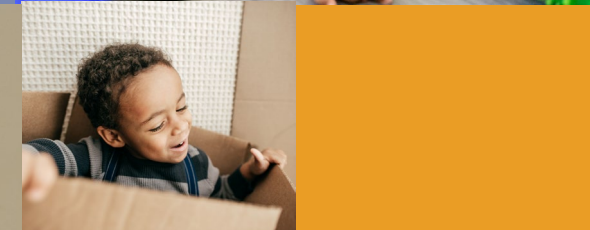


Interagency Coordinating Council (ICC) on Early Intervention Meeting

January 19, 2023



Housekeeping



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."



ASL interpreters have been "Spotlighted" and live closed captioning is active



This meeting is being recorded

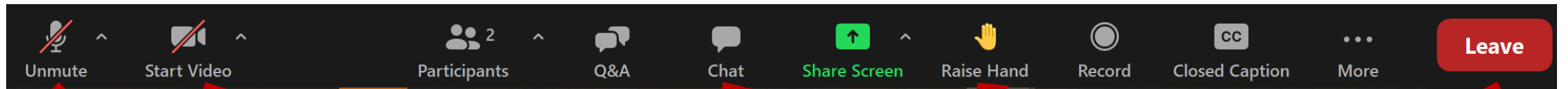


Materials are available at: <https://www.dds.ca.gov/services/early-start/state-icc-on-early-intervention-overview/>



Submit written comments via email to: earlystart@dds.ca.gov

Zoom Tips



Unmute mic only when it's your turn to speak



Turn your webcam on/off

All attendees can type questions/comments in the Q&A

Chat is available for Workgroup members only

Workgroup members can raise your hand when you want to speak

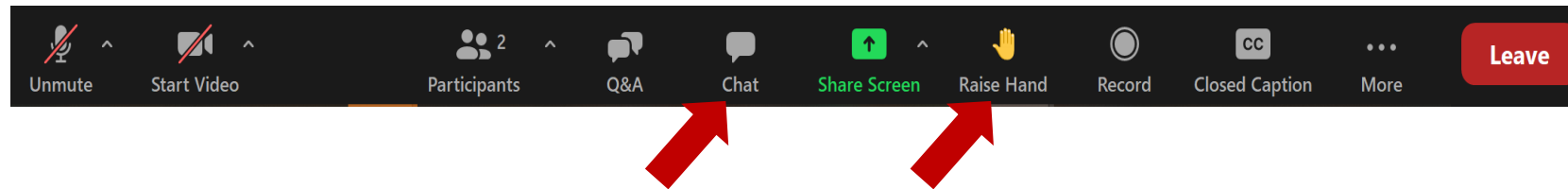
Leave the webinar at the end of the meeting



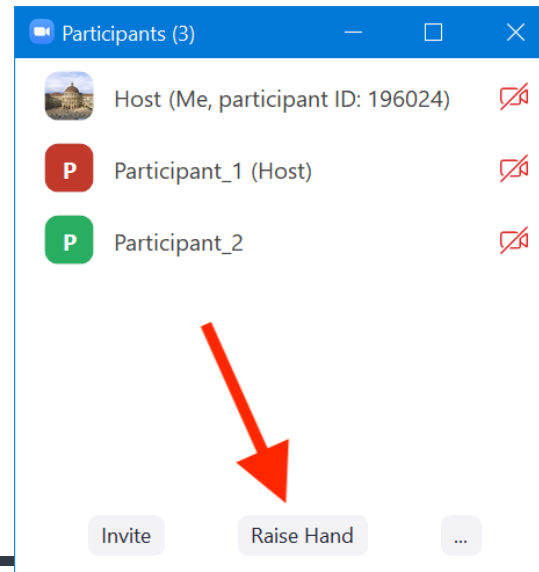
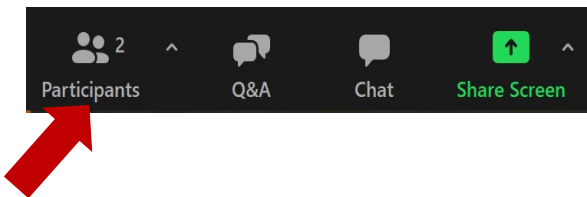
- For attendees, your video and microphone will not be available
- You will only see/hear workgroup members, DDS staff and presenters on screen
- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants

Providing Comments- Appointed Members

Appointed Members: Please use the “Chat” or “Raise Hand” to comment



You may need to click on “Participants” and a new window will open where you can “Raise Hand”



Agenda

- I. Opening: Welcome and Roll Call
- II. Approval of Minutes
- III. Review ICC Mission and Purpose
- IV. Part C Literacy Article and Introduction of Meeting Theme
- V. DDS Updates and Information
- VI. Public Input
- VII. Voices from the Field
- VIII. Presentation- FRCNCA- ARPA Initiative on Diversifying the ICC
- IX. Public Input


Break

- VIII. Presentation- Children's Benefits
- IX. Public Input

Lunch

- X. Announcement of Committee Composition and Goals
- XI. Committee Meetings

ICC MISSION AND PURPOSE



To promote and enhance a coordinated family service system for infants and toddlers, ages birth to three years, who have, or are at risk for having a developmental delay or disability, and their families, by utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration.

PART C LITERACY ARTICLE

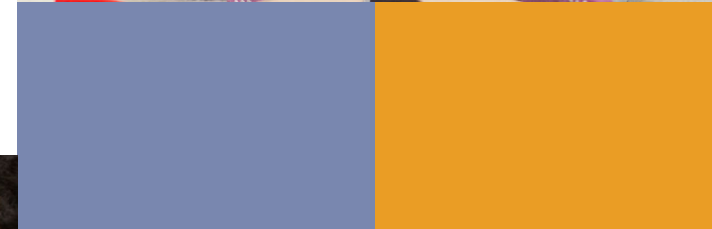
“RECOMMENDATIONS FOR PEER-TO-PEER SUPPORT FOR NICU PARENTS”

BY SL HALL, DJ RYAN, J BEATTY, L GRUBBS

DDS Updates and Information

Early Start FY 2021 Preliminary Data Annual Performance Report

Presented to ICC
January 19, 2023



Key Terms

Annual Performance Report (APR)- A report submitted annually to the Office of Special Education Programs (OSEP) providing information on the progress of California's Early Start program in meeting the established targets for each of the indicators.

Client Master File (CMF)- Database that is the primary source for demographic, legal status, case status, and case manager information. Data entered by regional center personnel.

Early Start Report (ESR)- Database containing data on progress and outcomes on children being served in the Early Start Program. The data is entered by regional center personnel.

Individualized Family Service Plan (IFSP)- A document that describes a child's current level of development, goals developed by the team, and what types of services the child will receive.

Child Find- Percentage of children (birth to 1 and birth to 3) with Individualized Family Service Plans (IFSPs) compared to the state's overall population (birth to 1 and birth to 3).

Fiscal Year (FFY)- The 2021-2022 fiscal year is from July 1, 2021 to June 30, 2022.

Early Start Compliance Indicators

Indicator 1: Timely Provision of Services

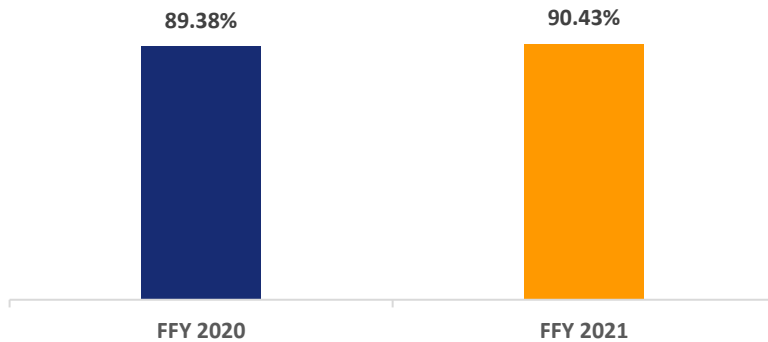


Indicator 7: IFSP in 45 days

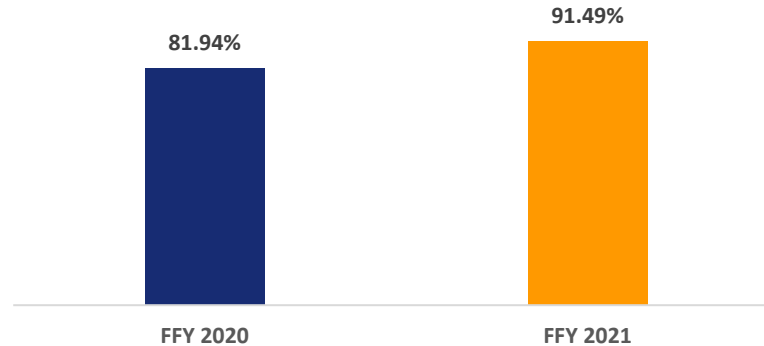


Transition Indicators:

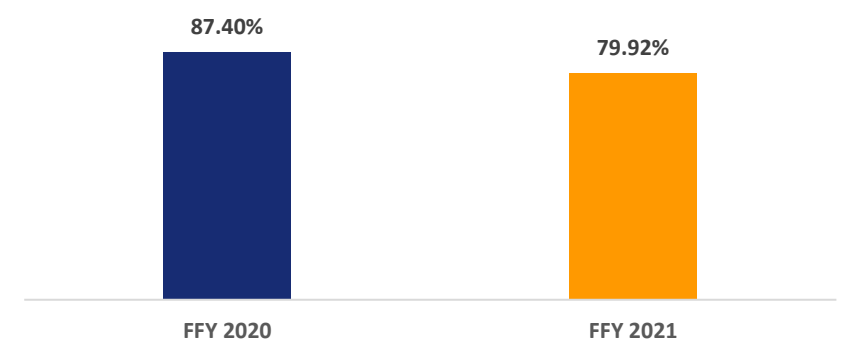
Indicator 8a: Steps and Services



Indicator 8b: Timely Notification for LEA



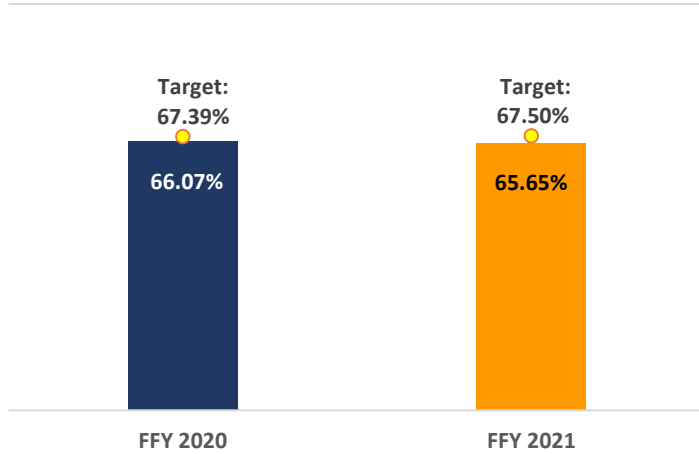
Indicator 8c: Timely Conference



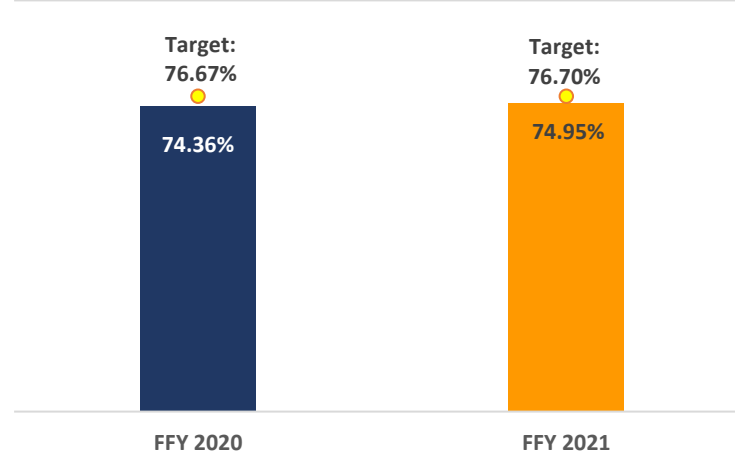
Early Start Child Outcomes: Summary Statements 1 & 2

SS1: Made Substantial Gains

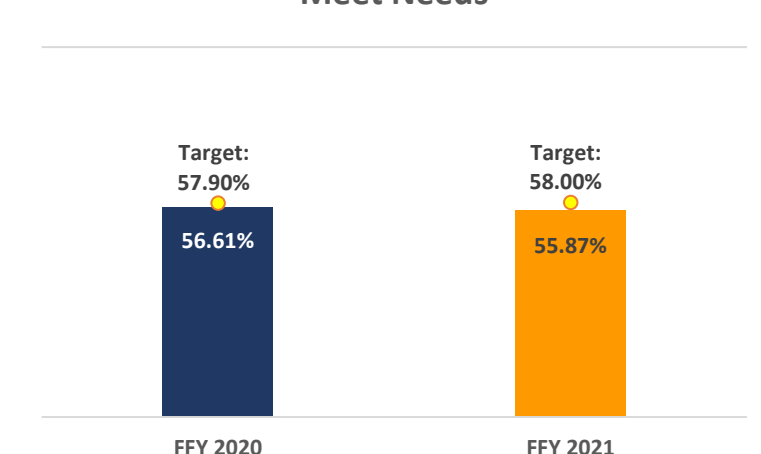
Indicator 3a: Social Emotional



Indicator 3b: Knowledge and Skills

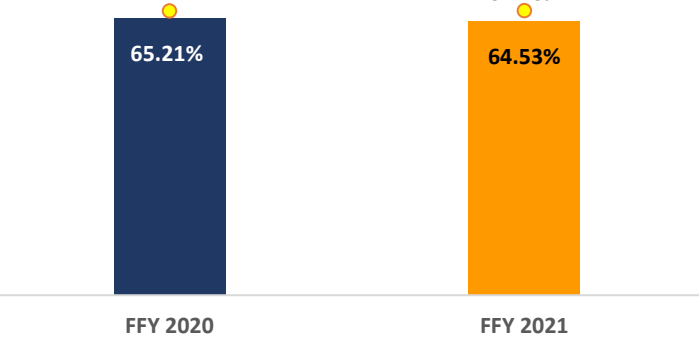


Indicator 3c: Appropriate Behavior to Meet Needs

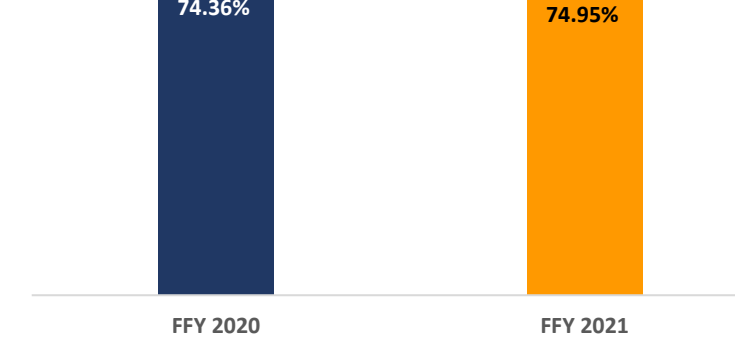


SS2: Exit at Age Expectation

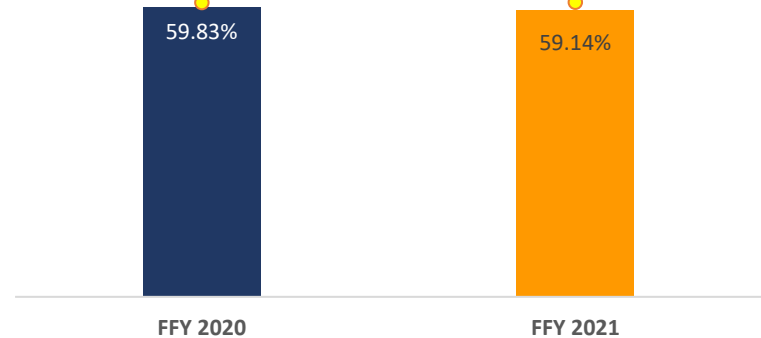
Indicator 3a: Social Emotional



Indicator 3b: Knowledge and Skills



Indicator 3c: Appropriate Behavior to Meet Needs

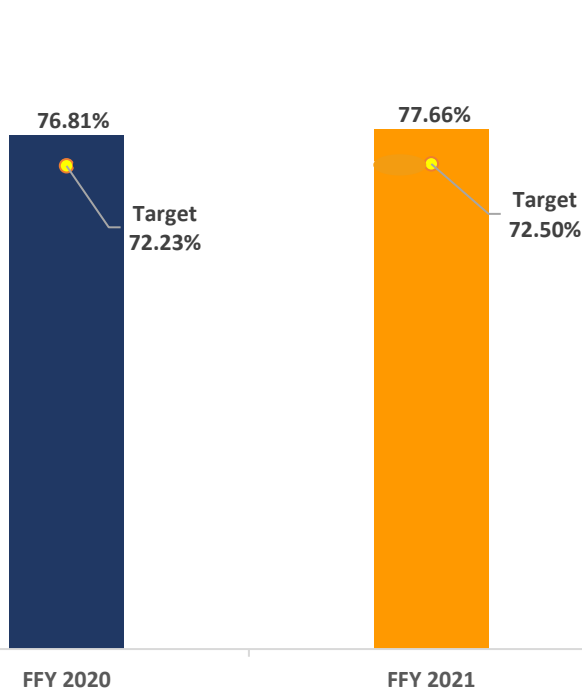


CALIFORNIA EARLY START
DEPARTMENT OF DEVELOPMENTAL SERVICES

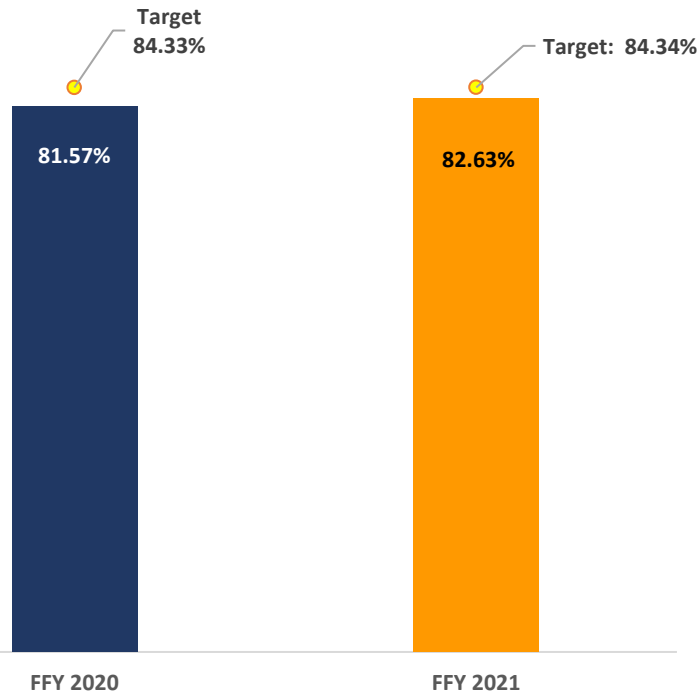
Data Source: Based on Child Outcomes data collected at entrance and exit in the Early Start Report (ESR) database used by all Regional Centers

Indicator 4: Early Start Family Outcomes

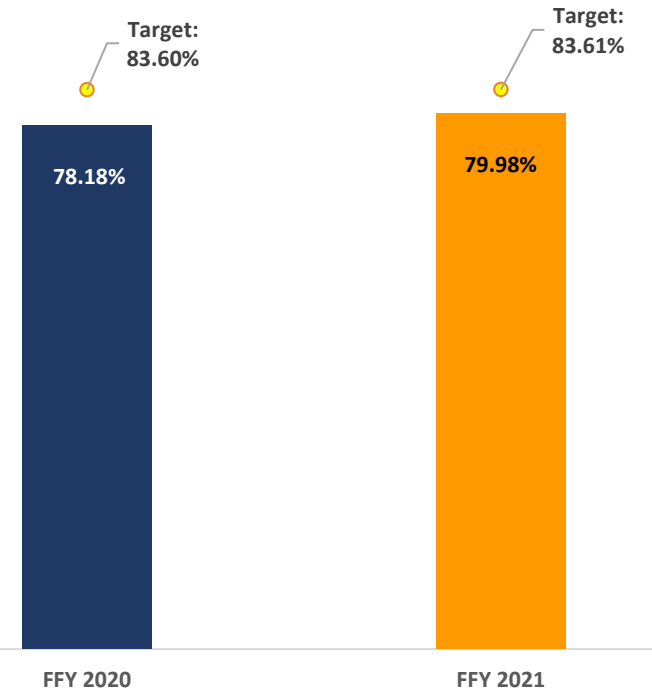
Family Know their Rights



Family Communicates Child's Needs

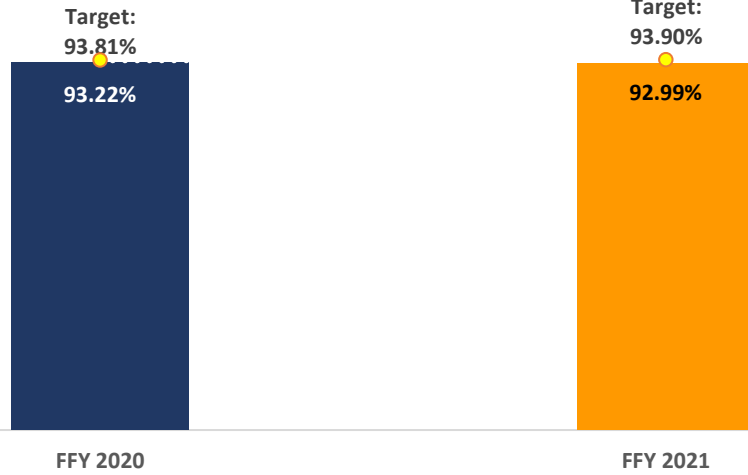


Family Help Child Learn & Develop

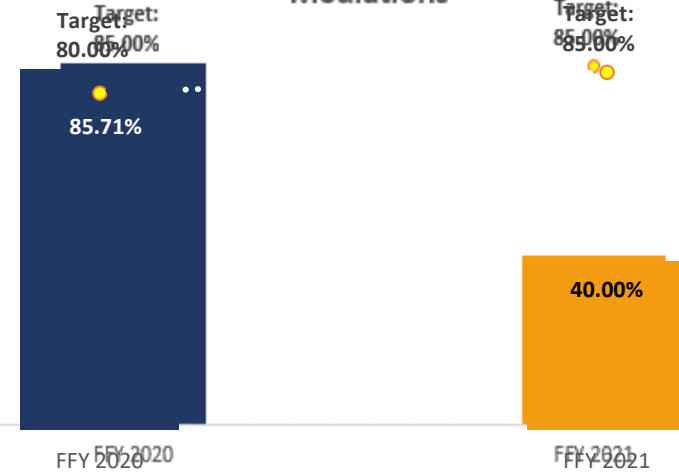


Early Start Performance Indicators

**Indicator 2:
Services in the Natural Environment**



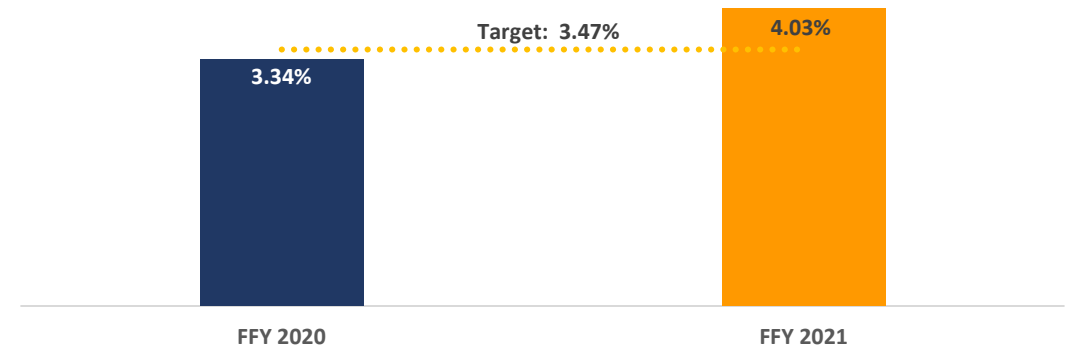
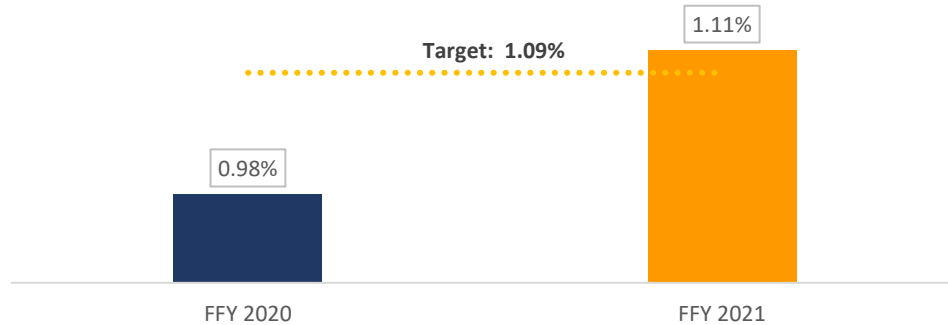
**Indicator 10:
Mediations**



Indicator 5: Child Find (Birth to One)

Child Find

Indicator 6: Child Find (Birth to Three)



The Annual Performance Report will be posted on the DDS website at <https://www.dds.ca.gov/services/early-start/state-performance-reports/>

Questions?

PUBLIC INPUT

Public Input Guidelines

- **COMMENTS CAN BE IN WRITING OR SPOKEN**
All comments are published as part of the public record and provided to ICC members
- **EACH PERSON HAS 2 MINUTES TO COMMENT**
We want to make sure there's time to hear from everyone. Longer comments? Submit them in writing to ensure your full message is shared
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- **WANT TO SHARE A POWERPOINT OR VIDEOS AS PART OF YOUR PUBLIC COMMENT?**
Email EarlyStart@dds.ca.gov at least 14 days in advance with any audio/visual needs

Voices from the Field Updates

Fran Chasen- Infant Development Association of CA

Teresa Anderson- The Arc

Marty Omoto- California Disability Community Action Network

Robert Rochin- FRCNCA

Presentation

FRCNA ARPA Initiative: Community Engagement Project

Robert Rochin
Yvette Baptiste



**CA Interagency Coordinating
Council (ICC)
Community Engagement
Project**

IMPROVING THE COMMUNITY CAPACITY &
DIVERSIFICATION OF THE ICC - ARPA INITIATIVE

COMMUNITY ENGAGEMENT PROJECT

THE GOAL OF THIS INITIATIVE IS TO PROVIDE SUPPORT TO THE STATE'S ICC THROUGH OUTREACH ACTIVITIES, RECRUITMENT, TRAINING, AND INCENTIVES TO PARENTS AND COMMUNITY MEMBERS TO PARTICIPATE IN ICC ACTIVITIES AT THE STATEWIDE AND LOCAL LEVEL THROUGH LOCAL INTERAGENCY COORDINATING COUNCIL AREAS (LICA).



FRCNCA PARTNERS



Eastern LA FRC,
Project Lead



CARE Parents Network
Northern Regional lead



Parents Helping Parents of SLO
Southern Regional Lead

STRATEGY #1 LOCAL COMMUNITY ENGAGEMENT ACTIVITIES

- Identify target populations, cultural or linguistic groups needed to build the capacity of the ICC
- Identify opportunities to create connections/partnerships
- Identify and/or create resources and strategies that help local communities engage
- Engage in local outreach activities/strategies
- Develop a report of recommendations to the Department and ICC to support the implementation for recruitment, engagement, family friendliness and mentorship of new members from under-represented communities.



FUNDING
OPPORTUNITY

LOCAL COMMUNITY ENGAGEMENT ACTIVITIES (CONTINUED)



FAMILY RESOURCE CENTERS

1. Target up to 14 communities where no LICA exists, or the LICA wants to support the mentoring of additional representatives to elevate to local or state-level ICC
2. Provide T/A supports (Using Leading by Convening tools, Leadership Training and other Resources) to help them establish or strengthen their local interagency council or similar group that has governing bylaws and its framework like the state's ICC.

LOCAL COMMUNITY ENGAGEMENT ACTIVITIES (CONTINUED)

Local FRC Engagement Outcome

Use a simple RFP process to involve FRCs in targeted underserved and underrepresented communities

Develop an outreach/engagement plan for leveraging connections and leadership training

Identify 1-2 family, provider or community member from target populations to participate in State ICC and increase the LICA feedback to the state ICC

LEADERSHIP DEVELOPMENT

Strategy #2

- Develop easy to deploy Leadership training for community, family members/ consumer parents interested in participating in Local or State ICC activities utilizing leadership training content from renowned projects like “Partners in Policymaking”(MN) and “Project Leadership”(CA).

LEADERSHIP DEVELOPMENT

Strategy #2

- Implement a train the trainer model for implementation of training Statewide
- Recommend a Post-training mentoring plan for the new family/ community representative ICC members
- Identify Early Start FRCs that might provide support/ mentoring

WHAT'S NEXT?

(Tentative Implementation Schedule)

1. Development of Outreach Plan and Curriculum **January-March 2023**
2. Awards and Subcontracting to begin in **March 2023**
3. Local Activities to start in **April/ May 2023**
4. Grant Activities concluded by **December 2023**
5. Discussion with ICC Today!

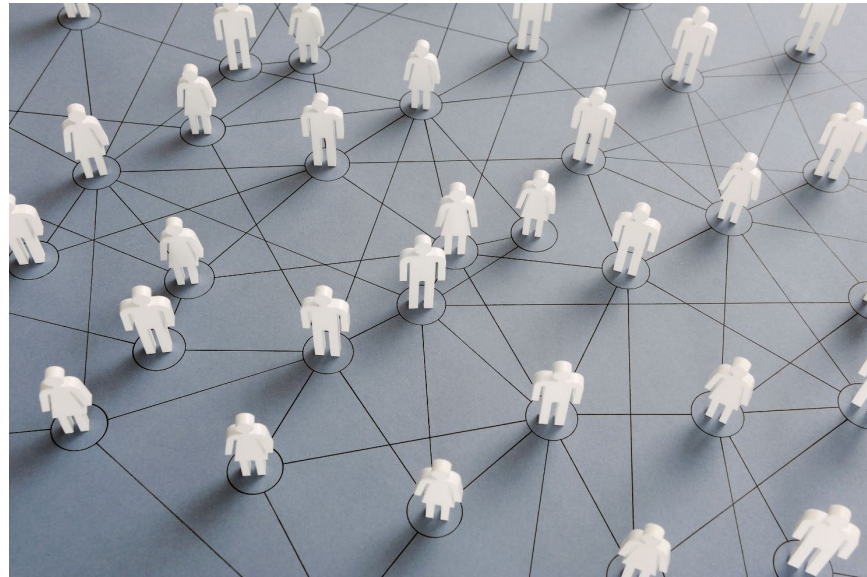


Leading by Convening

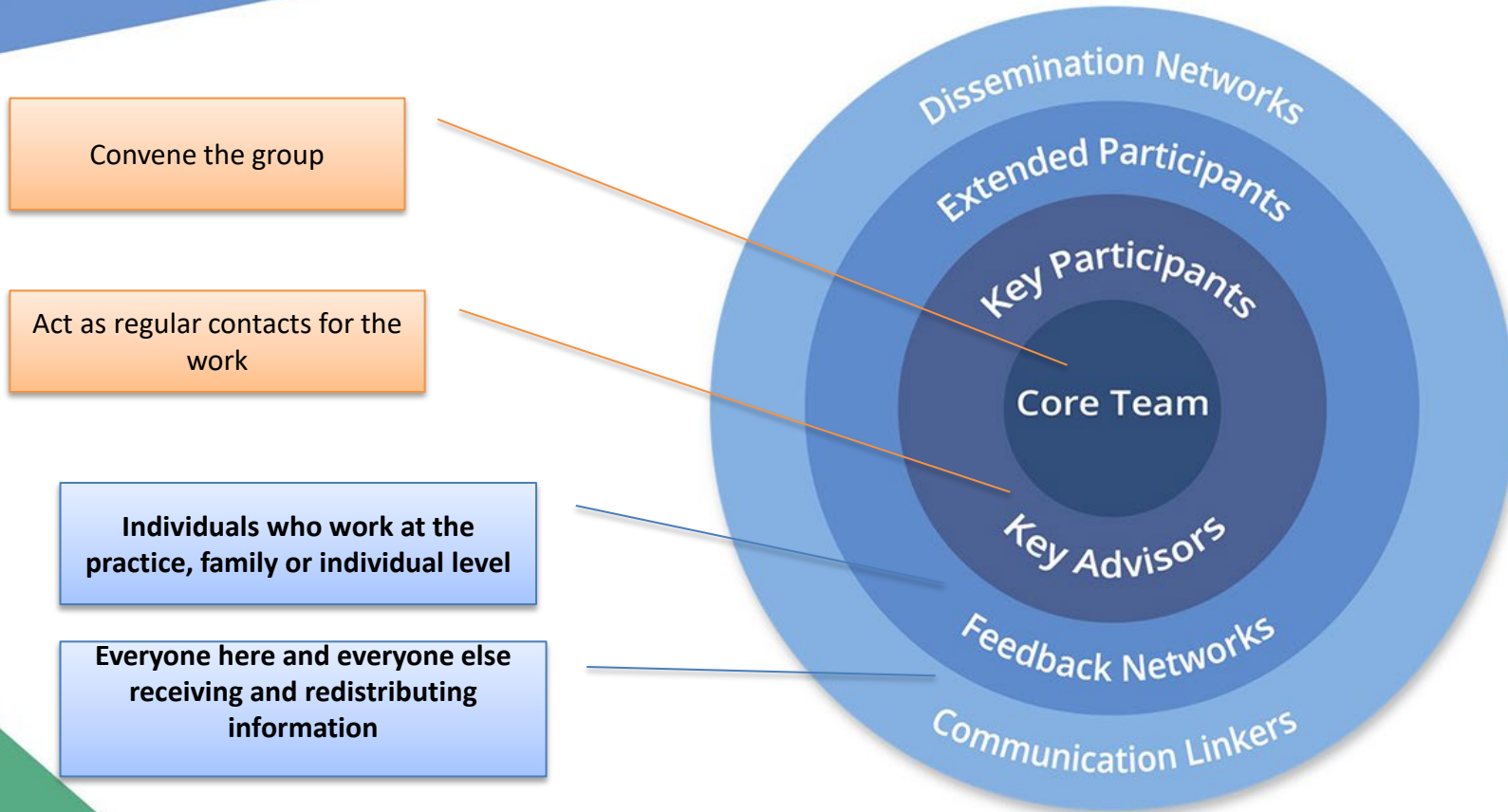
<https://ncsi.wested.org/resources/leading-by-convening/modules-tools/>

Module: Ensuring Relevant Participation

Engaging Everybody



Engaging Everybody





Who is missing from your Key Participants and Advisors?

Who would you like to have as extended participants/feedback network?



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BREAK

Presentation

Children's Benefits

Pamela Riley

Medi-Cal Children's Initiatives: Increasing Awareness of EPSDT Benefits

*State Interagency Coordinating Council (ICC) on Early Intervention
January 19, 2023*

Pamela Riley, MD, MPH

*Chief Health Equity Officer & Assistant Deputy Director, Quality and
Population Health Management*



Transforming Medi-Cal so Children have the Health Care They Need to Live Longer, Healthier Lives

- » Create a more coordinated, person-centered, and equitable health system that works for everyone, regardless of the color of your skin, the language you speak, or where you live.
- » Take a population health management approach that prioritizes prevention and whole-person care for members throughout their lives, from birth to a dignified end of life.
- » Together with our managed care plan partners, set a new standard of care for children and their families, and better integration of their physical and behavioral health care.

Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services

In 2019, the California State Auditor released a report highlighting the low rates of children's preventive health services in Medi-Cal. A follow-up audit in 2022 underscored that millions of Medi-Cal-enrolled children are still not receiving preventive services. In response, the Department of Health Care Services (DHCS) committed to developing a standardized provider training on Medi-Cal for Kids & Teens.

The 2019 California State Audit found:

- 2.4 million children enrolled in Medi-Cal did not receive required preventive services – roughly half of all children under age 21 in Medi-Cal
- Pre-pandemic, California ranked 40th nationwide for utilization of children's preventive services, or 10 percentage points below the national average

Since the COVID-19 pandemic, California's preventive services utilization has continued to decline:

1 in 2 children ages 12 – 21 received at least one annual well-care visit



22% of children under the age of 3 received a developmental screening



Less than half of children at age 13 were fully immunized



Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

March 2022



Forward-looking policy agenda for children and families enrolled in Medi-Cal that **unifies the common threads of existing and newly proposed** child and family health initiatives.



Eight action areas with detailed **key initiatives** that are designed to:

- » Solidify coverage for children
- » Promote whole-child and family-based care
- » Strengthen leadership and accountability structures
- » Implement evidence-based, data-driven initiatives



Two infographics, including an **easy-to-read one-pager** with action areas and a **detailed table with a status update and expected implementation timing** for each key initiative.

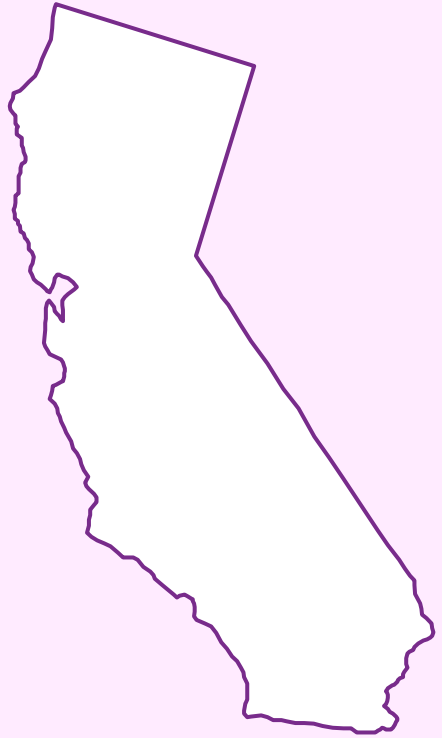
Medi-Cal's Strategy to Support Health & Opportunity for Children & Families – EPSDT Outreach and Education Toolkit

- » **Key Initiative:** Outreach and education toolkit on the intent and scope of EPSDT to enhance understanding and access to care
- » **Initiative Elements Discussed in Strategy:**
 - Core audiences of families, providers, and MCPs
 - Toolkit that describes how EPSDT works and what it covers
 - Coordination of toolkit with a range of child-serving stakeholders (e.g., key state agencies, local government entities, community-based advocates) to deliver targeted messaging related to services available under EPSDT



In 2019, DHCS started to develop member-facing materials focused on children's preventive services to be responsive to a 2019 California State Audit on children's preventive services; work was paused due to COVID-19. This toolkit builds on our prior work and the recent follow up 2022 California State Audit.

What is EPSDT?



Federal law enacted in 1967 established **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**, which guarantees all medically necessary services to children and youth under age 21 enrolled in Medi-Cal.

What is EPSDT?

- » Requires comprehensive age-appropriate health care services be provided to all Medi-Cal enrolled children and youth under age 21
- » Requires preventive screening, diagnostic services, and treatment services
- » Screenings, coverage requirements, and definition of medical necessity for children enrolled in Medi-Cal are more robust than that for adults' care

Goal of Medi-Cal for

Ensure that children get the

Right Care

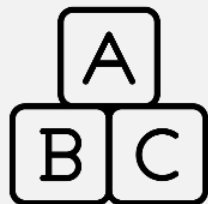
at the

Right Time

in the

Right Place

Overview of EPSDT Outreach & Education Toolkit Components



**EPSDT
Renaming**



**EPSDT Enrollee
Brochures**
(child and teen
versions)



**EPSDT Provider
Training**

EPSDT Child and Teen Brochures



» Included in the brochures:

- Overview of EPSDT services, eligibility, and how to access services
- Information about the services provided at check-ups for children and teens/young adults
- Key contact information such as the Medi-Cal Member Help Line, 988, and specialty mental health resources
- In the child-focused brochure: condensed Periodicity Schedule for well-child visits
- In the teen/young adult-focused brochure: overview of sexual health and mental health care services

» Distribution plan:

- DHCS will share brochures with stakeholders, providers, Medi-Cal managed care plans, county offices, local health departments, and others for broad distribution
- DHCS will mail the brochures annually to FFS households with members ages 0-20 and publish on DHCS' website
- Plans will be required to mail brochures annually to households with members ages 0-20 and publish on their websites

EPSDT Know Your Medi-Cal Rights Letter



» Included in the letter:

- Overview of EPSDT and “medically necessary” services
- Overview of the appeals, State Fair Hearing, and/or grievances processes for managed care delivery systems (Medi-Cal Managed Care, Drug Medi-Cal Organized Delivery System, Specialty Mental Health Services, Dental Managed Care) and fee-for-service (FFS) delivery systems (Medi-Cal FFS, Drug Medi-Cal, Dental FFS, Medi-Cal Rx)
- Information on what a family can do if Medi-Cal care is denied, reduced, or stopped, including who to contact and how to file an appeal, request a State Fair Hearing, and/or contact the Ombudsman
- Information on how to file a grievance across Medi-Cal delivery systems
- Key contact information for Medi-Cal delivery systems to help enrollees find the right delivery system to contact about a concern

» Distribution plan:

- DHCS will share the letter with stakeholders, providers, plans, county offices, local health departments, and others for broad distribution
- DHCS will mail the letter annually to FFS households with members ages 0-20 and publish on DHCS’ website
- Medi-Cal managed care plans will be required to mail the letter annually to households with members ages 0-20 and publish on their websites

EPSDT Provider Training



» Included in provider training:

- Starting January 2024, Medi-Cal managed care plans must *conduct EPSDT training for their network providers at least every two years* to ensure providers are best able to support families in fully utilizing EPSDT services
- Overview of EPSDT's comprehensive set of services under federal and state law, including EPSDT screening, diagnostics, and treatment services and providers' responsibility in delivering medically necessary services for children and youth enrolled in Medi-Cal

» Distribution plan:

- DHCS will share training materials with Medi-Cal managed care plans and publish on DHCS' website
- Plans will be required to deliver training to network providers at least every two years and publish on their websites

EPSDT Outreach and Education Toolkit

Audiences

Component	Description	Audiences		
		Enrollee	Provider	Plans
EPSDT Renaming	More accessible name to improve understanding amongst all audiences	✓	✓	✓
EPSDT Brochures (child and teen versions)	Overview of EPSDT, covered services, eligibility, and how to access services	✓		✓
EPSDT Know Your Medi-Cal Rights Letter	Overview of what enrollees up to age 21 can do if care is denied, reduced, or stopped, including how to file an appeal or grievance	✓		✓
EPSDT Provider Training	Standardized provider training on EPSDT requirements		✓	✓

Timeline *(subject to change)*

EPSDT Outreach & Education Toolkit components – **EPSDT renaming, EPSDT member brochures, EPSDT member Know Your Medi-Cal Rights letter, EPSDT provider training** – will be released as a coordinated and comprehensive package in early 2023.

Tasks	2022			2023		
	Oct	Nov	Dec	Jan	Feb	Mar
Review member-facing materials with select stakeholders (e.g., child advocates, providers, Medi-Cal MCPs), present at the CalAIM Children & Youth Advisory Group (11/9), and present at All Comer EPSDT Member-Facing Materials Public Webinar (11/18)						
Conduct consumer testing on member-facing materials						
Review provider training materials with select stakeholders (e.g., providers, health systems, Medi-Cal MCPs)						
Finalize toolkit components with DHCS divisions and leadership based on stakeholder and consumer feedback						
Conduct readability review of member-facing materials						
Publish final EPSDT toolkit materials in English on DHCS website						
Translate member-facing materials to DHCS' threshold languages						
Mail member-facing materials to members and disseminate materials to child-serving stakeholders to support distribution						

Questions & Discussion

- » Distribution plan?
- » Other audiences?
- » Other communication/engagement tools?

Thank You

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, spanning the width of the slide below the main heading.

Pamela Riley, MD, MPH

pamela.riley@dhcs.ca.gov

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LUNCH

Committee Composition and Goals

DJ Tomko

Committee Composition and Goals



MEETING FACILITATION

The committee meetings will be held in break-out rooms via Zoom



GOALS

The committee members will review agenda items, identify goals, and develop an action plan to propose to voting members



MEMBERS

All ICC Appointed Members and Community Members have been appointed to a committee, and will join the break-out rooms accordingly



MEETING MINUTES

At least one representative from WestEd and DDS will be present in committee break out rooms to track meeting notes and public comment



PUBLIC COMMENT

Within the committee meetings, there will be designated time allotted for public input

ICC Committee Meetings

- Improving Systems
- Communications and Outreach

CONTACT INFO

DDS Early Start Mailbox:
earlystart@dds.ca.gov

DDS Early Start Webpage:
[Early Start - CA Department of
Developmental Services](#)

ICC Webpage
[State ICC on Early Intervention
Overview](#)

