

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES**

COMMITTEE: Policy Topics Committee

RECORDER: Tony Anderson

DATE: November 17, 2010

COMMITTEE MEMBERS

PRESENT: Brigitte Ammons, Tony Anderson, Susan Burger, Kathleen Colvin, Toni Doman, Laurie Jordan, Dwight Lee, Mara McGrath, Robin Millar, Peter Michael Miller, Letha Sellers

ABSENT: Bev Ching, Stephanie Pringle-Fox, Toni Gonzales, Patsy Hampton, Erin Paulsen, Elaine Fogel-Schneider, Michael Zito

GUESTS: Natasha Hartman, Cieran McGowan, Patty Moore, Julie Nicholson, Rocio Smith

LIAISONS: Stacie Byrne-Reed (for Erin Paulsen, DDS)
Michael Zito (CDE/CDD)

MEETING NOTES

- I. INTRODUCTION AND WELCOME
Members were welcomed and self-introductions were made.
- II. AGENDA REVIEW
The agenda was approved with no additions.
- III. REVIEW AND APPROVAL OF AUGUST 25, 2010 NOTES –APPROVED.
- IV. CHAIR’S REPORT
There was no report from the Chair.
- V. MEMBERSHIP
No discussion
- VI. ACTIVITIES & WORKPLAN
The group discussed APR indicator #2, “% of infants & toddlers served who receive services in the natural environment”. Rick Ingraham from DDS attended the first part of the meeting to get feedback from the committee. The first question was focused on the lowering of the recommended target to 75%. We discussed whether or not the decrease

was related to the changes in insurance requirements. Brigitte described a common situation where providers weren't providing supports in natural environments pervasively. Letha felt from her experience most were providing in natural environments. In the end the committee agreed with the target at 75%.

In the comments section, the group agreed to change the description to: "There are many variables beyond the program's control, including family challenges, unsafe situations, etc."

There was disagreement among the members regarding the accuracy of the actual finding that says 86% of IFSPs sampled indicated services are received in natural environments.

The members of the committee would like to get an update from DDS explaining how the data is collected to help us better understand and comment on the target percentages. Perhaps members from the data committee could help us during our next meeting or a joint meeting may accomplish this.

The group discussed the issue of consent with the need for what was involved with consent, for giving and receiving information.

Committee revisited the idea of a brochure on the insurance issue. If produced regional centers could have them on-line and print them as needed for families.

Committee discussed "going green" and the impact on our ability to be effective. It isn't working well for some of us that don't have laptop computers. One member said "just because DDS is going green doesn't mean the rest of us can, we still have to print from our offices." Putting out a brochure solely in electronic format is not acceptable either. Another related issue to "going green" is that the meeting handouts and documents must be sent in timelier. This month was last minute which is unacceptable. Requested that documents be sent with no less than 72 hours notice – if this is not met a printed copy should be at the meeting.

Further discussion on Indicators 3 and 4.

#3: % of toddlers who demonstrate improved: Positive social-emotional skills, Acquisition and use of knowledge and skills (cog & lang.), Use of appropriate behaviors to meet their needs (self help/adaptive). Letha reminded the group that these are newer indicators from OSEP that's why there are no target data. Dr. Miller says his biggest concern is related to

the initial evaluation and Letha explained the evaluation tools. In the end the committee really had questions about the low actual scores in this area and many felt this was not in line with their experiences in the field. Members also felt it was confusing about what is meant by improvement and was it in comparison to non-disabled peers.

Same issues apply to #4 Family Survey – Parents

- a. Know their rights
- b. Communicate their children's needs
- c. Help their children develop

What would we like to ask OSEP about that could help us provide a better Early Start program for California? What are other states doing to maintain a pool of providers and how do they ensure equal access to providers. Programs are closing so how are the kids getting services now Letha offered an alternative view that we have plenty of providers and the reason center based programs are closing is because regional centers are not making referrals to them because they are referring to services in natural environments.

We need to consider the broader provider rates issues that are impacting CCS, public health, Medi-Cal, and other areas as well. How are the Early Start provider's rates comparing?

DDS needs to provide leadership so we have a standard process for how families are to pursue their insurance companies. Every family should have one set of requirements equal access to their insurance companies, equal hardship process.