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

**FRIDAY, FEBRUARY 21, 2014
8:30 A.M. – 1:30 P.M.**

MEMBERS PRESENT

Arleen Downing M.D. presiding for Acting Chair, Theresa Rossini
Diane Brown, Designee for the Director (DSS)
Susan Burger, Designee for the Director (DMHC)
Gretchen Hester
Jim Knight, Designee for the Director (DDS)
Marie Kanne Poulsen, Ph.D.
Elaine Fogel Schneider, Ph.D.

MEMBERS ABSENT

Virginia Bliss, M.D., Designee for the Director (DHCS)
Beverley Morgan-Sandoz
Theresa Rossini*, Acting Chair
Leanne Wheeler, Designee for the Superintendent (CDE)

STAFF

Madeline Journey-Lynn, ICC Coordinator
Patric Widmann, ICC Supervisor

OTHERS PRESENT

Refer to Attachment A

CALL TO ORDER

Arleen Downing called the meeting to order at 8:30. Madeline Journey-Lynn took roll.

INTRODUCTIONS AND ANNOUNCEMENTS:

Self-introductions were skipped today. Arleen Downing will be acting chair today.

AGENDA REVIEW:

The agenda was approved with the addition of:

- Agency reports will follow after #9
- At 12noon the State Interagency Coordinating Council (SICC) webinar will be viewed.

APPROVAL OF NOVEMBER 15, 2013 ICC MINUTES:

Minutes were approved with the following changes:

- Amend minutes to include Chris Krawczyk, California Home Visiting Program (CHVP) report.

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EXECUTIVE COMMITTEE REPORT

Marie Kanne Poulsen reported the following; (refer to EC minutes for details) Jim Knight was contacted by the Governor's appointment office requesting information from DDS regarding applicants to the ICC.

Erin Paulsen, DDS, gave an overview of the monitoring tools used during site reviews.

Alicia Bernstein, Capacity Building Program Specialist, at the California Partnership to End Domestic Violence, presented on the effects of domestic violence on neonate, infant, and toddler development including maternal-child relationships.

Tony Anderson, Executive Director of The ARC, discussed the advocacy efforts to have Early Start eligibility restored to 2009 levels.

ICC CHAIR REPORT

Arleen Downing reported the following: The Annual Performance Report (APR) was filed in February 2014.

The Part C Grant Application for 2014-15 is posted online. Interested parties may give input at the public meetings or in writing on February 27 and/or March 11 from 9am to 12noon.

The 2014/15 budget hearings are coming up at the State Capitol. This is an opportunity to give input to legislators.

COMMITTEE OF THE WHOLE REPORT

Elaine Fogel Schneider reported the following; (refer to the COTW minutes for details) Ideas for future special presentations were discussed.

The ICC expenditure report was reviewed. Currently there is no funding for additional travel. The ICC (Marie) will write a letter regarding the Early Start budget, funding for WestEd and funding for community representatives to travel to ICC meetings.

A dialogue took place using a document drafted by DDS on strategies for identifying, referring and serving families from special populations. Workgroups were identified.

The topics of natural environment and learning opportunities were discussed. ICC members will go into the field and using the four questions developed during the morning meeting query their peers. The results will be reported at the May ICC meeting.

The *Assessment of Family Strengths and Needs* document is in its final edits.

ICC STAFF REPORT

Madeline Journey-Lynn reported on changes to the travel process. The Travel Expense Claim (TEC) is no longer being used. The amounts for per diem have increased, including incidentals. Members need to include the incidental amount on their clam sheets. The maximum hotel rate in Sacramento is \$95 plus tax. The parking rate at the airport can not exceed the economy rate.

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FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA

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

Outreach and collaboration activities included participation at the UC Davis CED Advisory Committee, the UCLA Tarjan Center University Center for Excellence in Developmental Disability Consumer Advisory Committee, USC/UCEDD, Lanterman Coalition, California Network of Family Strengthening/Support Networks Training and Technical Assistance Collaborative, California Standards for Family Strengthening & Support Committee, and Arc California Board of Directors, California Family Strengthening Roundtable Steering Committee and the Screening Collaborative.

The FRCNCA is participating in the **California Employment Consortium for Youth and Young Adults with Intellectual and Other Developmental Disabilities (CECY)** (pronounced SEE SEE).

97 FRC staff/ directors and 22 of our community partners have been trained on **the Standards of Quality for Family Strengthening and Support** in an all-day training by a team of certified trainers. 37 of our 41 contracted FRCs have at least one staff member trained in the Quality Standards. These trainings took place in Culver City, Los Angeles, Bakersfield, Oakland and Sacramento.

A recent development Standards of Quality for Family Strengthening and Support is that Race to the Top-Early Learning Challenge's, in their *Family Engagement Enhanced Pathway* document, included the Standards of Quality for Family Strengthening and Support to achieve:

Goal: Families receive family-centered, intentional supports framed by the Strengthening Families Five Protective Factors to promote family resilience and optimal development of their children.

Site is responsible for ensuring staff **learns about** Strengthening Families Five Protective Factors framework family-centered practices and terminology and tools available to support family centered practices.

To complete this, staff may do the following:

- Complete certification training on the Standards of Quality for Family Strengthening and Support.

DDS is a partner through collaboration with the Race to the Top Consortia through the Early Start Comprehensive System of Personnel Development for Early Start, coordinating training for early intervention program staff and support implementation of best practices in developmental and health screening at the local level in collaboration with the Consortia. The FRCNCA has four certified trainers; two trainers provide the all-day training. If you are interested in more information on this training contract FRCNCA Coordinator, Debbie Sarmiento at DebraSarmiento@comcast.net or [\(916\) 993-7781](tel:(916)993-7781).

The FRCNCA **implementation of Prevention Resource and Referral Services (PRRS)** continues bimonthly *1800 Second PRRS* calls on the 1st and 3rd Wednesday for all PRRS staff and provide a forum to ask questions, raise issues, express needs or make comments on general program, budget, data, outreach, training or other items related to PRRS. Attendance averages around 25.

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- Individualized technical assistance and training is ongoing.
- Regional trainings are being planned in Torrance and Sacramento in April.
- The contract with DDS for years 3 and 4 have been signed and each of the 41 FRCs implementing PRRS are renewing their MOU with the regional centers they serve.

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

PUBLIC INPUT

Fran Chasen: Community Representative and Infant Development Association (IDA) Public Policy representative from Southern California announced budget hearings dates and Early Start Advocacy Day which is on March 14 at Magnolia Place Family Center, 910 Magnolia Avenue, Los Angeles, CA.

The Significance of Sensory Experiences in Young Children conference is being held in Pasadena, CA on April 10-12, details on the IDA website.

Visual Impairment: Personal Experience, Diagnoses, and Intervention workshop is being held in Los Angeles, CA on March 26, details on the IDA website <http://www.idaofcal.org/>.

Elaine Fogel-Schneider: Council member shared that American Speech–Language Hearing Association (ASHA), and Speech Language Pathology Assistants (SLPA) and Speech Language Pathologists (SLP) are letting us know that in some areas of the state, SLPAs are not being vendored to provide services to Early Start children even though the ICC white paper has been disseminated. Erin suggested visiting the quarterly Northern California and Southern California Early Start Supervisors meetings to share the white paper. She will contact Elaine about dates, times and method to get on agenda.

PRESENTATION – INFANT MENTAL HEALTH PROJECTS

Mental Health Services Act (MHSA) and Infant Project: Jo Ellen Fletcher, DDS, introduced the presentation and the presenters.

The Department of Developmental Services receives [Mental Health Services](#) Act funds for regional centers to develop and oversee innovative projects. These projects focus on treatment for children and families with mental health diagnoses.

The presentations focused on mental health for infants and their families:

- San Andreas Regional Center (SARC), The Development of an Infant-Family Early Childhood Mental Health Training Program, Santa Clara County, presented by Howard Doi. Power Point (Attachment B)
- Central Valley Regional Center (CVRC), Infant Family & Early Childhood Mental Health (IFECMH) Project, funded by First 5 and DDS, presented by Kayti Quesada and Dr. Cassandra Joubert. Power Point (Attachment C)
- Project Connect North Bay Regional Center (NBRC), Debra Carnahan Power Point and Handout (Attachment D and Attachment E)

For more information on these and other infant projects - <http://www.dds.ca.gov/EarlyStart/infantMentalHealth.cfm>

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AGENCY REPORTS:

Department of Developmental Services (DDS) - Jim Knight reported the following:

The newly appointed Director of DDS is Santi Rogers. He will start in March. Mike Wilkening is currently the Acting Director of DDS. John Doyle, formerly from the Department of Finance, is the newly appointed Chief Deputy Director of DDS.

SB 946 will have an informational hearing/meeting on March 4th by Senator Steinberg at 1:30 PM. DDS, DMHC, the regional centers and other stakeholders will be presenting.

Part C information:

- DDS submitted all the data for the Annual Performance Report (APR.)
- Sequester cuts will not be in next year's Part C budget.
- The grant application for 2014-15 is posted on the DDS website. Public comment period is now open for 30 days from the date of posting. The public hearings will be on Feb 27 and March 11. The public is invited to attend the hearings in person, by phone or to submit written comments.
- A former DDS employee is being hired to assist the Department to meet the requirements of the grant application.

California Department of Education (CDE) Special Education

(No report available)

CDE – Office of Homeless Education – Leanne Wheeler reported the following:

Federal Statistics from the National Association for the Education of Homeless Children and Youth (NAEHCY) -

Most Homeless Children Do Not Stay in Homeless Shelters Due to Limited Shelter Availability and Restrictive Shelter Rules.

- Only 15% of the homeless children enrolled in public school in 2011—2012 lived in shelters
- The majority of homeless students, 75%, lived in doubled up situations

More Than Half of Children in Federally-Funded Homeless Shelters Are Under the Age of Five

- 10.3% are under the age of one
- 41.8% are between the ages of one to five

A Small Percentage of Homeless Children Are Enrolled in Public Preschool Programs.

- Only 3% of homeless children between the ages of three to five are enrolled in public preschool programs.
- However, in grades K-12, 96% of homeless children attend school.

Homeless Children Make Up a Small Percentage of Children Enrolled in Head Start.

- In 2013, the percentage of homeless children enrolled in head start was only 3.6 (40,858)
- in 2013, the percentage of homeless children served during the year in head start was only 4.5% (50,992)
- both of these percentages are up compared to the previous years of 2011 and 2012

Homelessness, Poverty, Pregnancy, and Youth

- Homeless parents tend to be young and have very low incomes, with average household incomes at 41 percent of the poverty level.
- Pregnancy is a risk factor for entering shelter. Many women who enter shelter will give birth during a homeless episode.

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- Mothers experiencing homelessness are less likely to have received adequate prenatal care and are more likely to give birth prematurely.
- Homeless youth are at particularly high risk for teen pregnancy; research indicates as many as 20% of homeless youth become pregnant.

Early Care and Education for Young Children Experiencing Homelessness

- Given the devastating impacts of homelessness on development, preschool programs play a critical role in meeting young homeless children's need for quality early care and education. Despite this, many young homeless children do not receive early childhood services. Many barriers limit access to early childhood programs for these children. Through strategic and collaborative action, State Coordinators for Homeless Education and local homeless education liaisons can help overcome these barriers and increase young homeless children's participation in quality early care and education programs.

This brief provides information and suggests best practices to facilitate collaboration between schools, service provider agencies, and early childhood programs, and to increase the enrollment of and provision of services to families with young children experiencing homelessness. Visit <http://center.serve.org/nche/downloads/briefs/early-childhood.pdf> to download the brief.

(The ICC requests that Leanne Wheeler be a resource for the special populations work, reaching the families experiencing homelessness.)

Department of Health Care Services (DHCS) – no report available

Department of Managed Health Care (DMHC) – Susan Burger reported the following: Current Status of Department Activities Relevant to Children Birth to Three

- The Department of Managed Health Care (“DMHC”) continues to track and respond to inquiries and complaints related to the implementation of Senate Bill 946 (“SB 946”) which requires health care service plan contracts and health insurance policies to provide coverage for behavioral health treatment (as defined) for pervasive developmental disorder or autism. During the first eighteen months of implementation (July 1, 2012 – December 31, 2013) the Help Center received and resolved a total of 175 SB 946-related complaints. However, over this 18-month period the DMHC has also seen a steady reduction in the number of related complaints filed at its Help Center (i.e., while 148 complaints were filed during the first year of implementation, only 27 complaints have been filed so far during the second year of implementation). The most common complaints continue to involve treatment denied with a non-network provider, treatment denied based on medical necessity, and delays experienced in accessing service. The case outcomes for the 175 complaints are as follows: 64% were found in favor of the enrollee and 36% were found in favor of the health plan. If you have a question or problem accessing services or care related to SB 946, please contact the DMHC's Help Center at its toll-free phone number, **1-888-466-2219** or via email (click the “email” icon displayed on the home page of the DMHC's website, <http://www.healthhelp.ca.gov>).
- From July 1, 2012 to January 31, 2014 the Help Center received and resolved a total of 100 complaints (filed by or on behalf of enrollees with autism or pervasive developmental disorder) against a health plan for a denial of requested speech, occupational, or physical therapy. The case outcomes for the 100 complaints are as follows: 76% were resolved in favor of the enrollee and 24% were found in favor of the health plan.

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- On March 4, 2014 the DMHC will provide testimony at the “Informational Hearing on SB 946: An Overview on the Implementation of California’s Autism Insurance Mandate Coverage Legislation” held by the California Legislature’s Senate Select Committee on Autism & Related Disorders.
- The DMHC’s Help Center provides a **free** consumer service that is available 24 hours a day, seven days a week to answer any questions consumers may have about accessing health care services. You do not have to be enrolled in a managed care health plan to contact the Help Center. If you have a question or you are uncertain about how to proceed with a dispute or problem with your health plan, have questions regarding health care reform, or need insurance please contact the DMHC’s Help Center at **1-888-466-2219, TDD: 1-877-688-9891**. If the Help Center cannot help you directly, we will connect you to programs that can. The Help Center can provide help to consumers who speak any of 100 different languages.

The Help Center also receives and resolves complaints from managed care enrollees to ensure that enrollees receive all the necessary medical and mental health care to which they are entitled. (Managed care enrollees have coverage with a HMO or have PPO coverage with Anthem Blue Cross or Blue Shield). If medical treatment has been delayed, denied, or modified, managed care enrollees have the right to an Independent Medical review (“IMR”). The DMHC’s website contains information on the IMR process as well as information on the benefits, rights, and the grievance system process for managed care enrollees. The DMHC’s website is located at <http://www.healthhelp.ca.gov>.

As a reminder, managed care enrollees now have the option to complete and submit a complaint or IMR application to the DMHC’s Help Center online. Online application forms are currently available in English and Spanish. A link to the forms is: http://www.dmhc.ca.gov/dmhc_consumer/pc/pc_forms.aspx

Department of Public Health - California Home Visiting Program (CHVP) - Chris Krawczyk reported the following: CHVP is continuing implementation, integration at local level and enrolling families. CHVP has served 2200 families, and conducted 22,000 home visits. CHVP is currently concentrating on family attrition, since families have been graduating.

On a state level, CHVP is conducting yearly site visits to each site, providing ongoing TA, and concentrating on scope of work and quality issues.

CHVP will need to prepare for re-authorization for next funding cycle. CHVP has the funding for the first 5 years. There is good bipartisan support but the question remains—what the funding level will be for the next funding cycle. This is year three.

CHVP State Interagency Team for Children, Youth, and Families Workgroup has been focusing on the following areas:

- Transportation needs of clients to access services; Child care; Access to mental health services; and housing.
- CHVP will be presenting a webinar at end of March (for MICHEV-those receiving funding—topic on housing—the process and how process worked—and the response—what helped the local programs)

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CHVP will conduct 3 regional TA meetings in May and June to all home visitors specific to CHVP—in LA, Fresno, and Sacramento.

Local HUD continuum of care has become a member of CHVP advisory boards, to liaison housing needs of families.

Department of Social Services (DSS) – Diane Brown reported the following:

Updates

- **KATIE A:** The *Katie A v. Bonta* refers to a class action lawsuit concerning the availability of intensive mental health services to children who are either in foster care or at imminent risk of coming into care. The settlement agreement requires child welfare and mental health leaders at the state and local level to work together to establish a sustainable framework for the provision of an array of services that occur in community settings and in a coordinated manner. Four regional Learning Collaborative groups are working together to develop an integrated system at the local level to develop collaborative relationships between child welfare and mental health agencies to best deliver the needed services to children in care.
- **TITLE IV-E WAIVER DEMONSTRATION PROJECT:** For the past six years, two California counties have participated in a project that allows the county child welfare agency to use federal funding in a more flexible manner. This project is intended to test new approaches to the delivery and financing of child welfare services by using these funds to facilitate improved safety, permanency and well-being for children. Currently, several other counties have shown an interest in participating in the Title IV-E Waiver project, and CDSS is working with the counties and federal partners to expand the program.

Interagency collaboration activities relevant to children birth to three

- **The Child Welfare Council (CWC):** The CWC is an advisory body that works to improve collaboration and processes of the multiple agencies and the courts that serve children in the child welfare system. The secretary of the Health and Human Services Agency and a designee of the Chief Justice of California chair the council. Official members of the CWC include state departments, county departments, nonprofit service providers, advocates, parents and former foster youth.

The CWC subcommittee on Child Development and Successful Youth Transition Committee formally presented their final paper *Building a System of Support for Young Children in Foster Care* to the full council in December 2013. The goal of the paper is to bring awareness of the effects of “toxic stress” (neglect, exposure to violence, etc.) on young children’s development, and recommends that the courts and child welfare agencies collaborate to reduce the number of placements and promote greater opportunities for stable relationships for young children in foster care.

First 5 of California Commission:

No report available

Race to the Top / Early Learning Challenge (RTT/ELC) – Virginia Reynolds and JoEllen Fletcher reported the following:

- Office of Special Education (OSEP)/Early Childhood Technical Assistance Center (ECTAC) RTT-ELC Early Learning Community Part C/619 conference call was held December 2, 2013. A presentation on California’s Part C/Part B RTT-ELC planning and

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implementation efforts was provided in collaboration with WestEd CPEI, DDS and CDE/SED.

Action Items/Outcomes: California was able to highlight strategic planning and collaborative efforts across Part C/Part B through DDS' participation as a Participating State Agency (PSA) on RTT-ELC.

- The State Advisory Council (SAC) was held on January 22, 2014. The primary goal of this meeting was to provide a state budget and legislative update related to early care and education. There was significant discussion around the proposed legislation for transitional Kindergarten (TK), known as SB837

Action Items/Outcomes: The SAC agreed to focus in 3 priority areas: 1) staff education and professional learning, 2) funding and rates and 3) administrative simplification and streamlining (aligning Title 5 and 22 regulations, for example).

- Technical assistance visits were completed to all Consortia in February 2014. The exception to this is the five consortia which comprise the Bay Area Consortia (San Francisco, Alameda, Contra Costa, Santa Cruz and Santa Clara). To date, these consortia have indicated that they do not need technical assistance. Currently a mapping document is under development to capture a statewide picture of the areas of need/priority identified during the Consortia visits. Implementation of T/TA activities will begin in the near future.
- Follow up meetings with the Regional Center Early Start Supervisors have been scheduled for April 2014. Both state and local level updates on RTT-ELC implementation efforts and activities will be provided.
- Action Items/Outcomes: A webinar on the DRDP for vendored early intervention programs is under development and targeted for late spring/early summer. This webinar opportunity will be announced during these meetings.
- The content for the first Early Start On-Line Training Module "Early Start, Early Childhood Special Education and California's Tiered Quality Rating and Improvement System" has been finalized. Narration and production will begin shortly.
Timeline/Benchmarks: The location/"home" of the modules is under discussion. Learning outcomes for Module 2 have been approved and course content is being drafted.

SICC WEBINAR

At 12 noon the ICC watched the IDEA State Advisory Panels and State Interagency Coordinating Councils' one-hour webinar: *Back to Basics* – an orientation to strategies and resources, roles and responsibilities of State Advisory Panels and Interagency Coordinating Councils. When available the webinar will be accessible from -

<http://ectacenter.org/webinars.asp>

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ADDITIONAL DISCUSSION

ICC discussed:

- Future presentations by professional organizations for physical therapists, occupational therapists, psychologists to discuss birth to three issues would be useful.
- Identifying a liaison for each of the above mentioned organizations and having a birth to three presentations at each of their yearly conferences.
- Sharing information with the professional organizations about reaching and serving the special populations for Early Start.

Arleen Downing made an inquiry about the ICC needing to have more contact with the State Special Education Advisory Council. Virginia Reynolds informed the ICC the Special Education Advisory Council has a standing committee to discuss birth to three populations. DDS will provide the ICC with the website.

At the May 2014 meeting, the ICC would like to follow-up by making a list of possible collaborators including State agencies that have committees that address birth to three?

ICC would like to know more about the Statewide Screening Collaborative.

ICC discussed the dissemination of information learned from the MHSA projects that are funded by DDS. MHSA has a site on the DDS website. ICC suggested that the link to the MHSA website be included on the Early Start website and disseminated to Early Start communities.

ICC also discussed issues brought up during the webinar. These included advocacy, financial roles, and SICC appointments by governors.

ADJOURNMENT:

Meeting was adjourned at 1:30 P.M.

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ATTACHMENT A
OTHER GENERAL MEETING PARTICIPANTS

Community Representatives

Maureen Ballard-Rosa
Fran Chasen
Laurie Jordan*
Linda Landry*
Al Milan
Marty Omoto
Virginia Reynolds
Debbie Sarmiento*
Julie Kingsley Widman*

DDS Staff

JoEllen Fletcher
Elise Parnes
Erin Paulsen
Emily Woolford

Guests

Janice Battaglia
Deborah Carnahan
Howard Doi
Cassandra Joubert
Chris Krawczyk, CDPH
Al Milan
Kayti Quesada
Cheryl Williams-Jackson