INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION (ICC)

"TOGETHER, WE MAKE A DIFFERENCE!"

CALIFORNIA EARLY START

for Infants and Toddlers with Disabilities and Their Families

HANDBOOK

2014

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Mission Statement

The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, birth to three years, who have a developmental delay or disability, and their families, utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration.

HISTORY
AND
STRUCTURE

Early Start History

California has a long history of providing early intervention services under prior State statutes and regulations. Special education for infants and toddlers in public schools was started in the 1960s and 1970s, using a variety of local, state, and federal funding sources. As early as fiscal year 1980-1981, California Education Code had mandated early education programs in many, but not all, areas of the state for infants and toddlers with disabilities. Additionally, in 1982 the Lanterman Developmental Disabilities Services Act (Lanterman Act) supported prevention and early intervention services through the regional center system, viewing it as a major investment in the future of California's children.

Congress established the Program for Infants and Toddlers with Disabilities, Part C of Individuals with Disability Education Act (IDEA), also known as the Early Intervention program, in 1986 in recognition of "an urgent and substantial need" to:

- enhance the development of infants and toddlers with disabilities;
- reduce educational costs by minimizing the need for special education through early intervention;
- minimize the likelihood of institutionalization, and maximize independent living; and,
- enhance the capacity of families to meet their child's needs.

Part C is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through three years of age, and their families. In order for a state to participate in the program it must assure that early intervention will be available to every eligible child and its family. Also, the governor must designate a lead agency to receive the grant and administer the program, and appoint a State Interagency Coordinating Council on Early Intervention (ICC), including parents of young children with disabilities, to advise and assist the lead agency. Currently, all states and eligible territories are participating in the Part C program. Annual funding to each state is based upon census figures of the number of children, birth through three, in the general population.

In 1987, the Department of Developmental Services (DDS) was designated California's lead agency for the overall administration of the planning activities leading to implementation of what is now known as Part C under IDEA. DDS coordinated planning efforts with the State Departments of Education (CDE), Health Services, Social Services and Alcohol and Drug Programs.

The first ICC was named by then Governor Deukmejian in 1988. In accordance with federal regulations developed under IDEA, the ICC provided advice and assistance to DDS regarding implementation of a coordinated early intervention service system in California. The ICC's first meeting was held in October 1988. At that time, the ICC was meeting for two days as a large council. An Executive Committee was established in April 1989 to make recommendations regarding meeting agendas, by-laws and the structure of the ICC. Over time, the ICC evolved from a single work group meeting to include additional meetings for individual committees to address specific topics relevant to the service system. The focus of each committee changed as the priorities of the system evolved.

From 1988 through 1992, California conducted statewide and local planning activities in preparation for full implementation of Part C. Special studies were conducted addressing eligibility, Individual Family Service Plan (IFSP) development, public awareness, personnel standards, and data collection. During this period, the ICC was instrumental in the development and coordination of policy recommendations by providing forums for discussion and decision making. In 1991, the ICC

submitted recommendation to DDS concerning an administrative model for full implementation of Part C.

In 1993, after six years of state and local interagency planning and coordination, the Governor signed the California Early Intervention Services Act (CEISA: Title 14, Government Code, Section 95000 et seq.). CEISA established state authority to enhance California's early intervention service system to meet the new federal requirements under Part C. The CEISA placed the administration of the Part C program under the shared direction of the Health and Welfare Agency and the Superintendent of Public Instruction. DDS was assigned as the Lead Agency in collaboration with the CDE.

CEISA was amended in 1997, to acknowledge the provision of family support services by the Early Start Family Resource Centers (FRCs). Such family support services include parent-to-parent support, information dissemination and referral, public awareness, family-professional collaboration activities, and transition assistance for families.

In July 1997, the California Legislature requested that DDS convene a workgroup to examine relevant information to develop recommendations related to the impact of implementing federal regulations under Part C of IDEA. Based on the workgroup's recommendations, the CEISA was amended in 1988 to clarify state coordination and collaboration with families and communities, service coordinator competencies and caseload size, evaluation and assessment, parents' rights, referral to local FRCs, and monitoring.

The CEISA was again amended in August 2001 to clarify that the Part C program is based on existing systems. The new language further clarifies that regional centers must comply with the Lanterman Act, including regulations related to vendorization and rate setting, as long as the application of state law does not conflict with early intervention statutes.

CEISA was last amended in 2012.

Early Start Structure

DDS, as the lead agency for Early Start, is responsible for the overall administration of the Early Start service delivery system in collaboration with the CDE. In addition, the State Departments of Health Care Services, Public Health, Social Services, and Managed Health Care assist in meeting the varied service needs that benefit families and young children with disabilities. The ICC provides advice and assistance to DDS regarding the early intervention system in California. Part C funds supplement the State General Funds to implement the additional federal requirements.

Eligibility: CEISA states that infants and toddlers, from birth to 36 months, may be found to need early intervention services through documented evaluation and assessment if significant delays are found to exist in one of the five areas of development. They are:

- cognitive development
- physical motor development
- communication development
- social or emotional development
- adaptive development

Or, they must have an established risk condition of known etiology with a high probability of resulting in developmental delay such as a solely low incidence disability (vision, hearing and severe orthopedic impairments or a combination).

A significant delay is defined as a 33 percent delay in one developmental area before 24 months of age, or at 24 months of age or older, either a delay of 50 percent in one developmental area, or a 33 percent delay in two or more developmental areas. The age for use of determining eligibility for early intervention shall be the age of the infant or toddler on the date of the initial referral to the early intervention program.

California Early Start no longer serves infants and toddlers who are “at risk” for developmental delays and disabilities. Such children are served under the Prevention Resources & Referral Services.

Local Implementation: DDS contracts with nonprofit corporations that operate 21 regional centers throughout California. Regional centers are the point of entry into the developmental disabilities service system that serve people of all ages. The regional centers provide intake, evaluation, and assessment to determine consumer eligibility and service needs. They also provide service coordination, advocacy, information, referral, and an array of other services to eligible infants and toddlers and their families. Early intervention services are provided, purchased, or arranged by regional centers, the payers of last resort for all children eligible for Early Start, except for those with solely low incidence. Early intervention services that are not available through other publicly funded agencies are generally purchased from individual service providers or infant development programs that are vendored by a regional center. In specific communities, some regional centers contract with a Local Education Agency’s (LEAs) infant-toddler program(s) to provide early intervention services. Vendored and LEA programs are family-focused and may provide services in the home, childcare or other community settings.

Regional centers share the primary responsibility with Special Education Local Plan Areas (SELPAs) for the coordination and provision of early intervention services at the local level. Under the coordination of SELPAs, early childhood special education programs are provided by LEAs such as school districts and county offices of education. LEAs have primary responsibility to provide evaluation, assessment, and individually designed services for infants and toddlers with solely low incident disabilities. Since 1980, California law has included a partial mandate for early intervention programs to serve infants and toddlers with disabilities. Under California Education Code, LEAs are mandated to continue providing early childhood special education services to the number of children they served in 1980-81, and LEAs must provide services to the number of additional children to continue to qualify for their current level of State funding.

In addition, 47 Early Start Family Resource Centers (FRCs) are funded through local contracts to help parents and families access early intervention services. FRCs provide parent- to- parent support, information, referral, and transition assistance for families. Many FRCs provide unique services depending on the needs of their local community. Support services are available in many languages and are culturally responsive to the needs of individual families. FRCs also provide Prevention Resources and Referral Services.

All of the above entities are also responsible for coordinating with other local agencies and organizations that serve children eligible for Early Start.

Early Start services are available to children up to three years of age. At that time, children and their families are supported in their transition from Early Start. Depending on their unique needs, children

may be referred to special education preschool programs, other child development programs such as Head Start, community programs such as Parks and Recreation classes for preschoolers, or library story times. In addition, children are assessed for ongoing regional center eligibility.

Statewide Service Supports: In support of quality early intervention services for infants and toddlers and their families, Early Start implements statewide personnel development activities including training and a comprehensive child find system. Under the leadership and funding from DDS, California Early Intervention Technical Assistance Network (CEITAN), a project of WestEd Center for Prevention and Early Intervention (WestEd), facilitates the implementation of the statewide comprehensive system of personnel development (CSPD). A key component of CSPD is the provision of training through online training courses. Training focuses on skills for providers of early intervention services, family resource center staff, and service coordinators.

Early Start Resources (ESR), another WestEd project, assists DDS in public awareness and outreach activities. ESR assists DDS in the development and production of the many brochures, booklets, and outreach materials about Early Start, as well as the Central Directory of Early Intervention Resources.

DDS conducts regular on-site monitoring of regional centers to ensure that infants and toddlers and their families are receiving quality early intervention services and that they are in compliance with Early Start requirements. Each regional center receives a site visit at least every three years.

In Early Start, parents have rights and protections to resolve disagreements related to services or allegations that federal or State statutes or regulations have been violated. Two separate processes deal with such issues. Compliance complaints are used to investigate and resolve alleged violations of statute or regulations by DDS, CDE, regional centers, LEAs, or any service provider receiving Part C funds. Anyone may file a complaint with the Office of Human Rights at DDS. Due process hearings are used to resolve disagreements between families and a regional center, or an LEA, related to a proposal or refusal for identification, evaluation, assessment, placement, or services regarding an individual child. A parent, guardian, or authorized representative may file a request with the Office of Administrative Hearings. Mediation may be requested at any time before or during the filing of a complaint or due process hearing.

EARLY START STATUTES AND REGULATIONS

PERTAINING TO THE ICC

Subpart G–State Interagency Coordinating Council

§303.600 Establishment of Council.

(a) A State that desires to receive financial assistance under Part C of the Act must establish a State Interagency Coordinating Council (Council) as defined in §303.8.
(b) The Council must be appointed by the Governor. The Governor must ensure that the membership of the Council reasonably represents the population of the State.
(c) The Governor must designate a member of the Council to serve as the chairperson of the Council or require the Council to do so. Any member of the Council who is a representative of the lead agency designated under §303.201 may not serve as the chairperson of the Council.

{Authority: 20 U.S.C. 1441(a)}

§303.601 Composition.

(a) The Council must be composed as follows:
(1)
(i) At least 20 percent of the members must be parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 years or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.
(ii) At least one parent member must be a parent of an infant or toddler with a disability or a child with a disability aged six years or younger.
(2) At least 20 percent of the members must be public or private providers of early intervention services.
(3) At least one member must be from the State legislature.
(4) At least one member must be involved in personnel preparation.
(5) At least one member must–
(i) Be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families; and
(ii) Have sufficient authority to engage in policy planning and implementation on behalf of these agencies.
(6) At least one member must–
(i) Be from the SEA responsible for preschool services to children with disabilities; and
(ii) Have sufficient authority to engage in policy planning and implementation on behalf of the SEA.
(7) At least one member must be from the agency responsible for the State Medicaid and CHIP program.
(8) At least one member must be from a Head Start or Early Head Start agency or program in the State.
(9) At least one member must be from a State agency responsible for child care.
(10) At least one member must be from the agency responsible for the State regulation of private health insurance.
(11) At least one member must be a representative designated by the Office of the Coordination of Education of Homeless Children and Youth.
(12) At least one member must be a representative from the State child welfare agency responsible for foster care.
(13) At least one member must be from the State agency responsible for children's mental health.
(b) The Governor may appoint one member to represent more than one program or agency listed in paragraphs (a)(7) through (a)(13) of this section.

(c) The Council may include other members selected by the Governor, including a representative from the Bureau of Indian Education (BIE) or, where there is no school operated or funded by the BIE in the State, from the Indian Health Service or the tribe or tribal council.
(d) No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State law.

{Authority: 20 U.S.C. 1231d, 1441(b), 1441(f)}

§303.602 Meetings.

(a) The Council must meet, at a minimum, on a quarterly basis, and in such places as it determines necessary.
(b) The meetings must–
(1) Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend;
(2) To the extent appropriate, be open and accessible to the general public; and
(3) As needed, provide for interpreters for persons who are deaf and other necessary services for Council members and participants. The Council may use funds under this part to pay for those services.

{Authority: 20 U.S.C. 1441(c)}

§303.603 Use of funds by the Council.

(a) Subject to the approval by the Governor, the Council may use funds under this part to–
(1) Conduct hearings and forums;
(2) Reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);
(3) Pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;
(4) Hire staff; and
(5) Obtain the services of professional, technical, and clerical personnel as may be necessary to carry out the performance of its functions under Part C of the Act.
(b) Except as provided in paragraph (a) of this section, Council members must serve without compensation from funds available under Part C of the Act.

{Authority: 20 U.S.C. 1441(d)}

§303.604 Functions of the Council–required duties.

(a) Advising and assisting the lead agency. The Council must advise and assist the lead agency in the performance of its responsibilities in section 635(a)(10) of the Act, including–

(1) Identification of sources of fiscal and other support for services for early intervention service programs under Part C of the Act;

(2) Assignment of financial responsibility to the appropriate agency;

(3) Promotion of methods (including use of intra-agency and interagency agreements) for intra-agency and interagency collaboration regarding child find under §§303.115 and 303.302, monitoring under §303.120 and §§303.700 through 303.708, financial responsibility and provision of early intervention services under §§303.202 and 303.511, and transition under §303.209; and

(4) Preparation of applications under this part and amendments to those applications.

(b) Advising and assisting on transition. The Council must advise and assist the SEA and the lead agency regarding the transition of toddlers with disabilities to preschool and other appropriate services.

(c) Annual report to the Governor and to the Secretary.

(1) The Council must–

(i) Prepare and submit an annual report to the Governor and to the Secretary on the status of early intervention service programs for infants and toddlers with disabilities and their families under Part C of the Act operated within the State; and

(ii) Submit the report to the Secretary by a date that the Secretary establishes.

(2) Each annual report must contain the information required by the Secretary for the year for which the report is made.

{Authority: 20 U.S.C. 1441(e)(1)}

303.605 Authorized activities by the Council.

The Council may carry out the following activities:

(a) Advise and assist the lead agency and the SEA regarding the provision of appropriate services for children with disabilities from birth through age five.

(b) Advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

(c) Coordinate and collaborate with the State Advisory Council on Early Childhood Education and Care for children, as described in section 642B(b)(1)(A)(i) of the Head Start Act, 42 U.S.C. 9837b(b)(1)(A)(i), if applicable, and other State interagency early learning initiatives, as appropriate.

{Authority: 20 U.S.C. 1435(a)(10), 1441(e)(2)}

ROLES
AND
RESPONSIBILITIES

ICC Members

Roles and Responsibilities

Members of the State Interagency Coordinating Council (ICC) on Early Intervention are appointed by and serve at the pleasure of the Governor. Appointments ensure representation from the following categories, pursuant to federal regulations: parents, early intervention service providers, personnel preparation, State legislature, State health insurance, Early Head Start/Head Start, office of the coordinator of education of homeless children and youth, State foster care, State mental health, State Medicaid, and State child care. The ICC provides advice and assistance to DDS, lead agency responsible for the administration of Early Start under Part C of IDEA.

The ICC members are voting members who apply their knowledge, expertise, and unique perspectives in conducting the business of the ICC. They provide input, explore service issues, address quality assurance, develop position papers, and make formal recommendations to DDS on the statewide system of early intervention services for eligible infants and their families.

Note: Voting members of the ICC shall not vote on any matter that constitutes a conflict of interest under state and federal law.

DDS reimburses ICC members for their travel expenses to all authorized ICC meetings. This is in accordance with the allowances and travel reimbursement rates approved by the California Department of Human Resources (CalHR). ICC members who are parents of a child with a disability are also reimbursed for childcare costs while attending ICC meetings. (Refer to page 11 for more information.)

Community Representatives

Roles and Responsibilities

The ICC Chair appoints Community Representatives to the ICC, whereas, the Governor appoints ICC members. Although Community Representatives are considered non-voting members, their participation enriches the overall outcome of the ICC's charge to provide advice and assistance to DDS. DDS is the lead agency responsible for implementation and maintenance of the statewide system of early intervention services for children eligible under Part C of IDEA, known as Early Start in California.

Community Representatives provide the increased participation of parents, providers and other interested parties. Community Representatives also provide ethnic diversity, wide geographical representation, and community involvement. Community Representatives serve on the ICC based on interest and/or expertise related to California's Early Start system and other services for children birth to three years of age.

Community Representative Responsibilities include:

- regular participation at ICC meetings,
- participation in additional Early Start related activities as their schedule permits,
- sharing information from the ICC with local communities, and
- gathering information related to ICC priorities from local communities that is shared with the ICC.

There are also parent representatives on the ICC who represent families throughout California. They have the responsibility to be in contact with families across California, and across disability, income, education, ethnic, and racial groups. Parent representatives may do this through contact with established formal and informal parent groups, as well as through contact with individual families or the family resource center in their community.

CONTACT INFORMATION

ICC Contact List

Name	E-Mail Address	Telephone	Fax
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Full ICC Roster Information can be found at: **http://www.dds.ca.gov/EarlyStart/ICCRosters.cfm**

MEETING SCHEDULE
AND
TRAVEL INFORMATION

ICC 2014 Meeting Schedule and Location

20 & 21 February

15 & 16 May

18 & 19 September

20 & 21 November

WestEd, Sacramento, CA

Travel Information

INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
SUMMARY OF ALLOWED TRAVEL EXPENSES

ICC Members will be reimbursed for the actual cost, up to the maximum allowance, for each meal, lodging, and incidental expense for each complete 24 hours of travel. Original receipts with zero balance are required to substantiate actual lodging expenses.

Travel and per diem for the Wednesday prior to the ICC meetings may be approved by the ICC Supervisor when travel options on Thursday morning are not practical for members' arrival for the start of the Executive Committee meeting. The State of California has policies and regulations regarding expenditure of state funds on travel, which includes transportation, meals, and lodging. The following are the allowances and travel reimbursement rates approved by the Department of

Personnel Administration. **If in doubt about any expense, consult with ICC Supervisor prior to incurring expense.**

As of 21 July, 2014, air travel, car rental and hotel bookings must be made through The California Travel Store. The Travel Store is the authorized Travel Management Service Provider for all State of California government travel.

MEALS

It is important to remember there are **NO FLAT RATE** reimbursements. All meals claimed are to be for the actual amount of expense, up to the maximum allowed. Since no provision requires submission of meal receipts, it is the traveler's responsibility to retain receipts and other records of expense in case of an audit. **No lunch or incidental may be claimed on trips of LESS than 24 hours.**

BREAKFAST	Up to $7.00	May be claimed for a trip that begins at or before 6:00 a.m. and ends after 8:00 a.m.
LUNCH	Up to $11.00	May be claimed for a trip that begins at or before 11:00 a.m. and ends at or after 2:00 p.m. on the following day.
DINNER	Up to $23.00	May be claimed for trips that begin at or before 5:00 p.m. and end at or after 7:00 p.m.
INCIDENTALS	Up to $5.00	May be claimed for trips over 24 hours.

LODGING

Travel must be 50 miles or more from home to claim lodging expense.

All Counties/Cities located in California (except as noted below):	Actual lodging expense, supported by a receipt, up to $90 per night, plus tax.
Napa, Riverside, and Sacramento Counties:	Actual lodging expense, supported by a receipt, up to $95 per night, plus tax.
Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the city of Santa Monica:	Actual lodging expense, supported by a receipt, up to $120 per night, plus tax.
Alameda, Monterey, San Diego, San Mateo, Santa Clara Counties:	Actual lodging expense, supported by a receipt, up to $125 per night, plus tax.
San Francisco County and the city of Santa Monica:	Actual lodging expense, supported by a receipt, up to $150 per night, plus tax.

TRANSPORTATION

Please choose the most economical method of travel. A personal car or rental car may be used in lieu of other transportation options if it is more cost effective. **Any use of a rental car requires prior authorization by the ICC Staff Supervisor.**

AIRLINE	Flight requirements are booked using the Concurs web site http://www.caltravelstore.com or the TravelStore agents. Agents are available 8 a.m. to 5 p.m. PST, Monday through Friday. An after-hours service is available but should only be used for extreme emergencies. An after-hour service fee applies so please use these services with discretion. CALTRAVELSTORE call-in reservations: toll free at (877) 454-8785.
PERSONAL CAR	Actual mileage to and from the meeting will be reimbursed at 0.56 cents per mile with the maximum allowance up to the cost of state contracted airline transportation. Your automobile license number will need to be listed on your travel claim form. Actual mileage to and from the airport will be reimbursed at 0.56 cents per mile.
TAXI/SHUTTLE SERVICE	Fare plus 15% tip is allowed. Requires submission of original receipt.
CAR RENTAL	Car rentals are booked using the Concurs web site or the TravelStore agents. Agents are available 8 a.m. to 5 p.m. PST, Monday through Friday. An after-hours service is available but should only be used for extreme emergencies. An after-hour service fee applies so please use these services with discretion. CALTRAVELSTORE call-in reservations: toll free at (877) 454-8785.
PARKING	Receipts are required for reimbursement of any amount over $10.00. **Airport parking cannot exceed the economy, long term rate.**

CHILD CARE REIMBURSEMENT

ICC Members who are a parent of a child with special needs may claim reasonable childcare costs for meeting attendance by submitting a signed warrant receipt (including child's name, dates, number of hours and cost per hour) from the provider.

TRAVEL ADVANCES

Travel advances are available to ICC Members by contacting the ICC Coordinator, Madeline Journey-Lynn, at (916) 654-1590 or Madeline.Journey-Lynn@dds.ca.gov. Advances may be used to secure your room deposit as well as other travel expenses. Please request a travel advance no later than three weeks prior to travel to allow time for processing and mailing of the advance to you. Travel advances **must be cleared within two months of use** by submitting a STD 262-Travel Expense Claim (TEC) form or remitting payment for the remaining balance. Following the meeting, a TEC must be submitted to clear the advance before another advance is issued. To obtain a TEC, please contact the ICC Coordinator.

WORKSHEET FOR CLAIMING TRAVEL EXPENSES

This form is for identifying the travel expenses for which you are claiming reimbursement. Please fill out and submit the form to the ICC Supervisor, Department of Developmental Services, Children & Family Services Branch, ICC, 1600 Ninth Street, Room 330, Sacramento, CA 95814. Reimbursement for expenses is limited to the amounts, and by the conditions specified, in the **Summary of Allowed Travel Expenses** which you have received. DDS staff will complete and submit your travel claim based on the information you provide and/or the allowable expenses. Please attach all original receipts (including airline itinerary) except those incurred for meals (keep those for your records).

ICC Member Completes:

Left home: _____
Date Time am / pm (circle one)

Returned: _____
Date Time am / pm (circle one)

PLEASE ATTACH **ORIGINAL** RECEIPTS

Airline Receipt **(RECEIPT REQUIRED, even if prepaid)** PREPAID BY ICC/DDS_____ PAID_____ (check one)	**$**
Miles Traveled by Own Car _____ at 0.56 cents per mile	**$**
Car Rental Receipt **(RECEIPT REQUIRED, even if prepaid**) PREPAID BY ICC/DDS_____ PAID_____ (check one)	**$**
Lodging Receipt **(must have original lodging receipt with a "0" balance)**	**$**
Taxi or Shuttle (over $10.00, include receipts)	**$**
Parking and Bridge Tolls (over $10.00, include receipts)	**$**
Child Care Receipt (ICC parent representative)	**$**
Miscellaneous Expense (need receipt[s])	**$**

MEALS (NO RECEIPTS NEEDED)

DATE	BREAKFAST ($7)	LUNCH ($11)	DINNER ($23)	MEAL TOTALS
	$	$	$	$
	$	$	$	$
	$	$	$	$

EXPENSE GRAND TOTAL $

PRINT OR TYPE

ICC Member Name: Last four digits of SS#:

Telephone: Car License Plate Number:

Street Address: City: State: Zip Code:

Location of Meeting: Purpose of Meeting: ATTEND ICC MEETING

Signature:

BY-LAWS

(November 2007)

Currently Updating

BY-LAWS

(November 2007)

STATE OF CALIFORNIA
INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION

ARTICLE I
Name and Authorization

Section 1, Name. The name of this body shall be the "State Interagency Coordinating Council on Early Intervention," hereinafter called the ICC.

Section, Authority. The ICC exists as provided in Government Code, Title 14, California Early Intervention Services Act, Section 95006 pursuant to federal regulations. Government Code 95022 references ICC and Government Code 95012 provides that the state departments shall cooperate and coordinate their early intervention services for eligible infants and their families.

ARTICLE II
Mission

Section 1, Mission. The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, birth to 3 years, who have, or are at risk for having a disability, and their families, utilizing and encouraging a family centered approach, family-professional partnerships, and interagency collaboration.

ARTICLE III
Functions

Section 1, The ICC Shall:

A. advise and assist the Department of Developmental Services (DDS), the lead agency, in the development and implementation of the policies that constitute the statewide system of early intervention;
B. assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the state;
C. assist the lead agency in the effective implementation of the statewide early intervention system, by establishing a process that includes:
   (1) seeking information from parents, service providers, service coordinators, and others about any federal, state, or local policies that impede timely service delivery; and
   (2) taking action to ensure that problems with policy are resolved.
D. assist the lead agency in the resolution of disputes;
E. advise and assist the lead agency in the following:
   (1) the identification of sources of fiscal and other support for early intervention services and programs;
   (2) the assignment of financial responsibilities to the appropriate agency; and
   (3) the promotion of interagency agreements.
F. advise and assist the lead agency in the preparation and amendments of applications to the federal funding agency;
G. advise and assist the lead agency and the state educational agency regarding the transition of toddlers with disabilities to services under the provisions of the Individuals with Disabilities Education Act (IDEA); and

H. prepare an annual report to the Governor and the Secretary of Education on the status of early intervention programs and services for eligible children and their families in California.

ARTICLE IV
Membership

Section 1, Appointment. The ICC shall be composed of at least 15 members but not more than 25 members, all appointed by the Governor.

Section 2, Composition. The composition of the ICC shall be as follows:

A. at least twenty percent (20%) parents of infants, toddlers, or children with disabilities aged twelve or younger who have knowledge of, or experience with programs for infants and toddlers with disabilities. These parents will represent the socioeconomic, ethnic, disability and geographic diversity of the state, if possible.
B. at least one member shall be a parent of an infant, toddler or child with a disability aged six (6) or younger;
C. at least twenty percent (20%) of the members shall be public or private providers of early intervention services;
D. at least one member shall be a representative from the state legislature;
E. at least one member shall be involved in personnel preparation;
F. one member must be from each of the state agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families. These agencies shall include the Departments of Developmental Services, Education, Health Services, Social Services, Alcohol and Drug Programs, Mental Health, and Managed Health Care. Each member or his or designee must have sufficient authority to engage in policy planning and implementation on behalf of the agencies;
G. at least one member shall be a representative from a Head Start agency or program in the state;
H. at least one member shall be a representative from a state agency responsible for child care.

Section 3, Term of Office. Members shall serve at the pleasure of the Governor.

Section 4, Designees. Designees may be assigned as follows:
When the state agency directors or the directors or the state legislature members are unable to attend scheduled ICC meetings, they may assign a designee, in writing, to the ICC Chair. The designee shall have the authority to exercise the full privileges of the absent member.

Section 5, Compensation. Members serve without compensation; however, they may be reimbursed for reasonable and necessary expenses incurred in connection with the performance of their duties as ICC members. Child care is reimbursable for parent representatives who require care for their child with special needs while the parent is engaged in ICC responsibilities.

Section 6, Resignation. Any member desiring to resign from the ICC shall submit a letter of resignation to the Governor and the ICC Chair.

ARTICLE V
Conflict of Interest

Section 1, Conflict of Interest. No member of the ICC, or designee, shall vote on any matter which would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under state or federal law.

ARTICLE VI
Meetings

Section 1, Conduct of Meetings. All meetings of the ICC, including committee meetings, shall be open and public, and conducted in accordance with California Government Code Sections 11120 through 11132, (Bagley-Keene Open Meeting Act).

A. notice shall be given at least ten days in advance of the meeting;
B. a specific agenda including a brief general description of the business to be conducted shall be provided;
C. discussion and action by the ICC may be taken only if the public has been properly noticed, however, the body may accept testimony and discuss an item raised by a member of the public, so long as no action is taken until a subsequent meeting;
D. an emergency meeting may be held without complying with the 10-day notice requirement as provided in Government Code 11125.5;
E. closed sessions during a regular or special meeting may be held to hear confidential personnel or legal matters affecting the ICC; and
F. a written record of the meetings shall be kept and be available for review upon request.

Section 2, Frequency, Location and Facilities. The ICC will meet at least quarterly. It is the intent of the ICC to meet in locations throughout the state to allow participation. The meeting facilities shall be accessible to people with disabilities and interpreters will be available on request.

Section 3, Quorum. Fifty percent (50%) plus one of the duly appointed members and/or designees present in person and members voting in absentia pursuant to Article VI, Section 5 constitutes a quorum for transaction of business by the ICC. If there is less than a quorum present, the meeting may be adjourned or the members present may meet as a committee of the whole to proceed with the agenda as noticed.

Section 4, Voting. Decisions by the ICC shall, to the extent possible, be made by consensus of the members (and designees). If there is no consensus, decisions by the ICC shall be made by a majority vote of the members (and designees). Any member may request a roll call vote. Procedures for taking a roll call vote and conducting ICC meetings shall be in accordance with these bylaws and the laws of the State of California.

Section 5, Absentee Voting. A member who is unable to attend a meeting may vote on any noticed action item by submitting his or her vote in writing to the ICC Chair in advance of the meeting in which the action will be taken. Such vote may be sent by mail or facsimile transmission.

Section 6, Recording. Any person attending an open meeting of the ICC shall have the right to record the proceedings, providing it does not cause a disruption of the proceedings.

ARTICLE VII
ICC Chair and Vice Chair

Section 1, Chair. The ICC Chair appointed by the Governor shall preside at ICC meetings and exercise general governance over the ICC. The Chair shall execute correspondence on behalf of the ICC; represent the ICC at local, state, and national meetings; review and approve meeting agendas, review meeting minutes, and appoint committees, committee chairs, and work groups as deemed necessary to carry out the business of the ICC.

Section 2, Vice Chair. The ICC Vice Chair shall be determined by a majority vote of the ICC members (or designees). The ICC Vice Chair shall be a parent of a child with a disability. In the absence of the ICC Chair, the Vice Chair shall conduct ICC activities, including meetings.

Section 3, Acting Chair. In the absence of the ICC Chair and Vice Chair, the ICC Chair shall designate an Acting Chair, an ICC member, who shall conduct ICC activities, including meetings.

ARTICLE VIII
Staffing

Section 1. The lead agency shall provide professional, clerical and administrative support services to the ICC.

ARTICLE IX
Committees

Section 1, Function. Committees will research and advise the ICC on issues as determined by the ICC.

Section 2, Structure. The ICC Committee structure shall be determined by the ICC. The ICC Chair shall appoint ICC members, community representatives, agency liaisons, and ICC staff to each committee, considering individual interests and expertise. Committee members shall serve at the pleasure of the Chair. Other workgroups and task forces shall be designated in order to conduct the business of the council.

ARTICLE X
Parliamentary Procedure

Section 1. If the bylaws are silent, the procedures shall be in accordance with the most current edition of Robert's Rules of Order.

ARTICLE XI
Amendments of Bylaws

Section 1. Bylaws may be amended by a two-thirds (2/3) vote of the total ICC members. Proposed bylaw changes shall be noticed in accordance with Article VI, Section 1.

BAGLEY-KEENE OPEN MEETING ACT

Please click on the link to be connected to the
California Attorney General's site
for the complete
Bagley-Keene Open Meeting Act or type into your browser
Ag.ca.gov/publications/bagleykeene2004_ada.pdf

ENDORSEMENTS

2004
Preferred Practice Patterns for Speech-Language Pathologists in Service Delivery to Infants and Toddlers and Their Families: Guidelines for Intervention Planning and Delivery

2005
Training and Technical Assistance Collaborators (TTAC) Core Messages for Effective Training and Technical Assistance

2011
Infant Family Early Childhood Mental Health Training Guidelines

2004 Endorsement

AGENDA ITEM DETAIL SHEET
STATE ICC

Committee	**Item**
___ Quality Service Delivery Systems	__X_ Action
___ Public Awareness	____ Consent
_X_ Integrated Services and Health	____ Discussion
___ Family Resources and Supports	___ Information

Date: September 24, 2004
To: ICC Members
From: Arleen Downing, M.D. and Gretchen Hester, Co-Chairs

Title
Preferred Practice Patterns for Speech-Language Pathologists in Service Delivery to Infants and Toddlers and Their Families: Guidelines for Intervention Planning and Delivery

Background/Discussion
In 2002, Ruth Harris, M.A., CCC-SLP, of the California Speech-Language- Hearing Association (CSHA) requested the Health Systems Committee review and provide input to the *Preferred Practice Patterns for Speech-Language Pathologists In Service Delivery to Infants and Toddlers and Their Families: Guidelines for Intervention Planning and Delivery* position paper. The Health Systems Committee provided valuable input that was incorporated into the position paper. In late 2003 and early 2004, the Integrated Services and Health Committee revisited the recommendations and the position paper was amended to address the role of the speech-language pathologist with the young child with hearing loss or deafness.

Recommendation
The Integrated Services and Health Committee requests the ICC vote to forward the *Preferred Practice Patterns for Speech-Language Pathologists in Service Delivery to Infants and Toddlers and Their Families: Guidelines for Intervention Planning and Delivery* to the Department of Developmental Services as a preferred practice recommendation.

Possible Actions
1. Approve the recommendation in total.
2. Amend and approve the recommendation.
3. Reject the recommendation.

Action Taken
Approve the recommendation in total.

2005 Endorsement

AGENDA ITEM DETAIL SHEET
STATE ICC

Committee	**Item**
_X_ Quality Service Delivery Systems	_X_ Action
___ Public Awareness	____ Consent
___ Integrated Services and Health	____ Discussion
___ Family Resources and Supports	___ Information

Date: November 18, 2005
To: ICC Members
From: Marie Poulsen, Co-chair, QSDS Committee

Title
Training and Technical Assistance Collaborators (TTAC) Core Messages for Effective Training and Technical Assistance

Background/Discussion
TTAC, an interagency partnership in California dedicated to delivering quality personnel development activities for children birth-5 with disabilities and other special needs and their families developed a set of Core Messages describing effective training and technical assistance. TTAC believes that training and technical assistance that are guided by these messages promote positive outcomes for young children and their families.

Recommendation
The QSDS Committee requests the ICC to endorse the *TTAC Core Messages for Effective Training and Technical Assistance* (Document attached).

Possible Actions
1. Approve
2. Reject

Action Take
Approved

2011 Endorsement

ACTION ITEM DETAIL SHEET
STATE ICC

Committee
___ Quality Data Committee
__ Quality Personnel Committee
___ Policy Topics Committee
__ Child & Family Outcomes Committee
_X_ Executive Committee

Item
__X_ Action
____ Consent
____ Discussion
____Information

Date: MAY 20, 2011
To: ICC
From: Executive Committee

Title
Infant Family Early Childhood Mental Health Training Guidelines

Background/Discussion
Infant Family Early Childhood Mental Health Training Guidelines were developed first by the $1 million gift of an anonymous benefactor, then by Dr. Stephen Mayberg, then by First 5 of California.

The guidelines were developed to provide in-depth, foundational training for individuals who are committed to providing a continuum of relationship-based services to infants, young children and their families. The guidelines have been developed as a training tool for new and experienced mental health clinicians, along with other practitioners from a variety of disciplines who are working with infants, young children and their families.

Recommendation
Endorse *Infant Family Early Childhood Mental Health Training Guidelines*

Possible Actions
1. Endorse
2. Endorse with amendments
3. Reject

Action Taken
Endorsed

APPROVED RECOMMENDATIONS

1997

1. Support to current child immunization standards
2. Enhancement of the review of health status in the IFSP/records review component of the site review/monitoring visit
3. Technical assistance document: Cleft Lip/Palate

1998

1. Proposal to extend California's immunization requirements to Early Start Programs providing services to children in group settings
2. Enhancement of the review of health status in the IFSP/records review component of the site review/monitoring visit (expanded)
3. Request for Reform of the Medi-Cal In-Home Nursing Reimbursement System and Rates
4. Healthy Families Program Enrollment Assistance to Children and Families Served by Early Start

1999

1. Early Start Personnel Model (ESPM), Implementation Process and Quality Assurance and Personnel & Program Standards Committee Recommendations
2. Position Statement on Child Care
3. Natural Environments Guidelines (See Addendum)
4. Role of Occupational Therapy, Physical Therapy, and Speech-Language Therapy in Early Intervention Services in California

2000

1. Recommendations for California Early Start Strategic Plan for Comprehensive Child Find and Public Awareness for (2000-2003)

2001

1. ICC Recommendations on Early Start Collaboration with Foster Care

2002

1. Vision Evaluation for Children in the Early Start Program

2005

1. State Interagency Coordinating Council (ICC) Priorities, Outcomes and Recommendations to the Department of Developmental Services, September 23, 2005

2006

1. Family Resource Center (FRC) Collaboration Letter
2. Speech-Language Pathology Assistants (SLP/A)

2007

1. ICC Committee Representation and Participation: Additions to ICC Bylaws and Other Recommendation

2008

1. Interagency Coordination Council on Early Intervention 2008 Priorities, Outcomes and Recommendations

2010

1. Early Start Personnel Manual (ESPM)

2012

1. Family Resource Centers Networks of California (FRCNCA) membership on the Interagency Coordinating Council (ICC)
2. Speech & Language Pathology Assistants Best Practices

AGENDA ITEM DETAIL SHEET

STATE ICC

Committee
___Committee of the Whole
___Quality Assurance
___Public Awareness
_X_Health Systems
___Family Support
___Bylaws

Item
___Action
___Consent
___Discussion
___Information

Date: September 25, 1997
To: ICC Members
From: Health Systems Committee

Title: Support to current child immunization standards

Background/Discussion

In response to new immunization requirements specified in the California Health and Safety Code, the Department of Health Services, Immunization Branch has issued communications to the field advising of changes applicable to children entering kindergarten and those attending child care (see attached memorandum). As of August 1997, a hepatitis B series must be implemented for children entering kindergarten and child care and a second dose of measles vaccine must be provided to children entering kindergarten. The immunization requirements in the Health and Safety Code (attached) applicable to the child care setting include child care centers, day nurseries, nursery schools, family day care homes and (child) developmental centers.

Early childhood immunizations prevent the spread of potentially fatal contagious childhood diseases. Estimates by the Department of Health Services indicate that 30 to 40 percent of California's preschool children are not up to date on immunizations. Children from birth to two years are at highest risk of contracting vaccine preventable diseases with serious complications due to under immunization.

The extent to which affected facilities providing child care services under Early Start are in compliance with all applicable immunization requirements is unknown.

Recommendation

1) The HSC requests that the ICC recommend to the lead agency that all regional centers, LEAs/SELPAs, family resource centers/networks and all facilities providing services to children in a group setting under the Early Start Program be alerted to the current immunization standards and be encouraged to promote compliance with these standards. Compliance should be encouraged through the dissemination of information regarding current immunization standards, monitoring and referral to appropriate local providers of immunization services.

2) The HSC requests that the ICC recommend to the lead agency that all regional centers, LEAs/SELPAs and family resource centers/networks be encouraged to work with the American Academy of Pediatrics and the local Child Health and Disability Prevention Program/Early and Periodic Screening, Diagnosis and Treatment Program to identify local providers of immunization services to facilitate access to these services as child/family needs indicate.

Possible Action

1) Approve recommendations 1 and 2
2) Approve either recommendation alone
3) Modify and approve either recommendation or both
4) Reject both recommendations

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
2151 BERKELEY WAY
BERKELEY, CA 94704-1011

(510) 540-2065 FAX (510) 883-6015

To: Elementary School and Child Care Facility Health Staff Date: January 14, 1997

From: Natalie J. Smith, M.D., M.P.H., Chief, and Loring Bales, M.D., Immunization Branch

Subject: New School and Child Care Entry Hepatitis B and Measles Immunization Requirements

Effective August 1, 1997, kindergarten and child care facility entrants in California must be immunized against hepatitis B. Also, effective this date, kindergarten entrants (but not child care entrants) will be required to have two doses - rather than one - of measles-containing vaccine (usually given as MMR).

Measles: Kindergarten entrants will need 2 doses of measles-containing vaccine, at least one of which must be MMR (i.e., one dose of mumps and rubella still required). Both must be received on or after the first birthday. Children 4-1/2 to 5 years-old who have just received their first dose of MMR may enter kindergarten on the condition that they receive a second dose of measles-containing vaccine 1-3 months later.

(Child care facility attendees to not need the second dose, except for 4 year-olds in HeadStart, where this is a federal program requirement.)

Hepatitis B: Kindergarten and child care entrants will need the following, according to age at entry.

- Age 2-3 months - 1 dose
- Age 4-17 months - 2 doses
- Age 18 months - 6 years - 3 doses

Children who have received at least one dose of hepatitis B vaccine may enter child care and kindergarten on the condition that they receive the remaining required doses, as follows:

- 2nd dose: 1-2 months after the 1st dose
- 3rd dose - Children under age 18 months: 2-12 months after the 2nd dose

  3rd dose - Children age 18 months-6 years: 2-6 months after the 2nd dose

Exemptions: The personal beliefs and medical exemption provisions in the school/child care immunization law also apply to these new requirements. Thus, for example, if a physicians sends a written statement to the school that he/she has decided that a 2nd measles-containing vaccine dose is not medically appropriate for a child, this written notification qualifies the child for a medical exemption.

Higher Grade Levels: Both the hepatitis B and second-dose measles requirements will not apply to grade levels above kindergarten, except in the case of children who skip kindergarten and enter elementary school at the first grade level.

UNIMMUNIZED CHILDREN WHO WILL START KINDERGARTEN NEXT FALL SHOULD START THE HEPATITIS B VACCINE SERIES NOW, TO AVOID THE LAST-MINUTE RUSH.

Enclosed is a brief English and Spanish announcement for families regarding these new requirements. Also enclosed are updated guides for school and child care staff on the immunization requirements for attendance, as well as the parent's guide to immunization requirements (English and Spanish).

Enclosures

Health Care Provider's Guide to the Requirements of

The California School Immunization Law

Reference: Health and Safety Code, Sections 120325-120375 (formerly Sections 3380-3390); California Code of Regulations, Title 17, Sections 6000-6075

As of August 1997, two new requirements take effect: a hepatitis B series (kindergarten and child care) and a second dose of measles vaccine (kindergarten). Children must have their immunizations before they can attend school or child care in California.[1] Parents must present their child's Immunization Record to school or child care staff prior to admission as proof of immunization. Health care providers are required to give or update the parent's copy of the child's Immunization Record whenever these immunizations are administered. Children who have not completed all immunizations will be admitted if they are up-to-date, provided they obtain the next vaccines when due.

Requirements for School Entry (K-12)[1]

Polio	**4 doses,** *but* 3 doses are enough if at least one was given after the 2nd birthday.
DTP/DTaP/DT/Td[2]	**4 or more doses,** *but* one more dose is needed if the last dose was given before the 2nd birthday. After the 7th birthday, at least three doses are needed, but one must be on or after the 2nd birthday.
MMR[3]	**2 doses for kindergarten entry.** **1 dose for grades 1-12.** A second dose is recommended.
Hepatitis B	**3 doses,** for kindergarten entry *only*.

Requirements for Child Care Entry[1]

Age of Child	Number of Doses Required
Under 2 months	None Required
2-3 months	1 Polio, 1 DTP/DTaP/DT, 1 Hib, 1 Hepatitis B
4-5 months	2 Polio, 2 DTP/DTaP/DT, 2 Hib, 2 Hepatitis B
6-14 months	2 Polio, 3 DTP/DTaP/DT, 2 Hib, 2 Hepatitis B
15-17 months	2 Polio, 3 DTP/DTaP/DT, 2 Hepatitis B, plus 1 MMR and 1 Hib—both of these given on or after the first birthday.
18 months-5 years	3 Polio, 4 DTP/DTaP/DT, 3 Hepatitis B, plus 1 MMR and 1 Hib*—both of these given on or after the first birthday.

*The Hib requirement applies only to children *under* age 4 years and 6 months.

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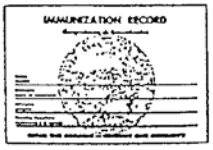
[1] The law allows permanent or temporary exemptions for medical reasons or if immunizations are contrary to the religious or personal beliefs of the parent or guardian. For medical contraindications, please give parents a signed note specifying the reason for and duration of the exemption so they can submit it to the school or center. For exemptions for mumps or rubella vaccines because the child had the disease, you must note that you have laboratory evidence of immunity.

[2] For children under 7 years of age, please give parents a signed note if pertussis vaccine is contraindicated. Pertussis vaccine is not required for children 7 years of age and older.

[3] MMR doses must be on or after the first birthday. Mumps is not required for those 7 years of age and older. For kindergarten entrants, one dose must be MMR; the other dose may be any measles-containing vaccine given on or after the first birthday (MMR vaccine usually will be used).

For further information, or for free supplies of the California Immunization Record, please call the Immunization Coordinator at your local health department.



State of California • Department of Health Services • Immunization Branch • Berkeley • 510/540-2065 • IMM-438 (12/96)

PARENT'S GUIDE TO IMMUNIZATION REQUIREMENTS
For Children Entering School or Child Care in California

The California School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school or child care. Diseases like measles spread quickly, so children need to be protected before they enter. Most children need booster shots before starting kindergarten.

➠ Here's what you will need at registration:

You will need your child's Immunization Record. It must show the date your child was given each required shot. If you do not have an Immunization Record or your child has not received all required shots, call your doctor or local health department right away to make an appointment.

➠ These are the shots that are required:

Look at your child's Immunization Record to make sure you have a date for each shot required. Your record will list shots by type of vaccine.

	NUMBER OF IMMUNIZATIONS REQUIRED TO ENTER					
	Child Care					Grades K-12
AGE	2-3 months	4-5 months	6-14 months	15-17 months	18 months +	4-17* years
VACCINE						
Polio	1	2	2	3	3	4[a]
DTP	1	2	3	3	4	5[a]
MMR				1	1	2[b]
Hepatitis B[c]	1	2	2	2	3	3
Hib	1	2	2	1[d]	1[d]	0[d]

[a] This number includes kindergarten boosters. Your child can meet entry requirements with only 3 polio and 4 DTPs if the third polio and fourth DTP dose were after your child's *second* birthday.
[b] A second dose is required for children entering kindergarten on or after August 1, 1997. Both must be on or after the 1st birthday.
[c] Effective August 1, 1997.
[d] Must be on or after the 1st birthday. The Hib requirement applies only to children *under* age 4 years and 6 months.

If your child's record is missing some doses, please contact your doctor or clinic now. If your child recently received immunizations and needs an immunization later in the year, your child can be allowed to attend, provided you get the remaining doses when they become due.

Your child may be exempted by a doctor because of a medical condition or by you because of your personal or religious beliefs. Ask your school or child care provider for details.

*For students age 7 and older, pertussis and mumps immunizations are not required. Hepatitis B is only required at kindergarten entry.

State of California • Department of Health Services • Immunization Branch

IMM-222 (1/97)

GUÍA PARA PADRES ACERCA DE LOS REQUISITOS DE INMUNIZACIÓN
para los niños que ingresan a escuelas o guarderías en California

La Ley de Inmunización Escolar de California requiere que los niños estén al día con sus inmunizaciones (vacunas) para poder asistir a la escuela o guardería. Las enfermedades tales como el sarampión se propagan rápidamente, por lo cual los niños necesitan estar protegidos antes de ingresar a la escuela. La mayoría de los niños necesitan vacunas de refuerzo antes de comenzar el jardín de niños.

➡ **Esto es lo que necesitará al inscribir a su hijo(a):**

Necesitará el Certificado de Vacunación de su hijo(a). Debe mostrar la fecha en que cada vacuna requerida fue administrada. Si no tiene un Certificado de Vacunación o si su hijo(a) no ha recibido todas las vacunas requeridas, llame de inmediato a su médico o a su departamento de salud local para hacer una cita.

➡ **Estas so las vacunas requeridas:**

Examine el Certificado de Vacunación de su hijo(a) para verificar que tenga una fecha para cada una de las vacunas requeridas. Su Certificado indica las dosis según el tipo de vacuna.

	NUMERO DE INMUNIZACIONES REQUERIDAS PARA INGRESAR					
	Guardería					Jardín de niños
Edad	2 a 3 meses	4 a 5 meses	6 a 14 meses	15 a 17 meses	18 meses +	4-17* años
VACUNA						
Polio	1	2	2	3	3	4[a]
DTP	1	2	3	3	4	5[a]
MMR				1	1	2[b]
Hepatitis B[c]	1	2	2	3	3	3
Hib	1	2	2	1[d]	1[d]	

[a] Este número incluye los refuerzos del jardín de niños. Su hijo(a) puede cumplir con los requisitos de ingreso con sólo 3 dosis de polio y 4 de DTP si a su hijo le dieron la tercera dosis de polio y la cuarta de DTP después de su segundo cumpleaños.

[b] Se requiren 2 dosis para niños quienes entran jardín infantil a partir del 1° de agosto de 1997. Ambos deben ser después del 1er cumpleaños.

[c] A partir del 1º de agosto de 1997.

[d] Debe ser el día de o después del 1er cumpleaños. El requisito para la vacuna Hib se aplica solamente a niños menores de 4 años con 6 meses.

Si al certificado de su hijo(a) le faltan algunas dosis, avise de inmediato a su médico o clínica. Si su hijo(a) fue vacunado recientemente y necesita otra vacuna durante el mismo año, se puede permitir que su hijo(a) asista a la escuela, siempre y cuando obtenga las dosis restantes tan pronto como correspondan.

Su hijo(a) puede quedar exento(a) por un médico debido a algún trastorno médico, o por usted debido a creencias personales o religiosas que impidan la vacunación. Pida mayores informes a su escuela o guardería.

* No se requiren vacunas contra la tos ferina ni las paperas para los niños mayores de 7 años de edad. La vacuna contra la Hepatitis B se require únicamente al ingresar al jardín de niños.

Estado de California • Departamento de Servicios de Salud • Sección de Inmunizaciones

IMM-222S (1/97)

IMMUNIZATION REQUIREMENTS FOR CHILD CARE

Parents must present their child's Immunization Record prior to enrollment. Copy the full date (month/day/year) of each shot onto the blue California School Immunization Record card and then determine if the child is up-to-d Blue cards are available free from the Immunization Coordinator at your local health department. As the child care provider, it is your responsibility to follow up regularly until all shots are finished.

Here are the immunizations (shots) required to attend child care, by age:

AGE WHEN ENROLLING	IMMUNIZATIONS (SHOTS) NEEDED
2 – 3 months	1 each of Polio, DTP, Hib, Hep B
4 – 5 months	2 each of Polio, DTP, Hib, Hep B
6 – 14 months	3 DTP 2 each of Polio, Hib, Hep B
15 – 17 months	3 DTP 2 each of Polio and Hep B 1 MMR; must be on or after the first birthday At least 1 Hib given on or after the first birthday (regardless of any doses given before the first birthday)
18 months – 4 years	3 Polio 4 DTP 3 Hep B 1 MMR; must be on or after the first birthday At least 1 Hib given on or after the first birthday (regardless of any doses given before the first birthday)

DTP: Diphtheria, tetanus and pertussis combined vaccine. Record may show DTP, DT, or DTaP.
Hib: Haemophilus influenzae type B vaccine.
MMR: Measles, mumps and rubella combined vaccine.
Hep B: Hepatitis B. Required as of August 1, 1997.

You may admit children who are behind on their immunizations, ***provided*** the child is up-to-date (no shots are currently due). You must follow up to make sure the next shots are received when they are due.

	WHEN NEXT SHOTS ARE DUE
Polio #2	2 months after first dose
Polio #3	2-12 months after 2nd dose
DTP #2, #3	2 months after previous dose
Hib #2	2 months after first dose
DTP #4	6-12 months after previous dose
Hep B #2	1-2 months after first dose
Hep B #3	• Under age 18 months: 2-12 months after 2nd dose • Age 18 months and older: 2-6 months after 2nd dose

Exemptions: The law allows a) parents/guardians to elect exemptions to immunization requirements based on their personal beliefs, and b) physicians of children to elect medical exemptions to them. The law does not allow parents/guardians to elect an exemption simply because the "shot" record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem. The back of the blue California School Immunization Record has instructions and an affidavit to be signed by parents who wish an exemption. An up-to-date list of children with exemptions should be maintained separately, so they be quickly excluded from attendance if an outbreak occurs.

Reference: Health and Safety Code Sections 120325-120375 (formerly Sections 3380-3390);
California Administrative Code, Title 17, Sections 6000-6075

IMM-230 (1/97)

Effective January 1997

IMMUNIZATION REQUIREMENTS for GRADES K-12

Schools: Post this guide on a wall or desk top as a quick reference to help you determine if children seeking admission to your school meet California's school immunization requirements. If you have any questions, call the Immunization Coordinator at your local health department.

Reference: Health and Safety Code, Sections 120325-120375; California Administrative Code, Title 17, Sections 6000-6075.

IMMUNIZATION REQUIREMENTS

To enter or transfer into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have:

VACCINE	REQUIRED DOSES	
Polio (OPV and/or IPV)	**4 doses, but...**	3 doses meet requirement if at least one was given on or after the 2nd birthday
Diphtheria, Tetanus, and Pertussis		
Age 6 years and under (Pertussis is required) DTP, DTaP or any combination of DTP or DTaP with DT (tetanus and diphtheria)	At least 4 doses	If last dose was given before the 2nd birthday, one more dose is required.
Age 7 years and older (Pertussis is not required) Td, DT, or DTP, DTaP or any combination of these	At least 3 doses	If last dose was given before the 2nd birthday, one more dose is required.
Measles, Mumps, Rubella (MMR)*		
Entering kindergarten before August 1, 1997	**1 dose, but...**	If given before the 1st birthday, a repeat dose is required.
Entering kindergarten on or after August 1, 1997	**2 doses of measles and at least one dose of mumps and rubella**	Usually both given as MMR. Both must be on or after the first birthday.
Hepatitis B	***3 doses***	*Will be required for kindergarten entry as of* ***August 1, 1997.***

*Mumps vaccine is not required for children 7 years of age and older.

EXEMPTIONS—The law allows (a) parents/guardians to elect exemptions to immunization requirements based on their personal beliefs, and (b) physicians of children to elect medical exemptions. The law does not allow parents/guardians to elect an exemption simply because a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem. See the back of the blue California School Immunization Record (PM 286) for instructions and the affidavit to be signed by parents/guardians electing the personal beliefs exemption. For children with medical exemptions, the physician's written statement should be stapled to the CSIR. Schools should maintain an up-to-date list of pupils with exemptions separately, so they can be excluded quickly if an outbreak occurs.

PUPILS NOT MEETING REQUIREMENTS—Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

DOCUMENTATION—All children must present an *immunization record.*

What is it? It is a written immunization record, either a personal record with entries made by a physician or clinic, or a school immunization record—the blue California School Immunization Record (PM 286) from a former school or

another state's school record. It must include at least the month and year each dose was received; for measles, rubella and/or mumps vaccine given in the month of the first birthday, month, *day* and year are required. A record with check marks instead of dates or saying only "up-to-date," "all requirements met," or "series complete" is inadequate. Also, parents cannot simply fill out a California School Immunization Record from memory but must present a written immunization record. Further, the record must show that all due or past due vaccine doses have been received.

Who must present it? All children under age 18 years entering school or transferring between school campuses. Kindergarten entrants and entrants from outside the U.S. must present a personal immunization record. (Kindergarten entrants can present a California School Immunization Record from a child care center they previously attended, but this record usually will not include the final "booster" polio and DTP or DTaP vaccine doses). Children transferring from other schools in California or other states must present either a personal immunization record or a state school immunization record.

When must it be presented? Kindergarten entrants and entrants from outside the U.S. must present the record at or before entry; no "grace period" of attendance is allowed for these pupils if they do not have a record. Children transferring from other schools in California or other states *may* be given up to 30 school days of attendance while waiting for their records to arrive from the previous school; some schools elect to require transferring children to present their immunization record at entry and do not allow the 30 days of attendance while waiting for records.

What do schools do with it? School staff must transcribe the immunization dates onto the California School Immunization Record (CSIR or blue card; PM 286), which is available from local health departments. School staff should then review the blue card to determine if all immunization requirements have been met. The blue card is part of the child's Mandatory Permanent Pupil Record and must be transferred to the child's new school when he/she leaves your school. Although some vaccine doses are not required, please record dates of all doses from the child's personal immunization record on the PM 286; this information will be valuable should outbreaks of these diseases occur in your school.

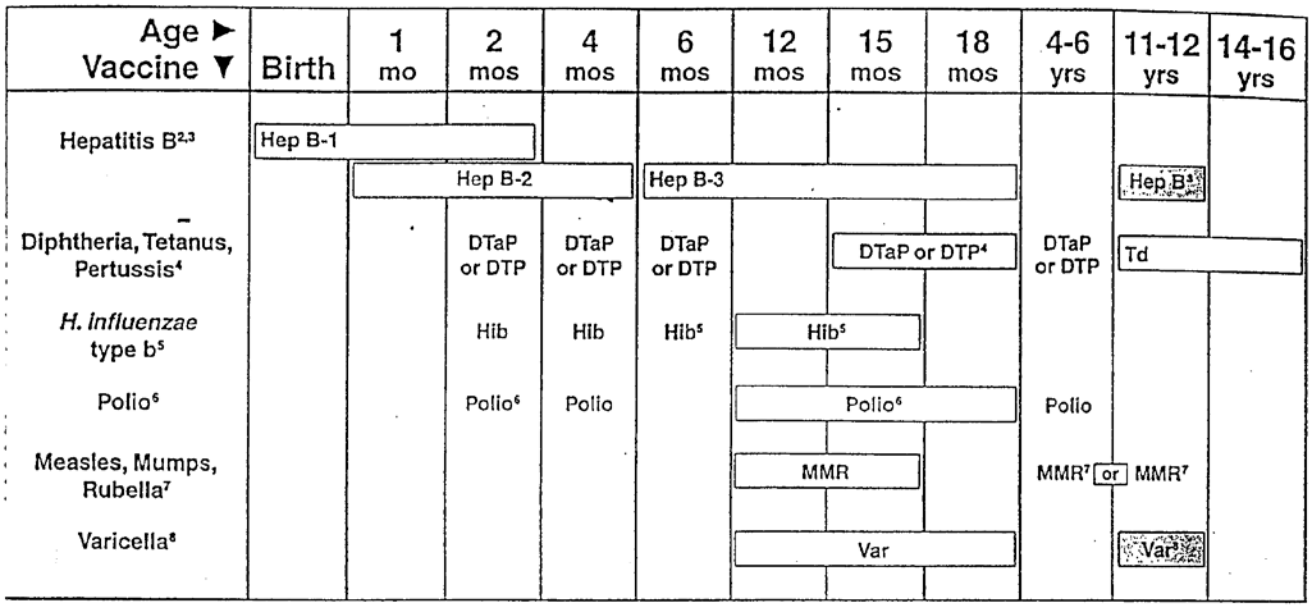
CONDITIONAL ADMISSIONS—Children lacking one or more required vaccine doses but not currently due for a dose may be admitted on condition that they receive the remaining doses when due, according to the schedule below. If the maximum time interval has passed, the child must be excluded until the next immunization is obtained (the minimum interval is recommended time for next dose but is not required).

VACCINE	TIME INTERVALS BETWEEN DOSES
Polio	2nd dose: 6-10 weeks after 1st dose 3rd dose: 6 weeks to 12 months after 2nd dose
DTP or DTaP (or combination of DTP and DTaP and DT)—for pupils under age 7 years	2nd dose: 4-8 weeks after 1st dose 3rd dose: 4-8 weeks after 2nd dose 4th dose: 6-12 months after 3rd dose
Or	
Td—for pupils age 7 years and older	2nd dose: 4-8 weeks after 1st dose 3rd dose: 6-12 months after 2nd dose
MMR— Entering kindergarten before August 1, 1997	Only one dose given on or after the first birthday is required before entry.
Entering kindergarten on or after August 1, 1997	2nd dose: 1-3 months after 1st dose
Hepatitis B (effective August 1, 1997)	2nd dose: 1-2 months after 1st dose 3rd dose: 2-6 months after 2nd dose

IMM-231 (1/97)

Recommended Childhood Immunization Schedule
United States, January - December 1997

Vaccines[1] are listed under the routinely recommended ages. Bars indicate range of acceptable ages for vaccination. Shaded bars indicate *catch-up vaccination;* at 11-12 years of age, hepatitis B vaccine should be administered to children not previously vaccinated, and Varicella vaccine should be administered to children not previously vaccinated who lack a reliable history of chickenpox.



Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

S 5081

This schedule indicates the recommended age for routine administration of currently licensed childhood vaccines. Some combination vaccines are available and may be used whenever administration of all components of the vaccine is indicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

Infants born to HBsAg-negative mothers should receive 2.5 µg of Merck vaccine (Recombivax HB) or 10 µg of SmithKline Beecham (SB) vaccine (Engerix-B). The 2nd dose should be administered ≥ 1 mo after the 1st dose.

Infants born to HBsAg-positive mothers should receive 0.5 mL hepatitis B immune globulin (HBIG) within 12 hrs of birth, and either 5 µg of Merck vaccine (Recombivax HB) or 10 µg of SB vaccine (Engerix-B) at a separate site. The 2nd dose is recommended at 1-2 mos of age and the 3rd dose at 6 mos of age.

Infants born to mothers whose HBsAg status is unknown should receive either 5 µg of Merck vaccine (Recombivax HB) or 10 µg of SB vaccine (Engerix-B) within 12 hrs of birth. The 2nd dose of vaccine is recommended at 1 mo of age and the 3rd dose at 6 mos of age. Blood should be drawn at the time of delivery to determine the mother's HBsAg status; if it is positive, the infant should receive HBIG as soon as possible (no later than 1 wk of age). The dosage and timing of subsequent vaccine doses should be based upon the mother's HBsAg status.

Children and adolescents who have not been vaccinated against hepatitis B in infancy may begin the series during any childhood visit. Those who have not previously received 3 doses of hepatitis B vaccine should initiate or complete the series during the 11-12 year-old visit. The 2nd dose should be administered at least 1 mo after the 1st dose, and the 3rd dose should be administered at least 4 mos after the 1st dose and at least 2 mos after the 2nd dose.

DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) is the preferred vaccine for all doses in the vaccination series, including completion of the series in children who have received ≥1 dose of whole-cell DTP vaccine. Whole-cell DTP is an acceptable alternative to DTaP. The 4th dose of DTaP) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose, and if the child is considered unlikely to return at 15-18 mos of age. Td (tetanus and diphtheria toxoids, absorbed, for adult use) is recommended at 11-12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 years.

[5] Three *H. influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB [Merck]) is administered at 2 and 4 mos of age, a dose at 6 mos is not required. After completing the primary series, any Hib conjugate vaccine may be used as a booster.

[6] Two poliovirus vaccines are currently licensed in the US: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV). The following schedules are all acceptable by the ACIP, the AAP, and the AAFP, and parents and providers may choose among them:

1. IPV at 2 and 4 mos; OPV at 12-18 mos and 4-6 yr
2. IPV at 2, 4, 12-18 mos, and 4-6 yr
3. OPV at 2, 4, 6-18 mos, and 4-6 yr

The ACIP routinely recommends schedule 1. IPV is the only poliovirus vaccine recommended for immunocompromised persons and their household contacts.

[7] The 2nd dose of MMR is routinely recommended at 4-6 yrs of age or at 11-12 yrs of age, but may be administered during any visit, provided at least 1 month has elapsed since receipt of the 1st dose and that both doses are administered at or after 12 months of age.

[8] Susceptible children may receive Varicella vaccine (Var) at any visit after the first birthday, and those who lack a reliable history of chickenpox should be immunized during the 11-12 year-old visit. Children ≥ 13 years of age should receive 2 doses, at least 1 mos apart.

NOTE –

For Recommendations September 25, 1997 through September 24, 1999

see Attachment A

For Recommendations October 19, 1999 through July 10, 2001

see Attachment B

2005 Recommendation

AGENDA ITEM DETAIL SHEET
STATE ICC

Committee
___ Quality Service Delivery Systems
___ Public Awareness
___ Integrated Services and Health
___ Family Resources and Supports
_X_ Executive Committee

Item
__X_ Action
____ Consent
____ Discussion
___ Information

Date: September 23, 2005
To: ICC Members
From: Hedy Hansen, Chair, ICC Executive Committee

Title
State Interagency Coordinating Council (ICC) Priorities, Outcomes and Recommendations to the Department of Developmental Services, September 23, 2005.

Background/Discussion
In January 2003, the ICC initiated a strategic planning process in response to a request for advice and assistance from the Part C Lead Agency, Department of Developmental Services, on four Early Start priority areas. A priority area was assigned to each ICC standing committee to develop recommendations with measurable outcomes for assessing improvement. The priority area and committee assignments were as follows:

1) Early Entry – Public Awareness Committee,
2) Individualized Family Service Plan Process – Quality Service Delivery Systems Committee,
3) Transition – Family Resources and Supports Committee, and
4) Interagency Collaboration – Integrated Services and Health Committee.

During the following two and a-half years, committees reviewed and analyzed extensive data on the Early Start service system and developed recommendations for system improvements with measurable outcomes. The ICC Executive Committee finalized the recommendations on the four priority areas on June 8, 2005.

Recommendation
The ICC Executive Committee requests the ICC to approve the *ICC Priorities, Outcomes and Recommendations to the Department of Developmental Services, September 23, 2005*, (document attached).

Possible Actions
1. Approve
2. Approve with amendments
3. Reject

Action Taken
Approved

❋-Indicates committee that developed recommendation
C-indicates committee(s) that collaborated on development of recommendation

Priority

Early Entry

Measurable Outcome:

Increase the number and percentage of eligible children served to meet the 2.25% criterion set by OSEP

Recommendations:		FRSC	ISHC	PAC	QSDS
		Related Recommendations			
EE-1	The ICC recommends that a research-based dissemination plan (State & local) be developed by DDS, with input from PAC, for distribution of the *Reasons for Concern* brochure to address potential referral sources that may be under-identifying young children, specifically those between 12-24 months of age.		IC-5 IC-6	❋	
EE-2	The ICC recommends that DDS conduct a qualitative and quantitative analysis of outreach and child find practices in South Central Los Angeles, San Diego, San Andreas, Harbor, Redwood Coast and Westside Regional Center catchment areas to identify factors that may have resulted in a lower or higher number of children served in those geographical areas.		IC-6	❋	C
EE-3	The ICC recommends that, based on a qualitative and quantitative analysis, DDS develop and disseminate a best practice document that will guide communities, including regional centers, LEAs and FRCs, in implementing effective child find activities		IC-6 IC-11	❋	
EE-4	To maximize referral access by the general public, the ICC recommends regional centers serving multiple counties have a toll free number for accepting referrals and that this number be included on all of the regional center's outreach materials and their website's home page.			❋	
EE-5	The ICC recommends that DDS expand the monitoring protocol for child find activities to include questions regarding inquiry and intake procedures.		IC-1 IC-3	❋	C
EE-6	The ICC recommends that DDS provide written information to regional centers and local education agencies informing them of OSEP's policy clarifying inquiry and intake procedures.		IC-6	❋	

EE-7	The ICC recommends that the State of California home page and websites at partner State Departments, Head Start/Early Start, regional centers and local education agencies, have a link with a consistent tag line, to the Early Start Home page housed on the DDS website.			❋	
EE-8	To ensure informed decision making regarding effective local child find efforts, the ICC recommends that DDS uniformly collect and annually report on data related to ethnicity, referral sources, geographic location, homelessness, migrant and out-of-home placement status, and age at referral of children with eligible conditions, as well as qualitative and quantitative data points related to the effectiveness of local child find activities.		IC-1	❋	IFSP-2
EE-9	The ICC recommends that DDS evaluate Early Start outreach products and child find efforts for effectiveness and use the results of the evaluation to guide decisions regarding future child find activities.		IC-1	❋	
EE - 10	The ICC recommends that DDS include a fact sheet of child find opportunities in all mailings of Early Start materials and in handouts at Early Start Institutes in order to maximize awareness of available child find opportunities.		IC-10 IC-11	❋	

Priority:

Individualized Family Service Plan (IFSP)

Measurable Outcome:

IFSPs will document all required components and signed copies will be provided at the end of each IFSP meeting in 100% of records reviewed statewide.

- IFSP completed in 45 days
- Appropriate persons present
- Written notice of meeting provided
- Notice provided in language of family choice
- Outcomes include criteria, procedure, timeline
- Services include method, frequency, duration and intensity
- Service provider identified
- Service location identified
- Justification provided for services outside natural environment
- IFSP documents family's concerns, priorities and resources
- Concerns, priorities and resources reflected in outcomes
- Document current levels in all five domains
- Transition plan present where applicable
- Referral to FRC made
- Non-Part C services indicated
- Parent understanding of IFSP process documented
- Copies provided to all participants, as defined in federal statute

Recommendations:		**FRSC**	**ISHC**	**PAC**	**QSDS**
		Related Recommendations			
IFSP-1	The ICC recommends that each regional center designate staff as an Early Start resource developer to serve their Early Start catchment area.				*
IFSP-2	The ICC recommends that an integrated process for Early Start monitoring be developed by DDS and CDE with mutual responsibilities for implementation at both the State and local levels including the following: • Align the instruments used for monitoring Early Start programs, resulting in a single instrument used to determine regulatory compliance. • CDE to add Key Performance Indicators (KPIs) focused on infants and toddlers in Part C. ▪ Include representatives of both the Regional Center and LEA programs whenever reviews are done on dually eligible children ▪ Model shared responsibility for implementing Early Start by including CDE and the LEA in all aspects of monitoring visits, including but not limited to identifying and addressing corrective actions ▪ Clearly define and share with regional center and LEA programs, the standards for determining systemic issues and other findings ▪ Ensure that records of children for whom the LEA has sole responsibility are included in all reports on Early Start programs				*
IFSP-3	The ICC recommends that DDS utilize the draft or final questions from the NCSEAM Parent Satisfaction Survey instrument to develop, with parent review, new family satisfaction survey questions to collect IFSP outcome data, ascertain family satisfaction, identify technical assistance needs and establish satisfaction levels for future survey efforts.	C		EE-2	*
IFSP-4	The ICC recommends that DDS expand monitoring tools to address the following: ▪ Implementation and effectiveness of interagency agreements (see IFSP - 8) ▪ Documentation informing parents of FRC services and indication of parent decision to access ▪ Parent understanding of IFSP document ▪ Documentation that all agencies or individuals involved have received copies of IFSP	T-1 T-2	IC-3 IC-7 IC-8		*

IFSP-5	The ICC recommends that DDS monitoring reports include acknowledgement of areas of achievement, areas of improvement, and promising practices related to implementation of IFSP process.				✱
IFSP-6	The ICC recommends that DDS develop a process for identifying and documenting quality indicators and promising practices in Early Start related to the IFSP process.				
IFSP-7	The ICC recommends that Early Start service coordinators have exclusively Part C or early childhood caseloads.				✱
IFSP-8	ICC recommends that all service coordinators, vendors, LEA staff and FRC personnel be required to participate in Core, Service Coordination and other Early Start training institutes.				✱
IFSP-9	The ICC recommends that DDS develop a process to review and monitor implementation of RC and LEA interagency agreements to ensure they identify relationships with and procedures for collaborating with partner agencies including but not limited to Early Start Family Resource Centers, Early Head Start/Head Start, First 5, County Mental Health, California Children's Services, Department of Social Services, Neonatal Intensive Care Units, and County Drug and Alcohol.		IC-2		✱
IFSP-10	The ICC recommends that DDS report annually on the status and implementation of State level MOUs relating to the IFSP process including evidence of collaborative relationships with Early Start FRCs.		IC-2		

Priority:

Transition

Measurable Outcome:

Transition Plan to be completed by age three and an appropriate plan in place and implemented by child's third birthday.

Every Early Start Family reports receiving information needed to make informed decisions regarding their child's transition.

Every Early Start family reports high satisfaction with the transition process.

Recommendations:		**FRSC**	**ISHC**	**PAC**	**QSDS**
		Related Recommendations			
T-1	The ICC recommends that DDS increase the number of family interview questions related to transition used in the Early Start monitoring process with input from the ICC Family Resources and Supports Committee, parents, and other interested parties.	*			IFSP-5
T-2	The ICC recommends that DDS expand the monitoring process to include families that have transitioned out of Early Start (children ages 3 years, 6 months – 4 years, 6 months) in individual family interviews, focus groups and record reviews. The ICC further recommends that DDS ensure that the monitoring process include families of children who: • Have transitioned to regional center • Have transitioned to LEA Part B services and • Are not served by either regional center or LEA Part B.	*			IFSP-5
T-3	The ICC recommends that DDS establish an ad hoc committee to assist with revising/updating the "Family Support Guidelines." Action item approved by ICC at May 2005 meeting.	*			

Priority:

Interagency Collaboration

Measurable Outcome:

Demonstrated collaboration between RC and LEAs and all participating agencies, including but not limited to Head Start/Early Head Start, California Children's Services (CCS), County Health Departments, Mental Health (DMH), Department of Public Social Services (DPSS), Child Protective Services (CPS) and other health care systems.

Demonstrated collaboration between RC and LEAs and all participating health care systems including but not limited to private and public health providers, HMOs, PPOs and Medi-Cal/Medi-Cal Managed Care and PHCPs.

Increased participation of the health care community in the IFSP process as identified by the following:

- Identification of a general RC/LEA liaison to the PHCP community
- Identifying the PHCP on the IFSP
- Inviting PHCPs to the IFSP meeting
- Obtaining input from PHCP
- Interacting (collaborating/building relationships) with the PHCP
- Sending copies of the IFSP to the PHCP

Recommendations:		**FRSC**	**ISHC**	**PAC**	**QSDS**
		Related Recommendations			
IC-1	The ICC recommends that DDS collect evidence of interagency planning and collaboration during site monitoring visits from staff, community members and parents to identify baseline data, best practices and the most effective interagency collaborative child find and outreach strategies for use in technical assistance and training.		❋	EE-5	IFSP-4
IC-2	The ICC recommends that DDS and CDE encourage RCs and LEAs to formalize interagency collaboration practices with participating agencies into Memoranda of Understanding (MOUs) that include: • Elements similar to those defined in regulations on interagency agreements • Documentation of interagency collaborative activities (annual review, meetings, contacts, etc.) • Activities to be monitored through the site monitoring process.		❋		IFSP-9 IFSP-10
IC-3	The ICC recommends that DDS review IFSPs during site monitoring visits for documentation of: • Name of Primary Health Care Provider (PHCP), • Invitation of the PHCP to the IFSP meeting, • Actual participation and/or efforts to obtain PHCP input, and • A copy of the IFSP is sent to the PHCP.		❋		
IC-4	The ICC recommends that the definition of Health Status [Title 17 CCR, Section 52000(19)] be amended to reflect: “must include” rather than “may include” and that DDS implement a monitoring process to ensure local procedures are in place that reflect the amended language.		❋		

IC-5	The ICC recommends that DDS develop a five-year strategic plan to implement training and information dissemination to physicians not informed about infant-toddler developmental screening and Early Start requirements including referral, services, and the role of the primary health care provider (PHCP). Partners should include but not be limited to the American Academy of Pediatrics (AAP), the American Academy of Family Practice (AAFP) and institutions of higher learning.		✱	EE1	
IC-6	The ICC recommends that DDS require and monitor a standardized Early Start intake procedure across the State to insure all contacts are appropriately screened and documented by regional centers and LEAs, and including the specific entities that recommended that parents contact an Early Start agency.		✱	EE-1 EE-2 EE-3 EE-6	
IC-7	The ICC recommends that DDS require that state and local service coordinator training include the following: • Identification of a general RC/LEA liaison to the Primary Health Care Provider community • Identifying the PHCP on the IFSP • Inviting PHCPs to the IFSP meeting • Obtaining input from PHCP • Interacting (collaborating/building relationships) with the PHCP • Sending copies of the IFSP to the PHCP		✱		
IC-8	The ICC recommends that DDS revise the brochure entitled *The Role of the Health Care Provider* to address the importance of the role of the health care provider in the development of the IFSP.		✱		
IC-9	The ICC recommends that DDS include information to inform parents about the role of the health care provider in appropriate informational brochures.		✱		
IC-10	The ICC recommends that all Early Start public awareness materials be reviewed by the FRSC during development and updating process.				

2006 Recommendation

AGENDA ITEM DETAIL SHEET
STATE ICC

Committee
___ Quality Service Delivery Systems
___ Public Awareness
___ Integrated Services and Health
_X_ Family Resources and Supports

Item
_X_ Action
____ Consent
____ Discussion
____ Information

Date: November 17, 2006
To: ICC Members
From: ICC Staff

Title
Family Resource Center (FRC) Collaboration Letter

Background/Discussion
Early Start Family Resource Centers have been funded to provide family support services to families with infants and toddlers seeking, or eligible for, early intervention services. Other family support resource options have also been created and are available throughout CA. In an effort to coordinate funding and prevent duplication of services, the Family Resources and Supports Committee developed an informative document in letter format to encourage State agencies to examine existing systems (e.g. FRCs) before creating new systems. The document encourages the sharing of funding, space, phone systems, interpreters, etc.

Recommendation
The Family Resources and Supports Committee recommends that the ICC Family Resource Center Collaboration letter be sent by the ICC to State Agency Representatives serving on the ICC for dissemination within their Departments.

Possible Actions
1. Approve
2. Approve with amendments
3. Reject

Action Taken
Approved

2006 Recommendation

AGENDA ITEM DETAIL SHEET
ICC

Committee	**Item**
___ Quality Service Delivery Systems	__X__ Action
___ Public Awareness	____ Consent
_X_ Integrated Services and Health	____ Discussion
___ Family Resources and Supports	___ Information

Date: November 17, 2006
To: ICC Members
From: ICC Staff

Title
Speech-Language Pathology Assistants (SLP/A)

Background/Discussion

There is a shortage of Speech-Language Pathology professionals in California and nationwide. With the continued increase in regional center clients served, many of which are children diagnosed with autism, there is also greater demand today on the service system for these professionals. In response to the demand, AA degree programs for SLPAs have been instituted in CA. The need to amend Title 17 regulations to reflect use of SLP/As was discussed in the ISH committee, who has recommended that the issue be forwarded to DDS. The ISH committee also discussed usage and expenditure data being collected for future use.

Recommendation
The ICC recommends that DDS take appropriate action to amend Title 17 regulations to include SLP/As as a vendor category.

Possible Actions
1. Approve
2. Approve with amendments
3. Reject

Action Taken
Approved

2007 Recommendation

AGENDA ITEM DETAIL SHEET
STATE ICC

Committee
___ Quality Service Delivery Systems
___ Public Awareness
___ Integrated Services and Health
___ Family Resources and Supports
_X_ Executive Committee

Item
_X_ Action
____ Consent
____ Discussion
___ Information

Date: September 20, 2007
To: ICC Executive Committee
From: Parent Leadership Ad Hoc Group (Teresa Rossini, Gretchen Hester, Marie Kanne Poulsen, Susan Graham, Laurie Jordan, Ed Gold, Linda Landry, Angela McGuire, Patric Widmann)

Title
ICC Committee Representation and Participation: Additions to ICC Bylaws and Other Recommendations

Background/Discussion
In November 2005, the ICC established a subcommittee on Parent Representative Recruitment and Retention (the Parent Leadership Ad Hoc Group) to further develop and implement recommendations made by the California Parent Leadership Institute team for increasing, supporting and sustaining parent representation to the State ICC. The Parent Leadership Ad Hoc Group determined that the formal procedures guiding ICC processes (the ICC Bylaws) should be reviewed to assure that they support on-going parent representation and active participation in ICC activities. In July 2007, the review process was completed.

Recommendation
The Parent Leadership Ad Hoc Group recommends that the ICC:

- Amend the ICC Bylaws as follows:
  - Article IV, Section 2(A)- Insert 'disability' after 'ethnic'
  - Article IX, (new) Section 3, Composition- ICC committee representation will reflect the cultural and disability diversity of children and families served by Early Start, as well as fulfilling state and federal requirements for ICC representation.
  - Article IX, (new) Section 4, Attendance- After three (3) consecutive absences, the committee member is excused from service. At the discretion of the Chair, the member's status may be converted to Ad Hoc status; Ad Hoc members participate in groups addressing specific, special issues.
- Establish a Membership Committee for processing Community Representative Applications
  - Comprised of
    - ICC Co-Chair
    - One representative each from the PAC and the FRSC, appointed by ICC Chair
  - Purpose
    - Evaluate applications

        - Interview applicants
        - Collect input from ICC Committees, as appropriate (current needs for representation)
        - Make recommendations to Chair
    - Timeframe for consideration of applications: 60 days

Possible Actions

1. Approve
2. Approve with amendments
3. Reject

Action Taken

Approved

2008 Recommendations

INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
2008 PRIORITIES, OUTCOMES, AND RECOMMENDATIONS

Priority: Outreach to Healthcare Professionals (Public Awareness Committee)

Measureable Outcome: Early Start products and materials will increase access to support services as evidenced by increased early and appropriate referrals by targeted health care providers to regional centers, local education agencies and family resource centers.

ICC Recommendation #1: The Interagency Coordinating Council (ICC) recommends that a dissemination plan with strategies for local level distribution be developed by the Department of Developmental Services (DDS), with input from the Public Awareness Committee (PAC), for distribution of The Primary Health Care Provider's Role in Early Intervention brochure and other Early Start materials to address potential referral sources that may be under-identifying young children, specifically those between 12-24 months of age.

ICC Recommendation #2: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS) provide ongoing reports and/or data to the Public Awareness Committee (PAC) such as WestEd product dissemination, information from monitoring visits, child find efforts, primary referral sources, physician referrals, percentages served, languages spoken, Baby Line calls and other information to identify promising early entry strategies for program improvements.

ICC Recommendation #3: The Interagency Coordinating Council (ICC) recommends that the State of California home page and websites at partner State Departments and other entities, including but not limited to, Head Start/Early Head Start, regional centers and local education agencies, have a link to the Early Start home page housed on the Department of Developmental Services (DDS) website with a clear message that also identifies Early Start, specifying the age range from birth-3 years.

ICC Recommendation #4: The Interagency Coordinating Council (ICC) recommends that the Public Awareness Committee (PAC) be responsible for reviewing all Early Start outreach products and activities and advising the Department of Developmental Services (DDS) regarding the content and dissemination of future public awareness materials and child find efforts to ensure maximum benefits from all public awareness and child find efforts unless the Office of Special Education Programs (OSEP) mandates preclude the Committee review.

Priority: Supports and Services to Enhance Social, Emotional, and Behavioral Development of Children Birth to Three and Their Families (Quality Service Delivery Systems Committee)

Measureable Outcome: To ensure that parental concerns regarding the social, emotional and behavioral development of their infants and toddlers are appropriately addressed, the QSDS Committee recommends that by 2010, 100% of children's records reviewed through ES monitoring will show that 1) service providers/coordinators recognize social-emotional-behavioral concerns that have been identified through family interview and a norm-referenced screening or assessment tool implemented upon referral and annually throughout the period of eligibility for Early Start service, and 2) service providers/coordinators appropriately respond to the concerns that have been identified.

ICC Recommendation #5: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS) identify and evaluate reliable and appropriate screening and assessment tools, i.e., norm-referenced and focused on young children, birth-3, with disabilities or at-risk conditions, that address social, emotional and behavioral development of infants and toddlers.

ICC Recommendation #6: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS) supports the infusion of Core Provider infant family mental health competencies, as identified in the ICC's recommended 2008-09 Early Start Personnel Model (ESPM) revision, into Early Start Comprehensive System of Personnel Development (CSPD) training institutes. Curriculum content on social-emotional-behavioral development will include 1) How to provide anticipatory developmental guidance, and 2) How to recognize and respond to social, emotional and behavioral concerns.

ICC Recommendation #7: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS), with the assistance of the ICC, design and pilot a profile of local partner agency services and supports relating to screening, referral, intervention, and treatment offered to families who express concern regarding the social, emotional, and behavioral development of their infants and toddlers.

ICC Recommendation #8: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS), in conjunction with the ICC, collect and disseminate strategies to cross-train state and local Early Start partner agencies about services and supports available for parents who express concerns about the social, emotional, and behavioral development of their infants and toddlers.

ICC Recommendation #9: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS) compile and track data about social-emotional and behavioral functioning via processes such as Early Start monitoring, for example, add item/s to self-review, record review checklists, and establish baseline, and/or analyze/track progress.

ICC Recommendation #10: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS), in coordination with the Quality Services and Delivery Systems (QSDS) Committee and the Public Awareness Committee (PAC), collaborate with the First 5 Association to review and disseminate the California Early Childhood Social-Emotional Health System Development Project workgroup materials for appropriate use by Early Start.

Priority: Special Health Care Needs/Managed Care **(**Integrated Services & Health Committee**)**

Measurable Outcome: Improve access to health care and early intervention services for eligible infants and toddlers with special health care needs by ensuring that A) Reasons for delays in timely service provision for children with special health care needs enrolled in managed care programs are identified and resolved, B) Records reviewed during monitoring indicate that strategies to support parent participation in activities designed to enhance their ability to meet their child's developmental needs, including respite, are discussed and included in the IFSP and that indicated service authorizations are present, C) Enhanced promotion of training opportunities, information and resources related to the inclusion of children with special health care needs targeted to early care and education providers as evidenced through TTAC minutes, D) All children referred with hearing loss will have an eligibility determination for Early Start within 45 days of referral, and E) All ES service

coordinators receive comprehensive local or regional training/workshops on comprehensive health status review practices and procedures within 18 months of hire date.

ICC Recommendation #11: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS) promote as best practice that the Early Start agencies develop or update coordination plans to increase the number of designated liaisons across the system who interface regularly with 1) Fee-for-Service Medi-Cal and Medi-Cal Managed Care providers, and 2) Local managed care collaborations focused on health care issues (i.e., roundtables, case conferences, etc.).

ICC Recommendation #12: The Interagency Coordinating Council (ICC) recommends that care coordination plans be utilized to 1) Document (e.g., survey) conflicts and delays in service provision during previous fiscal year (baseline), 2) Document activities (care coordination agendas/minutes/interagency agreements, etc.), 3) Self-monitor progress (service implementation dates following referral, changes in local procedures, etc.), and 4) Facilitate comprehensive exchange of information between Early Start agencies and Health Care providers (i.e., timely sharing of medical records and Individualized Family Service Plans to Primary Health Care Providers).

ICC Recommendation #13: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS) request that the Training and Technical Assistance Collaborative (TTAC) identify options for training to early care and education providers in order to promote inclusive practices for children with special health care needs.

ICC Recommendation #14: The Interagency Coordinating Council (ICC) recommends that a regional pilot effort be initiated for establishing a data collection methodology to be developed with the Department of Developmental Services (DDS), the California Department of Education (CDE), and the Department of Health Care Services (DHCS) for establishing a baseline and for collecting and tracking referral and eligibility information on children who are identified as having hearing loss and are referred for Early Start services, including 1) Date of referral, 2) Date of eligibility determination, 3) Reasons for delays in eligibility determination, and 4) Documentation regarding children lost to the system following referral.

ICC Recommendation #15: The Interagency Coordinating Council (ICC) recommends that as an additional option to attending Early Start Institutes, Early Start Comprehensive System of Personnel Development (CSPD) local training grants be marketed to encourage local collaborative training on health status review practices and procedures to include 1) Utilizing Early Start Service Coordinator's Handbook, Section 11, The Health Status Review, 2) Performing and documenting a comprehensive health status review, 3) Utilizing the Health Status Review as a service coordination tool, 4) Identifying health-related service and support needs, 5) Developing health-related service and support outcomes, 6) Collaborating strategies, 7) Appropriately utilizing Generic and Other health care service providers, 8) Exchanging information with providers (e.g., Individualized Family Service Plan sent to the Primary Health Care Provider), and 9) Outreach to and disseminating information to the medical community.

ICC Recommendation #16: The Interagency Coordinating Council (ICC) recommends that agencies coordinating local or regional trainings/workshops on comprehensive health status review practices and procedures, publish local training timetable, curricula, and attendance for review and confirmation during monitoring.

Priority: Supports for Children and their Families in Natural Environments as indicated by the Individualized Family Service Plan (Family Resources & Supports Committee)

Measurable Outcomes: Early Intervention agency staff and families will have increased access to information on respite as a family support service provided through California Early Start and the regional center system;
Families will have the opportunity to discuss awareness of respite service and use and Service Coordinators will demonstrate increased ability to assess families' respite needs; and
Alternative methods of distributing the Service Coordinator's Handbook will be implemented.

ICC Recommendation #17: The Interagency Coordinating Council (ICC) recommends that respite information be included in, but not be limited to, the Early Start Institutes, Service Coordinator's Handbook, Family Resource Centers Network of California (FRCNCA) resources, Regional Center Resources, and Family Support Guidelines.

ICC Recommendation #18: The Interagency Coordinating Council (ICC) recommends that detailed information about the different types of respite services be included in the Service Coordinator's Handbook as part of family support services (information may include Respite Issue paper, evidence-based practice, existing information at the local level and other pertinent information as deemed necessary).

ICC Recommendation #19: The Interagency Coordinating Council (ICC) recommends that the Department of Developmental Services (DDS) continue to pursue alternative ways to distribute the Service Coordinator's Handbook via website and online trainings.

ICC Recommendation #20: The Interagency Coordinating Council (ICC) recommends that Early Start focused monitoring activities and other varied activities (i.e., National Center for Special Education Accountability and Monitoring [NCSEAM], surveys, phone calls, etc.) review the assessment of the families' concerns, priorities, and resources to assess knowledge of respite and the usage of respite services in Early Start. This process shall include parents, Service Coordinators, and Early Start Family Resource Centers.

2010 Recommendation

ACTION ITEM DETAIL SHEET
STATE ICC

Committee
___ Quality Service Delivery Systems
___ Public Awareness
___ Integrated Services and Health
___ Family Resources and Supports
_X_ Executive Committee

Item
_X_ Action
____ Consent
____ Discussion
____Information

Date: November 18, 2010
To: ICC
From: Executive Committee

Title
Early Start Personnel Manual (ESPM)

Background/Discussion
IDEA, Part C requires each state to ensure that there is a prepared and qualified cadre of personnel to deliver quality early intervention services. In support of this effort, the ICC recommended the Early Start Personnel Model in 1999 which was subsequently updated in 2004. In response to evidence-based research, the ICC recommended that the ESPM be updated to reflect current best practices. The result is the Early Start Personnel Manual which describes the foundational principles, competencies and practices needed to support effective service delivery. The document is available for downloading on the ICC website.

Recommendation
Approve ESPM as a recommendation to the lead agency and to the Early Start Community.

Possible Actions
1. Approve
2. Approve with amendments
3. Reject

Action Taken
Approved

ACTION ITEM DETAIL SHEET
STATE ICC

Committee	**Item**
___ Quality Data Systems	__X__ Action
___ Policy Topics Committee	____ Consent
___ Qualified Personnel Committee	____ Discussion
_X_ Child & Family Outcomes Committee	_____Information
___ Executive Committee	

Date: February 24, 2012
To: ICC
From: Family Resources and Supports Committee

Title

Family Resource Centers Network of California (FRCNCA) Membership on the Interagency Coordinating Council (ICC)

The FRCNCA is as an invaluable resource for families with infants and toddlers with delays and disabilities. The ICC has recognized the FRCNCA as an important contributor at ICC meetings by having their representative sit at the Council table. While the FRCNCA sat at the ICC table for many years, they have not been afforded full council membership with voting privileges. As the FRCNCA contributions have grown over the years, it is proposed that they be granted full membership on the council.

Recommendation

Approve the FRCNCA representative as a full member of the ICC with voting privileges.

Possible Actions

1. Approve
2. Approve with amendments
3. Reject

Action Taken

Approved

2012 Recommendation

ACTION ITEM DETAIL SHEET
STATE ICC

Committee	**Item**
___ Quality Service Delivery Systems	__X__ Action
___ Public Awareness	____ Consent
___ Integrated Services and Health	____ Discussion
___ Family Resources and Supports	____Information
_X_ Executive Committee	

Date: November 16, 2012
To: ICC
From: Executive Committee

Title
Speech & Language Pathology Assistants Best Practices

Background/Discussion
Currently, there is no guidance within regulation that dictates the appropriate use of Speech and Language Pathology Assistants (SLPAs) in the field. This lack of clear guidance has created uncertainty on the appropriate use of SLPAs in the regional center system and the Early Start community at large. The *Speech & Language Pathology Assistants brief* was developed as a recommended best practices tool for use by the Department of Developmental Services and regional enter system to clarify the proper use of SLPAs; therefore, maximizing SLPAs to their full potential.

Recommendation
Approve best practices.

Possible Actions
1. Approve
2. Approve with amendments
3. Reject

Action Taken
Approved