

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES**

COMMITTEE: Quality Service Delivery Systems

RECORDER: Angela McGuire

DATE: 9.22.05

COMMITTEE MEMBERS

PRESENT Marie Kanne Poulsen, Linda Landry, Lois Pastore, James Cleveland, Susan Graham, Wanda Davis, Kris Pilkington, Letha Sellars, Virginia Reynolds, Angela McGuire

ABSENT: Beverley Morgan-Sandoz, Jim Bellotti, Kate Warren, Fran Chasen, Julie Woods, Brigitte Ammons, Ruth Cook, Diane Kellegrew, Ed Foulk, Bob Evans

GUESTS: ISH Committee

LIAISONS: Dennis Self

MEETING NOTES

- I. INTRODUCTIONS AND WELCOME TO NEW MEMBERS
- II. AGENDA REVIEW
 - A. Time was identified for joint meeting with ISH to discuss Part C Indicator #3, for which both committees are developing recommendations for targets.
- III. REVIEW AND APPROVAL OF MINUTES- May meeting minutes were reviewed and approved, with correction that James Cleveland was *present*.
- IV. DEVELOPMENT OF SPP INDICATOR TARGETS
 - A. Joint meeting of QSDS and ISH Committees- Committees met to discuss Part C Indicators for which they had both been given responsibility for developing targets.
 - Dennis Self explained some of the history and reasoning behind Indicator #3. Discussion included
 1. Problem of generalizing data
 2. Various avenues for collecting data, individualized nature of data and practice in collecting data
 3. Criteria for "improved"
 4. Standardized and individualized measures

5. Fourth variable be added to include health

- Dennis suggested that there is a baseline: 47% of children go on to 'regular settings' (function at a level comparable to same age peers; this information taken from NEILS data as well as data on children exiting Early Start), 2% show no improvement, and by default 51% show individualized improved functioning. OSEP wants to see a six-year plan from improvement. Gretchen Hester suggested that improvement in the 2% expected not to show improvement might be a useful target.
- With new CADDIS, IFSP form will be entered into the system, which could provide data documenting improvement/progress toward achieving child outcomes. Uniform assessments may not be used, although a uniform data collection system will be.
- At 2:40, committees split for further discussion.

B. Further discussion on Indicator #3 among QSDS committee members

- ICC has the opportunity to define goals and standards for which OSEP will be monitoring
- Progress is reviewed and reports are made every six months; committee suggested that data might be pulled from those reports. Discussion turned to whether those reports include assessment in all domains; not everyone agreed with what was required, what was necessary. Often reviews are descriptive rather than formerly scored assessments.
- Could we identify 4 or 5 assessments that could be chosen from to collect data on the three identified variables.
- Desired Results Developmental Profile (DRDP) is coming up through the Education system- eventually, all of the LEA early intervention programs will need to use it. Some LEA EI programs were involved in piloting the profile for early intervention. DRDP could be considered as a tool that could be used across systems. This would require training for the RC service coordinators and vendors. DRDP is not intended for IFSP/IEP development, so its use would be in addition to other evaluation/assessment. Could a developmental checklist be used to inform the DRDP? It would be great to have data that crossed age ranges (EI to preschool to school-age). Committee would like a report on the DRDP at the November meeting.
- What happens with percentage of children who are not showing adequate progress? Will money/services flow away from them? The data does not reflect children, it

reflects progress on particular outcome areas across a range of children receiving services.

- Suggestion was made that data be disaggregated (not removed) to determine if eligibility category, medical need, referral source, age at entry, socio-economic, participation in foster care, etc.

C. Suggested Indicator Targets

- **Indicator #2:** Target: 90% of infants and toddlers with IFSPs will primarily receive early intervention services in the home or programs for typically developing children.
- **Indicator #3:** By the end of six years, decrease 2% of children showing no progress to 1%; increase 51% of children showing improved functioning to 52%.
- **Indicator #7:** 100% of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
- **Indicator #13:** 100% of mediations held result in mediation agreements.

V. CHAIR'S REPORT- Time deferred for joint meeting time with ISH

VI. COMMITTEE ACTIVITIES

A. Membership- No discussion

B. Recommendations and Action Plans- IFSP (QSDS is lead)

1. Recommendations to be submitted for action by ICC tomorrow.

C. Other priority areas

1. Early Entry- Discussed California's performance in identifying children under 1 (on target) and children ages 1 through 2 (under national average). National average for under 3 is 2.2%. Our target should be to meet or beat the percentage of comparable states, which are not identified by OSEP. Many factors influence this number, including eligibility criteria, level of general health of populace, quality of health care system, etc.

VII. DISCUSSION OF OTHER COMMITTEE ISSUES

A. Report from Monitoring Unit (Dennis Self)- Deferred

- Upcoming or just completed monitoring visits
- Statistics on Early Start complaints, appeals and mediation
 1. Similar info from CDE

B. Program and Personnel Development- Program and personnel standards need to be a priority for future ICC/committee work

- Vendor regulations (Title 17) have never been revised to include Early Start
- C. Plan for follow-up CCS report to committee- No discussion
 - Children under 3 and children under managed care served by CCS
 - Coordinate with ISHC
 1. Propose date
 2. Invite Hallie Morrow
- D. Update on CAPTA activities- DSS has gotten attention from federal level and is anxious/eager to develop a plan. DSS and DDS are talking about how to plan; there is interest in the children in the DSS system who are still in the family home. On the local level, programs aren't seeing a spike in referrals. Committee suggested there is need for strategizing on training field professionals/foster care system.
- E. Virginia Reynolds presented TTAC Core Messages for consideration. Committee will bring forward an action item in November recommending that ICC formally endorse the Core Messages.

VIII. ACTION AND RECOMMENDATIONS

- A. Additional recommendations concerning Part C Indicator Targets:
 - Early Start partner agencies (DDS/regional centers and CDE/LEA's) will have a similar process for gathering data in identified fields/variables.
 - Data for Indicator #3 will be disaggregated (not removed) to determine if eligibility category, medical need, referral source, age at entry, socio-economic, participation in foster care, etc. are significant variables in progress data.
- B. Recommended areas for ICC/QSDS Committee attention/initiative
 - Guidance and training to field professionals/foster care system in regard to appropriate referrals to Early Start (CAPTA)
 - Program and personnel standards a priority for future ICC/committee work.
 - Child care
 - Common assessments within Early Start
 - Review and update of regulations (Title 17, for instance) in terms of Early Start

IX. NEXT MEETING

- A. Committee requests that Anne Kushner and/or Chris Drouin be invited to provide a report on the DRDP at the November 05 meeting.