

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

Friday, May 16, 2014
8:30 a.m. to 1:30 p.m.

MEMBERS PRESENT

Theresa Rossini, ICC Acting Chair*
Susan Burger, Designee for the Director (Department of Managed Health Care)
Olga Cid, Designee for the Superintendent of Public Schools
Arlene Downing, M.D.
Gretchen Hester*
Beverley Morgan-Sandoz
Marie Poulsen, Ph.D.
John Hall* (via conference call)
Fernando Gomez*

MEMBERS ABSENT

Virginia Bliss, M.D., Designee for the Director (Department of Health Care Services)
Jim Knight, Designee for the Director (Department of Developmental Services)
Elaine Fogel Schneider, Ph.D.
Mary Sheppard, Designee for the Director (Department of Social Services)

ICC STAFF

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

OTHER PRESENT

Refer to Attachment A for additional list of attendees

WELCOME AND INTRODUCTIONS

Theresa Rossini opened the meeting at 8:35 a.m.

- Madeline Journey-Lynn completed the roll call.

ANNOUNCEMENTS

Jim Knight will not be able to attend today due to legislative budget hearings.

AGENDA REVIEW

The agenda was approved with the following changes: Linda Landry's Family Resource Center report was moved to item number six on the agenda. Susan Burger's report will follow.

APPROVAL OF February 2014 ICC MINUTES

Minutes were approved and seconded as written with no corrections.

FAMILY RESOURCE CENTERS (FRC) NETWORK OF CALIFORNIA (FRNCA)

Linda Landry reported (see attached report)

Discussion:

Fernando asked Linda if the FRCs will do a promotion at the Special Olympics' summer games and world games coming up in Los Angeles. Linda will follow-up with Fernando.

The 2014 Southern California Special Olympic Games Invitational is 6-8 June, 2014. For more information go to <http://www.la2015.org/invitational/>.

EXECUTIVE COMMITTEE REPORT

See the May Executive Committee report for more information on this agenda.

COTW REPORT

See the May Committee of the Whole report for more information on this agenda.

ICC STAFF REPORT

Madeline Journey-Lynn reported on the results of the community representative survey. (Attachment B)

PUBLIC INPUT 10:01 a.m.

Parents:

Linda Landry explained that the time for public input is set for consistency.

Gretchen Hester stated that whatever input is given we will record it, review it for future agenda items, and use it for committee meetings. There is a need for more personal follow-up from members of the council. She suggested that the ICC give feedback to families that give input during public input.

A discussion followed on past parent participation. When the ICC traveled to different areas of the state, there were more parents participating during the public input time period. A suggestion was made that three parents be invited by ICC members to present at the next meeting during this time period. Another suggestion was to create an on-line place for parents to write in their testimony, and then be read during the ICC meeting. There was no action taken on this topic.

Added information:

- JoEllen Fletcher described the clinical training program that previously was funded by DDS. It also funded www.DDHealthInfo.org.
- There is www.CAinclusion.org webpage to answer and connect people in CA with intervention services.
- The ICC recognized Patric Widmann's many years of service to DDS and the ICC.

PRESENTATION

Gina Guarneri, M.A., Center for Excellence in Developmental Disabilities, UC Davis MIND Institute (Medical Investigation of Neurodevelopmental Disorders)

The MIND Institute is a collaborative international research center, committed to the awareness, understanding, prevention, care, and cure of neurodevelopmental disorders.

Gina presented: "Supporting the Use of *Learn the Signs Act Early* Resources in Home Visiting: California's Act Early State System Grant" (Attachments C-G)

- Debbie Sarmiento and Fran Goldfarb of the University of Southern California are the California ambassadors for Act Early

Gina talked about the *Making Access Possible to Inclusion & Belonging Newsletter*. It may be viewed on the website at: http://cainclusion.org/camap/newsletter/2014_may.html.

FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA

Linda Landry reported the following:

The FRCNCA would like to take this opportunity to welcome the newly appointed ICC Members: Douglas Erber of Long Beach, CA, Fernando Antonio Gomez of Los Angeles, CA, and John Hall of Irvine, CA.

The FRCNCA Steering Committee meets monthly via conference call.

Outreach and collaboration activities included participation at the UC Davis Center for Excellence in Developmental Disabilities Advisory Committee, the UCLA Tarjan Center University Center for Excellence in Developmental Disability (UCEDD) Consumer Advisory Committee, University of Southern California/UCEDD, Lanterman Coalition, California Network of Family Strengthening/Support Networks Training and Technical Assistance Collaborative, California Standards for Family Strengthening & Support Committee, and the 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.

The *Learn the Signs Act Early* Program of the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention have selected Fran Goldfarb of the USC CEDD (Southern California) and Debbie Sarmiento of the FRCNCA (Northern California) as California's Act Early Ambassadors South and North. They are a partnership, and part of their responsibilities is to provide training on:

- Learn the Signs
- Early Identification Guide
- Doctor's discussion documents

Additional resources developed by the 2013 California Learn the Signs Act Early grant partners. To learn more about this nationwide effort you may visit:

<https://www.aucd.org/template/page.cfm?id=756>.

The FRCNCA continued the implementation of Prevention Resource and Referral Services (PRRS)

- Bi-monthly 1800 Second PRRS calls on the 1st and 3rd Wednesday continue to be held 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.
- Individualized technical assistance and training is ongoing.
- Regional trainings were held April 9th and 10th in Torrance and April 28th and 29th in Sacramento. Attendees received training on the use of the ASQ 3 Screening Tool and on PRRS outreach analysis outreach strategies and tangible services.

Eighteen FRCNCA Representatives will participate as a part of the California Autism Professional Training and Information Network (CAPTAIN) Cadre. The goal of CAPTAIN is to identify and develop a cadre of staff with enhanced knowledge about autism and evidence

based practices across California, and to develop local multi-agency collaborations between SELPAs, Regional Centers and Family Resource Centers. Statewide, 400 designated participants who have met specific criteria will become part of the CAPTAIN Cadre. This includes the completion of a Foundation of Autism online class offered through the University of North Carolina on evidence-based practices in autism, and attendance at a two day regional symposium.

Additional funding is continually sought to maintain the coordination of the FRCNCA.

RACE TO THE TOP– Early Learning Challenge (RTT-ELC)

Jennifer Miller (WestEd) reported the following:

- Implementation of Training and Technical Assistance (TTA) has begun with many of the Consortia. Priority areas identified across multiple Consortia include:
 - Professional development for Early Childhood Education (ECE) staff around practices that support inclusion.
 - Professional development for ECE staff and families about early intervention systems.
 - Professional development for ECE staff and families about developmental and behavioral screening.
- Systems development- application of Tiered Quality Rating and Improvement System (TQRIS) to Early Childhood Special Education classrooms (Part B/619).

Action Items/Outcomes: Some Consortia have organized themselves regionally; others are designing activities to include and support the new RTT-ELC mentee counties. Our strategy for designing and providing responsive TTA has been to help Consortia anchor in thinking toward sustainability and capacity building.

- A follow-up presentation was provided to the Southern CA Regional Center Early Start Supervisors in April 2014. Both state and local level updates on RTT-ELC implementation efforts and activities were provided. Early Start Supervisors also shared the following:
 - None of the Early Start Supervisors had been contacted/involved with local Consortia since the October presentation.
 - Early Start Supervisors reported they had not heard anything locally about RTT-ELC, with the exception of state level updates/presentations.
 - Early Start Supervisors identified the following as areas of need for early care and education, based on their experience/interaction:
 1. inclusive environments,
 2. understanding Part C/Early Start system,
 3. transition at age 3/Part B, and
 4. working with families
 - Early Start Supervisors generated the following suggestions:
 1. invite Consortia/ECE to existing local ICC meetings,
 2. invite Consortia leads to their Fall 2014 meeting (with WestEd CPEI/DDS),
 3. share this information (WestEd CPEI/DDS) with FRC's, and
 4. invite WestEd CPEI to share their names/contact information (as points of contact) with local Consortia leads.

Action Items/Outcomes: WestEd plans to attend meetings with both Northern and Southern Early Start Supervisors again in the fall and also will initiate contact to engage FRC's in RTT-ELC state and local level efforts.

- Narration of the first Early Start On-Line Training Module “Early Start, Early Childhood Special Education and California’s TQRIS” has been finalized. WestEd is currently writing the second Module “Measurable Outcomes: The Intersections Between TQRIS and Early Childhood Special Education Programs.”

Timeline/Benchmarks: Modules will be posted on the Early Start Neighborhood <http://www.esneighborhood.net/> and WestEd CEITAN <http://www.wested.org/project/california-early-intervention-technical-assistance-network/> websites by the end of June.

AGENCY REPORTS:

Department of Developmental Services (DDS)

JoEllen Fletcher reported the following for Jim Knight:

In Fiscal Year 2013/14, as a result of federal sequestration, the Part C Grant was reduced by about \$4 million to approximately \$49 million. As a result, DDS made reductions in all areas that receive Part C funding. Some of the significant reductions included those for WestEd, the FRCs and CDE.

For FY 2014/15, the federal sequestration has been withdrawn, and is no longer affecting the Part C Grant. As a result, we have a \$3.2 million increase anticipated.

Some areas increased include:

- \$1 million for WestEd
- \$700,000 for CDE
- \$50,000 for FRCs

Discussion: Since the ICC will be charged with taking a major role on the SSIP, Marie proposed that the budget includes the tools for the ICC to do this. The ICC would like to see support from WestEd and have the support to the ICC included in WestEd’s budget.

Department of Public Health (CDPH)

No report.

Department of Social Services (DSS)

Mary Sheppard reported the following:

Child Welfare Council Child Development & Successful Youth Transitions Committee is partnering with the First 5 media campaign *Talk, Read, Sing* to add information on their web page. This information is specific to foster parents and biological parents of children in the child welfare system. No current legislation or budget information.

Department of Managed Health Care (DMHC)

Susan Burger reported the following:

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 twenty-one months following implementation (July 1, 2012 – March 31, 2014), the DMHC received 197 SB 946-related complaints. The DMHC is seeing a reduction in the number of related complaints filed with its Help Center (i.e., 49 complaints have been filed during the first three quarters of the second year of implementation, while a total of 148 complaints were filed

during the first year of implementation). The most common complaints involve treatment denied based on medical necessity and treatment denied with a non-network provider. The case outcomes for the resolved complaints are as follows: 62% were found in favor of the enrollee and 38% 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>).

During the same timeframe (July 1, 2012 to March 31, 2014), the Help Center received and resolved a total of 114 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 resolved complaints are as follows: 74.3% were resolved in favor of the enrollee and 25.7% were found in favor of the health plan.

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. Consumers do not have to be enrolled in a managed care health plan to contact the Help Center. If a consumer has a question or is uncertain about how to proceed with a dispute or problem with a 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 the caller directly, it will connect the caller 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 Education (CDE)

Olga Cid reported the following:

The Special Education Division is holding monthly stakeholder meetings to discuss and develop the State Systemic Improvement Plan for the State Performance Plan for Part B. CDE is investigating how it can align its plan to other initiatives that are going on in the state and at the Local Education Agency (LEA) level. These meetings involve all of the special education staff and outside stakeholders. Some areas being investigated are: Discipline, graduation, Multi-tiered System of Supports, Least Restrictive Environments, and Assessment.

CDE held an Early Childhood Special Education (ECSE) Stakeholders meeting to advise the SED on ways to support ECSE programs to assist children and families in achieving positive outcomes on federally defined ECSE Indicators in California's State Performance Plan.

Questions raised at the Stakeholder meeting included:

- What are the advantages and disadvantages of adopting each of the three models for benchmarking in California?
- Are there other models that should be considered?
- Which evidence-based/peer reviewed practices are most likely to improve the progress of children as measured by the Desired Results Developmental Profile?
- What practices should be promoted by the CDE? What factors need to be considered when designing how SED might provide professional development?
- What kinds of supports (e.g., guidance materials, professional development, technical assistance) should be provided to all programs?
- In terms of programs in need of more targeted support:
 - On what basis/data should programs be identified as being in need of targeted support?
 - What should be included in a district's self-assessment and plan for improvement?

CDE discussed the preschool indicators in the State Performance Plan and talked about how the indicators could be reported and the data grouped. The preschool indicators are reported at the SELPA level to capture enough of the indicators to be statically relevant.

Some suggestions for professional development evolved around a statewide system for professional development, birth to five years of age, including CDE and DDS, both general and special education together.

Legislative Updates:

There is no report from the legislature at this time.

Relevant Budget Updates:

CDE has been working on understanding the Local Control Funding Formula and the Local Control Accountability Plan the LEAs have to complete. This plan describes how the LEA will allocate their funds around eight areas (School Climate, Implementation of State Standards, Course Access, Expelled Pupils, Foster Youth, Pupil Achievement, Other Pupil Outcomes, Family Involvement, and Pupil Engagement).

Interagency collaboration activities relevant to children birth to three:

CDE continues to meet with DDS to discuss joint issues. Both Departments met last week to discuss common data issues and preparation of the State Performance Plan for Part C.

Department of Health Care Services (DHCS)

Virginia Bliss did not report.

Department of Education – Office of Homeless Education

Leanne Wheeler reported the following:

On November 13, legislation [*The Strong Start for America's Children Act – Provisions Related to Homeless Children and Families (S. 1697 and H.R. 3462)*] was introduced in the U.S.

House of Representatives and U.S. Senate to increase access to high quality prekindergarten programs for low and moderate-income children. The legislation, "A Strong Start for America's Children Act," provides federal dollars in formula grants to states, with a state match, based on the state population of 4-year-olds under 200% of the Federal Poverty Level. To be eligible, states must offer state-funded Kindergarten, establish early learning standards, and be able to link prekindergarten data to K-12 data. States must provide local grants to local educational

agencies (LEAs), early education providers, or consortia. In addition, states can reserve up to 15% of funds for low-income children who are birth to three years old.

More than half of all children who enter a federally-funded homeless shelter are under the age of five. Homeless children are more likely, than children living in poor housing conditions, to experience developmental delays, as well as chronic and acute health problems that compromise their growth and well-being.

Preschool programs play a critical role in mitigating the ill effects of homelessness and poverty, and helping homeless children get back on track and ready to learn. Yet homelessness creates barriers to enrolling and participating in early education programs. Lack of records and transportation; the high mobility that accompanies homelessness; lack of available slots/programs; and, lack of awareness and outreach efforts by early childhood programs often prevent homeless children from accessing early education programs.

A Strong Start for America's Children includes the following provisions relating to homeless children and families:

- A definition of homelessness consistent with the education subtitle of the McKinney-Vento Homeless Assistance Act, the Head Start Act, the Individuals with Disabilities Education Act, and the Child Nutrition Act.

State Requirements:

- State applications must describe coordination with McKinney-Vento education programs.
- In awarding sub-grants for infants and toddlers, States must give preference to programs that have a plan to increase services to homeless children.
- State performance measures must track progress in increasing school readiness in all domains for homeless children.

Local entity applications must:

- Describe how parents will be engaged and ensure that parents are aware of services provided, including outreach to encourage eligible families to participate, including homeless families.
- Describe how the entity will develop and implement a system to increase program participation of homeless children.
- Adopt policies and procedures that require
 - Outreach to identify homeless children
 - Immediate enrollment while records are obtained
 - Continuous enrollment and participation, even if a child moves out of the service area, if that is in the child's best interest, including providing transportation when necessary
 - Professional development on homelessness for prekindergarten staff, and
 - Collaboration with homeless liaisons and service providers.

ICC CHAIR REPORT

Theresa Rossini reported on the following:

Theresa presented a power point on the progress of her sons. The information served to highlight the challenges and successes of her family's experiences. Theresa suggested that new members tell their stories about their children at the next few meetings.

OTHER BUSINESS

Next steps:

The ICC is requesting an additional meeting to learn about their role in the State Systemic Improvement Plan (SSIP). If the ICC is part of a seminal piece of the plan, and are expected to do more than just review the document, they need an overview.

- How much time is needed to update the ICC on the SSIP?
- ICC does not want a webinar.
- Suggestion – have a facilitated SSIP meeting in July instead of August.

The ICC is requesting a two-day strategic planning meeting in August, 2014. Jim Knight said that the combination of the ICC meeting with the strategic plan meeting would probably be more feasible. September 18-19 is already set as the ICC meeting dates with the possibility of adding September 17.

- Suggestion - combining strategic planning meeting with ICC meeting and make 3 days in September (no EC or COTW).
- Olga Cid, CDE, suggested Larry Edelman to facilitate this meeting. CDE has used him previously.

Action Item for the November meeting: when the dates are set for the 2015 meetings, the May date will be moved so it does not clash with the development of the State budget.

ADJOURNMENT

Meeting was adjourned at 1:30 p.m.

ATTACHMENT A
OTHER GENERAL MEETING PARTICIPANTS

Community Representatives

Toni Doman (via conference call)
Laurie Jordan* (via conference call)
Linda Landry* (via conference call)
Al Milan
Virginia Reynolds
Debbie Sarmento*

DDS Staff

JoEllen Fletcher
Elise Parnes
Erin Paulsen

Guests

Cindy Arstern-Kerslake
Gina Guarneri
Evelyn Hoskins
Jennifer Miller