Approved on 02/26/2010

INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION GENERAL MEETING

November 19, 2009

MEMBERS PRESENT

Theresa Rossini, ICC Vice-Chair
Jim Belotti. Designee for the Superintendent of Education (CDE)
Susan Burger, Designee for the Director (DMHC)
Toni Doman
Arleen Downing, M.D.
Janet Hill, Designee for the Director (DPH)
Madeline Journey-Lynn, Designee for the Director (DADP)
Rick Ingraham, Designee for the Director (DDS)
Hallie Morrow, M.D., Designee for the Director (DHCS)
Marie Poulsen, Ph.D.
Jim Bellotti, Designee for the Superintendent of Public Instruction (CDE)
Cheryl Treadwell, Designee for the Director (DSS)

MEMBERS ABSENT:

Toni Gonzales
Gretchen Hester
Raymond M. Peterson, M.D.
Beverley Morgan Sandoz
Elaine Fogel Schneider, Ph.D.

OTHERS PRESENT:

Linda Landry
Debbie Sarmento
Patric Widmann, ICC Supervisor
Stacie Byrne-Reed, ICC Coordinator
Elissa Provance, WestEd, Recorder

Refer to Attachment A for a complete list of attendees.

CALL TO ORDER

Theresa Rossini called the meeting to order at 8:40 a.m. She chaired the meeting in Mac Peterson's absence.

INTRODUCTIONS AND ANNOUNCEMENTS:

Self-introductions were made.

Approved on 02/26/2010

AGENDA REVIEW:

An immediate action item related to a letter from the Child Care Law Center was added to the agenda.

APPROVAL OF SEPTEMBER 2009 MINUTES:

Minutes were approved with no revisions.

EXECUTIVE COMMITTEE REPORT

Theresa Rossini reported on highlights of the meeting yesterday, including future presentations. DDS will send an email to ICC members and community representatives requesting that the presentations be identified in order of priority. Results will be compiled and reported to the Executive Committee in February.

Theresa stated that Rick Ingraham reported on Early Start policy changes and the resumption of monitoring. Patric Widmann shared information about Early Learning Quality Improvement System Advisory Committee (ELQIS) and the newly formed Early Learning Advisory Council. Refer to Executive Committee minutes for more information.

The 2010 meeting schedule was changed to accommodate Thursday/Friday meetings by meeting in April instead of May, August instead of September and October instead of November. DDS will email the new schedule to the ICC.

Theresa shared that the new committee structure was implemented with committees meeting in the afternoon. The Executive Committee reconvened at 4:00 p.m. to discuss the new structure and membership. The Executive Committee will have a conference call to review final assignments. DDS will send an email to identify the committee preferences of members who have not signed up for a committee.

ICC CHAIR REPORT

Theresa shared a personal family story about her son receiving a Varsity letter for water polo as a freshman and making the honor roll. She also shared her experience in returning to work as a speech therapist for people with severe disabilities.

ICC STAFF REPORT

Rick suggested that a temporary chair be assigned to the Executive Committee since Theresa has been responsible for chairing both the Executive Committee and the ICC meeting in Mac's absence. The task of running both meetings is a tremendous amount of work. Theresa suggested that the topic be discussed at the next Executive Committee conference call.

Approved on 02/26/2010

Patric Widmann reported that there has been a delay in travel reimbursements due to a change in administrative procedures. The situation has been remedied. Early Start Institute Catalogs are available and Patric encouraged everyone to attend the various events.

Patric provided information about Infant-Family and Early Childhood Mental Health Trainings that are being hosted by University of Massachusetts in Napa, California. She also shared that the 9th Annual Conference on Developmental Disabilities for health professionals will be held March 11-12 in San Francisco. Topics include autism, screening and communication, pharmacology, speech and early intervention. This is the first year that DDS is not sponsoring the training due to budget constraints. Refer to Handout Section for detail information.

DDS hired a fiscal tracking person and is interviewing for a nurse consultant. Permission has been received to hire a Section Chief. There are still two vacancies and two staff are on extended leave.

FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA

Linda Landry reported on FRCNCA activities (Attachment B). A picture of the Partners in Policymaking's third graduating class of 38 people was shared with the Council. Mono, Imperial, San Diego, and Orange Counties will be the next cohort. Outreach and collaboration activities were also highlighted.

FRCNCA requested that the Council consider submitting a request to the Governor to appoint the FRCNCA as a voting member of the ICC. A discussion followed regarding the difficulty that all councils are having in getting members appointed given the fiscal crisis in California.

The DDS Budget Advisory Workgroup is meeting December 1 to consider the budget situation and to make recommendations. As a participant on the group, Linda will provide a report in February.

ACTION ITEMS:

- **Sign off on State APR Data Report – Unanimously approved**

  Rick shared that each year the Annual Performance Report is developed and submitted to OSEP by February 1, 2010. The ICC Chair is required to sign off on the report prior to submission. The Action Item is to obtain approval for this process. A distinction was made between the Annual Performance Report and the ICC Annual Report. The DDS Legislative liaison uses the ICC Annual Report to orient new legislative members regarding Early Start. Marie suggested an ICC member assist the DDS liaison in the orientation and follow-up with new members.

- **Child Care Law Center – Failed to pass**

Theresa reported on the discussion in the Executive Committee about whether immediate action items that have not had a ten day notice can be acted on by the ICC. The ICC bylaws are silent regarding immediate action items. However, The Bagley-Keene Open Meeting Act states that action may be taken without prior notice if a determination that the item requires immediate action is made by a 2/3 vote of the council or if less than 2/3 members are present , a unanimous vote of those members present.

Marie Poulsen reviewed the contents of the letter that the Child Care Law Center (Attachment XX) proposes to send to the Secretary of Education, the Superintendent of Public Instruction, and the chair of the California Children and Families Commission. The letter indicates that the signatories support the work being done by the California State Advisory Council on Early Childhood Education and Care and urges the Council to form two workgroups: Access to Underserved Population, which would address unmet needs, special needs inclusion, and developing a plan to extend services to children, birth-3, and Cultural/Linguistic Inclusion, which would ensure all early childhood education programs and systems are culturally and linguistically competent and relevant. ELQIS is now a committee of the Council.

A motion was made for the ICC to sign off on the letter recommending that two additional committees be formed under the State Advisory Council on Early Childhood Education and Care. The Council has 15 ICC members with 10 present today, which means a 2/3 would be 10 votes. The motion did not pass with three in favor and 7 abstentions. Discussion ensued about the ICC not being able to act in a timely manner.

PUBLIC INPUT

Tammy DeHesa: Parent and Community Representative from Rialto announced that the California State Parent Team is working with Cheryl Treadwell on the Parent Leadership Conference scheduled for next February. Scholarships are available. The conference promotes parent leadership in programs, systems on a state level, and how to work together with parents.

Angela McGuire: Parent from Sacramento who is involved with the Inclusion Celebration each year. The event honors people around the state who provide inclusive opportunities. This year's theme was Inclusion Rocks and Angela provided key chains from the event. They are developing a birth-5 strand. Angela is the contact person for topics.

Julie Kingsley: HOPE Infant Program, SEECAP, Community Representative, and parent from San Marcos reported that in her community Early Start changes are progressing fairly well. Although the policy changes have interrupted local collaboration to some extent; things are getting back on track. It seems that fears about the changes haven't affected as many families being served as expected. Julie is concerned about

children under four months of age. In the past, there was a local agreement that these children could not be assessed well using the IDA tool. Now, all infants under four months of age are not being assessed prior to placement in the Prevention Program. She is hoping that there will be official information requiring that all children be assessed to determine eligibility for either Early Start or Prevention. Julie announced SEECAP events in February and March.

Laurie Jordan: Rainbow Connection Family Resource Center and Community Representative from Oxnard reported that her Regional Center offers respite if the parent is learning to take care of their child including respite for parents attending FRC trainings.

Peter Michael Miller: Community Representative from San Anselmo announced that the National American Academy of Pediatrics has officially designated brain development as a priority for the next year. Regarding Early Childhood Education, he is concerned that the work from SB 1629 is focused on standards for child care providers, which is important; however, he said information about early brain and child development and psychosocial connections should be integrated. Regarding developmental screening, Peter said many physicians are now conducting developmental screenings to identify earlier children who may need early intervention services. He stressed that this effort needs to be coordinated and that we need to monitor the impact on Early Start.

Regina Friedman: District Supervisor for Migrant Head Start represents migrant seasonal farm workers thanked the ICC for their work. Children of seasonal farm workers are being affected by the new Early Start policies. Without a residence, these families will not be covered by Healthy Families. Regina also works with Stanislaus County Office of Education. She wants to participate on the ICC and collaborate during these difficult fiscal times.

Mary Holland: Founder of an Infant Family Service Program, a home-based program in Los Angles for 20 years, reported that she is very concerned about whether her program will be able to continue due to the state budget crisis. She is here to ask for direction and clarification. She has received many calls and concerns from other providers who report that they haven't received referrals in the past 5 months, that there is a 60% drop in children served, and that home visiting programs are not receiving referrals either. The inference is that programs aren't cost effective. Regional Centers are reporting no significant changes in intake. Mary wonders "Where are the children?" She reported that services are being changed without IFSP meetings and without parent input. Parents are struggling to access insurance. Regional Centers are interpreting policy differently. She is having difficulty in determining what services to provide and is asking for guidance. She is asking what the vision is for early intervention in California.

Wanda Davis: Early Start Manager of Regional Center of the East Bay (RCEB) and Community Representative from Oakland said that accessing insurance continues to

be a slow, difficult policy to implement. RCEB is still receiving letters from providers, such as Kaiser Permanente, stating they will not provide therapies and other services. This trend is especially relevant to the children with autism. Currently, there is no plan for handling these denials or the resulting spike in workload. At this point, there is only one point person at Kaiser for the entire state to handle insurance issues. This slows down providers as well as Regional Centers. They can't respond timely enough without causing further delays of therapies and services.

There is also a shortage in providers. Healthy Families said that even though children are deemed eligible, networks have no one to provide services. The same is true for Medi-Cal. Managing the issues surrounding insurance has turned into a huge workload issue. Susan Burger, DMHC, provided the Help Center phone number: 888.466.2219. Susan also referenced the Knox-Keene Act which mandates timely delivery of services from provider networks. She urged the audience to have affected families call the Help Center when they have received denials or delays in services.

Letha Sellers: San Gabriel/Pomona Regional Center Early Start Manager and Community Representative from Pomona stressed that reductions have caused tremendous consternation throughout the system. Regional Centers have had to implement new policies in a very short amount of time. She requested that those involved maintain perspective, to not operate on anger, and to work together on solutions. Regional Centers are doing their best in moving forward with implementing Early Start changes.

Dr. Elisa Roach: Executive Director of an auditory school for deaf children, which serves children 0-10 years of age. She is also a stakeholder and parent of a profoundly deaf daughter who is 12. Lisa reported that parents come through her doors everyday who do not know their service options. She is not here to debate the options. The issue is that there are parents with deaf babies who are making decisions without being fully informed. She is requesting a workgroup be formed to look at how to better inform parents of their options.

Robin Millar: Past Chair of IDA and Community Representative from Simi Valley announced the IDA conference scheduled for April 2010, with Dan Siegel as the keynote. Other events include Home Visiting for the Medically Fragile Child and Sensory Integration.

Robin is also the Administrative Director for Child Development Services in Simi Valley, a vendored program. She also is concerned about referrals. In September, we looked at a PowerPoint that showed evidence of a 10% growth rate in Early Start. Now there is a 20% decline in referrals to vendors all over. She questioned "Where are the infants and toddlers?" She wonders if Regional Centers are also experiencing a reduction in referrals. Robin also expressed concern about the use of insurance and the impact on service delivery. She knows it's challenging and complicated. There are unintended consequences of hardship for families. Many middle class families in her area are selecting to not receive services because they cannot afford the co-pay. The insurance

is not denying the service, Regional Center is authorizing the early intervention service, and there is no gap in service; however, the family is telling the service provider that they cannot afford the co-pay. Services for children are being impacted. Children identified as requiring support are not getting it. Programs are experiencing potential layoffs. Tenacity and reliance is needed.

Fran Chasen: Chair of Public Policy Committee for IDA and Community Representative from Santa Monica reported that NAEYC is requesting input on a framework they developed for early childhood professional development. Refer to www.naeyc.org/positionstatements/psconf for more information. Fran also shared that IDA felt there is a need to offer the early intervention community opportunities for dialogue about Early Start changes. Since June, IDA has facilitated conversations in various communities. IDA has developed a generic tip sheet (refer to Handouts) to assist providers in giving information to families if services are cut or altered. IDA's biggest concern is that the projected economic savings will not be visible but the economic consequences will be.

Theresa took the opportunity to make a special presentation honoring Jim Belotti who will be retiring from state service after 40 years. She read a letter from Mac Peterson to Jim (see attachment). Rick gave a brief speech on Jim's many accomplishments and presented him with a certificate of appreciation. Linda Landry, on behalf of the FRNCA, presented him with "40 anniversary, happy retirement Jim coffee table book".

PRESENTATION – STATEWIDE SCREENING COLLABORATIVE

Janet Hill was introduced as the newest member of the ICC representing the California Department of Public Health. She presented about the Statewide Screening Collaborative. Refer to Attachment C for the PowerPoint. Janet reviewed the history, beginning with the Early Childhood Comprehensive Systems (ECCS) grant. The goal is to have families access services as soon as possible. The California ECCS project is one of 59 nationwide federal grants to build a statewide comprehensive early childhood system that supports the development of children who are health and ready to learn. The vision for a coordinated early childhood system is to be family focused. There are five domains:

1. Medical Home/Access to Care
2. Early Childhood Education/Child Care
3. Social and Emotional Development/Mental Health
4. Family Support
5. Parenting Education

Janet reviewed the ABCD Screening Academy and its findings. ASQ, PEDS, and PEDS-DM stood out as developmental screening tools. Other good tools included ASQ-SE for social-emotional and MCHAT for autism. ABCD created a logic model for achieving optimal development for young children. The SSC was an outcome of ABCD.

Approved on 02/26/2010

SSC's purpose is to "enhance state capacity to promote and deliver effective and well-coordinated health, developmental, and early mental health screening throughout California."

The California Screening Initiative is a Statewide Screening Collaborative outreach activity to increase the use of standardized screening tools for all young children and referral into services (universal screening). The primary audiences are medical community, early childhood education, child welfare system, and mental health. It is being launched November 2009-October 2010. The components are a developmental screening website, electronic press kit, early childhood information sharing toolkit, referral algorithm, screening tools table, state tool discounts for ASQ, PEDS and CHADIS, and online trainings and webinars. An evaluation and sustainability plan will be developed. Under sustainability is Project LAUNCH, which is a project funded by a SAMHSA (Substance Abuse and Mental Health Administration) grant for $4.2 million over five years. The purpose is to improve developmental outcomes for children in California. East Oakland was selected as Project LAUNCH site.

AGENCY REPORTS

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

Announcements

DSS has developed informational brochures about understanding the value of developmental screening and early intervention for young children. The brochures are targeted to the Child Welfare community, specifically foster parents and social workers. We have few thousand available and will disseminate to various constituents. (you should have a copy – I left them on the table) if not I can scan

November 21, 2009 on the West Capitol steps will be a program recognizing National Adoption Day.

CDSS and Parent's Anonymous will be convening a Parent Leadership Conference on 02/25/-26/20010. It will be held in Ontario, California.

Training Opportunities:

On December 8, 2009 at 10:00 am, CDSS and DDS will be presenting a Webinar hosted by the UC Davis Resource Center for Family Focused Practice, highlighting the changes to the DDS eligibility criteria for Early Start. CDSS will also present from the perspective of how to view this as an opportunity to strengthen collaboration and partnership.

Approved on 02/26/2010

Special Start Training is now available. Special Start Training focuses on training caregivers and parents on the care of neonatal infants in an evidenced based relational based approach to the care of infants. The training is directed to foster parents as well. The website is specialstart.ucsf.edu/ssfp/

Budget Highlights

FY 09-10 remains the same. No changes, will wait for release in January.

Legislation

Public Law 110-351 is still the latest focus for our department and brings resources and changes for older foster youth but also brings to the forefront funding and recognition of the Home Builders and Nurse Family Partnership Grants, which are home visitation programs for young children.

Department of Health Care Services (DHCS) – Hallie Morrow reported the following:

CMS Branch Staffing

- The Branch Chief position is still vacant

CCS

- Handout of recent Numbered Letters provided
- CCS Redesign
  - Report of the assessment done by HMA is available on the DHCS website (www.dhcs.ca.gov) – click on Waiver Renewal, then on Considerations for Redesign of the California Children's Services Program under the Resource Documents heading
  - Department held a webinar on November 2 to provide information about the waiver and get public input. The public comment period ended earlier this week.
  - Stakeholder meetings are planned to start soon.
  - Current waiver expires August 31, 2010
- Title V Needs Assessment
  - Five year needs assessment required for the Maternal and Child Health Block Grant
  - Identify priorities for the next 5 years for CCS, California's Title V Children with Special Health Care Needs program
  - Stakeholder meeting was held and several workgroups are meeting by phone and webinar
  - Key informant interviews have begun
  - Focus groups are planned to begin in December
  - Online surveys will be conducted in 2010
- Pediatric Palliative Care (Partners for Children)
  - Program began in October.

  - First year counties – Alameda, San Diego, Santa Clara, Santa Cruz, and Monterey
  - Can enroll up to 300 children in the first year
  - Taking applications for hospice and home health providers to become palliative care providers – www.californiapartnersforchildren.org
- Neonatal Quality Improvement Initiative
  - Started phase 3 of the project with 14 Regional NICUs to focus on reducing blood stream infections, other infections, and antibiotic stewardship
  - Will continue through 12/31/10

High Risk Infant Follow-up (HRIF) program
- DDS presented the changes in Early Start eligibility and the new Prevention Program to the HRIF Coordinators in November
- Beginning preliminary analysis of the assessment data that has been collected

NHSP
- 238 of the 267 mandated hospitals are currently certified. These hospitals deliver over 534,000 infants each year.
- Working with contractor to configure the statewide data management service to support the work of the hospitals and Hearing Coordination Centers. Phased implementation is planned to begin in spring 2010

Budget
- No changes in budget impacts since the last meeting.

DHCS Representation on ICC
- This is Dr. Morrow's last meeting representing the Children's Medical Services (CMS) Branch
- Dr. Jill Abramson will be the new representative from the CMS Branch
- Recommendation for the ICC to request a representative from the Medi-Cal program in addition to the CMS representative, especially with the emphasis on use of insurance for Early Start clients.

Department of Education (CDE) – Jim Bellotti reported the following:

CDE Activities for Infants and Toddlers
The CDE website has been updated. Special items of interest are: series of pages related to disproportionate representation of students by race and ethnicity receiving special education services; updates about student participation in statewide assessments; Focused Monitoring and Technical Assistance (FMTA) unit consultants assignments by county; local educational agency (LEA) program summaries and information on specific federal grants allocated to provide services to individuals with disabilities; Advisory Commission on Special Education (ACSE) member biographies; Desired Results Developmental Profile (DRDP) access implementation and rollout; inventory of services and supports for students with disabilities that includes resource

tools for technical assistance providers working with program improvement school districts; National Autism Center Standards Project that provides critical information about which treatments have been shown to be effective for individuals with Autism Spectrum Disorders; amendments to indicator #7 (Preschool Assessment) of the State Performance Plan (SPP); and the Annual Performance Report (APR) that describes California's progress or slippage in meeting the measurable and rigorous targets established in the SPP.

Legislative Update

- Assembly Concurrent Resolution 1 has been introduced to proclaim December 3, 2009, as "Day of the Special Educator," in appreciation of the contributions made by special educators in California schools.

Budget Update

- The Governor's 2010-11 Budget Proposal is due to be released January 10, 2010. Due to state of the economy and the California state budget deficit, it is anticipated that there will be budget reductions, the magnitude of which is not known at this time.

Interagency Collaboration Activities

- On November 9, 2009, Governor Arnold Schwarzenegger established the California State Advisory Council on Early Childhood Education and Care. This is the first step to making California eligible to compete for a share of $100 million in federal Head Start funds available through President Barack Obama's Recovery Act. The new council is designed to increase collaboration among early childhood education providers. In addition to the members of the already existing Early Learning Quality Improvement System Committee, the Governor's Executive Order adds additional members, including representatives from Head Start, the state agency responsible for health or mental health, and a representative from higher education. The Council will have three members serve as co-chairs, including the Secretary of Education, the Superintendent of Public Instruction, and the Chairperson of the California Children and Families Commission.
- Pam Quiroz attended the Early Learning Quality Improvement System Advisory Board meeting.
- In collaboration with the Head Start Collaboration Office, Pamela Quiroz participated on a California Department of Education (CDE) Head Start Preschool Inclusion subcommittee to develop a video conference about the CDE – Head Start interagency agreement. Ten county offices of education will participate in this video conference.
- Pam Quiroz participated in the California Social Emotional Foundations for Early Learning (CSEFEL) work group. California is one of eleven states who received funding to provide a trainer of trainers events. The focus of CSEFEL is to

provide training to preschool teacher who with children who have challenging behaviors. The essence of the training is to provide teachers with skills to promote social emotional competency. The State level workgroup has developed the framework to design the system for CSEFEL to implement in the next two years.

- Nancy Sager and five Family Resource Center Parent Links mentors attended the Investing in Family Support Conference. At the conference, the Parent Links mentors, who are all parents of children who are deaf or hard of hearing, had the opportunity to hear about effective strategies for providing support to families of infants and toddlers who are deaf or hard of hearing, and to develop a state plan to improve parent-to-parent support for infants identified through the California Newborn Hearing Screening Program.

Personnel

- Pam Quiroz, in the interim, will represent the CDE at future State Interagency Coordinating Council meetings.

Department of Developmental Services (DDS) – Rick Ingraham reported the following:

- Rick suggested that Department representatives report at the February ICC meeting the anticipated impact for their Department of the Governor's budget. This will be included in the agenda, allowing the public to comment on the budget impacts.

- Prevention Program numbers are lower than expected, around 4,000 rather than the earlier estimates as high as 17,000. Regional Centers continue to transfer infants and toddlers to the Prevention Program when appropriate. Prevention Program FAQs are available. Regional centers are required to submit prevention plans to DDS by January 1, 2010. Rick suggested that for the next meeting, DDS will provide any available Early Start and Prevention Program data.

- With the implementation of the Prevention Program, the DDS legal office reviewed the Lanterman Act and stated that there is no lower age limit to the Lanterman Act. Therefore, kids under 3 who meet the Lanterman eligibility may receive all services offered under Lanterman as needed, including respite. It will take time for the interface among the three programs to get worked out (Early Start, the Prevention Program, and Lanterman).

- The evidence-based requirement is not just confined to Early Start. It is for behavorial interventions and that of course, is raising some controversy, discussion and uncertainty. There is a definition of evidence-based in the trailer bill language but there will still be challenges. The requirement that regional

centers require families to access private insurance for medical services will remain a central issue throughout the state. Thus far, DDS' position is that the law is silent on regional center funding of co-pays and it is up to local regional centers on this point.

- DDS has completed the process to recalibrate the state regulatory Part C requirements to the federal requirements. DDS is working with regional centers on operationalizing undefined definitions from the feds. Monitoring will resume in January 2010.

- DDS had partnered with National Standards Project for the ASD Intervention Guidelines but after the Governor's Executive Order halting all work on contracted services, the project stopped. There was also a split between DDS and National Standards Project over decisions which DDS does not agree with. The DDS version of the autism guidelines will be available soon.

- The DDS stakeholder budget committee that developed budget reduction proposals that are currently being implemented is now known as the DDS Budget Advisory Committee. The DDS Director was reluctant to expand the committee for fear of it growing too large and unmanageable, but she did ask for a list of ICC/community representatives. Rick apprised her of the value of having ICC representatives involved. It was decided that Tammy DeHesa will represent young children and families on that committee.

Department of Managed Health Care (DMHC) – Susan Burger reported the following:

The DMHC reiterated the following information that may assist Early Start consumers and their families as they begin to request health care services from their managed health care insurer as a result of the implementation of ABX4 9:

- The DMHC Help Center provides a free consumer service available 24 hours a day, seven days a week to receive and resolve enrollee complaints and to ensure that enrollees receive all the necessary medical and mental health care to which they are entitled. If medical treatment has been delayed, denied, or modified, enrollees have the right to an Independent Medical review (IMR). The IMR decision by an external medical expert that has no financial interest, is binding on the health plan. If an enrollee is uncertain about how to proceed with a health plan dispute or is having other problems involving a health plan, please contact the Help Center at **1-888-466-2219, TDD: 1-877-688-9891**, or visit the Department's Web site at **www.healthhelp.ca.gov**. The Help Center can provide help in many languages.
- To inform families about available Help Center services, the DMHC has prepared and distributed to various agencies an information notice on Help Center services which can be used in agency newsletters, placed on bulletin boards, and on agency Web sites. To continue to inform as many people as

possible about services available through the Help Center, the DMHC may be contacted to request a presentation to agencies or associations

- The DMHC encourages organizations and agencies to post a direct link to the DMHC Web site, **www.healthhelp.ca.gov**, on their own Web site thereby providing additional information to enrollees who may require assistance with obtaining medically necessary treatment or covered benefits from their health plan.
- On March 9, 2009 the DMHC released a letter to health plans on improved plan performance to address autism spectrum disorders ('ASD"). Health Plans must cover all basic health care services required under the Knox-Keene Act, including speech, physical, and occupational therapies for persons with ASD, when those health care services are medically necessary. The memorandum in its entirety can be accessed on the DMHC public Web site, **www.dmhc.ca.gov**, under the "Announcements" link.

The Department of Managed Health Care ("DMHC") continues to evaluate and respond to the potential impact of the implementation of ABX4 9 on health care service delivery for affected managed care enrollees. Related Department activities include, but are not limited to, the following: (1) providing presentations and distributing information notices on Help Center services to consumers, families and agencies; (2) resolving inquiries and complaints filed with the Help Center resulting from ABX4 9 implementation; and (3) examining filings of Health Plan Evidence of Coverage documents.

Department of Mental Health (DMH) – No report.

Department of Alcohol & Drug Programs (DADP) – Madeline Journey-Lynn reported the following:

1) State Interagency Team Fetal Alcohol Spectrum Disorders Work Group (SIT FASD WG)
   Activities of the Work Group
   - Discussion on the 3 deliverables (what will be given to SIT in mid 2010), including clarification of each of the deliverables. Everybody involved with the Task Force volunteered to be involved in a group. We went into those groups to begin our work. The purpose was to further define the deliverables by answering the following:
     - Objective
     - Define parameters
     - How to do it
     - The product / outcome
     - And a coordinator

     Deliverable 1 - Develop a map of current resources for pregnant women and families impacted by FASD and for sexually active women.

Deliverable 2 - Include information on this topic (FASD) at all of our agencies' conferences, (i.e., Governor's Conference on Prevention and Treatment), list serves and internet sites. i.e. –messaging, FASD International Day, information dissemination

Deliverable 3 - Work with the CA Dept of Insurance to request that ob-gyns who use a validated screening tool for pregnant women for AOD use during pregnancy receive a discount on their malpractice insurance rates

- Renewal of Native American Women's Awareness Campaign on Alcohol and Other Drug Treatment and Prevention – Writing the Request for Proposals (RFP) to implement a community awareness campaign focusing on alcohol and other drugs (AOD) treatment program and prevention services that meet the needs of Native American women by developing and providing outreach information and education statewide.

  The goal of the Native American Women's awareness campaign is to increase the capacity of Native American women in California to address alcohol and other drug (AOD) problems and to improve family communication skills. The project must also preserve traditional cultural values that are fundamental and effective to AOD treatment and prevention among Native Americans. The campaign must address specific topics such as Fetal Alcohol Spectrum Disorder (FASD), nutrition/health issues, and substance abuse.

2) New Initiatives

- The deadline for the Governor to take action on 2009 bills was Sunday, October 11. He vetoed the following enrolled bills:
  - AB 217 (Beall) AOD screening and brief intervention services
  - AB 244 (Beall) Mental health and AOD treatment parity

3) Relevant Budget Update from the Last Quarterly Report: N/A

Department of Public Health (DPH) – Janet Hill reported the following:

BUDGET

<u>Maternal, Child and Adolescent Health Division</u>

Three MCAH programs receive state general fund (SGF): Local MCAH, BIH, and AFLP. These programs also receive Title V funds and Title 19 matching funds. Without SGF, programs can no longer match Title 19 unless local general funds are contributed. This local general fund contribution is variable across counties and programs.

Local MCAH Program

Approved on 02/26/2010

The 100% elimination of SGF for local MCAH programs in the amount of $2.1 million will have a total funding impact of approximately $19.1 million to our 61 MCAH programs. The impact to the amount of Title XIX drawn with local funds would depend on local funding availability. With no SGF, local programs will decrease their ability to leverage local match.

Black Infant Health (BIH)
The 100% elimination of SGF for BIH programs in the amount of $3.9 million will have a total funding impact of approximately $7.3 million which includes associated Title XIX draw to our 17 BIH programs. The impact to the amount of Title XIX drawn with local funds would depend on local funding availability. Impacts of budget cuts are staff reductions and decreased caseload.

Adolescent Family Life Program (AFLP)
The 100% reduction in SGF for AFLP programs in the amount of $10.75 million will have a total funding impact of approximately $15.2 million which includes associated Title XIX matching funds. The impact to the amount of Title XIX drawn with local funds would depend on local funding availability. Impacts of budget cuts are staff cuts and decreased caseload. Impacts of budget cuts are staff reductions and decreased caseload.

<u>Background Information:</u>

- MCAH Programs in the 61 Local Health Jurisdictions (LHJ) are charged to serve, protect and improve the health of California women of reproductive age, infants, children, adolescents and their families, especially low-income families and individuals. Some major local MCAH activities include, but are not limited to, the following: ensuring pregnant women and children have access to medical care; overseeing outreach activities; assisting in the recruitment and retention of Medi-Cal providers into the Comprehensive Perinatal Services Program (CPSP); and providing oversight and supervision for the Adolescent Family Life Program (AFLP) and the Black Infant Health (BIH) Program.
- Black Infant Health Program (BIH) provides health education, health promotion, social support and service coordination to pregnant and parenting African-American adult women up to one year of age for their infant. Program services are found in 17 local health jurisdictions (LHJs) where approximately 94% of all African-American live births in the California occur. African American infants are more than twice as likely to die as white infants and African American women experience more than three times the risk of pregnancy-related deaths than all other racial/ ethnic groups.
- Adolescent Family Health Program (AFLP) is designed to enhance the health, social, economic and educational well-being of pregnant and parenting adolescents and their children in California. Built on a comprehensive case management model, AFLP works to assess client strengths and to link clients to services in an effort to promote positive pregnancy outcomes, effective parenting, and socioeconomic independence. AFLP programs can be found in

39 counties. AFLP enrolls pregnant teens up through the age of 18 for females and age 20 for males and their children.

- Budget Update- MCAH Division Background from Governor's Budget 07/28/09 http://www.dof.ca.gov/budget/historical/2009-10/governors/summary/documents/enacted/FullBudgetSummary.pdf

INTERAGENCY COLLABORATION

1. California Statewide Screening Collaborative (CSSC) brings together state agencies, organizations, and special initiatives focused on California's capacity to promote and deliver effective and well-coordinated health, developmental, and early mental health screenings for young children, birth to age 5. Current activities include the:

- California Screening Initiative- a public outreach information campaign to increase the use of standardized developmental screening tools. A screening website, www.first5ecmh.org has been developed for healthcare providers, educators, and parents to obtain information about developmental screening and early intervention resources for infants, toddlers and preschool-age children.
- State discount for a few commonly used screening tools is available. Go to the screening website.
- Partnerships with health agencies and health care providers to clarify Medi-Cal and other health insurance procedures and factors that enhance the ability of providers to conduct and be reimbursed for developmental screening in a timely manner.
- Coordination with the California Chapters of the American Academy of Pediatrics to provide information, outreach, and education on the availability of developmental screening resources and the benefits of early identification of children with health, developmental, and/or emotional-social difficulties.
- Coordination with the CDPH/MCAH Early Childhood Comprehensive System grant, Project LAUNCH and other screening initiatives to address common goals and challenges across systems.

OTHER BUSINESS:

ADJOURNMENT:
The meeting adjourned at 1:15 p.m.

Approved on 02/25/2010

ATTACHMENT A

STAFF AND OTHERS ATTENDING ICC EXECUTIVE COMMITTEE MEETING

November 18, 2009

COMMUNITY REPRESENTATIVES
Bev Ching
Terry Colborn
Tammy DeHesa
Stephanie Pringle-Fox
Susan Graham
Rachel Hagans
Laurie Jordon
Linda Landry
Robin Millar
Peter Michael Miller
Lois Pastore
Letha Sellers
Sherry Torok

GUESTS
Marlene Mongolo
Lennie Garcia
Regina Friedman
Mary Goldberg
Jill Abramson
Kay Ryan
Monica Mathur
Sandra Suitor
Susan Burger

ICC COMMITTEE STAFF
Angela McGuire
Stephanie Myers

DEPARTMENT LIAISONS
Michele Donahue
Erin Paulsen

Approved on 02/26/2010

ATTACHMENT A

STAFF AND OTHERS ATTENDING ICC GENERAL MEETING

November 19, 2009

COMMUNITY REPRESENTATIVES

Brigitte Ammons
Tony Anderson
Fran Chasen
Kathleen Colvin
Wanda Davis
Tammy DeHesa
Toni Doman
Stephanie Pringle-Fox
Susan Graham
Laurie Jordan
Julie Kingsley
Linda Landry
Kat Lowrance
Al Milan
Robin Millar
Peter Michael Miller
Lois Pastore
Debbie Sarmento
Letha Sellars
Sherry Torok

GUESTS

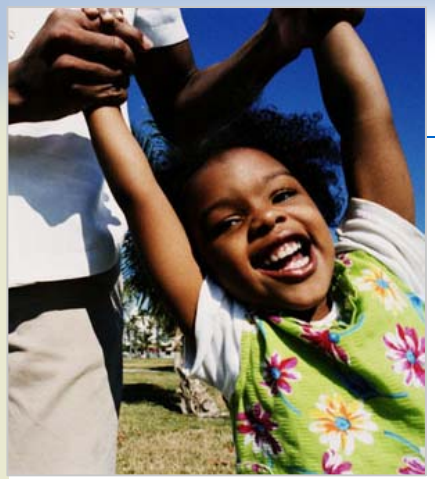
Yukiko York
Denise Meek
Regina Friedman
Julie Bernas-Pierce
Sandra Suitor
Jan Torgeson
Lennie Garcie
Marlene Mongolo
Mike Fuller
Kay Ryan
Gayle Coonce

DEPARTMENT LIAISONS

Pamela Quiroz
Nancy Sager

WESTED STAFF

Angela McGuire
Stephanie Myers
Elissa Provance
Virginia Reynolds



PREPARING OUR CHILDREN TO LEARN

Earlier the Better!

November 19, 2009

Janet Hill, MS, RD, IBCLC
916.650.0366
Janet.hill@cdph.ca.gov

Objectives

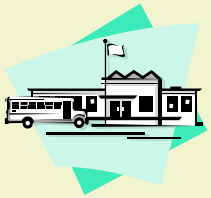
- Understand the purpose of the Early Childhood Comprehensive Systems (ECCS) grant
- Receive an update on ECCS activities, including:
  - ABCD Screening Academy
  - Statewide Screening Collaborative (SSC)
  - CA Screening Initiative
  - Project LAUNCH
- Recognize how SSC goals and objectives align with ICC

Families struggle to get help

Take a look at how a family in Los Angeles County is impacted by multiple services

AGENCIES – PROGRAMS & SERVICES

Education



- Public Schools
- ESEA, Title I
- School Lunch & Breakfast
- Head Start
- IDEA
- After-School Programs
- Textbook Funding
- Tests & Achievement
- Teacher Issues
- GED

Health & Food

- Medi-Cal – EPSDT
- Healthy Families Parent Expansion
- Child Health & Disability Program
- Expanded Access Primary Care
- Trauma Case Funding
- Co-payments for ER Services
- Child Lead Poisoning Prevention Program
- HIV/AIDS Prevention & Education
- Breast Cancer Screening
- Food Stamps
- WIC

Social Services

- TANF
- GAIN, CAL Learn, Cal WORKS, etc.

Child & Family Services

- Child Care – CCDBG, SSBG, Cal WORKS Child Care, etc.
- After-School Programs – 21st Century Learning Centers, etc.
- Promoting Safe & Stable Families
- Child abuse & Neglect Programs
- Foster Care – Transition, Independent Living, Housing, etc.
- Adoption Assistance, Adoption Opportunities

Mental Health & Probation

- School-Based MH Services for Medi-Cal Kids
- Probation Officers in Schools
- Cardenas-Schiff Legislation
- Health Care Through Probation
- Mental Health Evaluations
- Juvenile Halls

Which Agencies Could Help This Family?

Mom

Dad

9 year old

5 year old

Baby 1 1/2

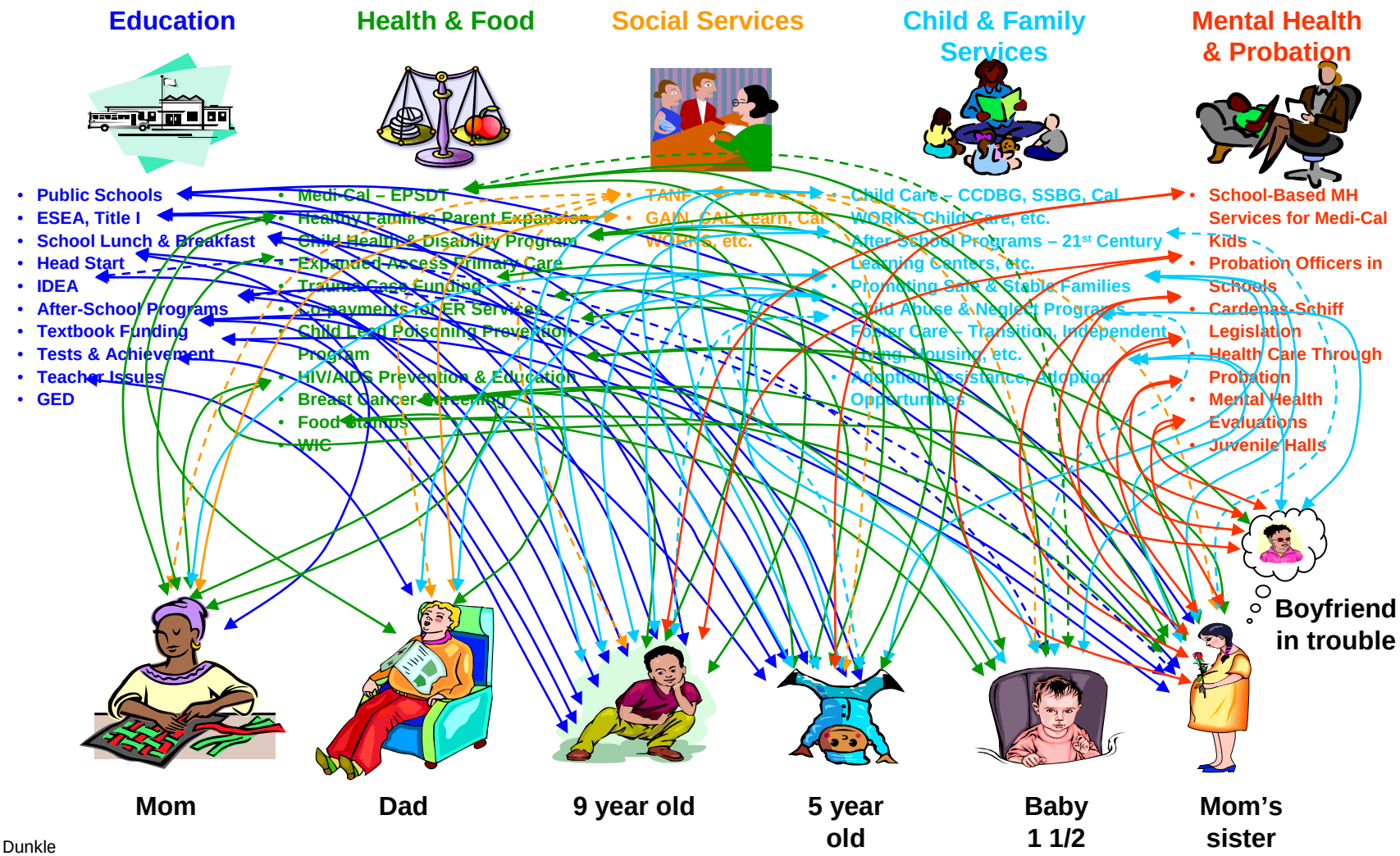
Boyfriend in trouble

Mom's sister

Margaret Dunkle, *The George Washington University*
& The LA County Children's Planning Council
2002

Understanding Systems That Affect Families

A Look at How 40+ Programs Might Touch One Los Angeles Family



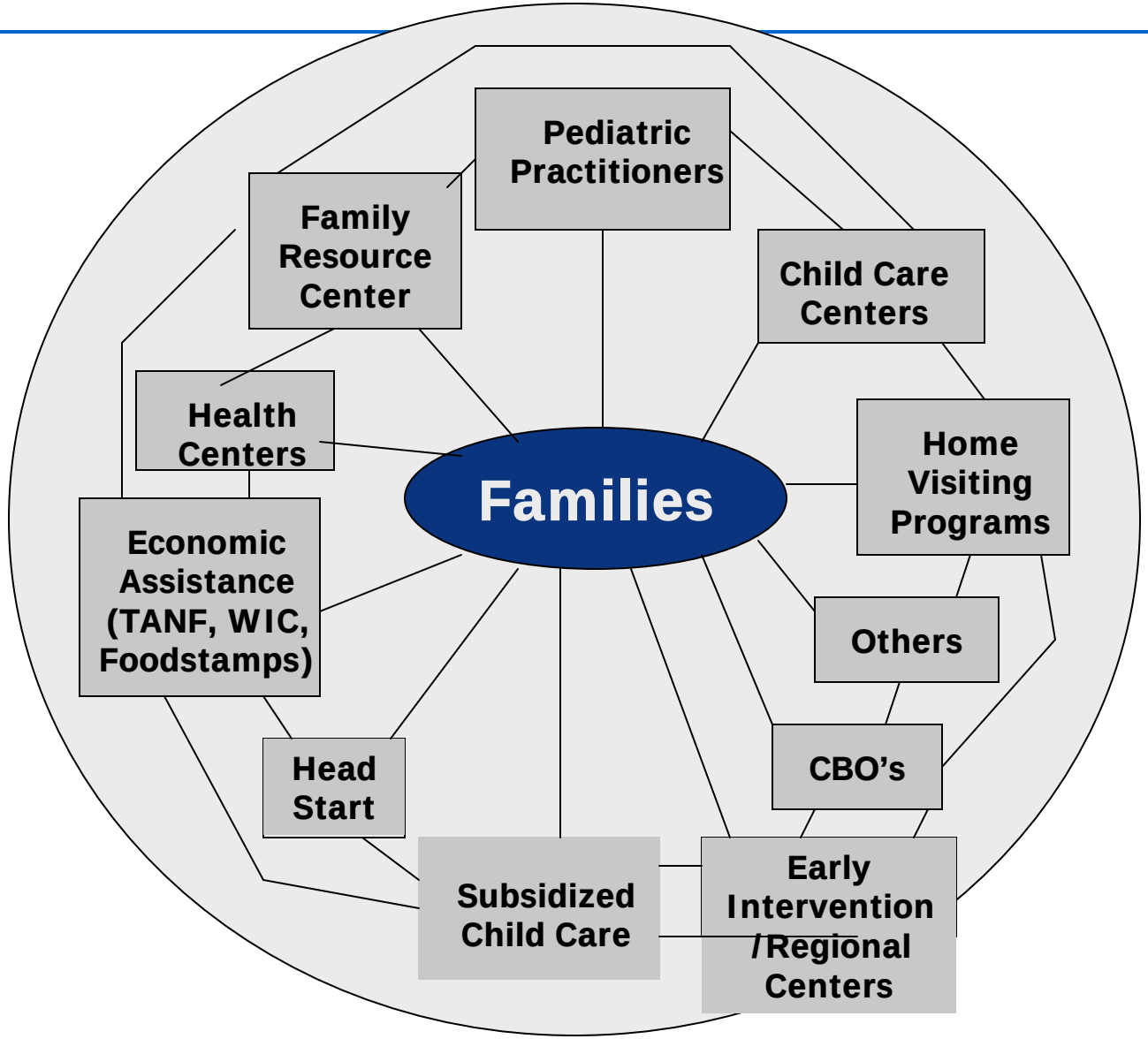
Margaret Dunkle
The George Washington University
& The LA County Children's Planning Council
2002

California Early Childhood Comprehensive Systems (CA ECCS)

The CA ECCS project is one of 59 nationwide federal grants to build a statewide comprehensive early childhood system that supports the development of children who are healthy and ready to learn=

School Readiness…….

A Vision for a Coordinated Early Childhood System

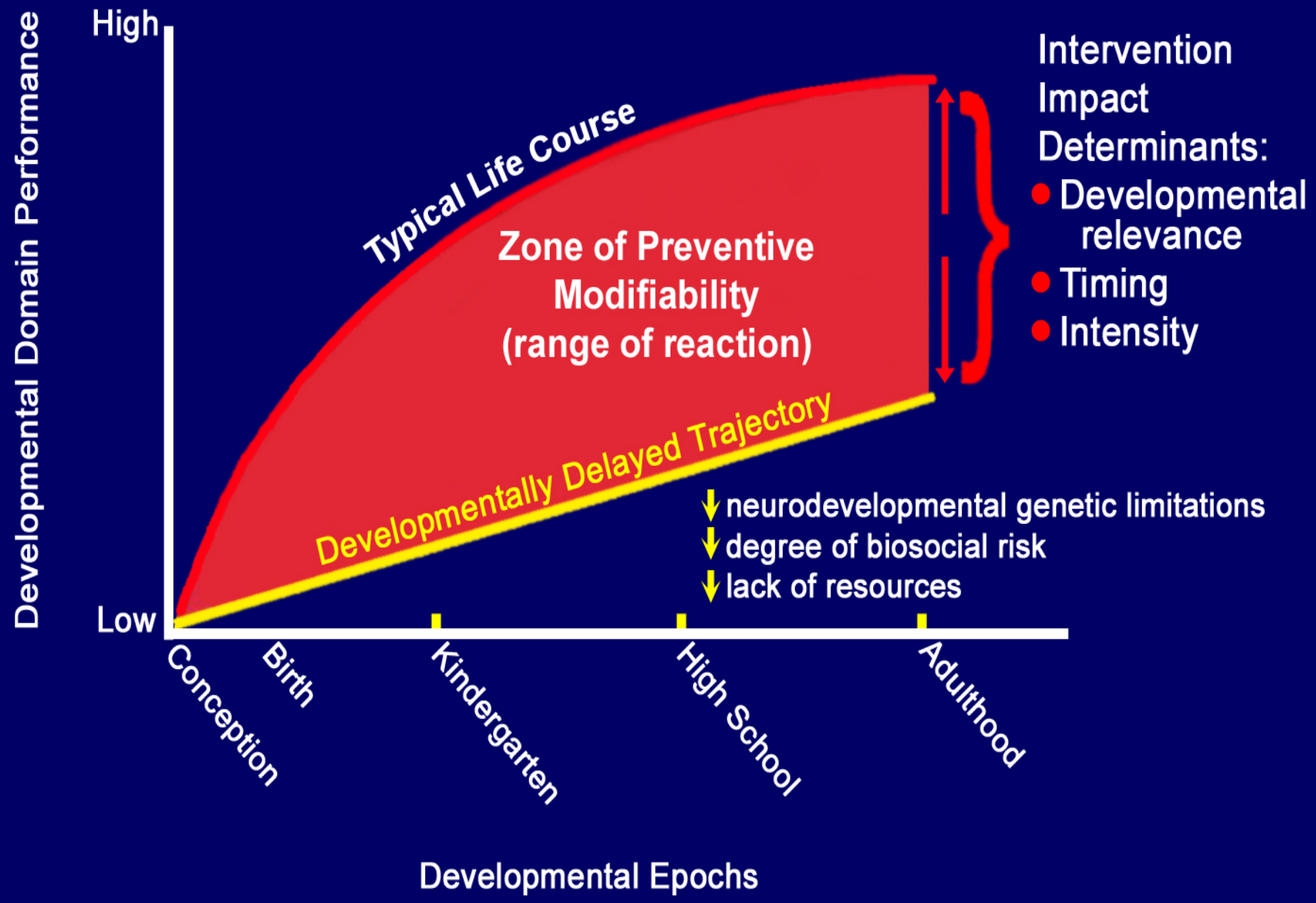


Needed Information, Resources & Services

- Medical Home / Access to Care
- Early Childhood Education / Child Care
- Social & Emotional Development / Mental Health
- Family Support
- Parenting Education

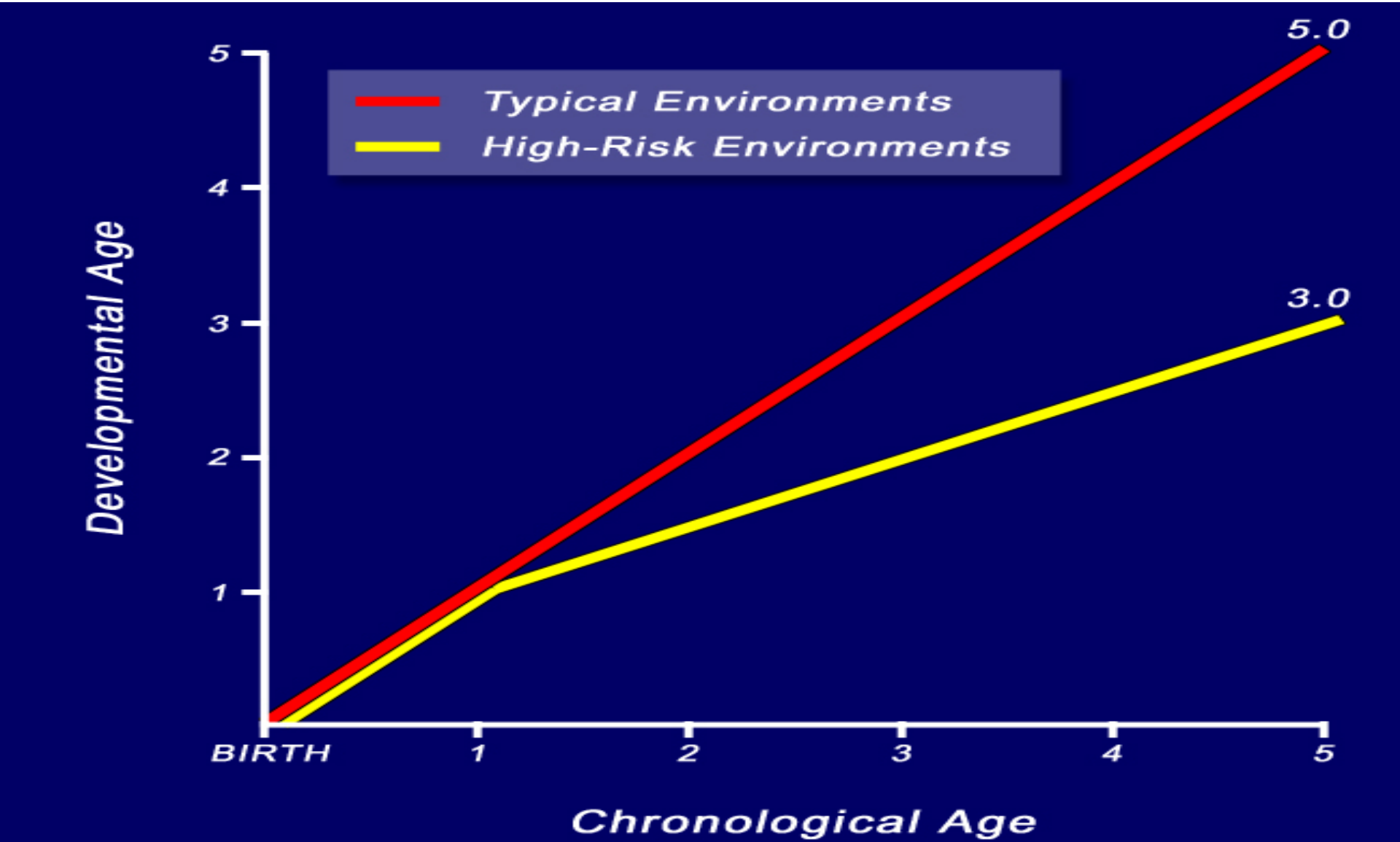
ABCD Screening Academy

RANGE OF REACTION FOR EXPERIENCE-DRIVEN NEURODEVELOPMENT



adapted from Ramey & Ramey, American Psychologist, 1998

The Impact of Early Environments on Children's Developmental Competence
Georgetown University Center



What do we know about Children with Disabilities and Delays?

- 17% children have developmental or behavioral disorders (1:6)
- Foster children are <u>four times</u> more likely to have a disability
- Children with disabilities are more likely to experience abuse or neglect
- Highest rates of abuse and neglect occur in infants and toddlers
  - 16.1 per 1000 children under age 3 (CAPTA population)

How are we doing?

- 50-70% of children with developmental disabilities not identified until school entry (Hix-Small et al, 2007)

- 80% of children with mental health problems not identified (Lavigne et al. Pediatr. 1993)

- Why? Current system is based on surveillance and not screening

AAP's Policy on Use of Developmental Screening Tools

American Academy of Pediatrics (AAP) recommends using validated developmental screening tools at the well-child pediatric visits as needed and at least three times before a child's third birthday: At-

- 9 months
- 18 months and
- 24 - 30 months

http://www.medicalhomeinfo.org/Screening/DPIP%20Follow%20Up.html

ABCD Screening Academy

- California was among 20 states selected to integrate valid and standardized tools of children's development into preventive health care practice
- Funded by Commonwealth Fund
- Core Team included CDP MCAH (lead); First 5 CA; CA AAP; Medi-Cal Managed Care; and CHDP
- 2 pilots: LA and Orange County
- April 2007 – July 2008

Current State of Affairs: Regulations

- IDEA Part B-Individuals With Disabilities Education Act (IDEA) Part B addresses the educational needs of children with disabilities from birth to the age of 21
- IDEA Part C- Requires a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families (Early Start)
  - Cuts to Early Start began October 1, 2009 http://www.dds.ca.gov/earlystart
- Head Start- must use high quality developmental screening tools

Current State of Affairs: CAPTA

Child Abuse Prevention and Treatment Act (2003) (CAPTA) requires that a child under the age of 3 involved in a substantiated case of child abuse or neglect be referred to early intervention services

- High rates of developmental delay in this population
  - foster children are 4 X's more likely to have a disability than a child living with one or both parents
- Children with disabilities are more likely to experience abuse or neglect than other children
- Highest rates of abuse and neglect occur in infants and toddlers
  - 16.1 per 1000 children under age 3

Current State of Affairs: Providers are Ill-prepared

- 17% children have developmental or behavioral disorders
- 80% of providers feel that their experience is good enough to catch delays and disabilities
- 65% reported inadequate training in development
- Less than 20% of pediatricians use validated screening tools on a routine basis
- Providers don't want to tell parents bad news, so they tell them, "let's wait and see…."
- Transfer and flow of information is difficult, given HIPPA, FERPA and institutional privacy rules…..

Current State of Affairs: Barriers

- Low or no reimbursement if in managed care
- Too many mandates / no time to do screenings
- Access- how? Confusion-IDEA Part B, Part C, Low Incidence, Lanterman Act
- Capacity issues- Community may not have capacity for treating these children
- Community works in silos- health providers, Regional Centers, early child care and education, schools, etc

ABCD Findings

Routine, standardized screening in pediatric settings

- Improves existing detection rates by 3-4 times
- Detects problems earlier when interventions are more effective
- Increases family and provider satisfaction
- Three developmental tools that stood out from the rest:
  - ASQ (Ages and Stages Questionnaire) http://www.agesandstages.com
  - PEDS (Parent's Evaluation of Developmental Status) http://pedstest.com
  - PEDS-DM (PEDS: Developmental Milestones) http://pedstest.com/dm
  - Others
- ASQ-SE for social-emotional
- MCHAT for autism

Medi-Cal FFS reimburses for using screening tools

Screening occurs in many settings-PHNs, child care, schools, etc

ABCD Promotes Healthy Development of Young Children

- ABCD Screening Academy (ABCD SA) logic model for achieving optimal development for young children

- http://ww2.cdph.ca.gov/programs/eccs/Pages/default.aspx

Screening Can Change a Child's Life Trajectory

Statewide Screening Collaborative

One of the most important outcomes of ABCD was the creation of the Statewide Screening Collaborative (SSC) in 2007

Purpose:

"To enhance state capacity to promote and deliver effective and well-coordinated health, developmental and early mental health screenings throughout California"

http://www.cdph.ca.gov/PROGRAMS/ECCS/Pages/StatewideScreeningCollaborative.aspx

Statewide Screening Collaborative

State Departments:

- Alcohol and Drugs
- Developmental Services
- Education
- First 5 CA*
- Health Care Services (Medi-Cal, CMS)
- Managed Health Care
- Managed Risk Medical Insurance Board
- Mental Health
- Public Health*
- Social Services

Key Partners

- ARC of California
- Advancement Project
- CA Academy of Pediatrics
- CA Academy of Family Physicians
- CA Association of Health Plans
- Center for Families, Children and the Courts
- First 5 Association and County Commissions
- Lucile Packard Hospital
- UC Davis and UCLA
- University Centers in Excellence for Developmental Disabilities
- WestEd

* Conveners

California Screening Initiative 2009 (CSI)

The CA Screening Initiative (CSI) is a Statewide Screening Collaborative outreach activity to increase the use of standardized screening tools for all young children and referral into services (universal screening)

Primary audiences: medical community, early childhood education, child welfare system, and mental health

November 2009- October 2010

California Screening Initiative (CSI) Components

Components

- Developmental Screening Website www.first5ecmh.org
- Electronic press kit that includes press release, letters, newsletter template, FAQs, message bullets
- Op-Eds
- Early Childhood Information Sharing Toolkit
- Referral Algorithm
- Screening Tools table
- State tool discounts for ASQ,PEDS and CHADIS
- Trainings- online and webinars (DSS)

Dissemination Plan

- Distributed via stakeholders and other key partners
- Partners promote CSI in their own list serves and newsletters
- Promote in meetings, at conferences, etc.

Evaluation plan

Quantitative/child outcomes

Sustainability plan:

- CA AAP collaboration to train pediatricians
- Project LAUNCH

Project LAUNCH (PL)

- MCAH was among 12 states awarded $4.2 million from SAMHSA (Substance Abuse and Mental Health Administration) over 5 years

- Purpose: to improve developmental outcomes for children in California

- PL will provide:
  - home visitation
  - mental health consultation
  - developmental screenings
  - Strengthening Families framework to increase parent's resilience and parenting skills

Project LAUNCH (PL)

- Demonstration site: East Oakland
- One of 14 sites selected by The California Endowment *Building Healthy Communities Projects (expand access to health care)* for children
- Alameda County also recipient of SAMHSA Comprehensive Mental Health Services for Children and Families grant to develop and expand services for children and youth with severe emotional disturbances (up to $9 million over 6 years)
- PL will be administered through Alameda County Public Health Department and First 5 Alameda

Project LAUNCH

- **Policy goals:** Statewide policy changes informed by local experiences
  - Reimbursement for developmental screenings
  - Funding for mental health consultations
  - Promotion and incentives for integrated services at the state level

Project LAUNCH

- Policy area 1: Reimbursement for developmental screening
  - Explore avenues to provide adequate reimbursement and/or other incentives so pediatric providers to conduct maternal depression screening, developmental and social-emotional screening and autism screenings at well-child visits
  - Work with Medi-Cal managed care plans to require complete screenings rather than surveillance at well-child visits
  - Work with Medi-Cal managed care to transform the Staying Healthy Assessment to achieve its intended purpose and not increase the paperwork burden on pediatricians

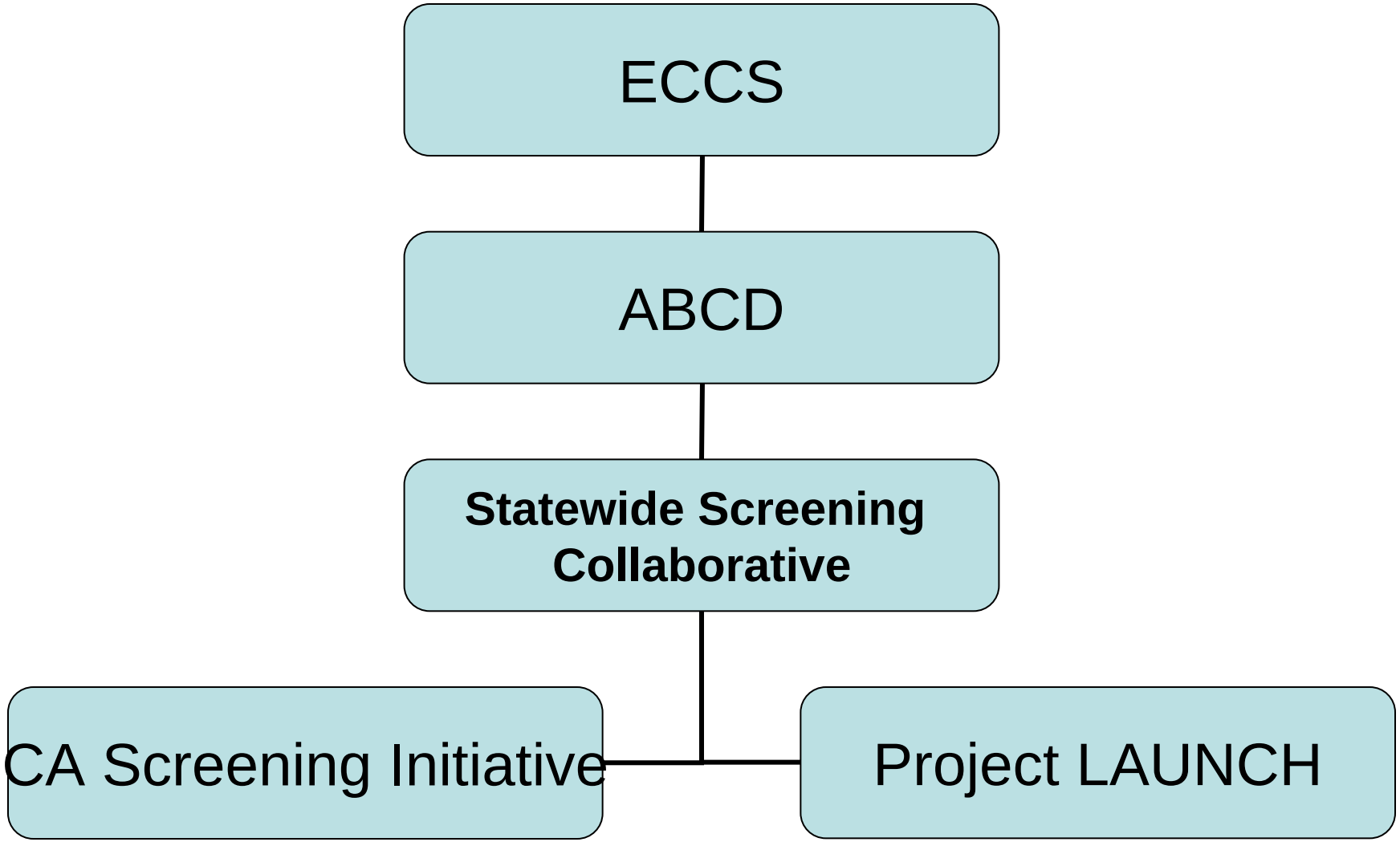
Project LAUNCH

- Policy area 2: Identification of a funding stream for mental health consultation
  - Work with Departments of Mental Health and Education to identify a funding stream to support child mental health consultation

Project LAUNCH

- Policy area 3: Promotions and incentives for integrated services at the State level
  - Work with Departments of Developmental Disabilities, Education, and Mental Health to accept common screening and assessment tools and forms to greatly reduce time and aggravation for parents and providers, and produce direct budget reductions
  - Create common home visiting program standards that integrate multi-disciplinary teams

How ECCS activities are related



Cross walk Between ICC & Statewide Screening Collaborative

- Aligned **focus on integration** of services across state departments for young children and their families
- **Overlapping goals**
  - Prevention and early intervention, with focus on development
  - Remove systemic and regulatory barriers
  - Build capacity to promote positive outcomes for families and children
  - Maximize funds for shared populations, programs and services
  - Accountability for shared outcomes
  - Data collection and analysis
- **Common membership** of state departments
- Similar **target areas and populations-** maternal/child health, FASD, child welfare and children with special needs

Resources

- Properties of a good development screening tool http://www.medicalhomeinfo.org/Screening/DPIP/tools.ppt#579,2,Learning Objectives
- A compendium of developmental screening and assessment tools with an emphasis on social emotional development, 0-5 years of age http://www.nectac.org/~pdfs/pubs/screening.pdf
- How to implement effective validated screening in primary care http://www.developmentalscreening.org http://www.dbpeds.org
- Resources for office, provider and parents to implement screening http://www.nashp.org/_docdisp_page.cfm?LID=2A7898BB-5310-11D6-BCF000A0CC558925 http://www.medicalhomeinfo.org/Screening/DPIP%20Follow%20Up.html

Resources

- American Academy of Pediatrics policies
- http://aappolicy.aappublications.org

- **CDC Resources and other links on Developmental Screening http://www.cdc.gov/ncbddd/child/devtool.htm**

- **Does Early intervention work?** http//:che.georgetown.edu