

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING MINUTES**

COMMITTEE: Quality Service Delivery Systems

RECORDER: Angela McGuire **DATE:** September 23, 2004

COMMITTEE MEMBERS

PRESENT: Marie Kanne Poulsen, Jim Bellotti, Linda Landry, Kate Warren, Beverly Morgan-Sandoz, Julie Woods, Lois Pastore, Brigitte Ammons, Diane Kellegrew, James Cleveland, Ed Gold, Kris Pilkington, Leatha Sellars

GUESTS: Jacquie Kerze, Jackie Clark, Cathy Mikitka, Patty Salcedo, Julie Dickerson

STAFF: Virginia Reynolds, Angela McGuire WestEd/CPEI

DDS LIAISON: Dennis Self

CDE LIAISON: Bob Evans

ABSENT: Marcy Gallagher, Fran Chasen, Ruth Cook

**SUMMARY OF IMPORTANT POINTS, ACTIONS CONSIDERED AND
RECOMMENDATIONS**

- I. INTRODUCTION AND WELCOME TO NEW ICC COMMUNITY REPRESENTATIVES
 - A. New ICC community representatives were introduced: Leatha Sellars, Ed Gold, and Susan Graham. Also, Jim Bellotti announced that Bob Evans would be new CDE liaison to the QSDS Committee.
- II. AGENDA REVIEW
 - A. Agenda approved.
- III. REVIEW AND APPROVAL OF MINUTES
 - A. Marie asked for and received approval of 5/20 minutes.
- IV. CHAIR'S REPORT
 - A. Executive committee emphasized importance of planning to meet timeline of drafting recommendations. QSDS has the IFSP outcome as its priority.
- V. COMMITTEE ACTIVITIES
 - A. Membership- Committee is full.
 - B. Recommendations and Action Plans- Outcome- IFSP will document all required components and signed copies will be provided at the end of each IFSP meeting in 100% of records reviewed statewide.
 - Clarification
 1. DDS/RC and CDE/LEA monitoring tools, record reviews and reports- Reviewed current monitoring tools and an

informal analysis of some results. A chart was presented documenting areas of IFSP in which there seem to be issues of compliance. Dennis Self reviewed data and offered a verbal update; **Dennis offered to bring updates to future meetings and to provide an update before the committee conference call.** Data presented represents an average; data for individual regional centers varies widely. The performance indicators were developed for the Performance Contract Pilot project; DDS uses the performance indicators for ALL regional centers, not just the regional centers participating in the pilot project. This protocol is only used for regional center monitoring; CDE has different tools for monitoring LEAs. Updated data shows a downturn in some areas; hypothesis is that caseloads are very high and systems are very stressed.

- a. Question was asked about APR: Is LEA/solely low incidence data reflected in the APR data? Unclear. Focused monitoring activities (education) address the same items that are listed in the performance indicators, but they are done on a district level and are *focused*, customized depending on LEA. There is a menu of items from which a tailored set may be selected to apply to a specific district. Regional center monitoring tools are more general and therefore uniformly applied across regional centers. Findings from LEA reviews may provide useful information as we develop and review recommendations.
- b. At local level, during site monitoring, is there an opportunity to compare patterns for expenditures/services within a region, across agencies?
- c. Timely initiation of services is not one of the performance indicators. Committee discussed its importance and the possibility of including 'timely initiation' as one of the measurable outcomes within the IFSP priority recommendation. This information is collected via record review and parent interviews but not in a quantifiable form. **One strategy for addressing timely initiation/provision of services is having a dedicated ES resource developer in each regional center; this may point toward a recommendation.** Does resource capacity correlate to timeliness of initiation of services? May vary region to region. Resource availability may be too narrow of a focus.

- d. There seem to be 3 areas that we might address:
Barriers (timely initiation/shortage of resources and qualified personnel; caseload size), measurable outcomes, and methods to measure success.
 - e. Does monitoring have a mechanism for recording possible causes of non-compliance?
 - f. Is there an interagency agreement in place that addresses LEA participation in ES monitoring? Are the language and tools used in each system comparable? Is this dependent on local relationships or **is there a systemic process in place that would support a joint (DDS/CDE) review of records? This could lead to a recommendation.** (Promotion of local IA agreements that support joint monitoring/ use of comparable tools.) Have an Early Start monitoring process as opposed to separate DDS and CDE monitoring processes?
Challenge: DDS process focus is on continuous improvement; CDE process focus is on monitoring for compliance. Systems are very different; however, relationship is collegial. CDE process is moving toward reflecting process for monitoring IEP development: examining whether goals are being met and if not, why not.
 - g. Interagency agreements- Reviewed the committee's request for examples of IA agreements (specific to IFSPs). Reviewed IA agreements provided.
 - i. Age of IA agreements was commented on.
 - ii. Content was examined.
- Measuring the impact of the recommendations(s): "How will we know we've found a good solution?"
 1. Add **timely initiation of services** following completion of IFSP and **integration of services** to the list of measurable outcomes.
 2. Are there other mechanisms to collect outcome data from parents, community agencies?
 - a. Focus groups with parents
 - b. NCSEAM parent survey process
 - i. **Recommendation? NCSEAM Parent Satisfaction Survey could be attached to the IFSP process- disseminated at conclusion.**
 - c. With new CADDIS system, outcomes will be entered into the database.
 3. Strategies/opportunities for measurement
 - a. Parent interviews/surveys

- b. RC record reviews
- c. LEA record reviews
- d. We could compare the DDS and CDE IFSP item sets for monitoring to see how they relate.
- 4. How can we accurately measure parents' understanding of rights, process, and due process?
 - a. Do concerns that do not go to due process or are resolved in fair hearing/mediation, does the trail stops? Are complaint areas documented?
- Address how the recommendation(s) will pass the feasibility test (has committee consensus and imposes no additional costs on the system) and have relevance to satisfying the Early Start system's needs and objectives.- For later discussion.
- Workplan/timeline/collaboration-
 1. **Plan for next phase: Set conference call for final week in October.** Don't lose the following:
 - a. Invite FRSC committee to review parent feedback (from Focused Monitoring, Xenologics data, parent satisfaction surveys, compliance and due process) pertaining to IFSPs.
 - b. Look at effective practice for IFSP development in combination with training and personnel development (1/05)
 - c. Recommendations for training and personnel development (3-5/05)
 - d. Develop recommendation for assessment of parent understanding of IFSPs

C. Other priority areas

1. Early Entry
2. Transition
3. Interagency collaboration

VI. DISCUSSION OF OTHER COMMITTEE ISSUES

A. Program and Personnel Development

- School Readiness, Universal Preschool, etc.
 1. Invite First5 Special Needs Project to have representation on ICC and/or this committee
 2. Need to be clear about what we want them to do
 3. and we need to have a voice to 'them'
 4. We could develop a 'fact sheet' about the ESPM to contribute to other personnel model development efforts

B. Access to service issue for discussion: Fire regulations and the exclusion of children with disabilities from child care

C. Questions/comments

- Announced Ken Freedlander's upcoming recognition at the Inclusion Celebration, Oct. 6. Supported Life Institute brochures were distributed.

VII. ACTION AND RECOMMENDATIONS

- A. Dennis Self will bring key performance indicators to future meetings and will provide an update before the QSDS committee conference call.
- B. The following items will be added to the list of measurable outcomes on the priority action plan:
 - Timely initiation of services following completion of IFSP
 - Integration of services to the list of measurable outcomes.
- C. Committee will review IA agreements provided in preparation for conference call. Comments should be submitted in writing one week prior to conference call to be compiled into collective thought.
- D. Committee will meet via conference call October 27 or 28; Angela will coordinate via email (and mail).
- E. Possible recommendations:
 - Having a dedicated ES resource developer in each regional center.
 - Set in place a systemic process that would support a joint (DDS/CDE) review of records.
 - NCSEAM Parent Satisfaction Survey could be attached to the IFSP process to collect IFSP/outcome data.
- F. Strategies/opportunities for measurement
 - Parent interviews/surveys
 - RC record reviews
 - LEA record reviews
 - We could compare the DDS and CDE IFSP item sets for monitoring to see how they relate.
- G. Kate Warren will send information about child care personnel development/qualifications to Angela who will disseminate to committee.

NEXT MEETING: Conference call set for October 27, specific time TBA.

UPDATE: In lieu of conference call, committee members will be given a worksheet to submit input on recommendation ideas.

PRIORITY	MEASUREABLE OUTCOMES	PROPOSED ACTION PLANS (activities and methodologies)	DATA & INFO SOURCES
IFSP	<p>IFSPs will document all required components and signed copies will be provided at the end of each IFSP meeting in 100% of records reviewed statewide.</p> <ul style="list-style-type: none"> • IFSP completed in 45 days • Appropriate persons present • Written notice of meeting provided • Notice provided in language of family choice • Outcomes include criteria, procedure, timeline • Services include method, frequency, duration and intensity • Service provider identified • Service location identified • Justification provided for services outside NE • IFSP documents family CPRs • CPRs reflected in outcomes • Document current levels in 5 domains • Transition plan present where applicable • Referral to FRC made • Non-Part C required services indicated • Parent understanding of IFSP process documented • Copies provided to all participants 	<p>1) QSDS - Gather and analyze, and synthesize data including (9/04):</p> <ol style="list-style-type: none"> a) Determine what information and base line data is available in this area through DDS and CDE b) Determine what is included in current monitoring efforts and findings to date c) Review monitoring reports to determine compliance with IFSP requirements (See Early Start Regulations §52102-52109) <p>2) QSDS - Develop a strategy for collecting effective IFSP development practice models. (1/05)</p> <p>3) FRSC provide parent satisfaction and input on best practice models they have experienced. (1/05)</p> <ul style="list-style-type: none"> • Look at IFSP data on Parent Satisfaction Survey • Documented community collaboration on IFSP (Participant list) • IA collaboration documented in MOUs <p>4) QSDS (lead) w/FRSC & ISHC - Develop recommendations for Incorporating best practice models for IFSP development into training, support and personnel development activities provided for parents, RC, LEA, partner agencies.</p>	<p>Time between referral and the IFSP. <i>(This information needs to be compiled and should be available by 9/04 meeting.)</i></p> <p>Regulations governing service coordinator competencies. <i>(See 34 CFR §303.23)</i></p> <p>Monitoring instrument <i>(Provide at 5/04 meeting)</i></p> <p>IFSP matrix <i>(provided at 2/04 meeting)</i></p> <p>APR pages 4, 5, 9, 32, 34, 35, 7, 39, 40, 41</p> <p>Due process/mediation related to IFSP</p> <p>SC concerns and family concerns (invite FRSC input)</p> <p>Early Start Statistics Report</p>

PRIORITY	MEASUREABLE OUTCOMES	PROPOSED ACTION PLANS (activities and methodologies)	DATA & INFO SOURCES
		<p>(Draft 3/05, final 5/05)</p> <ul style="list-style-type: none"> • Identify barriers to getting training • Include in IA agreements • Identify training and support needs of SC's • Identify mechanism for ensuring parents understanding related to IFSP process and services received <p>5) Review local/state Interagency agreements including Early Start</p> <p>6) Explore additional mechanisms to collect outcome data</p>	