

**INTERAGENCY COORDINATING COUNCIL  
COMMITTEE MEETING MINUTES**

**COMMITTEE:** Health Systems

**RECORDER:** Sheila Wolfe

**DATE:** May 30, 2002

**COMMITTEE MEMBERS**

**CHAIRPERSONS:** Arleen Downing, M.D. and Julie Kingsley

**PRESENT:** Bonnie Bear; Jean Brunelli; Arleen Downing; Julie Kingsley; Dwight Lee, M.D.; Robin Millar; Peter Michael Miller, M.D.; Hallie Morrow, M.D.; Ivette Pena, M.D.;

**STAFF:** Sheila Wolfe

**DDS LIAISONS:** Mary Lu Hickman

**ABSENT:** Mary Lu Hickman, M.D., Nancy Lee, Mara McGrath, Nancy Sager

**GUESTS:** Kathleen Finn, Ruth Harris, Sandy Harvey

**SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED**

**I. Introduction and Opening Comments:**

Dr. Downing opened the meeting, welcomed the participants and introduced the new Health Systems Committee Co-chairperson, Julie Kingsley. Dr. Downing and Ms. Kingsley will be working together on future meetings and development of the committee. Introductions of committee members and guests ensued.

**II. Agenda Review:** The agenda was reviewed and re-organized to accommodate guest speakers, allow time for meeting and discussion with the OSEP representatives and complete scheduled tasks.

**III. Review and Approval of Minutes:** Deferred

**IV. Committee Tasks and Activities:**

**A. Preferred Practice Patterns for Speech-Pathologists in Service Delivery to Infants and Toddlers and their Families: Guidelines for Intervention Planning and Delivery - Presentation by Ruth Harris, Chair/Ad Hoc Committee on Early Intervention, California Speech-Language-Hearing Association (CASHA) –**

Ms. Harris began with a history of development of the preferred practice guidelines. She noted that the guidelines were developed in response to the HSC's previous work

on a white paper and ICC recommendations regarding effective early intervention practices for Occupational and Physical Therapy services.

This paper and recommendations called for feedback from the professional associations and included the California Speech and Hearing Association (CASHA) in the request for effective early intervention practices in each discipline. The document was recently noted by the new president of CASHA who became aware of the fact that the input and guidelines from CASHA, requested in 2001, had not yet been addressed. As a result, Ms. Harris was enlisted, along with a small committee to develop the preferred practices document for review by the HSC. – **Please see the full document attached.**

In reviewing the “preferred practices” document Ms. Harris pointed out the salient features and noted the importance of clarifying the goals and purpose of speech-language pathology services in early intervention, under different circumstances. The document has been approved by CASHA and is expected to be published soon.

The HSC applauded Ms. Harris and her committee’s work and appreciatively noted CASHA’s follow-through in this area. However, HSC members and guests noted that some additions and modifications might be warranted to be consistent with the philosophy and practices of Early Start and the importance of parent partnerships, interdisciplinary and team practices and services within natural environments. The HSC also agreed that it was important to review the document in its’ current form and to determine how the group might work with CASHA to incorporate new ideas, additions and/or modifications. Ms. Harris welcomed the exchange of ideas and will provide follow-up.

#### **Key Points/Discussion Items**

- The document does provide a valuable foundation for establishing some common reference points and a platform for discussion
- The document might be refined and/or a new document might be developed to include more of an emphasis on prevention, personnel competencies and communication
- Working with children with autism, and their families, and the need increased speech, language and communication support and services was noted as a possible addition
- Work with and the use of speech/language aides and paraprofessionals may be a possible addition
- The speech/language and communication needs of very young children with disabilities and families who are bilingual and/or non-English speaking could be addressed more fully based in the document based on a family-centered approach and a framework of cultural competence
- Family-centered and relationship-based practices may not be adequately addressed in the current document and more of an emphasis may be needed

on the importance of working in partnership with families and reflective approaches

- While it may be important to acknowledge and use standardized assessments, for many young children and their families these standardized tools are often not relevant for working with this population -- more of an emphasis is needed on the use of observation and more informal assessment approaches
- It is important to consider future directions, current trends and suggestions for improving practices rather than to focus on previous patterns and standards – new standards are needed to reflect effective early intervention practices and a new philosophy and framework for the practice of SLP's
- CASHA is interested in working with the HSC and the ICC to develop guidelines and a preferred practice document – the HSC felt that such a document, with the above modifications could be very helpful and disseminated as an advisory to the field

**Action for Item A**

1. Committee co-chair/staff to contact DDS for follow-up on the 2001 recommendations for input from the OT and PT fields/professional organizations
2. Ruth Harris will discuss the HSC recommended additions, comments and concerns with the CASHA document on preferred practices and to determine if the document can be modified and/or a new one issued. She will advise the HSC and coordinate with Dr. Hickman, who arranged for this presentation (and was regrettably was unable to attend due to family conflicts) as to next steps.

- B. Approval of the Action Item regarding HSC Recommendations for Vision Screening/Assessment** – The committee noted that it would be important to proceed with the paper as an Action Item for the May meeting.

**Action for Item B**

1. If the recommendations are approved, the HSC will request that a representative from DDS work with the HSC to provide follow-up on the implementation of the recommendations for vision screening/assessment

- C. Follow-Up to Previous ICC Action Items** – Dr. Downing will present recommendation to the ICC COTW for follow-up on previous action items

- D. Outreach to Physicians and other Health Professionals** – Dr. Miller reviewed the existing documents and noted that will they provide a good foundation the materials and approaches need to be modified with more concrete and clear information and specific expectations for follow-up

The HSC members agreed on the importance of coordinating with the Public Awareness Committee to outline and recommend a coordinated outreach effort with increased emphasis on:

- Coordinated and prompt referrals to appropriate services and strategies for on-going communication with referring physicians and health care professionals
- Increased outreach and information on local early intervention and related parent support, health, education and social services for pediatricians and other health care providers
- The importance of establishing a Medical Home for each child and family served through Early Start – (although this may be difficult in many areas due to limited resources, it is still important to include)

Other discussion items included the need for a multi-level and well coordinated public awareness level campaign that includes:

- On-going information and outreach to pediatricians and other primary health care providers specifically on Early Start, regulations, referral options, early intervention service options and related resources and contacts
- Professional training for pediatricians and other health care providers on health and developmental disabilities in coordination with existing professional organizations offer continuing education credits for training
- Identification of effective practices and related materials/packets that are currently in use within local communities for outreach to physicians and other health care providers
- Identification of successful in programs currently training physician residents and other health care professional trainees and those that also provide on-going continuing education and information

**Action for Item D**

1. Dr. Miller to write-up his notes and recommendations for review/discussion at the July meeting
2. Other committee members to identify effective practices in their area and other physician/health care outreach related materials - bring examples to the July meeting
3. Chairpersons from HSC and PAC to coordinate on joint meeting and strategies for collaboration on this topic

## **Discussion with OSEP Representative – Rhonda Ingle**

### **Major Discussion Items and requests for follow-up on identifying effective practices in other states related to:**

1. Ideas/directions for increased outreach and early intervention services for children at high-risk/at-risk for health and developmental problems – as opposed to those with identified/diagnosed disabilities
2. What the service delivery systems look like in other states that seem to be doing a better job at identifying and serving children with health problems and those at high risk for health/developmental problem?
3. Strategies from other states with the complexity and cultural diversity of California related to support and services for children and families from varied cultures and languages?
4. If and how the lead agency designation makes a difference on the service delivery system? For example, in those states where the Health Agency is the lead, are they more effective in identifying and serving children with health problems, etc.
5. Approaches to service coordination and support for service coordinators from state to state? Training for service coordinators? Effective caseloads? (HSC to contact Mary Beth Bruder in Connecticut regarding study on service coordination)
6. What are other states doing to enhance the transition process from Part C to Part B? Are there any states that are very effective in this area – what are they doing?
7. Updates on services in the natural environment - effectiveness/outcomes, cost effectiveness and practicality in rural and very urban communities? ---
8. Effective approaches to family assessment and establishing the natural environment for each child/family.

### **Other discussion items and California strengths were identified as the:**

- New monitoring systems in both Part C and Part B
- FRC/N's and system of family support and resource center networks
- progress seen and the initiative taken to respond to/correct the concerns from the last OSEP visit

### **Follow-up questions and requests can be directed to:**

Rhonda Ingle at 202/358-1797 or [rhonda.ingel@ed.gov](mailto:rhonda.ingel@ed.gov)

OSEP training and technical assistance provider - ECTAC (formerly NECTAS) – [nectas@ncu.edu](mailto:nectas@ncu.edu)

## **V. Department Reports**

DHS – Hallie Morrow reported that the health services budget is still being negotiated. Funding for CHDP is back and now linked to Healthy Families and Medi-Cal for pre-enrollment for 1-2 months while the family completes the application. There are several aspects of this new approach that continue to be worked out and clarified.

The CCS reimbursement increases for therapists are being reduced and increases for physicians are being renegotiated in committee.

Newborn hearing screening resources are increasing but not established at capacity.

For more information on this program and other health department related services go to [www.dhs.ca.gov/pach/cms](http://www.dhs.ca.gov/pach/cms) - information on the newborn hearing screening sites and other resource links

## **VI. Agenda Items for July Meeting**

- A. Coordination with DDS representative regarding follow-up to ICC Action Item and Recommendations for Vision Screening and Assessment.
- B. Feedback on input to CASHA paper on Preferred Practices
- C. Coordination with DDS representative regarding previous ICC Action Item and Recommendations for guidelines on OT and PT services in early intervention
- D. Joint meeting/discussion with the Public Awareness Committee regarding recommendations for outreach to pediatricians, community physicians and other health care providers – review existing materials and approaches
- E. Planning for joint meeting with the Quality Assurance Committee (QAC) regarding strategies for psycho-social/emotional assessment and infant-family mental health status
- F. Beginning discussion and plans to address hearing screening and assessment practices – review current approaches and materials and consult with DHS and CDE – members to bring resources and copies of materials

## **VII. Meeting adjourned**

## HEALTH SYSTEMS COMMITTEE

### COMMITTEE AGENDA FOR JULY 25 -26, 2002

- I. Introductions and Opening Remarks**
- II. Agenda Review**
- III. Review/Approval of Minutes from Last Meeting**
- IV. Committee Tasks and Activities**
  - A. Coordination with DDS representative regarding follow-up to ICC Action Item and Recommendations for Vision Screening and Assessment.
  - B. Feedback on input to CASHA paper on Preferred Practices
  - C. Coordination with DDS representative regarding previous ICC Action Item and Recommendations for guidelines on OT and PT services in early intervention
  - D. Joint meeting/discussion with the Public Awareness Committee regarding recommendations for outreach to pediatricians, community physicians and other health care providers – review existing materials and approaches
  - E. Planning for joint meeting with the Quality Assurance Committee (QAC) regarding strategies for psycho-social/emotional assessment and infant-family mental health status
  - F. Beginning discussion and plans to address hearing screening and assessment practices – review current approaches and materials and consult with DHS and CDE – members to bring resources and copies of materials
- V. Other:**
- VI. Adjourn:**