

APPROVED 11-17-2005

**INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION**

**GENERAL MEETING**

**SEPTEMBER 23, 2005**

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**MEMBERS PRESENT:**

Raymond M. Peterson, M.D., Chair; Jim Bellotti representing CDE; Sylvia Carlisle, M.D.; Arleen Downing, M.D.; Ed Foulk, R.N., Ed.D. representing DMHC; Gretchen Hester; Rick Ingraham representing DDS; Cynthia Jaynes representing ADP; Hallie Morrow, M.D. representing DHS; Theresa Rossini; Cheryl Treadwell representing CDSS; Marie Kanne Poulsen, Ph.D.; Elaine Fogel Schneider, Ph.D.; Alicia Sheflin-Thompson representing DMH

**MEMBERS ABSENT:**

Toni Gonzales, Thomas Mc Cool, Ed.D., Beverly Morgan-Sandoz

**OTHERS PRESENT:**

See Attachment A.

**RECORDERS:**

Cheri Schoeborn  
Kathryn Solorzano

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**WELCOME AND ANNOUNCEMENTS:**

Dr. Peterson called the meeting to order at 9:00 a.m. introduced Alicia Sheflin-Thompson, the new Department of Mental Health representative to the ICC and welcomed everyone in attendance. ICC members and the audience provided self-introductions.

Elaine Fogel Schneider welcomed those who attended the Newcomer Orientation, Alicia Sheflin-Thompson and Tracey Benedict and Alison Burt from the Warmline FRC.

Cynthia Jaynes, DADP, introduced her Manager, Ferol Upton from the Office of Perinatal Substance Abuse. ICC Chair welcomed Ms. Upton to the ICC meeting.

**AGENDA REVIEW:**

The agenda was reviewed and it was announced that the special presentation on the ICC Parent Leadership Team would be held at 10:00 a.m. to accommodate parent input.

**APPROVAL OF MINUTES:**

The minutes summarizing the May 20, 2005 meeting were approved as written.

**EXECUTIVE COMMITTEE REPORT:**

Dr. Peterson reported that he received a letter of resignation from Hedy Hansen, ICC Vice Chair. It will be necessary to appoint a new Vice Chair, preferably a parent.

Dr. Peterson reported that the Executive Committee reviewed the 33 Priorities, Outcomes and Recommendations and approved these with minor changes. These are ready for action by the ICC. The Executive Committee also reviewed the ICC's proposed meeting schedule for 2006 and discussed potential presentations.

Dr. Peterson reported that the Executive Committee reviewed and discussed the document on Part C Indicators for the State Performance Plan (SPP) that was distributed by DDS. DDS requested that the ICC establish targets for each indicator. The 14 indicators were assigned to the committees.

**CHAIR'S REPORT:**

Dr. Peterson thanked the committees for all of their hard work in developing and refining the recommendations stating that the work is important on behalf of the children and families that we serve.

**ICC STAFF MANAGER REPORT:**

Cheri Schoenborn introduced new ICC staff, Kathryn Solorzano. Ms. Schoenborn announced that there were newly appointed DDS liaisons to ICC Committees. Their names and committee assignments are reflected on committee roster listings included in the ICC packet.

Ms. Schoenborn urged ICC members and community representatives who plan to stay overnight at the November 17-18, 2005 ICC meeting to make reservations early to ensure that they secure a room at the government rate. The deadline for reservations is October 16, 2005. The November meeting will be held at the Radisson Hotel in Sacramento. A notice with meeting details will be sent prior to the ICC meeting. ICC members and community representatives should contact Melissa Campos concerning travel issues and travel reimbursement.

Ms. Schoenborn mentioned that at the request of the ICC, identification cards for 2005 were mailed to ICC members and community representatives. The cards were issued to facilitate the registration process. A card for 2006 will be issued prior to January.

Ms. Schoenborn reported that the ICC's Annual Report for 2001-02 was mailed to regional centers and to Early Start family resource centers under the ICC Chair's signature. The action item regarding the Annual Report for 2002-03 and 2003-04 was approved by the ICC via email and the report sent to WestEd for formatting and printing.

Ms. Schoenborn provided information on the 2005 National Early Childhood Conference "Celebrating Three Decades of IDEAs" sponsored by the U.S. Department of Education, Office of Special Education Programs (OSEP). The conference will be held December 12-14, 2005 in Washington D.C. The ICC Chair, Linda Landry, Gretchen Hester and Teresa Rossini will be attending on behalf of the ICC. A sponsorship to support one of

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the parent's attendance will be requested from the State Council on Developmental Disabilities.

Linda Landry, Community Representative, who was previously awarded California's ICC's Parent Leadership Award for 2005, is our State's nominee for the National Parent Leadership Award being sponsored by the IDEA Infant and Toddler Coordinators Association. Dr. Peterson indicated that the ICC's Public Awareness Committee is establishing procedures for selecting future nominees for the ICC's Parent Leadership Award. The person receiving the award will be invited to attend the 2006 OSEP Conference.

### **FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA (FRCNCA)**

Linda Landry reported on the activities of the FRCNCA. The full report is included as Attachment B. Ms. Landry also shared handouts obtained from the Family Resource Program of Canada: *The Evaluation of Family Resource Programs: Challenges and Promising Approaches; Guiding Principles of Family Support; and What is a Family Support Program?*

### **ACTION ITEMS:**

*State Interagency Coordinating Council (ICC) Priorities, Outcomes and Recommendations to the Department of Developmental Services:*. The Executive Committee finalized the recommendations at the interim meeting that was held on June 8, 2005 and added minor corrections on September 22, 2005. The ICC approved the Action Item as submitted.

*State Interagency Coordinating Council on Early Intervention 2006 Meeting Schedule:* It was noted that the January 26-27, 2006 Strategic Planning "offsite" and the September 21-22, 2006 meeting dates conflicted with member's schedules and holidays. The March 23-24, May 18-19 and November 16-17, 2006 meeting dates were approved. It was agreed that an e-mail will be sent to ICC members to identify new meeting dates for January and September 2006 for an action item at the November ICC meeting.

**SPECIAL PRESENTATION: ICC PARENT LEADERSHIP TEAM:** Gretchen Hester introduced the ICC Parent Leadership Team: Susan Graham, Ed Gold, Laurie Jordan, Angela McGuire and Marie Kane-Poulsen (professional partner). Ms. Hester, Team Leader, provided information about the ICC Parent Leadership Institute held in San Francisco, California May 12-15, 2005. Team members described activities and ideas generated at the Parent Leadership Institute. They illustrated the current state of parent representation and participation on California's ICC, and outlined goals and ideas for increasing, supporting and sustaining parent participation in the future. Their power point presentation is an attachment to the minutes (Attachment F).

As part of the special presentation, Allison Burt, Theresa Rossini, Tracey Benedict, Mara McGrath, Kathleen Colvin, Raymond Hampson, Al Millan, Linda Landry, Debbie Sarmiento, Julie Kingsley, and the Parent Leadership Team members, shared their family stories.

**COMMITTEE REPORTS:**

Each of the committees provided a brief report and noted that each committee's meeting notes provide additional detail on their activities. Committee meeting notes are contained in the ICC packet.

The ICC Committees discussed the State Performance Plan (SPP) indicators assigned to their committees. (See the attachment to the September Executive Committee minutes in the ICC packet.) The Committee Chairs provided a status report on the development of recommendations for target goals. The Executive Committee will finalize the SPP targets in a conference call so that the ICC can vote on an Action Item at the November 2005 ICC meeting. Refer to Executive Committee minutes attached.

**AGENCY REPORTS:**

**CALIFORNIA DEPARTMENT OF EDUCATION (CDE):**

Jim Bellotti reported and submitted the following written report –

**CDE Activities for Infants and Toddlers**

- The CDE website has been updated. Special items of interest are: Training on Writing IEP Based Standards; Office of Administrative Hearings (OAH) Special Education Unit Contract; Budget Act of 2005-06 Special Education budget items approved by the Governor on July 21, 2005; and 2005-06 National Early Childhood Technical Assistance Center (NASDSE) Interactive Satellite Conference Series.
- Supported by the federal Maternal and Child Health Bureau grant, trainings have been provided for more than 150 Early Start teachers of the deaf and speech/language pathologists in four northern California locations on the "Learn to Talk Around the Clock" curriculum. Four southern California trainings are planned for October and December 2005. Each Early Start program that sends one or more representatives to the training receives a free curriculum toolkit purchased with grant funds.
- Training in the SKI/Hi curriculum will be provided in January and February 2006, for 22 Early Start deaf and hard of hearing teachers. These teachers will serve as SKI/Hi mentors to other Early Start providers in their regions. The SKI/Hi curriculum materials will be provided through grant funding.
- Between January and June 2006, eight regional trainings will be held to train deaf and hard of hearing Early Start teachers and speech language pathologists in two infant assessments – the Rossetti and Starting with Assessment. Participants will be provided the assessment instruments with grant funding.
- In October, CDE will be disseminating survey instruments designed in collaboration with research staff from the California Institute on Human Services at Sonoma State University to collect the data required by AB 2909. AB 2909 requires CDE to report to the Legislature by January 2006 on the current provision of services to infants and toddlers who are deaf or hard of hearing.
- The overall purpose of The Desired Results Developmental Profile (DRDP) project is to develop and implement age level performance standards and family outcome standards for programs funded by the California Department of

Education (CDE) to serve young children, birth to five years of age (including children with disabilities) and their families. This project is being conducted in coordination with the Child Development Division's (CDD) Desired Results Project. The Desired Results Project is designed to identify age level standards, performance indicators and assessment methodologies related to typically developing children in three age ranges served by CDD programs: infant-toddler, preschool and school age. This project will work in concert with the CDD project and will focus on the adaptations needed to appropriately assess the progress of children with disabilities, birth to five years of age. In this way, there will be continuity of standards across programs, addressing the unique adaptations for children with disabilities and their families, many whom are served by both child development and special education programs. The Desired Results Developmental Profile (DRDP) has taken on added significance since its inception. During the 2001 - 2002 project years, the Child Development Division began a statewide phase-in of the DRDP with all of their programs. As a result of requirements of the Individuals with Disabilities Education Act (IDEA), the DRDP will become a "statewide assessment," under the terms of the IDEA when CDD completes mandatory phase in of the DRDP (expected over a four-year period). This will mean that all children with disabilities, three to five years of age, will be required to be assessed using the DRDP, regardless of whether they are served within CDD programs or not. Each child's Individual Education Program (IEP) team will make decisions about how children with disabilities will be assessed. The IEP team will determine whether the child will be assessed using the regular DRDP, assessed using the DRDP with accommodations, or assessed using alternate assessment guidelines. As a result, this contract is necessary for California to meet the requirements of the IDEA, as, at present, there are no accommodations in place for the DRDP and no appropriate alternate assessment guidelines.

#### Budget Update

##### The 2005 Budget Act:

- Provides a 4.23 percent cost-of-living adjustment (COLA) for K-12 programs.
- Provides a \$90 million increase to county mental health agencies for the reimbursement of un-funded mental health services provided to special education students.
- Provides three additional positions to monitor mental health services provided to special education students pursuant to Senate Bill 1895.
- Provides three additional positions to assist in the implementation of the Mental Health Services Act.
- Provides \$18.2 million to increase funding for the revised formula for allocating funds to special education students who reside in Licensed Children's Institutions (LCI).
- Expansion funding, in the amount of \$421,000, for Family Empowerment Centers.

### Interagency Collaboration Activities

- CDE is coordinating the *Reasons for Concern* brochure with DDS. This brochure provides information to parents about risk factors, the identification of behaviors that may be cause for concern, and places to obtain information. This is listed in the CDE Press Catalogue informing interested parties of its availability after the first of the year.
- CDE is coordinating the development of a developmental milestones poster, a companion document to the *Reasons for Concern* brochure with DDS and WestED.
- CDE submitted a NASDSE Personnel Center grant proposal that included Part C personnel in our application for assistance in the analysis of teacher preparation data systems. The concept is to identify supply, match it against demand so policy makers can have a better picture of necessary action of the type of action that may need to be taken to keep up with the demand.
- The Deaf and Hard of Hearing Early Start Workgroup have completed its "Best Practices for Early Start for Infants and Toddlers Who are Deaf or Hard of Hearing." CDE staff is editing this document.
- A Request for Proposal is in development for Statewide Family Empowerment Center Council.

### Personnel Update

- Bob Evans is retiring in November 2005. Karen Johnson will assume the responsibilities of Bob and accompany him on the next Full-Scope Monitoring. Dr. Johnson will also sit on the Quality Services Delivery Systems Committee.
- Alice Parker is retiring as State Director of Special Education in November 2005. A recruitment and selection process. Initial interviews have been held and it is hoped that a new State Director will be named and in place by mid to late October 2005.

### **DEPARTMENT OF HEALTH SERVICES (DHS):**

Dr. Hallie Morrow reported and submitted the following written report –

#### Child Health and Disability Prevention (CHDP)

##### **CCS**

- Numerous Numbered Letters issued over the summer (See Attachment D)
- Delegated authority to the counties and regional offices to authorize several categories of EPSDT services, such as:
  1. Radiology services
  2. Medical nutrition
  3. Speech pathology
  4. Occupational Therapy
  5. Assistive Listening Devices (e.g., FM Systems)
  6. Hearing Aids
  7. Aural Rehabilitation

- Reissued guidance to counties reauthorizing diagnostic evaluations for infants from the NHSP. Authorize for atresia of the external auditory canal without screening results. Include ENT authorization if requested.

Quality Improvement Initiative:

- New role for CCS – facilitating quality and performance improvement
- Address 2 medical conditions
- 4 tertiary medical centers participating
- 8-10 local CCS programs in their referral area
- Identify and implement best practices for
  - Clinical management
  - Administrative management
- Identify and measure performance and outcome indicators
- Seek funding from foundations for implementation

HRIF/MVIP

- Revamping how High Risk Infant Follow-up Services are provided
- 1400 infants served in MVIP per year. No data on number served in HRIF clinics
- Meeting was held with current MVIP contractors – have workgroup of contractors, neonatologists, developmental pediatricians, CCS representatives to determine the type of services that should be provided.

Goal is to develop a new system of care that:

- Increases the number of infants who receive services
- Assures uniformity in services
- Is statewide
- Maximizes available funding resources
- Measures effectiveness of services

Title V Strategic Planning

Priorities from the Title V 5-year Needs Assessment (Top 3 included in the Title V plan):

1. Expand the number of qualified providers participating in the CCS program
2. Coordinate to develop and implement a system of timely referral between mental health developmental services, social services special education services and CCS
3. Increase number of family-centered medical homes for CSCHN and the number/% of CCS children who have a designated medical home
4. Increase access of CCS children to preventive health care services (primary care providers, well child care, immunizations, screening) as recommended by the AAP
5. Increase family access to educational information and information about accessing CCS services, including availability of and access to services offered by health plans
6. Increase access to services for CCS youth, 17-21 years of age

Champions for Progress grant – Develop strategies and action plan

- Began meeting in August 2005
- Having monthly meetings
- Looking at the 6 MCHB Core Outcome Measures:
  - All Children with Special Health Care Needs (CSHCN) will receive coordinated ongoing comprehensive care within a medical home
  - All families of CSHCN will have adequate private and/or public insurance to pay for the services they need
  - All children will be screened early and continuously for special health care needs
  - Services for CSHCN and their families will be organized in ways that families can use them easily
  - Families of CSHCN will partner in decision making at all levels, and will be satisfied with the services they receive
  - All youth with SHCN will receive services necessary to make appropriate transitions to adult health care, work, and independence
- Will address the CCS priorities in the context of the core outcome measures
- Hope to have plan completed in early 2006

HRSA Integrated Services Grant

- Implementation of strategic plan

Newborn Hearing Screening Program (NHSP)

- As of September 1, 2005, there are 179 hospitals certified. Only 1 more hospital to certify.
- New Hearing Coordination Center for Bay Area/Coastal region  
John Muir/Mt. Diablo Health System  
3480 Buskirk Ave., Suite 125  
Pleasant Hill, CA 94523  
Phone: 925-941-7933  
FAX: 925-947-5680
- Will be offering 2 audiologist trainings this fiscal year – one on ongoing management of infants with hearing loss. Other may be diagnostic evaluation or may focus on early intervention
- MCHB grant – CDE and DHS submitting a joint proposal for a 3 year grant to fund parent-to-parent support using Parent Mentors at 5 Parent Training and Information Centers and volunteer Key Parents from IMPACT around the state. Training curriculum and materials from Parent Links.

Interagency Agreement with DDS

- Due to other priorities in the Branch, Dr. Dalsey's review and editing has been postponed

DHS Budget

- No changes since the last meeting

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (DSS):**

Ms. Treadwell reported the following -

New Deputy Director – Mary Ault

- New Children and Family Services Deputy, Mary Ault, was introduced. She comes most recently from Texas where she worked in Welfare to Work. She started in Spokane as a case manager and seven years managing a child abuse prevention agency. Then to Olympia to manage child welfare. She also was a statewide administrator for child welfare in Arizona. She is interested in child safety as number one priority. Her other priorities are family centered practice, keeping children connected to family, relative issues, and children aging out of the system.

Performance Improvement Plan

- California's Performance Improvement Plan (PIP) ended June 30<sup>th</sup>. CDSS submitted their final PIP report in July 30<sup>th</sup>. The next Children's Services Family Review cycle cannot start until after January 2007. CDSS completed all of the action steps required. CDSS had 25 targeted measures and many action steps.
- All action steps have been completed. Outcome measures that are a part of the PIP and status include:
  - Safety 1 (recurrence of maltreatment and abuse in out-of-home care).
  - Safety 2 – (recurrence for children who remain in home)
  - Permanency 1 (permanency, stability, adoption, reunification, etc).
  - Permanency 1 and Well-Being 1-2-3 – are subject to the survey. All indicators in the survey are that we are improving.

The Sustainability Project

- The Foundation Consortium will be disbanding in December 2005.
- One of the key accomplishments was a partnership between California Department of Social Services (CDSS) and its Office of Child Abuse Prevention, foundations, and the First 5 Commission to fund a three year Sustainability Project to serve 90 family resource centers in northern California.
- The Sustainability Project was launched in June 2005 and provides training and technical assistance to family resource centers to maintain them as a resource for communities and families. This is an important strategy as there is growing need for a stable base of prevention, intervention and treatment services throughout California.
- CDSS has current mechanism established by law that set up a fund for foundations to contribute money for child welfare activities. The initial purpose of the fund was to assist with funding implementation of the Child Welfare System Improvement pilot counties.

Child Welfare Outcomes and Accountability System

California has successfully implemented our Child Welfare Services Outcome and Accountability System, (AB 636 system).

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- The system uses quarterly State and Federal data reports, Peer Quality Case Reviews and county Self-Assessments, which include local stakeholders input, to identify strengths in local CWS agencies and areas needing improvement.
- Information is incorporated into a County System Improvement Plan that is updated annually.
- There is clearly a seat at the table locally and at the State level for the community and counties identify unmet needs locally and the State identifies statewide needs.
- Focusing on outcomes rather than process measures will become a more effective approach to measuring our success and assuring accountability.

#### Child Welfare Improvements (aka Redesign)

- California is testing a new comprehensive *Statewide Safety Assessment System* in the eleven pilot counties during 2005/2006. (Those counties are Contra Costa, LA, San Mateo, Sacramento, Stanislaus, San Luis Obispo, Humboldt, and Glenn, Trinity, Tehama, Placer)
- For first time in California, the assessment standards and the key decision points in the life of a case related to the safety of children are identified and must be assessed.
- Once the testing is complete during 2005/2006 and any identified deficiencies are addressed, the State will roll out the new system to all counties, so all California children are assessed with one set of safety standards.

#### Child Abuse Prevention and Treatment Act (CAPTA)

- DSS and DDS are continuing to develop its State level approach to implementation of the Child Abuse Prevention and Treatment Act's (CAPTA) amendments impacting the zero to three child welfare population.
- DSS is preparing an All County Information Notice that will provide information to child welfare counties regarding the implementation of the Child Abuse Prevention and Treatment Act (CAPTA) amendments. The notice will address the importance of the Act, provide some best practices models and to share any information we have learned about screening tools. Information will be gathered from State models, identified from the field.
- State and local efforts that demonstrate the value of collaboration with Regional Centers to ensure that the children under the age of 2 with a substantiated abuse and neglect case are referred to Early Start. The goal of the notice is to improve the coordination of services for the child welfare population.

#### **DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS (ADP):**

Cynthia Jayne's reported the following -

##### Budget

- ADP has had no changes to the budget since our last ICC meeting.

##### FASD Task Force

- An observance of International Fetal Alcohol Syndrome Day (FASD) was held on the steps of the Capitol on September 9, 2005 at 9:09 am. This annual

observance is held around the world, and is observed in many communities in California. There were several FASD affected children, and their adoptive/birth mothers in attendance.

- The FASD Task force is receiving technical assistance from SAMHSA's Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence in developing our strategic plan, with a current focus on a needs assessment. We continue to build the task force, adding agencies and stakeholders from across the state. Included in this report is information on FASD resources as well as an article from the National Addiction technology Transfer Center titled "Prenatal alcohol exposure can lead to lasting changes in cognitive processing."

#### State Interagency Team (SIT) on Redesigning the Child Welfare System

- The Alcohol and Other Drug Workgroup is providing recommendations to the SIT on the Child Welfare Services / Case Management Services (CWS/CMS) System Redesign. We are working to improve data collection regarding the Department of Mental Health and ADP clients so we have an accurate count of children in each system due to alcohol and other drugs or mental health issues. We have also received input from CDE and DDS (thank you, Cheri Schoenborn) to ensure sound recommendations on the Child Abuse Prevention and Treatment Act (CAPTA) implementation, developing appropriate referral protocols and how to encourage child welfare agencies and regional centers to develop protocols for making referrals.

#### Women's Health Survey

- ADP will be sponsoring 3 FASD awareness questions on the Department of Health's annual Women's Health Survey. We asked FAS awareness questions in 1998 and established a baseline showing nearly 1/3 of women of childbearing age had inaccurate information on FAS.

#### Conference on Substance Exposed Infants

- Ferol Upton, Supervisor of the Office of Perinatal Substance Abuse will be attending a national conference on Substance Exposed Infants in Washington D.C., in the first week of October, 2005. Pertinent information from that conference will be shared with the ICC.

### **DEPARTMENT OF MENTAL HEALTH (DMH):**

Angela Sheflin-Thompson submitted the following -

#### Mental Health Services Act

- Counties are in process of writing Community Services and Supports Plans. Los Angeles, Fresno, and Stanislaus counties are among those who are in the 30 day comment period regarding the Mental Health Services Act.
- If you are not involved in your local Mental Health Services Act planning process and are interested in participating, I have copies of the regional contacts for your

review. The list can also be found at <http://www.dmh.ca.gov/MHSA/docs/MHSAcontacts.pdf>

- This and many other good resources are available at the Mental Health Services website. The address is <http://www.dmh.ca.gov/MHSA/default.asp>.
- The Department of Mental Health is in the process of training consumers, staff, and professionals to review and rate the Community Services and Supports. It is anticipated that the plans will begin arriving on October 1.

**DEPARTMENT OF MANAGED HEALTH CARE (DMHC):**

Ed Foulk reported the following -

- The Department of Managed Health Care (DMHC) continues to take an active role in preventing fraudulent discount health plans from misleading California consumers. These so called discount health plans sell discount cards falsely promising huge discounts on medical care services to Californians desperate for affordable alternatives to high health-care insurance. These discount plans convince consumers to buy a “membership” which claims to give discounted services from a network of participating medical providers. Consumers should beware as these discount plans are not insurance providers and consumers must still pay all of the medical bills. Several cease and desist orders have already been placed against several of these discount health plans.
- The Department is awaiting determination from the Attorney General’s Office (AG) if it has regulatory authority and jurisdiction over these plans. If so the Department will require each to become licensed in accord with the Knox-Keene Act which regulates all managed health care plans in California. More information can be found at the Department’s website at: <http://www.dmhc.ca.gov/library/reports/news/DiscHPAlert.pdf>
- Although the decision to transfer the Aged, Blind and Disabled fee-for-service Medi-Cal beneficiaries to the Medi-Cal Managed Care sector has been postponed until 2006 the Department stands ready to work with the DHS to maintain continuity of care and to ensure this special needs population has the same or better quality of care when this transition occurs.
- The Department has conducted several public hearings in conjunction with the proposed merger of PacifiCare Health Systems, Inc. and United Health Group. More information can be found at the Department’s website at: <http://www.dmhc.ca.gov/library/reports/#news>.
- The Department is also reviewing new Language Assistance regulations which propose to establish standards for interpreter services and language assistance guidelines for managed care plans within California.
- The new 2005 HMO Report Card was recently published and can be found at OPAs website: [http://www.opa.ca.gov/report\\_card/](http://www.opa.ca.gov/report_card/). When it comes to health care, it is important to have information to assist consumers in making the choices that are right for them and their family. The purpose of this Quality of Care Report Card is to provide health care users with information on how the medical care and service provided by their HMO stacks up against other HMOs. This Report Card compares and measures HMO performance by several factors: (1) Care for Staying Healthy, (2) Care for Getting Better, (3) Care for Living with

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Illness and (4) Member Rating of Health Plan and also compares selected medical groups and services for non-English speaking consumers.

**DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) – LEAD AGENCY:**

Rick Ingraham submitted the following:

ICC's Priority Recommendations

- DDS will prepare an initial response to the recommendations by the November meeting.

IDEA reauthorization:

- Waiting for Part C draft regulations
- There is an option to include 3-5 year olds in Part C. OSEP has provided no information regarding how this would be funded, if it pertains only to children eligible for Part B, if there would be transition requirements at age 5? Annual Performance Plan for 2003-04
- DDS submitted our Annual Performance Plan in March 2005 and we are waiting for OSEP response letter.

State Performance Plan (SPP):

- Primary changes included indicators to measure child and family outcomes.
- Resolution session added to Part B due process. It is unclear if this applies to Part C.
- California's issue is how to reconcile OSEPs content and timeline (6 year projected plan) for the SPP with California's previous strategic planning activities for last two years, which required retroactive reporting.

Local Monitoring

- Commitments made to Mary Lynn Clark, Director of IRC:
  1. Explore ways to achieve program compliance while increasing family friendliness.
  2. Conduct an independent evaluation of the monitoring process.
  3. Continue to work on the development of child and family outcome measures to answer the basic question: Are children and families better off as a result of participating in this program?
  4. Continue to press OSEP to be more flexible on some program requirements if equal or improved child outcomes can be demonstrated, i.e., IFSP, 45 days ok?
  5. Visit the IRC program to observe their home visit processes first hand.
- Keith Penman's Monitoring Task Force met and is discussing recommendations that will be submitted to DDS.
- Western Regional Resource Center has been consulted about the possibility of conducting an independent evaluation of our monitoring system.

Autism Initiative:

- Proposing to develop best practice guidelines for intervention services

Training activities:

- Administrative Law Judge training will be held November 11, 2005.
- Adoption Assistance Program – It is anticipated that training will be provided to county welfare departments on rate determination procedures.
- Early Start Institutes for 2005-06 as presented by Patric Widmann.
  1. Service Coordination Institutes redesigned to 2-day format resulting in four institutes instead of two.
  2. The Family Resource Center Training has been incorporated into the Institute Series as the Family Resources and Supports Institute. It will continue to be offered in the same format.
  3. For more information, refer to the ICC's Master Calendar in the packet
  4. On-line registration is available and the Institute catalogue for the 2005-2006 will be mailed out soon.

Personnel

- Children and Family Services Branch
  1. Reorganization of Early Start into one section with Cheri Schoenborn as Chief. The new organization chart was distributed and is included in Attachment E.
  2. Recruiting to replace Ron Huff, DDS psychologist
  3. Converting Ken Friedlander's position to a nurse consultant
  4. Advertising for Local Support Liaison position

Interagency Agreements

- a. Department of Health Services
- b. California Department of Education
- c. Department Social Services
- d. Department Mental Health
- e. Department of Alcohol and Drug Programs

**ADJOURNMENT:**

With no other business, the meeting was adjourned at 2:10 p.m.

**ATTACHMENT A**

**STAFF AND OTHERS ATTENDING ICC GENERAL MEETING**

COMMUNITY REPRESENTATIVES

Jean Brunelli  
Bev Ching  
James Cleveland  
Terry Colborn  
Kathleen Colvin  
Toni Doman  
Edward Gold  
Susan Graham  
Rachel Hagans  
Julie Kingsley  
Linda Landry  
Wanda Davis  
Dwight Lee  
Mara McGrath  
Al Millan  
Robin Millar  
Peter Michael Miller  
Lois Pasture  
Ivette Pena  
Kristine Pilkington  
Kay Ryan  
Debbie Sarmiento  
Letha Sellars  
Sherry Torok

GUESTS

Anne Struthers  
Allison Greenwood, DDS

OTHER ICC STAFF

Cheri Schoenborn  
Kathryn Solorzano  
Melissa Campos

ICC COMMITTEE STAFF

Peter Guerrero  
Angela McGuire  
Stephanie Myers  
Elissa Provance  
Virginia Reynolds  
Kari Stewart

DEPARTMENT LIAISONS

Dennis Self, DDS  
Patric Widmann, DDS  
Sue Winar, DDS  
Carmen Harms, DDS

**Family Resource Centers Network of California**  
**FRCNCA**  
**SEPTEMBER REPORT**  
**Interagency Coordinating Council**  
**September 23, 2005**

- :
- The DDS Transition to Implementation funding continues to support the Family Resource Centers Network of California's meetings over the past six months. The FRCNCA Steering Committee met once face-to-face and three times via conference call since the last ICC meeting.
  - At the September meeting, Sherry Torok was elected Vice Chair and Patty Moore was elected to fill a vacant Member at Large position on the Steering Committee.
  - The Steering Committee devoted three hours of the September meeting to a discussion of data. Included in the discussion were the identification of nine Shared Data Indicators and a list of contacts with families that could be used to maintain an unduplicated count of families served.
  - Work continues on the *FRC Handbook*, which will be a dynamic on-line document that will allow FRCs to access and download templates, trainings, resources, strategies and technical assistance resources for more than 60 topics.
  - The FRCNCA is partnering with the University of Southern California University Centers for Excellence in Developmental Disabilities in a *Video Teleconferencing Project* which will allow up to ten Family Resource Centers per month to meet via teleconferencing for training, planning or regional meetings. The project will provide eight teleconferencing events.
  - Application has been made to the Administration on Developmental Disabilities for a Family Support Initiative 2005 Grant. The grant period begins October 1, 2005 and runs for 18 months. We are awaiting word on the success of the proposal.