



King County

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King County Interagency Coordinating Council Meeting Minutes

Day/Date: Monday, March 24, 2008
Time: 9:30 a.m. – 12:00 p.m.
Location: Safeco Office Center
306 23rd Avenue South
Seattle, WA

Present: Amy Carlson, Betsy McAlister, Cheryl Buettemeier, Dawn Williams, Donna Borgford Parnell, Emily Mooney, Jan Wrathall, Jill Sells, Julie Habegger, Karen Woodsum, Kari Tanta, Laura Brosas, Magan Cromar, Margi Siegl, Mary Martone, Maryanne Barnes, Robert Clayton, Sandy Carlson, Victor Place, Walt Bowen

INTRODUCTIONS

Presentation by Dr. Sells

- Asked to do this project because the rate of referral into EI system not as high as the rest of the nation and there's a feeling that doctors and the medical community have a role in that
- Dr. Sells was a practicing pediatrician until a couple of years ago; now Docs for Tots
- Interviewed EI folks, docs, looked at national research; will give doctor perspective
- Did not interview parents in this process
- From doc interviews
 - They do think children are being referred late
 - Don't know how the EI system works; don't understand even if they make attempts to connect with it; don't know what an FRC is, etc
 - Doctors felt that they don't get as much feedback from the EI system as they would like; they want to know if the family connected with someone if

- they made a referral and they want to know what happened after; would like to know what the recommendations are; what the family is getting, etc.
 - Docs do acknowledge that they are busy and don't always have enough time to read reports
 - Many docs recognize that this is a difficult process for families but they do want to know if families need their support to follow through
 - Docs want information about the EI system via a personalized connection; something beyond reading brochures or looking at the internet
- System issues
 - The report has system recommendations because as she continued to do research, she discovered that the data is incomplete particularly around kids under 12 months being referred into the system; most of those kids are motor issues vs. language issues, and there is a general feeling that those kids may be being served but not by the public system
 - Capacity is a real issue; need to look at how the system can address an influx of new referrals if an educational campaign with docs was successful; need to start this conversation now and it needs to be approached from a systems perspective
- Family perspective
 - Families already have a difficult time navigating such a complicated EI system and wouldn't be surprised to learn that docs also have difficulties
 - Need to support families to self-advocate and teach them to facilitate the communication between their primary docs and their EI providers
- Questions from the ICC
- What are your recommendations?
- There are other groups in the state that are interested in the same issues and moving towards addressing these issues; need to work with these groups to leverage the work
- Work with the EI providers and work on the pieces that are "doable" such as capacity issues
- Do you know how many pediatricians in the area?
 - Don't know for sure but can find that information
 - Jill says that if you plan on doing outreach to docs then you start small and target how you're going to do it i.e. start with the family practice clinics that serve low-income communities or start with some of the connections that you already have
- How can we do more training of primary care providers?
 - Need to look at the goal; for example if you want all docs to do developmental screening then need to look at bigger picture and work with statewide efforts especially if you want real behavior changes; hard to do it by yourself but should tie into larger state efforts
- Medical Home network?
 - Donna - 2 teams in King County and was initially focused on Children w/special health care needs but has expanded to all children
 - Jill – initially did only cover children w/ special health care needs but grew into a recognition that all kids could benefit from a primary provider model;

- our governor is really interested in this via universal health coverage and the legislature has equated the term medical home to universal health coverage for kids
- What's the best way to meet and educate docs?
 - Magan – best time for us has been in the morning
 - Jill – would have to individualize for individual docs and clinics
 - How do you incorporate the family voice?
 - Magan – we have a packet that we give docs and there's a whole page of quotes from families
 - Jill – docs don't know what FRCs are and if they knew that there was a way for families to have a care coordinator they would be excited by that; docs feel like that they are referring to a black hole; need to improve the communication between docs and the EI system
 - Cheryl – similar experience to Magan; you only have a short amount of time with docs; tie their presentations to particular topic i.e. autism; outreach to docs who have already referred in the past and catchment areas
 - Kari – we do a similar thing and bring food to the clinics and also goodies like books for the kids; outreach to all medical providers who have privileges @ VMC and try to stick to our catchment areas
 - Do you feel that docs are open to hearing from families?
 - Most docs say that their families are probably being served but they never hear back from the family if they are receiving services;
 - Cheryl – might be a good idea to engage families in communication with docs i.e. teach the families to bring information back to the docs about their experience with EI and how to refer another family to EI
 - Amy – might be helpful to give parents information to share back with their doc
 - Jill – the simpler the better when it comes to back and forth communication
 - Is it better to communicate the same thing to your doc twice?
 - Yes, reinforces the information for the docs
 - most docs also never read reports that they receive

Karen Woodsum

- Former assistant director of ITEIP then retired; came back to help with the state's data collection and to cover for Walt as the liaison
- Federal government now requiring outcomes for EI to show that the program is working and should continue to have public investment
- They identified 14 indicators that states are required to report on; Annual Performance Report (APR)
- 2 categories of indicators:
 - Compliance indicators – must be 100% unless there is a family circumstance; i.e. 45 day timeline
 - Performance indicators – states get to set their own targets; i.e. N.E.; feds have to agree with the targets that states set
- Every state received a determination letter
 - Meets requirement

- Needs assistance
- Needs intervention
- Needs substantial intervention – could have financial impact upon states
- WA received a determination of needs assistance for the first year of data; will be sending out a determination letter to each local lead agency giving based on two year's of data; if the LLA is needs assistance or needs intervention they will be required to submit a plan of correction
- Lavender handout – shows King County in comparison with other LLAs for compliance indicators
 - Timely services – new requirement; defined as 30 days from completion of the IFSP
 - 45-day timeline
 - Transition – Steps, Notice, meeting
 - most agencies did not have a documented written transition plan outlining steps toward transition even though they were doing the activities
- Expect more progress in the data being collected partly because programs are now aware of what's being measured and required and partly because of better documentation
- The reason that data was collected based on sheer numbers because of the difficulty in crunching the data; smaller service areas vs. bigger service areas look as if the data is skewed; believe that they collected good data because they did look also at qualitative and are looking at trends data; hope to build more capacity in the data management system so that the data can be collected via the data system which would allow them to look at a larger sample size
- Dec. 1 count required by the Feds
- Beige handout – shows King County in comparison with other LLAs for performance indicators
 - Natural Environments

New Member nominations

- None today

Approval of minutes from last meeting

- Corrections
- Cheryl moved to approve minutes with corrections; Donna seconded

Announcements

- Nancy Whitaker retiring at the end of June
- Headstart re-authorization
 - 10% of children with disabilities is now a requirement
 - Allows for conversion of Headstart slots to Early Headstart slots
 - Performance standards will be re-written this June
- Highline Mental Health's DC 0-3 training; Victor gave handout
- Donna Borgford Parnell

- Joined a disaster preparedness workgroup with particular emphasis on children with developmental disabilities; if anyone would like to join a workgroup around this issue please contact Donna; brochure being handed out
- State DOH received a grant for dental services for children with special health care needs; the focus will be on children with mild to moderate disabilities and educating providers around the state around how to provide dental services to this population
- Child Health Notes started last spring and the first one is around developmental surveillance; focus is on educating primary care physicians; available on the children with special health care needs website on public health's website; a lot of the medical home teams publish this in conjunction with their ICCs; there are templates available so that you can customize; www.metrokc.gov/health/cshcn or www.medicalhome.org

Committee Reports

- Prevention/Early Intervention Action team
 - Start some work around Jill's recommendations in education and outreach to medical providers
 - Deeper work with non-English speaking communities including training of parent liasons
 - Additional red flags training with South End childcare providers
 - SOAR to help with legislative advocacy and policy issues
 - Create common EI information packets for countywide use which includes standardized protocol for information sharing and referral processes
 - Developing a plan for referral and outreach to NICUs, etc
 - Strategic plan to increase face to face presence with NICUs and
- Operations subcommittee
 - Looking at identifying parent topics for the rest of the year
 - Looking at by-laws and recommend that we review it in May
 - New member orientation by Jan
 - Mesh with parent participation sub-committee; invited Leilani to help identify strategies to increase parent participation

Lead Agency Report

- Addressing the areas of non-compliance for the state's APR
- The state gave King County emergency bailout money with requirements attached that will be passed on to agencies
 - One of the pieces includes hiring a consultant to help King County analyze current funding systems; consultants have a national perspective and will help in looking at potential unidentified or duplicated funding systems; streamlining billing processes; how to develop subcontracts that reduces administrative paperwork; includes a stakeholder process; they will start early April

New Business and next meeting agenda items

- Need to find a new location for KCICC; looking at Worksource location in Renton if the space is big enough; welcome any ideas for space
- Donna Obermeyer will be attending the next KCICC; will work with Jan and Betsy around helping the KCICC to engage more parents and parent attendance

Legislative Outcome

- Legislature asked for a study to be done to look at true cost and report back to Legislature; will go back and advocate again next session;

New regulations coming out possibly this summer; when the new regs come out the state will have to redo the state application; recommend that folks look at it and give the state feedback on what to change and include; the state will welcome any feedback.