

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES**

COMMITTEE: Integrated Services and Health (ISH)

DATE: February 26, 2004

COMMITTEE MEMBERS

CHAIRPERSONS: Arleen Downing and Gretchen Hester

MEMBERS PRESENT: Sylvia Carlisle, Hallie Morrow, Luis Zanartu, Sandy Harvey, Mara McGrath, Robin Millar, Peter Michael Miller, Ivette Pena

MEMBERS ABSENT: Toni Gonzales, Dwight Lee

GUESTS: Ken Freedlander and Allison Greenwood

DDS LIAISON: Eileen McCauley

CDE LIAISON: Nancy Sager

STAFF/RECORDER: Sheila Wolfe

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED

1. **Introduction and Opening Comments:** Co-chairs Arleen Downing and Gretchen Hester welcomed the group and provided an overview of the ICC Executive Committee meeting. They explained that each committee was to have a DDS staff presentation on the data gleaned from the Early Start Site Monitoring Reports to assist committee members in understanding and identifying the foundational data needed for addressing the ICC priorities and specific committee goals in these areas. As a result, the revised ISH committee meeting agenda included:
 - data packet review/discussion – identify follow-up questions & recommendations
 - review last committee notes and tracking tool information for accuracy and review ICC tracking tool summary to determine if ISH goals were accurately represented
 - discussion of pro's and con's regarding Preferred Practice Patterns for Speech-Language Pathologists as ICC Action Item from ISH committee
 - review/discussion of Early Start forms used for consent, assessment, interagency release of information and IFSP's used in committee member communities
 - review/discussion of current training for Early Start Service Coordinators

2. **Data Packet Review/Discussion – Questions and Recommendations for Follow-Up:**
Ken Freedlander and Allison Greenwood from DDS reviewed the data report packet – focusing on the data tables. The Executive Summary was not discussed in detail.

The committee expressed appreciation for the report and presentation and the opportunity to provide follow-up input. There was a general consensus that the work of the ICC could be more focused if it were based on current data findings in the priority areas.

Committee list of issues and questions for follow-up at next meeting:

- a) Do the monitoring reports contain information on what specifically is being done for public awareness and outreach in each of the RC catchment areas? Can this information be extrapolated and used to identify effective practice areas? How can specific outreach efforts targeted to health care providers be identified?
- b) Is there an analysis of the different strengths and needs of the different RC catchment areas? Are forms, materials and examples collected at each site monitoring? Does DDS maintain this information – can it be shared?
- c) What data is collected on working with health care providers? Have any uniform questionnaires been sent out any to physicians, hospitals, CCS, mental health or other health care agencies to determine what outreach approaches and Early Start materials on have been most helpful? Committee members noted that the Medical Home Projects and several of the regional centers have done specific work in this area). The committee requested a presentation be scheduled for an upcoming meeting in this area.
- d) What questions are specifically asked about collaboration? What data can be extrapolated from the information gathered at the community meetings? What other data is collected on “collaboration”? Where are the areas where collaboration with health care providers is working well (or not) – how does this correlate with data on early entry?
- e) What happens if something is found out of compliance on most of the records (i.e. findings re vision and hearing assessment)? What about if something is found out of compliance for a specific child? What follow-up is provided – are follow-up plans written? What is expected after a Site Monitoring and how is it tracked? Is there an analysis of the follow-up that has already been done and the results of that follow-up?
- f) How are the Early Start Monitoring reports shared with the regional centers and LEA’s? What about sharing with the community agencies participating in the site meetings?
- g) Are the regional centers and LEA’s aware of the need for better child find and the target for services (2.2 %)? How are DDS & CDE working together on this – what is already planned?

- h) Regarding finding on age of entry - what other data sources can be used (or needs to be collected) to establish a better baseline so that we can do more analysis (by area, by local variables and identify progress)?
- i) Is there any data on:
 - ❑ How many kids are served by LEA's under Part B that had Early Start Part C services? How many did not? What is the analysis on this finding?
 - ❑ How many kids continue with regional center services that were served by Early Start Part C service? What is the analysis of these findings?
 - ❑ How many kids are referred at age 5 or 6 to the regional center with mental retardation that were not identified in Part C or preschool –
- j) From the Executive Summary, regarding IFSP data and findings – what is being done to follow-up on problems regarded concerns for “properly worded outcome statements”? Does this finding correlate with other findings in those catchment areas?
- k) Also in summary, what does it mean “regional centers struggle with completion of hearing and vision evaluations”? What is the follow-up to this finding?
- l) What do the monitors look for when reviewing the health status section of records? In the record review form is health status actually broken out as a special section? What is actually monitored regarding health status (blue book regulations leave some things open to interpretation)?
- m) How is it identified that a “qualified person” has completed the health assessment based on the record review (does it have to be a physician or nurse)?
- n) What information/data and/or form samples can be used to determine if a primary health care provider is identified in the IFSP process for each child? What information sources could establish a baseline in this area? .
- o) What information is available to determine if IFSP's are being sent to PHCP's with parent consent? What regional center catchment areas do this? Is there a correlation with those that do and the time of entry of the children they serve?
- p) Is there a way (perhaps a pilot project) to determine those areas that work well with PHCP's and the impact of:
 - ❑ acknowledgement of their referral (along with follow-up contact information)
 - ❑ notice and invitation to the IFSP
 - ❑ copies of the IFSP's to PHCP's
 - ❑ routinely sending progress reports
- q) What are the current projects that provide outreach to physicians – i.e. DDS Wellness Project and contract for training for physicians and interns? What data is collected? Can Early Start outreach efforts be linked?

- r) What happened to the Health Committee's recommendation 3 years ago that additional questions be added to the monitoring visits regarding health status so that health care needs and follow-up issues could be identified?

Follow-Up Requests Regarding Data Report for Next Meeting:

1. Schedule time at each ICC meeting to discuss data collection, analysis and follow-up activities at the main meeting. Provide information prior to committee meeting so there is time to review data before ICC meeting discussion.
2. DDS staff response to above specific questions. (Because all committees will probably want to also have a follow-up to their questions perhaps everyone could hear the general follow-up answers and then break into committees for specific follow-up – ISH could focus on health care related issues and work with PAC on outreach issues).
3. Report on analysis of effective practices and needs by regional center catchment area.

Review of ISH Tracking Tool Plans and Overall Summary

Committee members did not have adequate time to compare ISH tracking tool with summary information – the need for more time was noted. Chairpersons and staff to assist in follow-up for next meeting

Report Back from the ARCA Survey

ISH Co-Chairs will review results of the survey from the regional centers and will take responsibility for reviewing and interpreting the data for presentation at the next meeting.

Review of Community Forms

Robin Millar and Mara McGrath shared the forms they had collected. Committee discussion raised questions on whether samples of forms are collected during the Site Monitoring Visits and if regional centers and LEA's use forms that are sanctioned by DDS and CDE? Committee members wondered if most regional centers and LEA's had interagency release forms and if their IFSP forms included a place for PHCP to be included. Answers to these questions may be addressed in follow-up DDS presentation.

Discussion of the Speech-Language Pathologists Preferred Practices document –

Because the Ca.Hearing and Speech Assn has already asked for and received input from ISH and the ICC and because they have posted the document on their website, the association does not feel that revision is needed at this time.

Nancy Sager and Sandy Harvey will bring issues to the California Teachers of the Deaf and Hard of Hearing Association. They will share reactions with ISH and help to consider pros and con's on possible next steps within the context of the ICC.

Decision: Bring item back for discussion at next meeting and consider as an ISH - ICC Action Item so that the information can be formally disseminated to the Early Start community.

Discussion on Training for Early Start Service Coordinators

The current structure of the Service Coordinator Handbook and Institutes (Foundations and Advanced) was reviewed. Training notebooks and Handbook resources were reviewed briefly. Committee members had varying levels of awareness on what is being done to address Early Start Service Coordinator needs. The need for more information on the evaluations from the Institutes was requested (overview fact sheet) and information on catchment areas that are sending staff and those that are not. Is there any correlation with attendance at SCIF and SCIA and the Early Start Monitoring Site data findings?

Additional questions regarding Service Coordinators: What data is available on service coordinators in the regional centers? In the LEA? What are their backgrounds? What is the turnover rate in staff? What is being done to train service coordinators regarding what is needed to determine a child's health status and needs in this area? What is the status on the new Health Section for the Handbook? Who is providing the services?

Other Discussion Topics for Follow-Up

Possible collaboration with AAP on effective strategies for physician outreach and possible revision of the 1 year/18 month well-baby visit check list to better identify developmental problems earlier?

Agenda for Next Meeting

1. Analysis of data requests from each committee and guidance for follow-up activities
2. DDS follow-up presentation to ISH committee on questions generated above in order for committee to plan and recommend follow-up steps in priority areas.
3. Report on findings from ARCA Survey
4. Decision regarding Preferred Practice document as an Action Item from ISH.
5. Review of data from Service Coordinator Institutes (time permitting)

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
<p><input type="checkbox"/> Early Entry</p> <p>X IFSP</p> <p><input type="checkbox"/> Transition</p> <hr/> <p>STRATEGIES</p> <p>X Increase collaboration</p> <p>X Increased awareness</p> <p>X Increase Access</p>	<p>Outreach to Primary Health Care Providers</p> <p>Training for Service Coordinators</p> <hr/> <p>Outreach to Community (RC's, vendors & LEA's)</p>	<p>Advise and assist the lead agency to insure that:</p> <p>A Primary Health Care Provider (PHCP) and/or a Medical Home will be identified on the IFSP for a specific % of each children enrolled in Early Start based on existing baseline data</p> <hr/> <p>Training for Service Coordinators on health status assessment and working with PHCP's will be provided and evaluated and linked to Site Monitoring data analysis</p> <hr/> <p>Regional Centers and LEA's will document specific coordination with /PHCP's via copies of follow-up referral letters, copies of IFSP's for PHCP input, outreach plans and brochures and notes on personal contacts, etc –</p>	<p>Determine what information and base line data is available in this area through DDS and CDE</p> <p>Determine what is included in current monitoring efforts and findings to date</p> <p>Use data and information on current approaches to develop recommendations and action plan for ICC & DDS approval</p> <p>Work with DDS on possible pilot project for data collection on PHCP's</p>	<p>Data from ES Monitoring and other data sources</p> <p>Information on effective practice and outreach approaches currently used in the different catchment areas</p> <p>Findings and strategies from current Medical Home Projects and DDS Wellness Project</p>	<p>DDS to present current data and respond to ISH committee questions =</p> <hr/> <p>Overview & evaluation findings from current Service Coordinator trainings</p>

COMMITTEE GOAL ICC PRIORITY	APPROACH	MEASUREABLE OUTCOME	ACTION PLAN	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
<p>X Early Entry</p> <ul style="list-style-type: none"> <input type="checkbox"/> Increased Collaboration <input type="checkbox"/> Increase awareness <input type="checkbox"/> Increase access 	<p>Outreach to PHCP providers</p>	<p>Advise and assist lead agency on strategies to:</p> <p>increase referrals from PHCP providers</p> <p>promote referrals from PHCP's be made at an earlier age</p> <p>Increased documentation of PHCP's involvement in early referrals and on-going services</p> <hr/> <p>Data collection will be analyzed regarding PHCP referrals</p> <p>Contacts will be made with AAP and other relevant organizations to identify exemplary practices and continuing needs</p>	<p>: Determine current data from ES Monitoring reports and other sources</p> <p>Identify effective practices/ outcomes from Monitoring visits and past & current physician outreach projects</p> <p>Work with DDS and PAC on evaluation of ES products & outreach strategies for PHCP's</p> <p>Post information on exemplary practices on website for dissemination</p>	<p>Findings from ES Monitoring reports and</p> <p>Information from currently funded Medical Home Projects</p> <p>Data from DDS, CDE, DHS and AAP projects focused on PHCP outreach</p>	<p>DDS to present current findings in this area</p> <p>Analysis of Medical Home Projects activities and data findings</p>