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**AHSA Quarterly Meeting  
 Standing Committee Agenda & Meeting Minutes  
 Integrated Health & Safety Committee  
 February 17, 2022**

| DATE OF MEETING: February 17, 2022<br>Time: 1:00   |                           | LOCATION OF MEETING: <b>VIRTUAL</b> |
|--|---------------------------|-------------------------------------|
| COMMITTEE MEMBERS PRESENT:   |                           |                                     |
| Alice Haverland  | Ana Cosgrove              | Connie Morrison                     |
| Chrisanda Debois   | Margaret Velasco          | Kim Pearson                         |
| Jessica Rivera-Garcia  | Myriam Hurtado            |                                     |
| Bari Nemeth  | Jamille Smith             |                                     |
| Selina McCabe-Charley  | Carolyn Willmer           |                                     |
| Brooke Colvin  | Marcia Archer             |                                     |
|  |                           |                                     |
| VISITORS: Ana Cosgrove, MPH student and intern, observing  |                           |                                     |
| NEXT <b>MONTHLY</b> COMMITTEE MEETING: March 1 <sup>st</sup> 2022. Monthly meetings will be the first Tuesday of every month. Meetings will be virtual until further notice. |                           |                                     |
| NEXT QUARTERLY MEETING: Date to be determined.   |                           |                                     |
| AGENDA ITEM  | DISCUSSION/RECOMMENDATION | PERSON(S) RESPONSIBLE/ PRESENTER    |
| I. Welcome & Call to Order   |                           | Marcia Archer                       |



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| II. Introductions        | <p>Subcommittee members and guests.<br/>The subcommittee welcomes our newest member, Jamille Smith.</p>   | Subcommittee                    |
| III. Approval of Minutes | <p>Chrisanda motioned to approve the minutes from 12/16/21.<br/>Selina seconded the motion.<br/>All committee members attending the 12/16 meeting voted to approve the minutes and the minutes were approved.</p>   | Subcommittee                    |
| IV. Importance of HSSCO  | <p>Discussion of the importance of the AZHSA collaboration with the HSSCO, and the importance of the IH&amp;S subcommittee to the strategic plan.</p> <p>Jessica shared the importance of subcommittee members understanding their role in the AZHSA and the Integrated Health and Safety Committee. It's very important in moving forward that all IH&amp;S subcommittee members positively represent their Head Start grantee by actively participating in the subcommittee. Please speak up with your input on the goals of the IH&amp;S, the survey questions, etc.</p> <p>Carolyn Willmer will be participating as a volunteer for the coming year, but can't take a leadership role as she is no longer affiliated with a Head Start program.</p> <p>Committee members agreed virtual meetings have less active participation than the pre-Covid, in-person meetings. At this point, Jessica led the discussion about the election of the Chair and Vice Chair.</p> | Jessica Rivera-Garcia           |
| V. Election of New Chair | <p>Discussion of the responsibilities of the chair, election of new chair.</p> <p>Jessica shared the subcommittees now have a Chair and a Vice Chair, but no secretary. Chair and Vice Chair positions serve for 2 years, and elections are held on alternate years. The committee chair and vice chair positions are a</p>   | Marcia Archer & Carolyn Willmer |



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|                                 | <p>great learning opportunity, allow more understanding of the work of the AZHSA, and look great on your resume!</p> <p>Chrisanda nominated Marcia to serve as Chair, but Marcia's agency has just switched to ChildPlus, and as Covid is still an issue for Head Start, Marcia doesn't feel she can do the position justice.</p> <p>Chrisanda nominated Margaret, but Margaret is a Casework Supervisor and feels the IH&amp;S should be chaired by someone whose primary professional focus is children's health.</p> <p>Jessica suggested that the IH&amp;S discuss this topic again at the next meeting.</p> <p>Jessica is reaching out to the tribal Head Start programs, working to rebuild partnerships and increase tribal involvement in the AZHSA and the subcommittees.</p> |                      |
| <p>VI. Monthly Meeting Date</p> | <p>Purpose of monthly meetings.<br/>Review of the possible dates/times for monthly IH&amp;S subcommittee.</p> <p>The subcommittee reviewed the meeting date/time survey results and agreed to meet on the first Tuesday of each month at 2:30.</p> <p>Chrisanda motioned to approve the meeting date/time and Connie seconded the motion. Everyone in attendance voted "Aye" and the meeting date/time was approved. The monthly meetings will help the subcommittee meet the goals for the Head Start State Collaboration Office (HSSCO). If there isn't a need to meet during a particular month, the chair will notify committee members by email as soon as possible.</p>  | <p>Marcia Archer</p> |



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| VII. Announcements        | Brooke Colvin, an Early Childhood Program Specialist with the ECE   Head Start Collaboration Office has joined the IH&S Committee! The committee welcomes Brooke's support!  | Marcia Archer   |
| VIII. AHCCCS Presentation | <p>Summary of presentation to AHCCCS EPSDT/MCH Coordinators</p> <p>Carolyn Willmer shared key points with AHCCCS EPSDT/MCH/Quality Assurance Coordinators about the work of Head Start:</p> <ul style="list-style-type: none"> <li>• Head Start/Early Head Start are comprehensive infant/toddler and early childhood development and education/school readiness programs. HS/EHS also provide mental health, health, nutrition, and disability services.</li> <li>• Children's health is a very important part of HS/EHS. This includes ensuring the safety of infants/children in the childcare center or classroom, including children with special health care needs. HS/EHS is also mandated to ensure all children in the program receive AHCCCS EPSDT services.</li> <li>• Children's health services must be documented, so Head Start staff must request immunization records, physicals, dentals, and documentation of health care services from providers. This is tough on providers, but in Head Start "if it's not documented, it didn't happen". Some providers refuse to give documentation, or want to charge parents.</li> <li>• Current standards of practice recommend objective methods for sensory screening (hearing and vision screening). Yet AHCCCS allows subjective screenings at certain ages. The knowledge and technology exist for objective screenings at all ages, and Carolyn hopes AHCCCS will be requiring objective screenings in the future.</li> </ul> | Carolyn Willmer |



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- Head Start frequently received EPSDT exams with missing information. The missing information is one or more of the following, despite these items being a required part of the EPDST exam:
  - Hemoglobin/hematocrit
  - Lead
  - TB
  - Heights and weights
  - Blood pressure
  - Vision and Hearing

HS/EHS programs used to do hemoglobins/hematocrits, blood lead screenings and even TB skin tests, but these activities were unsustainable. All Head Start programs, however, do focus on vision and hearing screenings, when not completed during a physical exam. These screenings must be completed and documented within 45 days of enrollment, and physicals and dentals must be completed within 90 days of enrollment. This is challenging for Head Start programs, which operate during the school year. (EHS is year-round).

Dr. Eric Tack was at the meeting and was supportive about the issue of collecting documentation from doctors, and the time and effort required for HS/EHS and medical staff. AHCCCS does have a database of children's medical information, and will investigate to determine if Head Start could use that database. Head Start could use the database to collect children's medical information, but also to share information, such as screening results, with providers.

A representative of IH&S will follow up.

Marcia felt the presentation went well. Chrisanda expressed frustration that AHCCCS is not doing more for quality assurance, both in terms of following up



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|                          | <p>with families of children who need medical exams or treatment, and in terms of following up with doctors who do incomplete exams.</p>  |  |
| <p>IX. Health Survey</p> | <p>Committee members feel as a group that the health survey is too detailed to be practical, as agencies are struggling with the Covid situation and some are switching to the ChildPlus software (which is a steep learning curve, and similar to building a plane while you are flying it).</p> <p>Committee members who are now learning ChildPlus while they use the software are very stressed, and unclear on how to collect the needed data from ChildPlus. Committee members who have had a few years using ChildPlus expressed empathy, but explained how much they love the software now that they are proficient. The big challenge for everyone is uniformity in data entry.</p> <p>The committee agreed that we need to be clear on the purpose of the survey; we do want to showcase our work and tell our story.</p> <p>At the next meeting, the subcommittee will review the health survey, and will discuss ideas for streamlining the survey. The subcommittee will review the PIR health questions, and see what data from PIR can be used for the survey.</p> |  |
| <p>X. WIC MOU</p>        | <p>Chrisanda reminded the subcommittee of the need to renew the WIC Memorandum of Understanding. Chrisanda explained the MOU requires an individual referral form for each child and written permission from the parent to share the information. Chrisanda would love to replace the individual referral form for each child with a spreadsheet listing children's names and DOBs.</p> <p>Jessica will be consulted about the WIC MOU. Brittany Howard is the contact person at the state WIC office.</p>  |  |



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|                        | <p>Chrisanda reminded the committee that HS/EHS should still be collecting blood lead results for children, as a blood lead test is required at 12 &amp; 24 months, regardless of the child's risk assessment result. In addition, Chrisanda shared there has been a national recall on the lead test kits used by many agencies, so the only option for blood lead tests is now lab testing. This makes it even more important that AHCCCS support HS/EHS in following their own EPSDT standards.</p> |                    |
| <p>IX. Adjournment</p> | <p>Bari made a motion to adjourn the meeting.<br/>Chrisanda seconded the motion.<br/>The subcommittee voted unanimously to adjourn, meeting was adjourned.</p>   | <p>All Members</p> |