



Supporting Head Start quality today, impacting Arizona's tomorrow!

**AHSA Quarterly Meeting
Standing Committee Agenda
Integrated Health & Safety Committee**

DATE OF MEETING: 11/21/19 Time: 1:30-3:00 PM		LOCATION OF MEETING: Pendergast Early Learning Center 3841 N. 91st Ave, Phoenix, AZ
COMMITTEE MEMBERS PRESENT: Agueda Vela, Alice Haverland, Bari Nemeth, Carolyn Willmer, Chrisanda DeBois (by phone), Connie Morrison, Liz Hernandez, Lizzy Schounnard, Lydia Duarte, Marcia Archer, Margaret Velasco, Mariely Lopez, Marya Olmos, Selina McCabe-Charley,		
NEXT QUARTERLY COMMITTEE MEETING: Date: February 20, 2020 Location: TBD - Phoenix		
AGENDA ITEM	DISCUSSION/RECOMMENDATION	PERSON(S) RESPONSIBLE/ PRESENTER
I. Call to Order & Welcome	Welcome and introductions Called to order at 12:19 Each member introduced themselves and gave a food item they really don't like.	Carolyn Willmer
II. Adoption of Agenda	Approval of agenda Liz motioned to approve, Marcia seconded, all approved	Carolyn Willmer
III. Approval of Minutes	Approval of minutes for 8/22/19 Lydia motioned to approve, seconded by Alice, all approved.	Carolyn Willmer
IV. WIC Partnership	Head Start/WIC MOU and Data Sharing Processes Brittany introduced herself. Carolyn handed out the Referral and Verification of Certification forms. The Head Start and WIC Referral Form is a two-way form allowing for sharing of information between WIC and Head Start. (From WIC to HS and from HS to WIC.	Brittany Howard WIC Nutrition Services Manager AZDHS

Brittany shared that there have been some glitches in the Head Start/WIC MOU. First, some Head Starts are again sending Release of Information forms instead of the Referral Form. All releases of information must go through the state office, creating a bottleneck as they don't have the staff to handle the number of requests. Second, there is a disconnect between the terms of the MOU, using the Referral Form, and what happens with frontline staff. Head Start and WIC frontline staff aren't always aware of the terms of the MOU. Third, the Head Start staff must request information from the correct local WIC program. If HS asks for information from the wrong WIC program, WIC can tell that the child is in WIC, but can't access the necessary information (child's Hemoglobin).

Because the data sharing process isn't working well, WIC is interested in finding an easier way to share data. One possibility is the Verification of Certification (VOC) form, which is an internal WIC form. However, the VOC provides more information than is covered under the MOU. This means the parent would have to request the VOC form from WIC and then deliver the form to Head Start.

Another possibility mentioned is having local agreements instead of the MOU, but the group felt that this would lead to different forms/procedures between different Head Start programs and different WIC programs. This would be very confusing.

One good suggestion was to have a WIC database, similar to ASIIS, so agencies could sign in and get their own data. This would definitely be a long-term project, not a quick fix.

The group agreed to an interim solution: parent can request the Verification of Certification form to bring to Head Start, and Head Start and WIC can revisit the process for the next MOU revision.



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<p>V. HSSCO</p>	<p>HSSCO (Head Start State Collaborative Office) Survey Carolyn will share the survey and her preliminary answers with the Committee. The Committee will provide input, and Carolyn shall then submit the completed survey.</p>	<p>Carolyn Willmer</p>
<p>VI. Committee Up-date:</p>	<p>AHSA is represented on the following state/regional committees:</p> <ul style="list-style-type: none"> • Obesity & Food Insecurity: No report • State Hearing Rules: No Report No one attended a recent meeting. Discussion do you send the Hearing Report for children 0-24 months or 0-12 months? There is a form; which says on the bottom of the form to report within 10 days for each child 0-24 months. Someone attended a new training they said it's 0-12 months. Carolyn will follow up on the age requirements; and send a new form out if it has changed. <p>NACOG: Trainer said 0-3 and the form said 0-2.</p> <ul style="list-style-type: none"> • Oral Health Coalition: No report • Eye on Learning Committee: Chrisanda – see next section. • Asthma Coalition: No report • School Readiness Coalition: No report • Lead Coalition: Marcia attended by phone and didn't pick up any new information. <p>Aside from that, Chrisanda asked an EPSDT Coordinator about Lead Screening. She said it is required for all children on Medicaid to get a Lead Test at 12 and 24 months. Bari said the new EPSDT Periodicity Table shows it as required again, so this should help get it done by the Medical Providers. Carolyn will follow up.</p> <p>Most Head Start programs are going away from doing our own lead screening. If it's required of the provider, then the provider needs to do it. We can't do all the screenings for them. Carolyn will send the new EPSDT Periodicity schedule to us.</p>	<p>All Members</p>

<p>VII. Eyes on Learning Committee</p>	<p>The Eyes on Learning Committee is revising state law on vision screening, including how children shall be screened, required certification for vision screeners, and mandatory reporting of all vision screenings performed.</p> <p>The committee is updating the rules and working on the training process. The Sandra Piper foundation is working with them to provide equipment for providers and loaner programs. Working also on parent education information, and how accountability including follow-up will be addressed. A big question is: Do screeners have support systems to make sure children who need referrals actually get follow up.</p> <p>Unfortunately, funding was not passed for the Sensory Program, so implementation is challenging . The Eyes on Learning committee is considering having training and testing online, with some kind of follow up.</p> <p>The Health Committee members again expressed concern over LEA charts being required. Head Start programs are reporting a significant increase in referrals using the SPOT Vision Screener and the GoCheckKids. Not only have referrals increased significantly, but children are being identified with real vision problems, confirmed by vision testing.</p> <p>The logistics of vision and hearing screening all children within 45 days of enrollment is always challenging. The new puretone screening requirement for children 3-5 will provide better quality screening; but will also require significantly more time. This means that if LEA chart screening is required, Head Start programs may not be able to screen using LEA and the new vision screening technology, and will miss children. Screening children with LEA charts and the new technology would be an ideal situation for screening, and an ideal study to compare effectiveness of screening methods.</p>	<p>Chrisanda DeBois</p>



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	<p>Carolyn suggested committee members send data, and Chrisanda will send a spreadsheet out to get current data to present to the Eye on Learning Committee. Members are asked to send data and success stories to Chrisanda; but send success stories to Moe also.</p> <p>Note: There is some confusion over the hearing screening reporting requirements, as there is inconsistency in materials provided and what is being explained verbally. Carolyn will get a clarification from AzDHS.</p>	
<p>VIII. AHSA Goals</p>	<p>AHSA Integrated Health and Safety Committee Strategic Plan: Discussion Carolyn handed out copies of the Current Strategic Plan regarding our IH&S Committee.</p> <ul style="list-style-type: none"> • Increase Well Child Exams (PIR data) • Increase screening/treatment for developmental, behavior, & sensory (PIR data) • Increase Growth Assessments (PIR data) • Increase dental exams (PIR data) <p>Carolyn pulled up the data incorrectly in comparing 2018-19 data with 2017-18 data, so Connie will provide assistance on obtaining 2018-19 data.</p> <p>Carolyn explained the Strategic Plan Process and requested committee input. The committee discussed various options. She suggested replacing growth assessments with another, more interesting marker of child health services. PIR measures children's growth as the number of children in each category, overweight, underweight, and normal weight. It is basically impossible to show children moving from the over/underweight categories into normal weight, which is what PIR measures. Most Head Start programs aren't measuring minor changes in weight, although NACOG has tracked small but measurable</p>	<p>Carolyn Willmer</p>

	<p>changes in children’s weight towards normal weight. In the last 2 years, 53% of overweight, and 82% of underweight kids improved their weight! (KUDOs to NACOG!)</p> <p>So after some discussion, Carolyn suggested Head Start replace Growth Assessments with data on vision and hearing screening, with the recognition that the level of detail below isn’t in the PIR, and the assumption that all Head Start are collecting this data anyway.</p> <ol style="list-style-type: none"> 1. The number of children screened for vision and hearing. 2. The number of children with a vision/hearing concern. 3. The number of children who received further evaluation. 4. The number of children with identified vision/hearing problems. 5. The number of children who needed and received some kind of vision/hearing intervention. <p>Vision and Hearing screening is a required part of well-child exams per the EPSDT schedule, but AHCCCS is not enforcing this requirement. One way to communicate with doctors about the importance of sensory screening is the AZ Chapter of the American Academy of Pediatrics (AAP) annual conference. Bari recommended we try to either present or get a table; the conference is held the last weekend in June.</p>	
<p>IX. Sharing and Questions</p>	<p>There was a question about bedbug policies. The main recommendation is to bag children’s belongings when they enter the classroom. The best way to eliminate bedbugs in the home is to declutter and have the home heated to the right temperature by a pest control professional.</p> <p>There was another question about head lice. Exclusion is no longer an accepted policy, but programs should educate and assist families in treating children’s head lice infestations, and infestations in the home. There is a new electric comb which eliminates head lice nits and eggs, which could be used to assist families. (Search online using “electric comb headlice”).</p>	<p>All members</p>



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	Ashley's Furniture donates furniture to needy families every October. (Presumably check their website for details).	
X. Adjournment	Adjourned at 2:30	Carolyn Willmer