

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES**

COMMITTEE: Health Systems

RECORDER: Sheila Wolfe

DATE: September 26, 2002

COMMITTEE MEMBERS

CHAIRPERSONS: Arleen Downing and Julie Kingsley

MEMBERS PRESENT: Jean Brunelli Sylvia Carlisle, Joy Higa, Dwight Lee, Mara McGrath, Robin Millar, Peter Michael Miller, Hallie Morrow, Ivette Pena

MEMBERS ABSENT: Bonnie Bear

STAFF: Sheila Wolfe, WestEd

DDS LIAISON: Mary Lu Hickman

CDE LIAISON: Nancy Sager

GUESTS: Kim Baines, Toni Gonzales, Ruth Harris, Sandy Harvey, Gretchen Hester, Brenda Kosen, Mardi Licich, Theresa Rossini, Mary Ann Walker

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED

I. Introductions and Opening Comments: See sign-in

Dr. Downing welcomed the committee, new ICC members, and guests to the meeting. She briefly explained the focus of this committee. She advised the group that both she and Julie Kingsley, co-chairperson, will be working together to facilitate committee meetings and to represent the group at ICC meetings.

Joy Higa, representing Daniel Zingale, Director of the California Department of Managed Care, briefly explained the function and current projects of this office. Their focus on managed health care, including work with HMO's, may generate future ideas regarding coordination with these programs. Ms. Higa welcomed Committee ideas on how she and her office might be of support to the ICC and to services for children and families involved in Early Start.

Other announcements:

- ◆ The American Occupational Therapy Association has published new guidelines regarding professional supervision and the roles and responsibilities of Occupational Therapists and Assistants – for more information contact AOTA at www.aota.org (see attached materials)

- ◆ Resource people and materials on working with young children with visual impairments and their families, can be requested through the SEEDs Project, a training and technical assistance project funded by the Ca. Dept. of Education/Special Education Division – for more information contact Patty Salcedo at 916/228-2394
- ◆ The Center for the Education of Infants with Deafness (CEID) in Berkeley, Ca. has published a compendium of materials on young children with hearing impairments for parents and professionals – for more information contact Jill Ellis at 510/527-5544
- ◆ The Ventura County Prop 10 Commission, in partnership with Simi Valley Hospital and Interface Children Family Services, has developed a new booklet entitled “My Baby’s Growing Guide”. The booklet provides families and professionals with child development information and resources to contact if there are developmental concerns. The booklet will be included in their community’s Proposition 10 Parent Information box distributed to all new parents – for more information contact Robin Millar at Simi Valley Hospital, 805/955-8120
- ◆ California’s Child Care Health Program is now transferring administrative agents from San Diego State to the University of San Francisco. More information on services and publications can be obtained at their website - www.childcarehealth.org
- ◆ The AA Degree Program for Speech Language Pathology Assistants (SLPA’s) in conjunction with Cerritos Community College and Los Angeles Unified School District is fully operational – for more information contact Mary Ann Walker at 805-383-9301
- ◆ Current information on effective practices for health care screening, assessment and diagnosis can be downloaded from the following website - www.healthinfo.org
- ◆ The California Department of Education/Deaf and Hard of Hearing Unit, the Department of Developmental Services, and the Department of Health Services are working together on a new project for developing early intervention standards and training regarding services for infants and toddlers with hearing loss; parent curriculum and language assessment instruments; providing audiology workshops in infant evaluations; and educating primary care providers regarding the Newborn Hearing Screening Program – for more information contact Nancy Sager (CDE) at 916-327-3868 or Hallie Morrow (DHS) at 916-323-8009

II. Agenda Review:

The planned agenda was revised to accommodate guest presentations and a joint meeting with the Public Awareness Committee. The notes reflect this revision.

III. Review and Approval of Minutes:

Minutes from the previous meeting were approved by Jean Brunelli and Dwight Lee.

IV. Committee Tasks and Activities:

- A. **CASHA Position Paper on Preferred Practice Guidelines for Speech-Language Pathologists** – This item came as follow-up to the HSC’s previous feedback and interactions with Dr. Ruth Harris regard this paper. Dr. Harris was

thanked for her prompt response and incorporation of input from the Committee. A new draft of the paper was presented and continued input into development of this paper was encouraged.

ACTION: Members are to review the revised draft and provide input to Dr. Harris: by phone at 818/677-2856; by fax at 818/677-5952 or by email at ruth.harris@csun.edu.

Dr. Harris will continue to revise the paper based on input and present draft at a future HSC meeting.

- B. The Early Start Service Coordinators Handbook** – As follow-up to previous requests from the HSC, Dr. Hickman of the Ca. Dept. of Developmental Services (DDS) provided an overview of the Early Start Service Coordinator’s Handbook through the contract with WestEd. Peter Guerrero is the WestEd contact for this project in concert with the DDS staff. A draft of the table of contents for the new Health Status section was distributed (see attached).

Committee members were pleased to see many key areas addressed. The need for this project was confirmed and HSC members expressed interest in contributing to this product.

The following questions were identified by the HSC for follow-up:

1. Who has been consulted in the development of the section on Health Status? What are the standards/qualifications of the personnel providing guidance?
2. How will Service Coordinators be informed of these materials? Who will provide the training and how/when will the training be offered?
3. What are the monitoring findings from the regional center and education programs related to health status and health care services? How are those findings incorporated in the Handbook?
4. How will the materials and training sessions be linked to Early Start Service Coordinator’s roles and responsibilities? How will they be able to do what is recommended given their large case loads?
5. How are the teams “appropriately trained” and “qualified personnel” interpreted as they relate to health status?

ACTION:

- Dr. Hickman requested that Committee members review the Handbook’s Table of Contents (see attached) and provide feedback to her at 916/654-1766 or directly to Peter Guerrero at 916/492-4010.
- Schedule for follow-up on above questions with staff from DDS and WestEd for future HSC meeting

- C. Feedback on the DDS Early Start Monitoring Process and Findings** – In response to the ICC Committee of the Whole request for feedback on this report,

the following questions were identified by the HSC. These questions will be forwarded to the Quality Assurance Committee for follow-up.

1. What does it mean that “appropriate” people were present during the record reviews and monitoring visits? What are the qualifications of the health professionals included? How are they selected?
2. What criteria was used to determine if and how a child’s health status was assessed? What is meant by a “complete assessment” in this area?
3. What are the findings specific to health status on the IFSP’s? What is being provided and by whom? What needs have been found?
4. Is there an individual record review that looks at assessments and reviews the services that should/could have been provided based on the assessment?
5. How are the services included in the IFSP evaluated and monitored? What happens if services that a reviewer believes “should” have been included are different than those that are listed?
6. Is there a way to check to see if all the possible services were considered and presented to the family and not only the services authorized or available in a particular area?
7. With respect to rural counties, the monitoring results do not appear consistent with local perspectives. What findings and trends were noted specifically in rural areas? How has this been addressed?
8. How many surveys/records were actually received/reviewed? How was the data compiled for the report presented at the ICC?
9. Are the processes and forms used for monitoring the regional centers and education programs the same or different? What are the similarities and differences in findings? How could reports provided to the ICC on Early Start include data from both the regional center and education programs?

ACTION:

- ◆ HSC members were asked to send additional questions on the monitoring data report to Sheila Wolfe at WestEd (916/492-4026 or swolfe@wested.org). HSC questions will be forwarded to the Quality Assurance Committee for follow-up.

- D. White Paper: Maximizing the Effectiveness of Primary Health Care Providers (PHCP) with the California Early Start Program** – Based on HSC’s interest in this area, Dr. Miller drafted a possible white paper on the roles of PHCP’s within Early Start. Feedback from Dr.’s Morrow and Downing were incorporated into this draft and Committee presentation.

Dr. Miller provided background regarding development of the paper and reviewed the latest version (see attached). The overall goals of this activity and the proposed “White Paper” are to increase awareness of resources and needs in this area and increased outreach to Physicians and other PCHP’s regarding Early Start. This paper builds upon

and compliments the work of the Public Awareness Committee. This current version (*draft #5*) attempts to identify resources and needs, incorporate previous recommendations, outline training needs and suggests approaches for how physicians might incorporate “best practices” into their work in Early Start.

The HSC discussed the overall goals and if an ICC/HSC “white paper” would have the impact needed and intended by this effort. HSC members were asked to review the paper and to provide feedback.

The following questions and issues were raised during the discussion:

1. What is the responsibility of HSC in this area? What can the ICC do to respond to needs in this area?
2. What would be the impact of a White Paper and ICC recommendations on the field?
3. What is needed by PHCP’s? Does/could the white paper address those needs?
4. Are resources and needs clearly presented in the paper? Would it be helpful to include a reference to the resources available through Proposition 10?
5. Could this paper assist counties in reaching out to physicians and establishing a Physician’s or Pediatric Health Care Advisory Board?
6. Do PHCP’s and health care programs need more specific materials and information on Early Start? What would be helpful? What are the goals?
7. What can be done to assist PHCP’s in determining which children/families should be referred to which agencies? Would something like prescription pads based on Early Start services or check lists with local information and resources be helpful?
8. Are Early Start teams asking PCHP’s in local areas what they would like or need? What has been done in different areas? How can we gather that information and share ideas in an organized manner? (i.e. – Orange County has local Proposition 10 funds to develop an information packet on Autism; San Diego has established a single point of contact and an interagency data base)
9. Some Service Coordinators and service providers are not providing feedback to physicians on the children/families referred to Early Start. PHCP’s often are not included in developing IFSP’s. Physicians may not be consulted on determining services for their patients and yet may be asked to authorize/sign for payment. What can be done to assist service coordinators and improve communication and coordination with PCHP’s?
10. In non-urban areas/more rural areas, children/families are often seen by general practitioners who may not be connected with other specialists or services for young children with special needs. How can information and connections in rural areas be improved?
11. There is a need for PHCP’s to see/understand the outcomes of children referred early and the outcomes of those who aren’t referred or identified until later. What data can

be presented to PHCP's regarding the impact of Early Start and Early Intervention?
What data is available and how could it be effectively presented to PHCP's

ACTION:

- ◆ HSC to send feedback to Dr. Miller at 415/6614 or peterm@itsa.ucsf.edu
- ◆ Plan next steps based on HSC and PAC input for next meeting, including review of goals, key questions.
- ◆ Possible strategies to establish a more comprehensive approach to the needs in this area

E. Department Reports

Dept. of Health Services (Dr. Hallie Morrow) - Budget continues to pose problems. The bump in CCS physician reimbursement rates has been retained. Positions throughout the Health Dept and Children's Medical Services have been cut. Funds for Newborn Hearing Screening Program outreach have also been cut. The Department has been instructed to cut operating expenses and local assistance by 20-25% for next year.

Dept. of Education/Special Education (Nancy Sager) – Deaf & Hard of Hearing Unit has received a large number of referrals and inquiries since the Newborn Hearing Screening program has started – approximately 500. Referral to Early Start services in local areas seems to be working. CDE is also using new funds for training interpreters. Coordination with the CA Dept. of Health is working well.

Dept. of Managed Health Care (Joy Higa) – Funding for this department does not come out of general fund as the HMO's are assessed and that is a source of their funds. The Dept. of Managed Care is supporting a new proposal for continuity of care protections that would allow children 0-3 and their families to stay with their PHCP for up to 1 year even if the contract provider changes with their insurance plan. Provisions for HMO patients to access timely services for primary and special care including those with chronic conditions, is also being pursued.

Dept. of Developmental Services (Dr. Mary Lu Hickman) – A large increase in children diagnosed with autism prompted the legislature to mandate that DDS contract a study in this area. The report will be released to the Health and Human Services Agency in mid October. Preliminary findings suggest a real increase in children with autism but caution in interpreting the data is recommended. Findings may be discussed at future ICC and HSC meetings. Additional studies on autism are also underway at the University of California/Davis (UCD), UCLA and in San Diego.

The Early Start CORE Trainings have begun. Information on these three Institutes are available through DDS and WestEd. Plans for the two other Institutes focused on Service Coordinators in Early Start are also underway (foundations and advanced). Dr. Hickman and a WestEd representative may be invited to the HSC to discuss how training utilizes the new sections of the Service Coordinator's Handbook.

Regional centers are increasing their coordination of services with Health Care Plans in their area. Some regional centers have located a liaison from the health care plan at their

site. Increased collaboration between Physicians within regional centers and those within Children's Medical Services/CCS is planned. Each regional center and local education area is encouraged to establish a local plan and specific strategies for increasing coordination and services in concert with local health care providers.

F. Outreach and Materials for Physicians and Health Care Providers – Joint Meeting with the Public Awareness Committee (PAC) – The HSC and PAC members met together to discuss current activities, needs and plans for a coordinated “outreach effort” to physicians and other primary health care providers. Possible joint activities and follow-up might include: development of an overall strategic plan; identification of current resources and needs; and recommendations for specific materials and outreach activities.

The previous work and products of the PAC, and the draft white paper previously described, were reviewed and used as foundations for discussion. The following is a summary of the discussion:

1. There are several components and needs within the various agencies that work with PHCP's that must be identified to make this combined effort successful.
2. The purpose of the “white paper” needs to be more clearly defined – what will be/could be the impact?
3. What has already been done at the state and local levels to improve coordination and communication with physicians and other PHCP's? Are there successful models?
4. What still needs to be done? How can the ICC and these Committees assist DDS, the lead agency and others based on specific goals/needs?
5. Would it be helpful for the ICC and the Committees to outline and recommend a strategic plan that could be addressed over time (5-10 years?) Can the paper facilitate discussion and long term planning within the ICC structure ?
6. Does the white paper represent everyone's ideas? Do we all (individuals, agencies, and professional organizations) agree on the roles that a PHCP might play in Early Start?
7. What materials on physician outreach, education and coordination are available from other states? How can this information be gathered, presented and used effectively in California? (i.e. one page fact sheet, poster, checklists, etc)
8. PHCP's seem to be saying that they don't need more materials - what they do say they need is resource people and to see early intervention services in action – how can Early Start service providers respond to this need?
9. What could be done by the ICC to assist Early Start Service coordinators and providers in the regional center and education to work more closely with referring physicians? How can we train and support service coordinators and Early Start service providers in the regional center and education systems to include, consult and have regular communication with PHCP's?

10. Because physicians may not be consulted in the Early Start process, they might not know what's going on with "their patient" and some things may be contraindicated or different from what the PHCP has envisioned. How have others addressed this issue? What is needed and what can be done to include the child's primary physician in the decision making process and development of the IFSP ?
11. Those within the CCS system may be unfamiliar or may not understand the full scope of Early Start. CCS forms may not even list Early Start as an option. What can be done?
12. Has each catchment area identified local resources, needs and plans for increased coordination with PHCP's? Are some areas more successful than others? Why? What has already been found to be effective within communities? What is still needed (i.e. direct contacts, regularly scheduled contacts, report formats, training, other outreach activities, presentations, etc)?
13. How can linkages with the American Academy of Pediatrics and other health care related agencies and organizations be established and strengthened?
14. Would more coordination with major groups such as Kaiser be beneficial? Because Kaiser is interested in what would benefit their patients – what approaches might be effective with this health care network?
15. How can the effectiveness of existing resources and materials for physicians and other PHCP's be evaluated? How can PAC assist? Rather than looking at one more product, perhaps we need to look at the effectiveness of what we already have done and what materials and approaches have been effective.
16. One focus may be on coordination with specific medical schools and strategies for effective training. Would an approach like that used by the Vermont School of Medicine where medical students stay briefly with a family of a young child with a disability be possible/effective in California? Are there already programs in California that do something similar?
17. How could an overall plan be articulated and implemented within the parameters of the ICC structure? What would be most effective? What can "we" do?

ACTION:

- ◆ Committee Chairpersons (HSC & PAC) will confer to recommend possible next steps and follow-up acts.
- ◆ Committee members to identify effective practices and needs in their area.

G. Other Miscellaneous Follow-Up Items

1. Future presentation on defining and establishing "Medical Homes"
2. Written overview and presentation by Hallie Morrow and Nancy Sager on their collaborative ventures noted above

Meeting adjourned at 5:00 PM