

**STATE INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION
EXECUTIVE COMMITTEE INTERIM MEETING
June 25, 2008**

MEMBERS PRESENT:

Theresa Rossini, Chair, Family Resources & Supports Committee (FRSC)
Arleen Downing, M.D., Chair, Integrated Services & Health Committee (ISHC)
Gretchen Hester, Co-Chair, Integrated Services & Health Committee (ISHC)
Beverley Morgan-Sandoz, Co-Chair, Quality Service Delivery Systems Committee (QSDS)
Stephanie Pringle-Fox, Representative of the Public Awareness Committee (PAC)
Jim Bellotti,
Rick Ingraham
Raymond M. Peterson, M.D.

OTHERS PRESENT:

Kevin Brown, ICC Manager
Patric Widmann, ICC Supervisor
Erin Paulsen, DDS
Michelle Donahue, DDS
Michael Miguelgorry, DDS
Suzanne Del Sarto, DDS
Virginia Reynolds, WestEd
Peter Guerrero, WestEd
Stephanie Myers, WestEd
Stacie Byrne-Reed, ICC Coordinator
Elissa Provance, WestEd, Recorder

WELCOME AND INTRODUCTIONS:

Theresa Rossini called the meeting to order at 10:00 a.m. followed by self-introductions of all participants.

REVIEW OF MEETING PROCESS:

Theresa Rossini reviewed the purpose of the interim meeting to review Committee recommendations and integrate the recommendations from the four Standing Committees into one ICC document for submission to DDS, the Lead Agency. She discussed the process and recommended that there be a time limit of 10 minutes for discussion of each of the 29 recommendations. The Committee recommendations will be reviewed in order starting with QSDS pending the arrival of Stephanie Pringle-Fox who will be representing the PAC. Decisions on each recommendation will be by consensus and Committee Chairs will be asked to work with assigned staff to edit and prepare recommendations for discussion by Committees in September. The recommendations with any revisions (Attachment A) will be presented for discussion at the next Executive Committee meeting to be held on Thursday afternoon with input from Committees following the Thursday morning Committee meetings.

Theresa referred to the list of the 2008 Proposed Recommendations (Attachment B) which was reviewed by those in attendance starting with QSDS.

Recommendations S-1 through S-7 (QSDS)

After discussion it was agreed that there should be an emphasis on the Social-Emotional aspects of early childhood development. There was a question on how the evaluation and review fits into the current plan (2010) and how it addresses OSEP requirements. The role of First Five was discussed. It was agreed to delete S-7 and incorporate this into S-2. Minor editorial revisions were made.

Recommendations O-1 through O-5 (PAC)

It was agreed to delete recommendation O-3 as this can be accomplished through PAC committee activities and does not require any action by DDS. This will also be incorporated into other committee activities at future meetings. Several editorial changes were made and it was agreed to format the recommendations so that all recommendations would be presented as one ICC document.

Recommendations H-1 through H-12 (ISHC)

The measurable outcomes for the SPECIAL HEALTH CARE NEEDS/MANAGED CARE were reviewed with editorial changes made to be consistent with other outcomes and to ensure accuracy with current and anticipated statewide reviews. It was noted that there was a need to differentiate the services offered as respite and as nursing care. There was discussion of new terminologies: Early Care and Education which includes child care, preschool and early intervention programs. After discussion there was agreement to delete H-4, H-5, H-7, and H-10. It was also agreed to edit and combine H-8 and H-9. There was agreement to emphasize committee collaboration and avoid duplication in recommendations (H-12).

Recommendations NE-1 through NE-5 (FRSC)

The proposed Measureable Outcomes were reviewed and revised considering the difficulties in measuring some of the outcomes (increased ability of service coordinators to assess families' respite needs.) It was agreed to combine NE-2 and NE-5)

The plan for moving the ICC recommendations forward for completion was discussed. It was agreed that all of the recommendations (21) will be combined into a single document for submission as ICC recommendations to the Lead Agency. Wherever possible, committee recommendations that may be overlapping or duplicative will be integrated into the final document. Staff supporting each committee was asked to work with Committee chairs and co-chairs to edit the proposed recommendations for action at the next committee meetings scheduled in September.

ADJOURNMENT

The meeting was adjourned at 3:00 p.m.

ICC 2008 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.

Recommendations

ICC Recommendation #1: The ICC recommends that a dissemination plan be developed by DDS, with input from PAC, for distribution of The Primary Health Care Provider's Role in Early Intervention 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 ICC recommends that DDS provide ongoing reports and/or data to PAC including 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 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 DDS website with a clear message that also identifies Early Start. (EE-7 2005)

ICC Recommendation #4: The ICC recommends that PAC be responsible for reviewing all Early Start outreach products and activities and advising 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.

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One way to measure the impact of the dissemination is through collection of data on physician referrals.

Reason is to see who is doing well throughout the state. Monitoring is not necessarily related to physician referral. Reports describe services and allows for comparison and identification.

Consistent tagline might be "Are you concerned about your child's development?" The site also needs to name Early Start. Protocol from partner agencies could make implementation difficult.

Previously, meeting schedules impacted completing work in a timely manner. Workgroups did have committee representation to provide input and to share information with their committees as well as get input from committees.

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

Measurable 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.

Recommendations

ICC Recommendation #5: The ICC recommends that DDS identify and evaluate reliable and appropriate screening and assessment tools, i.e., norm-referenced and focused on the correct population (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 ICC recommends that DDS infuse Core Provider infant family mental health competencies, as identified in the 2008 ESPM revision, into Early Start 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 as these relate to parental concerns.

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Upon identification, DDS will recommend their use. Screening is universal; assessment is focused. (Appropriate screening tools will lead to potential assessment.) Starting point for identification is existing compendium of screening tools that would need to be updated. Concern about ability to assess social-emotional development. Re - timeline/measuring success, if DDS reports to ICC that based on monitoring visits, it was determined that there is recognition of social-emotional and behavioral issues that result in action, it is an indication that recommendation was acted upon. If it is understood that a response is requested by 2010 as indicated in the measurable objective, that is an acceptable timeline.

2008 ESPM revision is not completed; however, December deadline is anticipated in order to infuse competencies into future CSPD institutes (by 2010) following ICC approval.

ICC Recommendation #7: The ICC recommends that DDS complete a profile of 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.

Desired information is to see what each agency provides related to screening, referral, etc. to be used as a resource.

ICC Recommendation #8: The ICC recommends that DDS develop strategies to cross- train state and local Early Start partner agencies about services and supports available for parents who express concern about the social, emotional, and behavioral development of their infants and toddlers.

S3-4 related to recognition of Early Start being interagency and multidisciplinary. Recognizes collaborative partnering, i.e., CAPTA training, Medi-Cal screening for social-emotional development. Agencies have related requirements re screening, assessment, and/or services. Training may be targeted to current institute participants, not creating a new way for institutes to be put together, or separate training such as CAPTA.

ICC Recommendation #9: The ICC recommends that DDS compile and track data about social-emotional and behavioral functioning via processes such as ES monitoring, for example: Add item/s to self-review, record review checklists, etc. Establish baseline, and/or Analyze/track progress.

Lines up with child outcome data.

ICC Recommendation #10: The ICC recommends that DDS, in coordination with the QSDS Committee, collaborate with the First 5 Association to review and disseminate materials appropriate for Early Start.

First 5 County Commission Association has a project re social-emotional development. QSDS is requesting a mechanism, i.e., association member attending QSDS meeting, to review materials developed by workgroup appropriate to Early Start. A recommendation is not needed to extend an invitation. This particular recommendation is related to the possibility of a First 5 representative on ICC. PAC requested to collaborate on the review of materials, not dissemination.

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.

Recommendations

ICC Recommendation #11: The ICC recommends that care coordination plans be developed or updated 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 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 providers (i.e., send Individualized Family Service Plan to Primary Health Care Provider).

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Agencies develop the coordination plan.

As plans a regional center responsibility, DDS would make a recommendation to regional centers. Details need to be worked out via HIPAA laws. Content does not align to OSEP requirements.

ICC Recommendation #13: With parent consent, the ICC recommends that a support services assessment, including in-home respite for all families (especially those with children with special health care needs, such as chronic health conditions, multiple medications/procedures, assistive technology, etc.) be performed annually and documented by 1) Documentation of the discussion of support needs in family assessment summaries or reports, 2) Development of a parent support needs assessment form, 3) Documentation of how identified parent supports are to be addressed on each IFSP, and 4) Documentation of other support services.

Does not deliberately specify regional center or LEA — it is the Early Start system.

ICC Recommendation #14: The ICC recommends that DDS request that the Training and Technical Assistance Collaborative (TTAC) consider discussing options for outreach to early care and education providers, including the promotion of inclusive practices, dissemination of publications, and other related needs for children with special health care needs.

Focus should be on outreach, i.e., to TTAC. Packaged in to outcome desired and DDS take it as item for TTAC (“ICC requested that TTAC consider discussing options for outreach to early care and education providers”).

ICC Recommendation #15: The ICC recommends a data collection methodology be developed with CDE 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.

Jim Bellotti mentioned may not be feasible due to privacy regulations and the inability to share information. May change after July 1.

ICC Recommendation #16: The ICC recommends that as an additional option to attending Early Start Institutes, Early Start 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., IFSP sent to PHCP), and 9) Outreach to and disseminating information to the medical community (See QSDS recommendation IC-5).

ICC Recommendation #17: The ICC recommends that agencies coordinating local or regional training/workshops on comprehensive health status review practices and procedures publish local training timetable, curricula, and attendance for review during monitoring and on their website.

Objective is that training at the local level can be reviewed.

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.

Recommendations

June 25th Meeting Comments

ICC Recommendation #18: The ICC recommends that respite information be included in, but not be limited to, the Early Start Institutes, Service Coordinator's Handbook, FRCNCA resources, Regional Center Resources, and Family Support Guidelines.

ICC Recommendation #19: The 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 #20: The ICC recommends that DDS continue to pursue alternative ways to distribute the Service Coordinator's Handbook via website and online trainings.

ICC Recommendation #21: The ICC recommends that the varied Early Start monitoring activities include a review of processes and materials for parents to assess knowledge of respite and the usage of respite services in Early Start. This process will include parents and Service Coordinators.

Combine with NE-5.

Currently under discussion.

Monitoring whether parents are aware of respite and that respite services are being used. Option to survey families? Data requested is, of those who are not utilizing respite, why aren't they? Unaware? They don't want it? Three data points: knowledge of the service, authorization for it, and is it being used. Then compare data.

**ICC PRIORITY RECOMMENDATIONS
SEPTEMBER 2008
(VERSION DATE: JUNE 2008)**

Priority:

OUTREACH TO HEALTH CARE PROFESSIONALS

Measurable 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.

Recommendations:

		FRSC	ISHC	PAC	QSDS	Status
O-1	To address potential referral sources that may be under-identifying young children, specifically those between 12-24 months of age, the PAC recommends that a dissemination plan be developed by DDS, with input from PAC, for distribution of <i>The Primary Health Care Provider's Role in Early Intervention</i> and other Early Start materials.			*		
O-2	To identify promising early entry strategies and inform program improvements, the PAC recommends that DDS provide ongoing reports to PAC including monitoring visits describing findings related to rates of child find, physician referrals, percentages served, languages spoken, Baby line calls and other information			*		
Recommendations (continued):		FRSC	ISHC	PAC	QSDS	Status

* Developed Recommendation

✓ Review / Input

"C" indicates collaborative opportunity with that committee

ICC PRIORITY RECOMMENDATIONS
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O-3	The PAC recommends inviting representatives from local Regional Centers and FRCs to present at PAC meetings about specific child find topics, such as, but not limited to physician outreach.			*		
O-4	The PAC 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 with a consistent tagline, to the Early Start home page housed on the DDS website. (EE-7 2005)			*		
O-5	To ensure maximum benefits from all Public Awareness and child find efforts, the PAC recommends that PAC resume responsibility for reviewing all Early Start outreach products and activities and advising DDS regarding the content and dissemination of future Public Awareness materials and child find efforts.			*		

* Developed Recommendation

✓ Review / Input

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**ICC PRIORITY RECOMMENDATIONS
SEPTEMBER 2008
(VERSION DATE: JUNE 2008)**

Priority:

Supports and services to enhance social, emotional, and behavioral development of children birth to three and their families

Measurable 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.

Recommendations:

		FRSC	ISHC	PAC	QSDS	Status
S-1	QSDS recommends that DDS Identify and evaluate reliable screening and assessment tools that address social, emotional and behavioral development of infants and toddlers.				X	
S-2	QSDS recommends that DDS Infuse Core Provider infant family mental health competencies, as identified in the 2008 ESPM revision, into Early Start CSPD training institutes. Curriculum content on social-emotional-behavioral development will include: <ul style="list-style-type: none"> • How to provide anticipatory developmental guidance • How to recognize and respond to social, emotional and behavioral concerns 				X	

* Developed Recommendation

✓ Review / Input

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Recommendations (continued):		FRSC	ISHC	PAC	QSDS	Status
S-3	QSDS recommends that DDS complete a profile of 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.				X	
S-4	QSDS recommends that DDS develop strategies to cross-train Early Start partner agencies about services and supports available for parents who express concern about the social, emotional and behavioral development of their infants and toddlers.				X	
S-5	QSDS recommends that DDS compile and track data via the ES monitoring process: <ul style="list-style-type: none"> • Add item/s to self-review, record review checklists, etc. • Establish baseline • Analyze/track progress • 				X	
S-6	QSDS recommends that DDS collaborate with the First 5 Association funded California Early Childhood Social-Emotional Health System Development Project workgroup through assignment to the QSDS Committee the review and dissemination of materials appropriate for Early Start.				X	

* Developed Recommendation

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S-7	QSDS recommends that DDS in concert with CEITAN, develop strategies to ensure that Early Start Service Coordinators receive appropriate training relating to parental concerns regarding the social, emotional and behavioral development of infants and toddlers served by Early Start.				X	

* Developed Recommendation

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Priority:

SPECIAL HEALTH CARE NEEDS/MANAGED CARE

Measurable Outcome:

IMPROVE ACCESS TO HEALTH CARE AND EARLY INTERVENTION SERVICES FOR ELIGIBLE INFANTS AND TODDLERS WITH SPECIAL HEALTH CARE NEEDS BY ENSURING THAT:
REASONS FOR DELAYS IN TIMELY SERVICE PROVISION FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS ENROLLED IN MANAGED CARE PROGRAMS ARE IDENTIFIED AND RESOLVED;
ALL RECORDS REVIEWED DURING MONITORING CONTAIN A RESPITE NEEDS ASSESSMENT AND INDICATED SERVICE AUTHORIZATIONS ARE PRESENT ON THE IFSP;
EARLY CARE AND EDUCATION PROVIDERS CONSTITUTE AT LEAST 10 PERCENT OF ATTENDEES AT ES INSTUTUTE TRAINING EVENTS;
ALL CHILDREN REFERRED DUE TO HEARING LOSS WILL HAVE AN ELIGIBILITY DETERMINATION WITHIN 45 DAYS OF REFERRAL;
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.

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ICC PRIORITY RECOMMENDATIONS
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Recommendations:		FRSC	ISHC	PAC	QSDS	Status
A						
H-1	ISH committee recommends that coordination plans be developed or updated to increase number of designated liaisons who interface regularly with: <ul style="list-style-type: none"> • Medi-Cal Managed Care providers • Local managed care collaborations focused on healthcare issues (i.e., roundtables, case conferences, etc.) 		X			
H-2	ISH committee recommends that care coordination plan be utilized to: <ul style="list-style-type: none"> • Document (e.g., survey) conflicts and delays in service provision during previous fiscal year (baseline) • Document activities (care coordination agendas/minutes/interagency agreements, etc.) • Self-monitor progress (service implementation dates following referral, changes in local procedures, etc.) Facilitate comprehensive exchange of information between providers (i.e., send IFSP to PCP) through Early Start Institute service coordinator training (also see re commendation E)		X			
B						

* Developed Recommendation

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H-3	With parent consent, ISH committee recommends that an in-home respite needs assessment for all families (including those with children with special health care needs such as chronic health conditions, multiple medications/procedures, assistive technology, etc.) be performed and documented by: <ul style="list-style-type: none"> • Documenting discussion of in-home respite services in family assessment summaries or reports • Developing an in-home respite assessment form • Documenting how identified in-home respite needs are to be addressed on each IFSP 		X			
C						
H-4.	ISH committee recommends the current requirement for early care and education providers to serve a percentage of children with special needs for ES Attendance Scholarships be rescinded.		X			
H-5	ISH committee recommends that training for early care and education providers on supporting children with special health care needs in community settings (including care techniques and equipment use) be incorporated into ES Institutes		X			
H-6	ISH committee recommends that early care and education providers in the state be identified and publications specific to inclusive childcare (Map to Inclusion, Special Quest Training, Barriers Study, etc.) and ES Institutes be re-disseminated (also see recommendation E)		X	X		

* Developed Recommendation

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H-7	ISH committee recommends implementation of a focused local resource development effort for community-based childcare for children with special health care needs		X			
D						
H-8	ISH committee recommends current eligibility timeline (FY 2006 & 2007) for this special population of children be identified.		X			
H-9	ISH recommends procedures with CDE for collecting and tracking referral and eligibility information on children who are identified as having hearing loss and referred for ES services be developed, including: <ul style="list-style-type: none"> • Date of referral • Date of eligibility determination • Reasons for delays in eligibility determination • Documentation regarding children lost to the system following referral 		X			

* Developed Recommendation

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H-10	<p>ISH committee recommends the annual ES Comprehensive System of Personnel Development (CSPD) service coordination training institutes include comprehensive training/workshop(s) on health status review to include:</p> <ul style="list-style-type: none"> • Utilizing the ES Service Coordinator’s Handbook section 11, The Health Status Review • Performing and documenting a comprehensive health status review • Utilizing the HS Review as a service coordination tool • Identifying health related service and support needs • Developing health related service and support outcomes • Collaborating strategies with health care communities • Utilizing Generic and Other health care service providers appropriately • Exchanging information with providers (e.g., IFSP sent to PCP) • Outreach to and disseminating information to the medical community (See QSDS recommendation IC-5). 					
H-11	<p>ISH committee recommends ES CSPD local training grants be marketed to encourage local collaborative training on health status review practices and procedures as an alternative to attending ES Institute Series, to include:</p> <ul style="list-style-type: none"> • Utilizing ES Service Coordinator’s Handbook section 11, The Health Status Review • Performing and documenting a comprehensive health status review • Utilizing the HS Review as a service coordination tool • Identifying health related service and support needs • Developing health related service and support outcomes • Collaborating strategies • Appropriately utilizing Generic and Other health care service providers • Exchanging information with providers (e.g., IFSP sent to PCP) • Outreach to and disseminating information to the medical community (See QSDS recommendation IC-5). 					

* Developed Recommendation

✓ Review / Input

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H-12	ISH committee recommends that agencies coordinating local training efforts to address this outcome publish local training timetable, curricula and attendance for review during monitoring or on their website.		X			

* Developed Recommendation

✓ Review / Input

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Priority:

Supports for Children and their Families in Natural Environments as indicated by the Individualized Family Service Plan.

Measurable Outcome:

Early Intervention agency staff and families will have increased access to information on respite services as a family support service provided through California Early Start/Lanterman.

Families have the opportunity to discuss awareness of respite service and use and Service Coordinators will demonstrate increased ability to assess families' respite needs.

Alternative methods of distribution are implemented.

Service Coordinators will demonstrate increased ability to assess families respite needs.

Recommendations:

		FRSC	ISHC	PAC	QSDS	Status
NE-1	The Family Resources and Supports Committee recommends that respite information be included in the Early Start System and will include, but not limited to, the Early Start Institutes, Service Coordinators Handbook, FRCNCA resources, Regional Center Resources and the Family Support Guidelines and throughout the Early Start system.	X				

* Developed Recommendation

✓ Review / Input

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NE-2	The Family Resource and Supports Committee recommends that <u>detailed</u> information about respite services be included in the Service Coordinators 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).	X				
NE-3	The Family Resources and Supports Committee recommends that DDS continue to pursue alternative ways to distribute the Service Coordinators Handbook via website and online trainings.	X				
NE-4	The Family Resources and Supports Committee recommends that the monitoring process include a review of public awareness and the usage of respite services in Early Start. This process will include parents and Service Coordinators.	X				
NE-5	The Family Resources and Supports Committee recommends that an expansion of the Service Coordinators handbook to include a brief description of required and non- required services such as respite and other support services in the Individualized Family Service Plan.	X				

* Developed Recommendation

✓ Review / Input

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