reported that:

- State Advisory Panels (SAP) and State Interagency Coordinating Councils (ICC) are hosting a webinar introducing the SAP/ICC website. Representatives from Delaware and Nevada will discuss their websites and new member orientation processes. The webinar starts at noon today; however, all webinars are archived. Stacie will send the link to the webinar when she receives it. (Attachment B)
- The original May completion date for the revised ICC web page was a bit ambitious, given DDS' workload. However, the renovation is progressing, and DDS will have some results to show us soon.

Arleen acknowledged Stacie for attending the webinars and commented that she had looked at past webinars and found it interesting to know what other states are doing.

FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA

No Report Available

AGENCY REPORTS

Department of Developmental Services (DDS) – Don Braeger reported the following:

- Jeannie Smalley left the Department in April, and DDS is currently recruiting for her position. A few other positions that have been open for some time are now being filled. DDS just hired Karla Lannon for its data position. Karla will assist with APR data, among other activities. They will fill the office technician position over the next couple of weeks, and will fill the fiscal position in June or sooner.
- The application for Part C funds was due to OSEP April 16. Because of complexities in implementing the new regulations, particularly compliance with system of payment, DDS has not yet submitted the application. There is no reduction in funds or other penalty for submitting the application late. Forty-eight of the 50 states have had difficulty in executing the new regulations; states that had recently put health reforms in place were able to comply with OSEP's new regulations more easily, but only two states fit that description (Massachusetts and New Jersey). Other contributing factors include:
 - The April due date, which was earlier than past years;
 - In addition to releasing new regulations, OSEP required child outcome data validation for some 1500 records within a six-month period;

- Transition, private insurance, and third-party payment are also challenging.

Regardless of the challenges, the DDS director is committed to early intervention services.

- Although it is not yet official, the ICC may be able to have a face-to-face meeting once again in September 2012. Travel has been denied since an May 2011 Governor's Executive Order; however, DDS has been lobbying for in-person meetings. DDS will update ICC as information becomes available.
- The Annual Performance Report was completed and submitted on time and included clearing of all outstanding local findings.

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

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

- Regarding the budget, the Child and Family Services Division, will not experience any budget reductions but did receive, basically directed toward subsidizing the push to extend foster care to older youth, ages 18 to 20, and to increase funding for social work visits. However other department programs such as CalWorks, in-home supportive services and child care, are still targeted for cuts in the Governor's budget.
- Regarding realignment, DSS is in that first wave of realigning protective services along with Department of Corrections. The Department of Finance webpage has trailer bill language posted for fiscal and program statutes that are impacted by realignment. Examples of programs of particular interest to ICC are programs will now be considered as optional for counties, such as the Specialized Care Programs, designed for kids with specialized needs or Options for Recovery—the funding has been realigned to and counties have the option to continue. DSS expressed we will have to wait and see the unintended and unknown impacts of realignment specifically when it comes to optional programs. Constituents are encouraged pay attention to where local decision will be made regarding the spending for the funding, at their boards of supervisors, working through county associations and participating in any activities by their county child welfare agency to inform the community about realigned funding. Another structural change is the realignment of certain aspects of the departments of Alcohol and Drug Abuse and Mental Health that have been assigned to DSS Community Care licensing.
- DSS recently received a federal Information Memorandum from Administration of Children, Youth and Families urging the Department to focus on social-emotional wellbeing of children zero to five years of age. It is now required that DSS includes in its annual progress report to the federal government, the

activities it is conducting to screen for trauma, track and monitor developmental services and improve social and emotional wellbeing for children. The federal government also wants DSS to report on activities to reduce the length of children's time spent in foster care as well as activities that address the developmental care of children under the age of five in foster care.

- DSS is working with DDS to update their Interagency Agreement to address CAPTA and other federal requirements related to the partnership to provide early intervention services.

Department of Education (CDE) –

Leanne Wheeler, Education Consultant with the Homeless Education Program gave a PowerPoint presentation on homeless education. (Attachment C).

Ms. Wheeler is responsible for children who lack a fixed night time residence or who may be sharing a home or living in cars. The Department defines homelessness in one of three categories: fixed, regular, and adequate. Leanne has been working with Patric Widmann and Elise Parnes regarding issues particular to homeless children age birth to three. Some highlights of Leanne's presentation include:

- Nationwide, 1.3 million children are homeless.
- Ten percent of all children living in poverty.
- In California, there were 220,738 homeless children and youth in the 2010-11 school year.
- More than 45 percent of these children are under the age of 5.
- Approximately 100 local education agencies receive supplemental funding to help implement the McKinney-Vento supplemental funding for education for homeless children and youth program. Every LEA and county office needs to designate a homeless liaison to identify and track these students.
- Homelessness effects children even before they're born
 - poor nutrition
 - chronic health problems
 - lack of health care
 - substance abuse problems
- Effects on children birth to 18 months
 - Low birth weight
 - Lack of healthcare
 - Lack of immunizations
 - Poor nutrition
 - Unhealthy living environments
 - Exposure to disease and illnesses
 - Lack of routine
- Effects on children 18 months to three years of age:
 - Significant developmental delays
 - Reactions to continual stress (insecurity, fear)
- Effects on children three to six years of age

- More emotional or behavioral problems due to lack of routine
- Cry more easily
- Intense reactions to minor events
- Anxiety and/or aggressiveness
- Depression
- Withdrawal
- Hoarding food and possessions
- Homeless children in particular need developmental and educational services, often prior to a preschool setting.
- Children who are identified benefit enormously.
- The local education agency must designate a local homeless education liaison who:
 - Provides stability, access, and support for academic success for homeless children and youth, including preschool-aged children;
 - Coordinates and collaborates with agencies;
 - Refers families to food and clothing closets and dental and health resources.
- Every county office has a liaison. Liaison contact information is on the website, <http://www.cde.ca.gov/sp/hs/>
- The toll free number for families in crisis is 866-856-8214

Leanne is available at 916-319-0383 and lwheeler@cde.ca.gov.

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

Department of Public Health (DPH) – No report available.

Department of Alcohol & Drug Programs (DADP) – No report available.

Department of Mental Health (DMH) – No report available.

Department of Health Care Services (DHCS) – No report available.

First 5 California – No report available.

PUBLIC INPUT

Danny Delgadillo, Bilingual Outreach Specialist, Westside Family Resource and Empowerment Center, Culver City, CA.

Mr. Delgadillo read a letter from a parent, Achilles Lopez, detailing the effect of budget cuts on services to Mr. Lopez' child. It took 10 months for his son's cleft palate to be diagnosed, two more months to wait for surgery, and six weeks of recovery. During that time, his son fell behind in development and consequently is currently receiving language, feeding, physical, and occupational therapy. (Attachment D)

In response to a comment that ICC should acknowledge families who take the time to write letters such as Mr. Lopez did, Stacie informed the members that we do prepare a personalized thank you letter.

Julie Widman, Special Education Resource Assistant, HOPE Infant Family Support Program, San Marcos, CA.

Julie emailed with the suggestion that we offer guidance for best practice in implementing the family cost participation fee. She expressed concern that it is being charged unevenly and that families are not told they have the option to opt out of regional center services. (Attachment E)

Marie Kanne Poulsen's asked if the Department is proactively addressing Julie's stated concern. Don Braeger clarified that this fee was implemented last fall, applied as a trailer bill measure toward what was then the \$174 million budget cuts. The family fee is acceptable to OSEP as long as we provide them with information on how we are going to do it. The fee is applied on a sliding scale and a percentage above poverty level. Families can set up a payment plan and can also appeal the determination of their fee. (Information on the fee is available on the DDS website, <http://www.dds.ca.gov>.)

Arleen commented that Julie is concerned that families may not know they can opt out, and Gretchen Hester asked whether families can opt back in at a later date without penalty. Patric said that as long as they are eligible, families can always contact the regional center for Early Start services .

Patric reported that the Department received several letters from parents supporting the Early Start program and requesting that there be no further cuts. (Those parents will also receive a personalized response.)

PRESENTATION: Annual Performance Report (APR) FFY 2010

Erin Paulsen of DDS gave a definition of each APR indicator and presented summary data for the last three years of California's performance for each indicator. (Attachment G).

PRESENTATION: Early Start Report

Michele Donahue of DDS gave a virtual tour, via PowerPoint, of the Early Start Report (ESR) and a demonstration of how to complete an ESR. (Attachment H).

STANDING COMMITTEE REPORTS

See notes taken from General Meeting of the Standing Committees taken on May 18, 2012.

OTHER BUSINESS

- Marie Poulsen reported on the California Center for Infant-Family and Early Childhood Mental Health (IFECMH). Pertinent to ICC approval of Infant-Family and Early Childhood Mental Health Training Guidelines, California has developed a process to endorse members of the Early Start workforce who have infant-family mental health expertise. The IFECMH endorsements ensure that Early Start providers have a verified amount of didactic knowledge, clinical experience and reflective practice facilitation related to infant/family mental health. The endorsements will enable service provision to include the promotion of social-emotional well-being of all infants and toddlers, preventive intervention to address vulnerabilities, and intervention for infants and toddlers with significant emotional, social or behavioral difficulties.

Endorsements are available for Transdisciplinary Infant-Family Mental Health Practitioners, Infant-Family Mental Health Specialists, Reflective Practice Facilitators and Reflective Practice Mentors.

The California Center is housed at WestEd Center for Prevention and Early Intervention. Marie thanked Virginia Reynolds for her leadership in bringing the work together.

The California Center has extended its work beyond endorsements to training and technical assistance, research and evaluation, organization and policy, and advocacy. The work is based on doing collaborative grants and contracts with agencies and constituencies throughout California.

The newly revised website, <http://www.cacenter-ecmh.org>, is a resource for families and professionals in the community to stay abreast of infant, family and early childhood mental health information.

- Patric Widman reported that Mike Zito retired from the Head Start Collaboration office. Stephanie Myers is collecting information for a memory book. Send stories, anecdotes, jokes, good wishes, pictures, and anything appropriate for the memory book by June 22.

CLOSING ROLL CALL

Carolyn took the closing roll call.

ADJOURNMENT

Arleen adjourned the meeting at 10:42 a.m

OTHER ICC GENERAL MEETING TELECONFERENCE PARTICIPANTS

Friday, May 18, 2012

Community Representatives

Connie Moreland-Bishop
Toni Doman
Edward Gold
Laurie Jordan
Kristine Pilkington
Debbie Sarmento
Sherry Torok

Department Liaisons

Michele Donahue
Elise Parnes
Erin Paulsen

Guests

Danny Delgadillo, Westside RC
Leanne Wheeler, CDE

WestEd

Monica Mathur
Angela McGuire
Stephanie Myers
Virginia Reynolds

**State Advisory Panels
and
State Interagency Coordinating Councils**

New members of your panel or council? Need to revise your by-laws?
Need some ideas for your Web site?
The SAP/ICC Web Site is a great resource.



Join us for a virtual tour of the SAP/ICC national Web site:

<http://www.stateadvisorypanel.org/>

and

Representatives from the Delaware SAP and Nevada ICC will also join us to present their Web sites and new member orientation processes.

Save the Date!
May 18, 2012

Time: 12:00 noon Pacific
1:00 p.m. Mountain
2:00 p.m. Central
3:00 p.m. Eastern
Duration: One hour

To access the Webinar you will need the following information:

To Join: <http://tadnet.adobeconnect.com/sap>

Call-in Number: 1-888-447-7153

Participant Code: 734277

Please forward this announcement to SAP/ICC chairs and members, SEA staff, Lead Agency staff, Parent Center staff, and other interested parties.



Homeless Education

McKinney-Vento Homeless Education Act Title X, Part C



TOM TORLAKSON
State Superintendent
of Public Instruction

Define Homelessness

- Individuals who lack a fixed, regular, and adequate nighttime residence
 - A **fixed** residence is one that is stationary, permanent, and not subject to change
 - A **regular** residence is one that is used on a normal, standard, and consistent basis
 - An **adequate** residence is one that is sufficient for meeting both the physical and psychological needs typically met in home environments



TOM TORLAKSON
State Superintendent
of Public Instruction

How many children and youth experience homelessness?

- 1.35 million children nationwide
- 10 percent of all children living in poverty
- California identified 220,738 homeless children and youth in the 2010–11 school year

How many children and youth experience homelessness? (Cont.)



TOM TORLAKSON
State Superintendent
of Public Instruction

- Over 45 percent of all children who are homeless are under the age of five
- For the 2010–11 school year, approximately 100 LEAs receiving McKinney-Vento supplemental funding served 5,474 homeless children between the ages of birth to 3 years old



TOM TORLAKSON
State Superintendent
of Public Instruction

Effects of Homelessness

- Before birth:
 - Obstacles to healthy pregnancies
 - Poor nutrition
 - Chronic and acute health problems
 - Lack of healthcare
 - Substance abuse issues



TOM TORLAKSON
State Superintendent
of Public Instruction

Effects of Homelessness (Cont.)

- As infants (0-18 months):
 - Low birth weight
 - Lack of healthcare
 - Lack of immunizations
 - Poor nutrition
 - Unhealthy living environment
 - Exposure to disease and illness
 - Lack of routine



TOM TORLAKSON
State Superintendent
of Public Instruction

Effects of Homelessness (Cont.)

- As toddlers (18 months to 3 years):
 - Significant developmental delays
 - Linked to subsequent behavioral and emotional problems
 - Reactions to continual stress
 - Insecurity, fear, distrust, irritability
 - Regression in cognitive development



TOM TORLAKSON
State Superintendent
of Public Instruction

Effects of Homelessness (Cont.)

- As preschoolers (3 to 6 years):
 - More emotional or behavioral problems
 - Cries more easily
 - Intense reactions to minor events
 - Anxiety and/or aggressive
 - Depressed
 - Withdrawn
 - Hoarding of food and possessions



TOM TORLAKSON
State Superintendent
of Public Instruction

Local Educational Agencies (LEAs)

- Every LEA must designate a local homeless education liaison who:
 - Provides stability, access, and support for academic success for homeless children and youth, including preschool-aged children
 - Ensure that homeless children and youth are identifies
 - Coordinate and collaborate with agencies



TOM TORLAKSON
State Superintendent
of Public Instruction

Contact Me

- **Leanne Wheeler,**
Educational Programs Consultant
California Department of Education
916-319-0383
lwheeler@cde.ca.gov
- Toll-free Number 1-866-856-8214

May 17th, 2012

Dear ICC Members, Community Representatives, Department Representatives, Liaisons and Staff,

I would like to thank you for this opportunity to share with all of you, from our family's perspective, how budget cuts to children with special needs' programs, and health & human services in recent years have impacted my son's life, and most likely that of other children as well.

I must say that while we, as a family, are still struggling with the effects that budget cuts had in the provision of early start services to children with special needs in the last two years, a greater reason to be concerned about is how the State of California 9.2 billion deficit will lead to major budget cuts that in turn will -certainly again- continue to affect children with special needs' programs, and health & human services for the 2012 - 2013 fiscal year.

In this regard, my concern lies on the assumption that the reduction and denial of ongoing services will continue to affect the quality in life, health and future of different children with special needs. While it is important to operate programs under specific budgets, a lot of the money that is being currently saved by these cuts will very likely -anyway- lead to even larger expenditures in the years to come.

My son, for instance, who was born with DiGeorge syndrome in 2009 and has struggled to overcome the rough start he had in his early days of life, -was not able to have access to the services he so much needed that the Westside Regional Center provided for him in the fiscal year 2010-2011. The above, as it was then explained to our family, was due to the new criteria that Regional Centers had to come up with during that year, so they were able to operate accordingly to the budget cuts they had just undergone.

As a new born, when you come to this world with a syndrome whose characteristics may include combinations and varying degrees of different medical conditions, some of them apparently minor, some of them life threatening- you don't have much of a choice as to having to undergo the early trauma of a couple of heart procedures -because that's the only chance life has for you, so you are able to survive -, get over them and do as best as you can until the next round comes, so you are able to have the cleft palate that you were born with repaired.

ATTACHMENT D

While it takes seconds to read through these lines, it took 10 months of knocking doors before my son was finally assessed for the first time by the Regional Center. With his cleft palate surgery scheduled two months later from that time, and a six week period recovery time, 14 months went by. He then became beneficiary of the Regional Center's prevention program, but as months and months went by, he clearly fell behind in terms of different developmental areas. At the end of the day, he ended up qualifying for the one to one services that had been denied to him in all those preceding months, for a total of 27 months. Sadly, a similar situation to that of other several families we have met along the way, where the money that was saved in previous years is now being spent anyway in children whose clinical conditions may have even gotten worse with time.

Mateo, my son, is currently receiving language, feeding, physical and occupational therapies. And while a new possibility for another surgery to have his uvula corrected arose recently, just last week, he will transition to the Los Angeles Unified School District this next September. With a rather long, long journey still ahead of us, by the time he turns three years old, it will have been –in total- eight and a half months out of thirty six of having received the one to one early intervention services that he so much needed as an infant and as a toddler.

While much of this could have been avoided if Regional Centers had been allowed to make timely accurate decisions without the stress of having to serve their clients with budgets that do not always match the real needs of the children requiring these special services, I am firmly convinced that the ongoing services and programs in the Sate of California for this population have made, and will continue to make, a huge difference in the life and future of our children and their families. For as little as it has been, they have made an enormous difference in Mateo's life, and so can we make a difference in the present and future of the lives of our children with special needs.

Thank you,

Aquiles Lopez

8337 Barnsley Ave

Westchester, CA. 90045

(310) 348 – 9622

ATTACHMENT E

“The Family Cost participation fee is an issue I’m concerned about. Because it is in California law, I guess it is not an optional part of the Part C application but we at the least need to give guidance to the field in best practice for implementing this. In my area at the annual IFSP. In the family’s home parents are being told we may charge you a fee between \$150-200 based on your income. Parents are asked to initial a statement stamped on the front of the IFSP stating they may be charged this fee. In some cases families are sent a bill. They aren’t told they have an option not to have Regional Center services. Because therapies are paid by private insurance, the only thing families are paying this fee for is the annual writing of the IFSP and “service coordination”. There is also the issue of whether a family can opt to have Education as their service coordinator under Early Start and then they wouldn’t be charged a fee. I believe these issues haven’t been worked out enough to begin implementing this fee collection.

Public Input submitted by Julie Kingsley Widman, 05/17/2012

ATTACHMENT F

INDI-CATOR	SUBJECT	DESCRIPTION	TYPE (COMPLIANCE <u>or</u> PERFORMANCE TARGET)	2008 ACTUAL	2009 ACTUAL	2010 ACTUAL
1	Provision Of Services In a Timely Manner	Percent of infants and toddlers with IFSPs who receive services in a timely manner. Changed methodology for data collection to using monitoring data to account for family circumstances that delayed the provision of Early Start Services	100% Compliance	96.73%	94.94%	92.2%
2	Provision Of Services In Natural Environments	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings.	Performance Target: 86.6%	86.28%	87.7%	85.2%
3	Child Outcomes	Percent of infants and toddlers with IFSPs who demonstrate improved: A. Positive social-emotional skills (incl. social relationships); B. Acquisition and use of knowledge and skills (incl. early language/ communication, and C. Use of appropriate behaviors to meet their needs	Performance Target: A1=39.8% A2=77.0% B1=43.4% B2=69.0% C1=34.02% C2=72.0%	A1=38.8% A2=76.4% B1=42.4% B2=68.0% C1=33.2% C2=71.0%	A1=46.9% A2=72.5% B1=43.9% B2=64.2% C1=41.4% C2=67.8%	A1=42.19% A2=62.28% B1=41.81% B2=46.14% C1=37.44% C2=57.55%
4	Family Outcomes	Percent of families participating in Part C who report that early intervention services have helped the family: A. Know their rights; B. Effectively communicate their children's needs; and C. Help their children develop and learn.	Performance Target: A = 50.5% B = 44.5% C = 73.7%	A =80.1% B =88.7% C =91.3%	A =79.6% B =88.6% C =90.5%	A =83% B =87.5% C =91.2%
5	Percentage Of Children Served Under Age 1 Year	Percent of infants and toddlers birth to 1 with IFSPs compared to national data. Number of Children birth to 1 served in ES in FY 2010 (Point in time): 3,192.	Performance Target: .96%	1.12%	.98%	.65%
6	Percentage Of Children Served Under Age 3 Years	Percent of infants and toddlers birth to 3 with IFSPs compared to national data. Number of Children birth to 3 served in ES in FY 2010 (Point in time): 30,754	Performance Target: 2.00%	2.48%	2.29%	2.04%

ATTACHMENT F

INDI-CATOR	SUBJECT	DESCRIPTION	TYPE (COMPLIANCE <u>or</u> PERFORMANCE TARGET)	2008 ACTUAL	2009 ACTUAL	2010 ACTUAL
7	Timely Evaluation And Assessment	Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	100% Compliance	75.97%	70.3%	76.56%
8	Transition To Part B	Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services; B. Notification to LEA, if child potentially eligible for Part B; and C. Transition conference, if child potentially eligible for Part B.	100% Compliance	A=91.38% B=87.36% C=96.55%	A=100% B=100% C=100% (Not a rep. Sample)	A=80% B=98.97% C=93.81%
9	General Super- vision/Correcti on Of Non- compliance	General supervision system (encl. monitoring, complaints, hearings, etc.) identifies and corrects non-compliance as soon as possible but in no case later than one year from identification.	100% Compliance	86.69%	84.99%	100% 2009 – 25 2008 – 13 2007 – 18 2006 – 1
10	State Complaints	Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.	100% Compliance	100%	100%	91.7%
11	Due Process Hearings	Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline. Drop reflects numerous appeals to TBL changes. Note: As of 5/10/12, 83.33% of the fully adjudicated hearings were signed within the 30 day timeline.	100% Compliance	61.54%	18%	27%
12	N/A	N/A	N/A			N/A
13	Mediation Agreements	Percent of mediations held that resulted in mediation agreements.	55% Compliance	100%	100%	82.14%

ATTACHMENT F

INDI-CATOR	SUBJECT	DESCRIPTION	TYPE (COMPLIANCE <u>or</u> PERFORMANCE TARGET)	2008 ACTUAL	2009 ACTUAL	2010 ACTUAL
14	Timely And Accurate 618 Data, APR And SPP	State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.	100% Compliance	100%	94.3%	83.4%

DATA ENTRY IN EARLY START

Early
Start
Report



Early Start Report – Why?

- To enhance the ability of the State and local programs to record, track and describe the Early Start program.
- To provide universal child outcome data that
 - Is consistent across programs
 - Demonstrates child outcomes and program effectiveness
 - Is required for reporting to state and federal government.

STATE OF CALIFORNIA ANNUAL PERFORMANCE REPORT



PART C OF THE FEDERAL INDIVIDUALS WITH DISABILITIES EDUCATION ACT



DATA QUALITY

Data collected, submitted, analyzed and reported must be:

- TIMELY
- ACCURATE
- RELIABLE
- VALID
- SECURE
- USEFUL



The new ESR provides:

- Objective data to measure the extent to which Early Start is achieving desired child outcomes and meeting federal and state requirements
- Comprehensive data to analyze child outcomes by diagnosis, service type and frequency, service providers, and other variables
- Quality data to paint the picture of Early Start in ways not previously possible

Early Start Report

- What's different about the new ESR form?
 - It includes only essential data elements.
 - It is more efficient, intuitive, and user friendly.
 - Information about each item can be accessed by hovering on the item #

On Screen Help

Early Start Report - Windows Internet Explorer provided by DDS

Address bar: <https://10.96.69.202/> Certificate Error arc california org

Search: arc california org

A. Preliminary

1. Last Edited Date: [] 2. Last Edited User: []

3. Regional Center: Central Valley 4. Service Coordinator: []

5. Unique Client Identifier: [] 6. Client Name: []

7. Birth Date: [] 8. Sex: []

B. Referral Dates

9. Initial Referral: [] 10. Parent's Written Consent for Initial Evaluation and Assessment: []

11. Initial IFSP Meeting was Held: [] 12. Parent's Written Consent for IFSP Services: []

C. Diagnostic

13. Developmental Disability: (Check all that Apply.)

14. Developmental Delay: (Check all that Apply.)

15. Established Risk: (Check all that Apply.)

Callout Box:

Identifies "Developmental Disability" as the basis of child's eligibility for regional center services.

After checking any boxes here, you will be allowed to add ICD10 codes for that diagnosis by clicking on the condition link that appears.

Please enter any and all ICD10 codes that have been diagnosed.

Options for 13: Epilepsy, Intellectual Disability (Formerly MR), Other Developmental Disability

Options for 14: Adaptive / Self-Help Skills, Cognitive, Communication, Physical, Social Emotional

Options for 15: Compromised development of the nervous system, Disorder secondary to exposure to toxic substances, including fetal alcohol syndrome, Genetic or congenital disorder, Inborn errors of metabolism, Infection or disease of the central nervous system, Neurological trauma

Taskbar: start, 6 Microsoft Office O..., Early Start Report - ..., Microsoft PowerPoint ..., 4 Microsoft Office ..., Monitoring Tools, 10:15 AM

For whom should the ESR be completed?

- An ESR must be completed for every child who:

(1) qualifies for regional-center services,

(2) is under age three, and

(3) has an individualized family service plan (IFSP) developed.

When should the ESR be completed?

The ESR will serve as the electronic case record. It is important to keep it current.

- Preliminary and Referral Information (Section A) can be entered at intake.
- Referral Information (Section B) should be entered immediately following the IFSP meeting.
- Diagnostic, Services, Outcome, and Transition Information, (Sections C, D, E and F) should be added when available.



Section A

- *Preliminary*
 - Demographics
 - Regional Center
 - UCI
 - Name
 - Birth Date
 - Service Coordinator



Section B

- *Referral Dates*
 - Initial referral
 - Parent's initial consent for Evaluation and Assessment
 - Initial IFSP
 - Parent's initial consent for IFSP services



Section C

- *Diagnostic*
 - Eligibility determination
 - Developmental Disability
 - Developmental Delay
 - Established Risk



Services D

- *Services*
 - Agreed to in IFSP
 - Location of services
 - Justification



Section E

- *Outcome*
 - Initial
 - All 5 domains
- *Outcome*
 - Final
 - All 5 domains
 - Function age



Section F

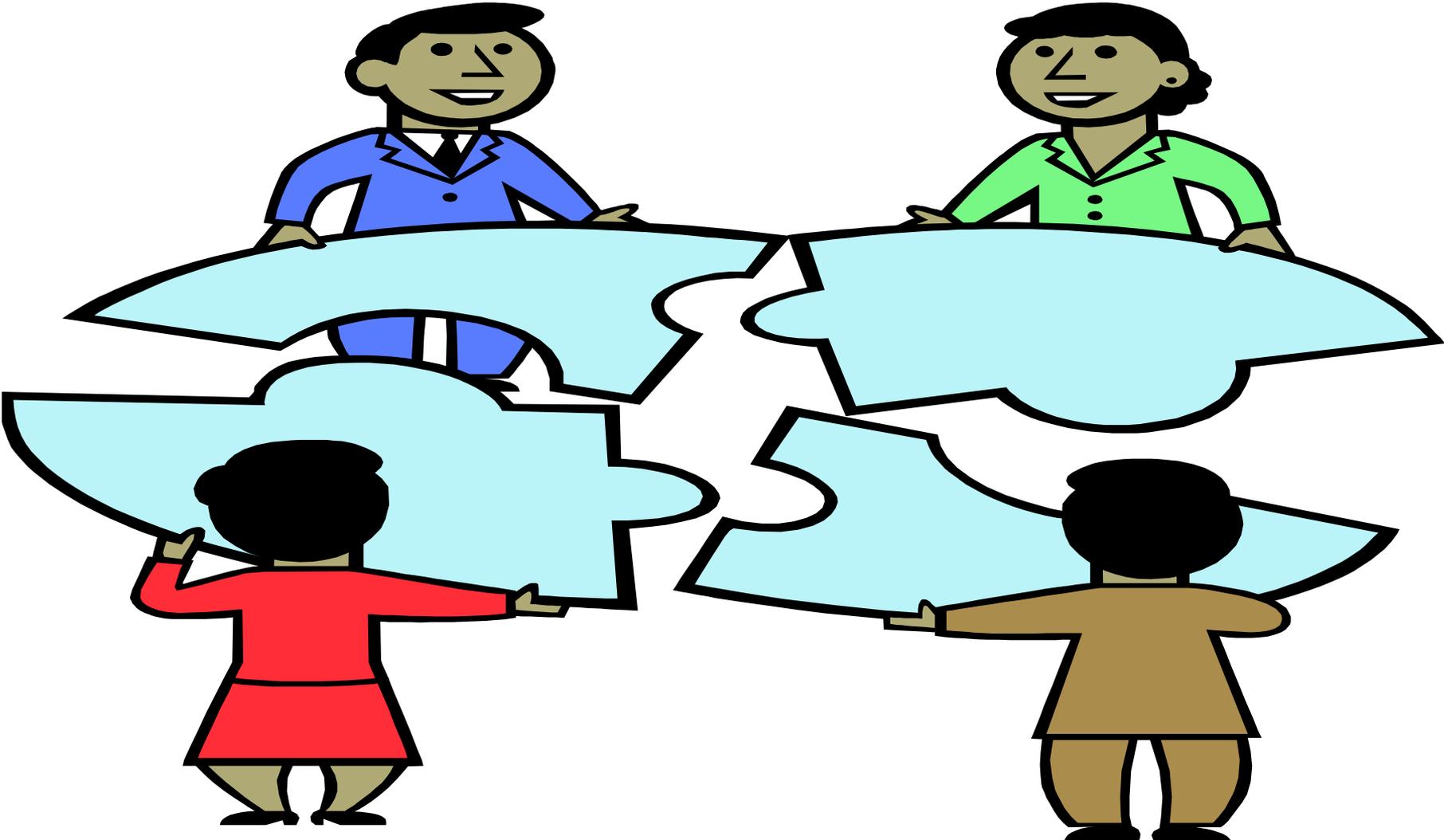
- *Transition Information*
 - Parent agreement
 - Transition Steps
 - Referral to Part B
 - Reason for Non-referral
 - Exit and disposition



Reports from the ESR

- Tickler system
- Federal Reports
- DDS Reports

PUTTING IT ALL TOGETHER



ICC EXECUTIVE COMMITTEE

- **AGENDA**
 - ▶ SEPTEMBER 6, 2012

- **EXECUTIVE COMMITTEE MINUTES**
 - ▶ MAY 17, 2012

**STATE INTERAGENCY COORDINATING COUNCIL
EXECUTIVE COMMITTEE
TELECONFERENCE AGENDA**

**Thursday, September 6, 2012
10:00A.M. ~ 12:00P.M.**

1. Welcome and Introductions.....Marie Kanne Poulsen
2. Initial Roll Call.....WestEd
3. Review Executive Committee Agenda.....Marie Kanne Poulsen
4. Approval of May 17, 2012 Minutes.....Marie Kanne Poulsen
5. DDS Status Update.....Don Braeger
6. Status of ICC Work Groups.....Don Braeger
7. Status of ICC Travel.....Don Braeger
8. Under Representation and Outreach Workgroup.....Gretchen Hester
9. Review September 7, 2012 ICC Agenda.....Theresa Rossini

ICC Special Presentations:

- **University Center of Excellence in Developmental Disabilities at UC Davis Early Intervention Projects (September)**
- **Medi-Caid Waiver**-May 2012 (clarification, as it this is a big topic)
- **Speech Therapy Work Group**-New. Revisit at a later date? when workgroup has had a chance to make some progress)
- **211 Information** (Joseph Rivera)-September 2011
- **Managed Care Bill** -November 2011, where did this originate, not found in minutes anywhere?
- **Resources for Managed Care** (Susan Burger)-February 2010

10. Other Business.....Marie Kanne Poulsen
11. Closing Roll Call.....WestEd
12. Adjournment.....Marie Kanne Poulsen

**STATE INTERAGENCY COORDINATING COUNCIL
EXECUTIVE COMMITTEE MINUTES
DRAFT-TO BE APPROVED**

May 17, 2012

MEMBERS PRESENT

Marie Kanne Poulsen, PhD, Acting Chair
Don Braeger
Toni Doman
Arleen Downing, MD
Gretchen Hester*
Debbie Sarmento

MEMBERS ABSENT

Theresa Rossini*
Beverly Morgan-Sandoz
Elaine Fogel Schneider
Cheryl Treadwell

STAFF

Anastacia Byrne-Reed*, ICC Coordinator
Angela McGuire, WebEx Host*, WestEd
Carolyn Walker, ICC Recorder, WestEd
Patric Widmann, ICC Supervisor

*Parent

OTHERS PRESENT

Refer to Attachment A for a complete list of attendees.

WELCOME AND INTRODUCTIONS

Marie Kanne Poulsen welcomed everyone to the meeting at 10:04A.M.

She asked whether there might be a better time for the meeting, given that only three council members are in attendance.

INITIAL ROLL CALL

Carolyn Walker took the roll.

REVIEW OF AGENDA

There were no additions to the agenda.

APPROVAL OF FEBRUARY 2012 EXECUTIVE COMMITTEE MINUTES

The minutes were approved without change.

LEAD AGENCY UPDATE

Don Braeger gave the agency update.

Jeannie Smalley, former chief of Early Start at DDS, left DDS about three weeks ago and moved to the Department of Health Care Services to work in the Long-Term Care section. DDS is currently recruiting for Jeannie's position, as well as, for other vacant positions. Patric Widmann announced that Early Start just hired a new staff person to do data research, Karla Lannon. Karla will start Monday, May 21, and will do most of the data analysis for the Annual Performance Report and other data-related aspects of Early Start.

Don reported that DDS did not submit an application on April 16th since they are still resolving how the new IDEA Part C regulations will be applied in California.

The Department is committed to ICC recruitment efforts.

Following up conversations from the last meeting about whether the current subcommittees are still relevant today and the impact of the new regulations on DDS' workload, Don suggested that the ICC suspend the work of the subcommittees temporarily for six months and form new work groups in which ICC members can assist the department to review the regulations and accomplish some of the work with which DDS needs help. Three suggestions for work groups include 1) family directed assessment tool; 2) family outcomes survey for indicator 4; and 3) ICC requirements and recruitment.

Finally, DDS has been working diligently to get approval for face-to-face meetings for ICC. Though it is not yet official, it looks promising that the next meeting could be in person.

Marie inquired if the \$40 million in grant funding from California First 5 is in jeopardy for the coming year and whether advocacy from the ICC and community would be necessary. Patric reported that the California First 5 Board of Directors has already approved a motion to continue funding, and that there is a contract between the First 5 and DDS to distribute the funds.

Marie also asked for clarification about the definition of “prevention services” relative to the June 30, 2012 sunset provision for the regional centers. Prevention Resource and Referral

Services provides referrals, not direct services: infants and toddlers will be referred to regional centers and/or agencies in the community that can offer any services needed.

STRATEGIC PLANNING MEETING FOR SEPTEMBER 2012

The decision was made to put the September strategic planning meeting on hold until the temporary work groups are able to accomplish their tasks.

UNDER-REPRESENTATION AND OUTREACH WORK GROUP

Gretchen Hester reported that the group discussed a number of topics:

- indicators of success;
- updating the orientation packet;
- the online public input form;
- compliance with federal regulations;
- equal parent representation on standing committees;
- providing the Governor’s staff with clear criteria for appointments to the ICC;
- identifying a point person on the Governor’s staff for ICC appointments and how we might support that person;
- encouraging people to apply for appointment to the ICC; and
- Whether the guide for filing an application for appointment could be posted on DDS’ ICC web page.

Gretchen also mentioned the drop-off in participation since the meetings have been held by teleconference rather than in person and the need for face-to-face meetings. Marie questioned the commitment of individuals who refused to participate by phone and who would only participate in person. Many attendees at the meeting concurred.

The group made several recommendations:

- Support appointment of new ICC members
- Appoint new community reps/committee members
- Add language to the bylaws addressing required attendance/participation
- Facilitate public input/participation
- Address barriers to/provide supports for participation

The group would like to meet one more time with a representative from DDS to talk about next steps, including the possibility of carrying the work forward as one of the temporary work groups. Much of the work the group has accomplished was done some years ago and needs updating.

REVIEW OF MAY 18, 2012 ICC AGENDA

There are no changes to the General Meeting agenda. Erin Paulsen will discuss the Early Start Report and the APR.

The current list of suggested special presentations for future meetings includes:

- Part C Annual Performance Report FFY 2012
- Early Start Report
- Medicaid Waiver (September, tentative)
- Speech Therapy Workgroup
- 211 Information (Joseph Rivera)
- Managed Care Bill
- Resources for Managed Care (Susan Burger)

Marie suggested we invite Robin Hansen, from the University Center of Excellence in Developmental Disabilities at UC Davis to discuss the work that's being done in early intervention. Marie noted the potential for the USC UCEDD and UCEDD Davis to be partners.

The committee agreed to this idea as a placeholder for September based on how much time is needed to devote to the temporary work groups at that meeting and how much work the groups will have accomplished by that time.

OTHER BUSINESS

Patric Widmann announced that Kathleen Colvin is retiring and leaving the ICC as a community representative and that Beverly Morgan-Sandoz left the Head Start program she was with and now works as a consultant to the Los Angeles County Office of Education. She also announced that Mike Zito has retired from the Head Start Collaborations Office. A proposal was put forward to develop a memory book for him that includes stories, pictures, anecdotes, and messages. Submissions can be sent to Stephanie Myers by June 22.

CLOSING ROLL CALL

Carolyn took the closing roll call.

ADJOURNMENT

Marie adjourned the meeting at 10:42a.m.

**EXECUTIVE COMMITTEE WEBEX MEETING PARTICIPANTS
DRAFT-TO BE APPROVED**

**Thursday, May 17, 2012
10:00A.M. - Noon**

COMMUNITY REPRESENTATIVES

Brigitte Ammons
Toni Doman
Laurie Jordan
Linda Landry
Debbie Sarmento

DEPARTMENT LIAISONS

Michele Donahue
Michael Miguelgorry
Erin Paulsen
Elise Parnes

WESTED STAFF

Monica Mathur-Kalluri
Angela McGuire
Stephanie Myers
Virginia Reynolds

GENERAL MEETING
OF THE
STANDING COMMITTEES
NOTES

May 17, 2012

**GENERAL MEETING OF THE INTERAGENCY COORDINATING COUNCIL
STANDING COMMITTEES
DRAFT-TO BE APPROVED**

COMMITTEE: All ICC Committees

RECORDER: Monica Mathur-Kalluri, WestEd/CPEI

DATE: May 17, 2012

COMMITTEE MEMBERS

PRESENT: Brigitte Ammons, Connie Moreland-Bishop, Fran Chasen, Toni Doman, Arleen Downing, Edward Gold, Gretchen Hester, Mara McGrath, Peter Michael Miller, Kristine Pilkington, Marie Kanne Poulsen, Theresa Rossini, Debbie Sarmiento, Elaine Fogel Schneider, Sherry Torok, Mary Shepard (for Cheryl Treadwell), Julie Kingsley Widman

ABSENT: Tony Anderson, Susan Burger, Ellen Cervantes, Bev Ching, Terry Colborn, Wanda Davis, Dominique DeBorba, Tammy DeHesa, Stephanie Pringle-Fox, Jennifer Griffin, Susan Graham, Rachel Hagans, Patsy Hampton, Laurie Jordan, Linda Landry, Dwight Lee, Kat Lowrance, Al Millan, Robin Millar, Shane Nurnberg, Marty Omoto, Lois Pastore, Maurine Ballard-Rosa, Cheryl Treadwell, Carmen Vasquez

LIAISONS: Debbie Benitez (CPEI), Don Braeger (DDS), Michele Donahue (DDS), Monica Mathur-Kalluri (CPEI), Stacie Reed (DDS), Angela McGuire (CPEI), Stephanie Myers (CPEI), Erin Paulsen (DDS), Elise Parnes (CPEI), Stacie Byrne-Reed (DDS), Virginia Reynolds (CPEI), Patric Widmann (DDS)

NOTES

- I. **INTRODUCTIONS AND WELCOME:** Marie Poulsen called the WebEx meeting to order and welcomed everyone to this special meeting. She explained the challenges ahead of us, and the exciting opportunities within the challenges.

- II. **INITIAL ROLL CALL:** Stacie Byrne-Reed took the opening roll call.

- III. **BACKGROUND, WORKGROUP PROPOSAL AND EXPECTATIONS:** Don Braeger reported that DDS did not submit an application on April 16th since they are still resolving how the new IDEA Part C regulations will be applied in California.

OSEP has assured the Department that there will be no penalty for this delay. DDS is still committed to submitting the application, after resolving how the new regulations will be implemented in California. DDS would like to propose that the ICC sub-committees be put on hold for 6 months and in the interim, create ICC workgroups to assist with implementing the new regulations in California.

IV. PROPOSED REGULATION PRIORITY TOPICS:

Ideas for Workgroups include:

- Family-directed assessment tool
- Family outcome survey process
- ICC requirements and recruitment

Clarification on Topics:

1. Family-directed assessment tool
 - New IDEA regulations state that a family assessment “tool” needs to be used for family assessment.
 - Tool does not have to be consistent statewide.
 - ICC may recommend minimum standards, if the ICC state-wide standardized tool be used.
 - The term family-directed assessment was changed from family assessment due to comments about family assessment alluding to being professionally directed, instead of family directed.
2. Family Outcomes Survey Process
 - Currently California asks the three questions in the Family Outcome Indicator.
 - There are other tools such as the NCSEAM and ECHO.
 - Need to determine if another tool would be more appropriate for California and what the implementation process would be.
3. ICC requirements and recruitment
 - Need to develop a cohesive plan for recruitment.

V. TIMELINE and WORKGROUP SELECTION PROCESS

DDS will send out a request for workgroup participation. This will include the: title, definition, expectations of the group and timeline for when the work needs to be completed. At that point, DDS will ask for a lead or chair for each workgroup.

VI. RECOMMENDATIONS TO DDS:

All voting ICC members voted in favor of putting the ICC committees on hold and forming the interim workgroups to support DDS and the application submission.

VII. OTHER ISSUES:

1. SLPA workgroup - Due to the scope of the regulations, it seems the ICC may need a more expansive process and workgroup members.
2. Conflict of interest to be on committees:
Don Braeger stated that it is unclear if there are any conflict of interest policies on ICC. However, American Speech Language Hearing Association (ASHA) may have potential conflict of interest policies. The federal ICC regulations may also have details. Article 5 of the ICC bylaws reference conflict of interest. The relevant laws can be researched prior to the next meeting.
3. ICC Members reported that the Policy Topics committee (PTC) is currently working on an issue that is time-sensitive and should not be put on hold. This is the use of private insurance. PTC members reported that they have prepared a document that provides guidance and resources for regional center service coordinators who are assisting families on accessing private insurance. However, that document does not incorporate the new regulations. In May 2011, the Committee had decided to put the document on hold because of the new regulations. The group decided to request a regular update from Don until the new Part C regulations are in place. Once the regulations are in place, the document can be revisited and updated.
4. Family Cost Participation Fee and the Annual Family Fee– ICC members reported that there is continued confusion in the field that needs to be addressed including if it applies to Part C. Also, there is the continued issue regarding the inequity within Early Start as solely low incidence families receiving services from the LEAs (CDE) are not subject to the same fee as those families receiving services through the Regional Centers (DDS). DDS staff reported that they are working with OSEP to resolve these issues.

Overall, the goal is to submit the Part C application as soon as possible. The workgroups may help to achieve this goal more quickly. The workgroups will be task focused and need to be done over the next few months so will have a strict timeline.

VIII. NEXT STEPS:

DDS will send out information next week regarding details of workgroup expectations.

STANDING COMMITTEE AGENDAS & NOTES

- Policy Topics Committee
- Child & Family Outcomes
- Qualified Personnel Committee
- Quality Data Committee

POLICY TOPICS COMMITTEE

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES
DRAFT-TO BE APPROVED**

COMMITTEE: Policy Topics Committee

RECORDER: Kay Ryan, WestEd/CPEI

DATE: May 17, 2012

AGENDA

- I. INTRODUCTIONS AND WELCOME

- II. AGENDA REVIEW

- III. REVIEW OF FEBRUARY 23, 2012 MEETING NOTES

- IV. CHAIR'S REPORT

- V. MEMBERSHIP

- VI. ACTIVITIES & WORKPLAN

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES
DRAFT-TO BE APPROVED**

COMMITTEE: Policy Topics Committee

RECORDER: Kay Ryan, WestEd/CPEI

DATE: February 23, 2012

COMMITTEE MEMBERS

PRESENT: Bev Ching, Toni Doman, Laurie Jordan, Jennifer Taylor, Mara McGrath, Robin Millar, Peter Michael Miller, Elaine Fogel Schneider, Mike Zito

STAFF: Anastacia Byrne-Reed (DDS), Kay Ryan (WestEd), Erin Paulsen (DDS),

MEETING NOTES

I. INTRODUCTIONS AND WELCOME

Elaine Fogel Schneider called the meeting to order and welcomed everyone at about 1:40. Toni Doman provided an overview of today's Executive Committee meeting.

II. AGENDA REVIEW

No changes were made to the agenda.

III. REVIEW & APPROVAL OF NOVEMBER 17, 2011 NOTES

The November meeting notes were reviewed and approved with changes noted. Stacie will find out if Laurie's question about child care subsidies has been answered and if not will hope to discuss tomorrow.

IV. CHAIRS REPORT

The scope of the Speech and Language Pathology Assistants (SLPA) workgroup has been expanded. The workgroup has been renamed the Speech Therapy workgroup to reflect its broader mission. It will consider speech therapy as a discipline comparable to physical or occupational therapy. Elaine is currently querying members about possible meeting dates in March. Group members include: Theresa Rossini, Marie, Robin Millar, Bridgette Ammons, Elaine Fogel Schneider, Patsy Hampton, Dr. Deborah Swain from the California Speech and Hearing Association, Elaine Stevick, and Rosemary Scott, Director of the Pasadena Community College SLPA program. Elise Parnes is also assisting from DDS and is very knowledgeable.

The group will begin by reviewing the history and background of SLPAs and defining their role in assisting DDS. Many of the challenges in using SLPAs today result from regulations that were written before SLPAs existed and therefore are silent on their use. Restrictions on vendor payments prevent the use of SLPAs by some Regional Centers, as reimbursement codes do not include codes for group practices. Additionally, current regulations prohibit Masters Students without one year of experience in working with children from providing speech therapy. The workgroup will look at these and other issues that may contribute to service delays. Erin has information from other states she will forward to Elaine about recommendations for IFSP teams to follow when making recommendations around speech therapy.

V. MEMBERSHIP

In the context of where the PTC goes from here and what topics will be a focus, Elaine asked how people feel about the current membership of the PTC and whether other disciplines need to be represented. The major issue that arose from this discussion was the lack of participation by so many members. Members agreed that it is actually more difficult to set aside time for phone and virtual meetings because of the number of competing priorities that demand their time.

Actions: PTC will ask other committees if their membership attendance experiences are similar. Elaine will request that future PTC meetings be by WebEx. Stacie will e-mail members who were not present to ask what has prevented them from joining us.

VI. ACTIVITIES & WORK PLAN

Members brainstormed issues of particular interest to the PTC.

All agreed that prioritizing was better accomplished by e-mail. Following is the list of topics in no particular order:

- 1) Provision of Early Start services in the summer. In some areas school districts do not operate programs during the summer and PTC believes this issue is an issue that needs to be addressed by DDS and CDE.
- 2) The impact of new regulations. Are there any changes or tasks where the PTC can be of assistance?
- 3) Insurance issues – getting clarity and making sure families are advised. The extensive work done by the PTC on this issue may be of use to DDS in developing policies around the System of Payment.
- 4) Proactive discussion about cost containment based on work done by other states might be useful to the ICC and DDS. PTC could gather and review information about what other states have done and share research-based practices. Erin will send link to PTC.
- 5) Monitor the budget. Language in Gov's proposed budget will likely result in means testing for kids receiving therapeutic services in CCS. The concern is that it will result in cost shifting to Early Start vendors.
- 6) Continue to watch implementation of the State's Home Visiting program.

- 7) Continue to monitor how the Prevention Resource and Referral Program is working for at-risk kids in communities throughout the state. Basically, need to be sure
- 8) people in the communities know how to make referrals and about other changes in the program and that kids are getting the services they need.

- 9) Outreach to Head Start. In Ventura, kids in PRRS don't make up the 10 percent Head Start needs. Programs need to do outreach to Regional Centers and get those kids with IFSPs.
- 10) Strategies to support military families with kids under three. Zero to 3 is focusing on this. Would appreciate guidance about how to work together to support this population. Bev is working with the local military liaison and finding that military insurance is pretty comprehensive
- 11) Statewide System of Payments. Identify the issues and policies the State needs to implement to meet federal mandates and how PTC might assist DDS and families.
- 12) Work with DDS to find ways to minimize the differences in how policies are interpreted and implemented by Regional Centers.

Although Jeannie will provide information about the new Part C regulations at the ICC meeting tomorrow, Elaine asked Erin Paulsen to give the PTC an overview of the significant changes. Erin reported that the new regulations:

- o Expand the Child Find requirements to include new programs.
 - o Maintain the 45-day timeline for an initial IFSP but allow delays due to documented exceptional family circumstances and failure to obtain consent.
 - o Allow states to consider adding screening to our process. This has implications for procedural safeguards.
 - o Redefine "multidisciplinary" to be two or more persons in specified disciplines.
 - o Require the use of informed clinical opinion but in no circumstances allow it to be used to negate evaluation instruments.
 - o Maintain family assessment as voluntary but now require a family assessment tool. (DDS is gathering information about tools already being used.)
 - o The comment section of the regulations clarify that natural environments don't include clinics or hospital settings.
 - o Are very specific about transition steps. DDS and CDE have been developing a transition guide.
 - o Require mediation to be available at any time during procedural safeguard process.
- In addition, DDS must develop and implement a Statewide System of Payments, complete with definitions and policies concerning all fees, family fees and co-payments

Kay agreed to send these notes to Elaine and Stacie for distribution to the PTC.

ADJOURNMENT

Meeting was adjourned at 3:30 p.m.

CHILD & FAMILY OUTCOMES COMMITTEE

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING AGENDA
DRAFT-TO BE APPROVED**

COMMITTEE: Child and Family Outcomes Committee

RECORDER: Stephanie Myers, WestEd/CPEI

DATE: February 22, 2012

COMMITTEE MEMBERS

PRESENT: Cheryl Treadwell (Co-chair), Rachel Hagans, Carmen Vasquez, Nancy Sager (CDE)

LIAISONS: Michele Donahue (DDS)

ABSENT: Debbie Sarmiento (Co-chair), Sherry Torok, Al Millan, Terry Colborn, Marty Omoto, Julie Kingsley-Widman

STAFF: Stephanie Myers

NOTES

I. INTRODUCTIONS AND WELCOME

A. Cheryl Treadwell started the meeting and welcomed everyone. Self introductions were made.

II. AGENDA REVIEW

A. The agenda was reviewed, and the following items were added:

- Update on Transition Guidebook
- Update on monitoring
 - Schedule
 - Differences

Training updates and information

- Special Education Early Childhood Administrators Project (SEECAP)
- Family Resources and Supports Institute (FRSI)
- Advanced Practice Institute (API)

III. REVIEW AND APPROVAL OF NOVEMBER MEETING NOTES

A. November 11, 2011 summary notes were reviewed and approved as submitted.

IV. CHAIR'S REPORT

A. Cheryl Treadwell shared information regarding the FRCNC voting member that will be voted on Friday at the full ICC, and proxy votes have been submitted.

The committee discussed the identified topics for the ICC to focus on: regulations, Speech Language Pathologists, ICC Representatives appointment and filling parent representatives as well. The committee agreed upon the identified topics and also discussed how the ICC members and representatives can advise and assist with the Implementation of Part C and the roll out of the changes and updates throughout the State. The committee discussed how vital this information is and how best to plan and organize a Statewide Communication strategy.

V. PRIORITY TASKS/DISCUSSION

A. APR – Family Survey

1. Michele Donahue discussed the Family Survey and its' success. The survey will stay the same for the next year. The survey results are available on-line and a further drill down will be performed.

B. Prevention and Early Start services and the implications for Foster Children at the local level.

1. Cheryl Treadwell provided and shared a paper being developed from the Child Welfare Council: Child Development and Successful Youth Transition Committee to review. Cheryl discussed the background and raising the awareness of the committee for foster children birth to age 3. Cheryl also shared that DSS does not have a lot of data on foster kids who receive services, however, the current DSS case management system will add over the next to years an additional option to better collect data.

C. New Early Start Regulations

1. Cheryl T asked the committee for any input and/or questions about the regulations. Nancy S brought up the change in the diagnostician change in days for referral from two days to 7 days. The committee didn't have any other additional comments at this time, and if necessary will submit questions at a later time.

VI. OTHER BUSINESS

A. Update on Transition Guidebook

1. Michele D updated the committee about the Transition Guidebook, is in its final stages with final feedback from the field. CDE and DDS worked together to create this guidebook that will be an online and will be rolled out at the API 2012. A few committee members were able to preview the document during the review stages and commented that it looked good, had great examples of documents and listed requirements.

B. Update on Monitoring

1. Monitoring is scheduled through June, Michele D reported. Michele also apprised the committee that they will be scheduling over the next year six to seven visits and currently ESQAC members have joined the monitoring team, Michele reported that it has been helpful and a good process. Cheryl T asked if at any time in the future will ICC members be able to participate in monitoring, Michele indicated at this time no, but they are hopeful to include others over time.

C. Training Updates and Information

1. Special Education Early Childhood Administrators Project (SEECAP)

- Symposium to be held February 28–March 1, 2012 at the Radisson hotel Newport Beach
- Special Events to be held March 6-7, 2012 at the Marriott hotel in Sacramento/Rancho Cordova
- FRSI will be held March 29–30, 2012 at the Crowne Plaza Anaheim hotel in Garden Grove
- API will be held May 7– 8, 2012 at the Crowne Plaza Sacramento

D. As discussed at previous meetings, the committee discussed the importance of face-to-face meetings instead of teleconference calls.

QUALIFIED PERSONNEL COMMITTEE

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING AGENDA
DRAFT-TO BE APPROVED**

COMMITTEE: Qualified Personnel Committee

RECORDER: Angela McGuire, WestEd/CPEI **DATE:** May 17, 2012

This meeting will be conducted via Webex and conference call. To access the online meeting room, go to wested.webex.com and look for the QPC Meeting. To join the conference call, dial 877-413-2826 and enter conference code 716-687-5684#.

AGENDA

- VII. INTRODUCTIONS AND WELCOME TO NEW MEMBERS
 - ◆ Community issues

- VIII. AGENDA REVIEW

- IX. REVIEW AND APPROVAL OF MINUTES

- X. CHAIR'S REPORT

- XI. PRIORITY TASKS/DISCUSSION
 - A. Department Report on Monitoring Activities
 - B. California Center for Infant-Family and Early Childhood Mental Health

- XII. CURRENT CSPD IMPLEMENTATION UPDATE

- XIII. COMMITTEE ACTIVITIES
 - ◆ Membership
 - ◆ Public Input
 - 1. Review updated document
 - 2. Discuss emerging trends

- XIV. ACTION AND RECOMMENDATIONS

- XV. NEXT MEETING (Sept. 6)

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES
DRAFT-TO BE APPROVED**

COMMITTEE: Qualified Personnel Committee

RECORDER: Angela McGuire, WestEd/CPEI **DATE:** February 23, 2012

COMMITTEE MEMBERS

PRESENT: Beverly Morgan-Sandoz (Co-chair), Marie Kanne-Poulsen (Co-chair), Maurine Ballard-Rosa, Kris Pilkington, Linda Landry (Co-chair), Michael Migueltorrey (DDS), Virginia Reynolds (Staff)

ABSENT: Patric Widmann (DDS)

NOTES

XVI. INTRODUCTION AND WELCOME TO NEW MEMBERS

A. Community Issues

- Marie Kanne Poulsen reported on the Executive Committee discussion:
 1. Committees have been charged to brainstorm critical issues for ICC attention.
 2. It was suggested that the ICC convene at least one face-to-face meeting for strategic planning purposes; that idea is being investigated.
 3. Part C application has been posted on DDS Web site for comment. Committee members are urged to review the application and comment.

XVII. AGENDA REVIEW

- ◆ Committee reviewed agenda, added a few items for discussion, and approved revised agenda.

XVIII. REVIEW AND APPROVAL OF MINUTES

- ◆ Notes from November meeting were reviewed and approved as submitted.

XIX. CHAIR'S REPORT

- ◆ In addition to what she noted earlier under Community Issues, M Poulsen reported that the presentation for the May ICC meeting will be on the Medicaid Waiver. Discussion:
 - Seems like most presentations are related to systems. Should presentations include some education to the ICC on specific issues?

- Priorities of ICC should focus on future directions/ implementation/adoption of new regulations.
- Michael Miguelgorry (DDS) clarified that new federal regulations were effective October 28, 2011. States must monitor to those regulations beginning July 1, 2012. States have until to June 30, 2013 to have in place policies, procedures, and adopted state regulations. The state application (mentioned above) had to provide assurances that policies and procedures would be adopted by June 30, 2013. Between now and July 1, 2012, DDS will be receiving feedback from OSEP pertaining to the application.

XX. PRIORITY TASKS/DISCUSSION

C. Early Start Report

1. M Miguelgorry provided a report and demonstration. Previously, regional centers used the 'baby CDER' to collect data on Early Start child outcome progress. DDS wanted to build a new system that would capture specific information and facilitate federal reporting. Committee members asked:
 - When did ICC approve 45-day timeline for provision of services after IFSP date.
 - Why is Down syndrome a separate box under Developmental Disability?
 - How do we know that the items are being filled out consistently?
 - Areas are being identified to address in a training Webinar for Early Start managers. Some calculations need to be corrected, some information needs to be added, etc.
 1. Maurine Ballard-Rosa suggested that it would be helpful to make sure that information being provided via pre-service training is in alignment with in-service training provided via Webinar.
 - Connie Moreland has started an instructional manual and would like to share/compare with whatever DDS is developing.
 - Generally, committee members were excited about the ESR form. Having this data will facilitate many different types of analyses.
 - Is there any guidance provided for determining functional age for developmental areas? Is there a way to capture the source/tool for determining the functional age? On the paper form, that information was captured.
 - How do we know if increase is due to intervention or maturation? This is the age-old question. And those who oppose funding services will be asking that question. The

- early intervention community needs to bring all of the research together to answer that question.
 - Can we glean out of this data a comparison of early and late entrance and outcomes? And could we look back at children who came in at 24 months of age and those that came in at 6 months of age? How would that data be accessible? DDS would need to design a report or set a data extraction. M Poulsen suggested that some grant funding might support such an activity.
 - The Department is still working through details of having all this data available for monitoring. A concern is that such a massive amount of data could result in 100s or 1000s of findings.
- D. Department Report on Monitoring Activities – M Miguelgorry reporting.
1. Regional Center of the East Bay was visited last week.
 2. Scheduled visits:
 - March: Central Valley Regional Center
 - April: Far Northern Regional Center
 - May: Valley Mountain Regional Center
 - May/June: Redwood Coast Regional Center
 3. Some follow-up trainings will be provided to regional centers who received earlier trainings on natural environments and transition.
 - Kern RC received a training a few months ago and DDS and CDE will return for a follow-up in March to help develop policies for moving to natural environments – not school campuses.
 - Regional Center of Orange County – DDS and Orange County Office of Education will provide training on transition.
 4. Verification visits are on schedule.
 5. Early Start Local Support Unit was able to clear all outstanding findings and report that in the APR. OSEP was very happy.
- E. Update on stakeholder group activities from Linda Landry
1. Four out of six stakeholder meetings have occurred. There is one tomorrow in Oakland and one March 1 in Fresno.
 2. Generally, focus has not been on Early Start – there have been enough cuts to early intervention. There is concern that California needs to access more federal funding through the Medicaid Waiver. M Poulsen was in attendance at the Los Angeles meeting and asked if California was going to pull out of IDEA Part C. DDS answered that California was submitting the Part C Application. In Riverside, there was discussion about protecting Early Start. Several vendors spoke up that the 4.5% decrease has been very difficult... harder for smaller organizations to deal with cuts.
 3. Members voiced thanks to those who have been able to attend stakeholder group meetings.

XXI. CURRENT CSPD IMPLEMENTATION UPDATE

- ◆ Angela McGuire provided an update of Early Start Online registration and status of first full implementation of Foundations I and II. Spring session opens mid-April. Foundations III will begin development shortly.

XXII. COMMITTEE ACTIVITIES

- ◆ Discussion of strategic items for 2012-2013 – Charge from Executive: Brainstorm Important Issues
 - This is difficult to discuss when we don't know what the regulation changes mean for California. Hope was that the committee members may know more after Jeannie's presentation at ICC tomorrow. Regulations do a good job of clearing up historical issues that needed clarification. There are some new pieces that do have significant impact (insurance, parental consent, system of payment, etc.). SPP and APR may be informative for developing a committee focus. If committee would like a follow-up phone call to brainstorm or discuss ideas to propose at the May meeting, that would be beneficial.
 - Committee asked that Jeannie's presentation be made available to ICC members.
 - If our job is to advise and assist DDS, we need more information (input from DDS, new regs, new application, SPP and APR).
 - May need to rethink training mechanisms. But would rather participate in a discussion after we have more information.
 - If more/new information becomes available, the committee has the option to convene a call prior to the May meeting.
 - Can members listen in on/participate in March 1 and/or 7 meetings and send out reports to other members? M Ballard Rosa is attending March 7 hearing and will report out.
 - M Miguelgorry suggested formulating questions based on review of application. Public hearings are taking in input, not answering questions.
 - What are the criteria for choosing strategic items for ICC focus?
 1. What can we tackle that won't pose an undue burden for DDS staff? All these things take resources.
 - Membership hopes to have a strategic planning meeting with ICC in person. Executive committee members are investigating.
 1. Makes sense to wait and see where we are with California's response to changes in regulation.
 2. M. Miguelgorry recommends visiting NECTAC for side-by-side comparison of old and new federal regulations.
- ◆ Public input
 3. Review updated document/Discuss emerging trends
 - a. Members hope that there is more public input at tomorrow's ICC.

- b. L Landry would like to have a recommendation that there would be some outreach to promote the public input time to encourage more participation.
- c. A McGuire will send M Poulsen public input tracking document and M Poulsen will analyze and report back to QPC in May.

XXIII. ACTION AND RECOMMENDATIONS

- ◆ Ideas for special presentations to ICC
 - PRRS report on successes and challenges within the first year of implementation (September?)

XXIV. NEXT MEETING (MAY 17)

QUALITY DATA COMMITTEE

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING AGENDA
DRAFT-TO BE APPROVED**

COMMITTEE: Quality Data Committee

RECORDER: Monica Mathur-Kalluri, WestEd/CPEI **DATE:** February 23, 2012

COMMITTEE MEMBERS

PRESENT: Arleen Downing (Chair), Edward Gold, Debbie Benitez, Wanda Davis, Gretchen Hester (Co-Chair),

ABSENT: Jill Abramson, Tammy DeHesa, Fran Chasen, Shane Nurnberg, Lois Pastore, Jennifer Griffin, Susan Graham,

GUESTS: Jeannie Smalley (DDS), Don Braeger (DDS)

LIAISONS: Elise Parnes (DDS), Patric Widmann (DDS)

NOTES

I. INTRODUCTIONS AND WELCOME: Arleen welcomed Monica Mathur-Kalluri to replace Peter Guerrero to staff the committee.

II. AGENDA REVIEW: Agenda reviewed and approved. DDS report and priorities from the Executive Committee added to the agenda.

III. REVIEW AND APPROVAL OF November 2010 MEETING NOTES: November minutes were reviewed and approved (Arleen moved and Ed seconded) with the following edit:

- Jennifer Griffin is a member and was absent at the last meeting

IX. CHAIR'S REPORT:

- Encouraged committee members to read the Annual Performance Report (APR) as it has a lot of valuable information
- Executive Committee summary:
 - Recommended priorities to include:
 - Addressing ICC's representation including parents and agency representatives
 - Speech language pathology assistants

- Don Braeger reported that many of the committees were created based on priorities established in 2009, and questioned whether they are still relevant to the current Early Start needs. He will present new DDS priorities based on the APR after July 2012.
 - A committee member raised the example of functional outcomes for children with specified disorders as an example of something that is still current.
 - Don Braeger reported that most of this data is already available in the APR and on the DDS website.
 - In the future there will be more information available since more data is being collected using the Early Start Report
- The chair discussed the need to look at priorities for the QDC for 2012

X. ACTIVITIES & WORK PLAN UPDATES

- DDS Report: Elise Parnes
- Screening: QDC member asked about the new screening regulation and the involvement of service coordinators
 - DDS is represented in many collaboratives where we are informed about the screening efforts of other agencies. For example being involved in home visiting MCAH efforts. Provide local contacts to providers.
 - Nurse-Family Partnership and Healthy Families America, home visitation models, both have specific screening protocols for screening and connection to resources
 - Help Me Grow also has four counties that are implementing screening and Regional Centers are involved in those counties.
- There is coordination between CCS and EPSDT
 - DDS is currently working on updating inter-agency agreements
 - Committee members inquired whether the Department of Health is still receiving Early Start funding. –Approximately \$45,000 is given.
- Home Visiting: QDC had requested an update on the Home Visiting program. Elise Parnes reported that there will be a presentation at the full meeting the following day.
- Early Start Report:
 - All 21 Regional Centers are now entering data into the electronic Early Start Report Tool. Technical assistance is being provided on an individual, as needed basis and an online training is also being developed. The Early Start Report is primarily to collect data for the Annual Performance Report (APR).
 - Committee members inquired as to what part of the Early Start Report is entered by the service coordinator versus the health providers input. – This is determined locally at each Regional Center.
 - Committee members asked for a presentation on the Early Start Report. Plan/ Elise Parnes will provide a presentation on the report next meeting using WebEx.

- Don Braeger stated that many topics discussed at the QDC don't seem to relate to ICC current topics
 - QDC members provided reasoning for why the above topics are relevant including that: Early Start funding is shared with the department of Health, yet CHDP refers few children to Early Start. Other departments did a presentation of data on number of children served in 0-3 group and services provided to those children, but Health has not provided any recent data except for data on newborn hearing screening results. Home visiting is a health program so that is why it is being followed up on.
- QDC members requested a presentation on the highlights of the Annual Performance Report. Plan/ Jeannie will check with Don on if he will include it in his report at the full meeting the following day or at future meetings.
- QDC members acknowledged the large burden of work that DDS is having to do while being short-staffed.

VI. OTHER BUSINESS:

- Family Survey – Additional information was requested at executive committee by a QDC member, however all the data contained in the APR is broken down by Regional Center. Clarification was requested on the request.
 - QDC members requested information on what was asked in the survey, the information that was received, groups that were missing, challenges, and planned adaptations for the future. Plan/ Debbie Benitez will present a short summary at the next meeting
- Indicators 11 & 13 – Plan/ Review these indicators at the next meeting when using WebEx
 - APR indicates that now DDS is getting information directly from OAH
 - Committee member wondering if there is a list of Due Process Hearing issues for Indicators 11 & 13 about which there are questions. QDC Committee members should provide specific questions to chair or co chair prior to the next meeting. These questions can be submitted to John Redman prior to the meeting and then he could be asked to report at the next meeting.
 - QDC members questioned what was requested at the hearing requests and if it was provided.

What training is being provided on the new regulations and the indicators?

- Online Early Start series has incorporated the new regulations throughout all of the courses. There will be a way to track participants by Regional Center in the future.
- Joint meeting with Family and Child Outcomes Committee
 - The information they are reviewing is similar to this committee, so perhaps a joint meeting should be considered
 - Wait until there is a specific issue and then ask to have a joint meeting
- Review of the number of children who have improved with specific diagnoses of

Autism, Cerebral Palsy and Down Syndrome.

- Also inquired how multiple diagnoses are recorded by the Regional Center on the Early Start Report. –QDC member who was a RC service coordinator reported that the multiple diagnoses are not tracked for children under three since diagnoses do not dictate services.
 - In the Early Start Report multiple areas of delay can be documented. A search cannot be conducted by delay type. They are encouraging Regional Centers to include exit data and so in a year may have more information.

VII. Agenda items for next ICC:

1. QDC requests that a representative from DDS conduct a presentation on the Early Start Report at the next QDC meeting. Liaison Elise Parnes will follow through on this request.
2. QDC requests a presentation on the Family Survey at the next QDC meeting. Debbie Benitez will follow through on this request.
3. QDC would like more information about indicators 11 & 13 and specifically what issues Due Process Hearings are requested for.
4. Continued discussion on indicators 11 & 13.

VIII. ADJOURNMENT: 3:00pm