

**INTERAGENCY COORDINATING COUNCIL  
COMMITTEE MEETING MINUTES**

**COMMITTEE:** Integrated Services and Health Systems (ISH)

**DATE:** February 24, 2005

**CHAIRPERSONS:** Arleen Downing and Gretchen Hester

**DDS LIAISON:** Ken Freedlander, Eileen McCauley and Sam Yang

**CDE LIAISON:** Nancy Sager

**MEMBERS PRESENT:** Arleen Downing, Gretchen Hester, Jean Brunelli, Nancy Sager, Hallie Morrow, Kat Lowrence, Ed Gold, Luis Zanartu, Robin Milar, Mara McGrath, Sam Yang and Ken Freedlander

**MEMBERS ABSENT:** Sylvia Carlisle, Toni Gonzalez, Eileen McCauley, Sandy Harvey, Peter Michael Miller, Dwight Lee and Ivette Pena

**GUESTS:** Wendy Wayne, Ellen Buchanan, Mac Petersen, Julie McIntosh, Tricia Chambers, Robert Powell, Felice Parisi, Rick Ingraham and Virginia Reynolds

**STAFF/RECORDER:** Pete Guerrero

**SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED:**

1. **INTRODUCTIONS/AGEND REVIEW:** Arlene convened the meeting at 1:40 PM. All members present introduced themselves and their affiliations. Sam Yang, DDS Medical Consultant, was officially welcomed to the committee.
2. The agenda was reviewed without additions.
3. **Special Presentation:** State Early Childhood Comprehensive Systems Initiative (SECCS) a partnership between the California State Department of Health Maternal Health Branch and UCSF Family Health Nursing Department to identify the gaps in services to families with children 0-5 with special health care needs created by multiple, non-integrated funding streams. Wendy Wayne and Ellen Buchanan, distributed a brochure about the SECCS Initiative (attached to these minutes) and informed the group about the SECCS Initiative, provided some background information and a power-point presentation (slides attached). A two-year planning phase for addressing gaps in services is currently in place that will lead to a strategic plan for the State and will be followed by a multiple year implementation phase that will include an evaluation plan. The identified areas of focus are: Access to Medical Homes, Mental Health and Social-Emotional Development, Early Care and Education Services, Parent Education and Family Support Services. The planning phase, which

began in June of 2004, has consisted thus far of establishing a steering committee, interviews and focus groups to identify gaps and other data collection strategies. Some of the information emerging, thus far, echoes many of the concerns of ICC members relating to the complexity of multi-agency service delivery to families. Members of the committee shared reactions and expressed support for the initiative, whose system-change mission is daunting and which may support a more integrated statewide and system-wide service delivery system. Wendy and Ellen are eager to hear from individuals interested in participating in a focus group, identify children who benefited from an integrated service delivery program and who may be interested in sharing their thoughts about the project. Contact information is in the attached brochure.

4. **REVIEW AND APPROVAL OF MINUTES AND WORKPLAN:** Minutes and updated work plan were reviewed. Apologies extended to Ed Gold for not including him in the minutes for February. Minutes were corrected.
5. **CHAIRS REPORT:** The work of the various committees overlap as evidenced by the different committee minutes. It is essential that this committee identify important issues to share with other committees. At the meeting of the Executive Committee a mechanism to facilitate a comprehensive review of all recommendations developed by committees in each of the priority areas was set via teleconference to determine the scope for a special meeting set for early June to develop a procedure for indicated cross-committee collaboration.

**COMMITTEE TASKS:** Committee members were reminded that according to the ICC Process and Timeline document, the focus of today's work is to continue refining recommendations and to plan for the next phase leading to the submission of recommendations to the Executive Committee prior to the May 19<sup>th</sup> ICC meeting. The group should be reviewing the recommendations and complete work as needed. Collaboration with other committees on common areas needs to be identified and steps to be carried out during the next two months defined. A final draft of ISH recommendations needs to be completed and submitted for presentation and review by the Executive Committee on May 19. As stated above the Executive Committee will be meeting in early June about inter-committee collaboration.

6. **WORK GROUPS:** The group consensus today was to look at each recommendation area for continued discussion.

Recommendation One – Clarify that documentation (evidence) of interagency planning and collaboration will be obtained using the various data collection activities that take place during SMVs with staff, community members and parents to identify best practice and most effective IA collaboration child find and outreach strategies for use in technical assistance and training.

Recommendation Two – Several points relative to pursuing regulation change at this time included:

- The fiscal impact of requiring purchased assessments in all health status areas, including those designated as optional by the designation “may include” in current regulation;
- The fiscal impact of hiring sufficient medical professionals to perform and document all health status reviews;
- The suggestion that all indicated health status areas may not be identified and addressed as part of a comprehensive assessment by medical professionals currently responsible for the health status review/assessment;
- That comprehensive assessments in nutrition, equipment/technology, and oral health are not indicated for all infants and toddlers referred or determined eligible;
- That the basis for this concern (**recommendation**) is two-fold: 1) non-medical staff may be accomplishing the health status review not having sufficient training to identify “red flags” indicating the need for further assessment, and 2) that any documentation (form or checklist) of such a review performed by non-medical personnel may not be sufficient to alert staff physicians or nurses to areas not addressed in medical records or identified in family interviews.

The recommendation warrants further discussion and will be tabled for the time being. Work Group B will continue discussion prior to the May ICC.

Recommendation Three – Consensus achieved with a change in wording to include all **initial** contacts as well as those coded for eligible infants and toddlers on the ES Reporting Form or CASMIS.

Recommendation Four – Discussion about training for physicians and service coordinators included the following points:

- Health care professionals are not likely to access training events not attached to events coordinated by medical associations such as the AMA or AAP.
- Health training to physicians currently coordinated by the department at the state level (and professional organizations nationally and internationally) is limited to updates in genetics and medical diagnosis and treatment and current areas of interest such as Autism.
- The training focus addressed by this recommendation is access/outreach to physicians about Early Start.
- Incorporating ES focused efforts to existing physician conferences (e.g., as a luncheon presentation).

The consensus of the committee is to table this recommendation for further work. Work Group B will re-examine the issue of physician training and address the issue strategically.

Incorporating health status issues into Service Coordination Institutes will be addressed separately. Discussion included:

- The Health Status section of the ES Service Coordinator's Handbook will be incorporated into the upcoming SC Institute and trainers for the Core Institutes will be required in future to blend essential components of related health status issues into their presentations.
- Parents are in need of information on the role of the health professional in service planning. This may be better addressed as an FRC Conference training issue or in outreach and information material developed by the department through Early Start Resources (ESR).

Recommendation Five – Consensus achieved with the following changes: Designate **“The Department”** and emphasize, **“during regular updating.”**

In addition the committee discussed exploring other publications targeting physicians that may be useful for dissemination within the ES community. Refer to PAC committee for follow-through.

Recommendation Six – Add **“and record review”**. Requirement will be added to the instrument. Use **“best practice would include”**.

To assure that the health professional is systematically included in service planning/IFSP development, the recommendation will be forwarded to the QSDS committee.

7. RECONVENING – Group B will reconvene by teleconference prior to May meeting to work on the two remaining recommendations. The whole group will review their work at the May meeting. Peter will send re-worked recommendations for approval to all committee members within the next 30 days. On approval the chairs will forward the completed recommendations to the Executive Committee for finalization and next steps.
8. OTHER:
9. ADJOURNMENT: The committee adjourned at 5:00 PM