

ICC MISSION STATEMENT

"The mission of the Utah Interagency Coordinating Council for Infants and Toddlers with Special Needs and Their Families (ICC) is to assure that each infant and young child with special needs will have the opportunity to achieve optimal health and development within the context of the family."



**MINUTES OF THE UTAH INTERAGENCY COORDINATING COUNCIL (ICC)
FOR INFANTS AND TODDLERS WITH SPECIAL NEEDS AND THEIR FAMILIES
Utah Department of Health, Division of Family Health and Preparedness**

250 North 2950 West; Conference Rooms 218-219, Salt Lake City, UT
November 18, 2015// 9:30 a.m. – 2:00 p.m.

ICC Members Present: Coreen Anderson, Debbie Ballard, Karen Borg, Nicole Brown, Tiffany Jo Evans, Susan Ord, Paula Pittman, Gina Pola Money, Esperanza Reyes, Stephanie Roach, Betsy Sutherland, Gina Troop, Janet Wade, Ginger West, Teresa Whiting, Orvil Stokes

ICC Members Excused: Jeff Ojeda, Cassie Selim, Simon Bolivar, Barbara Fiechtl, Michelle White

ICC Members Absent: Jennifer Adams, Tom Hogan, Kristina Shock, Eric Tadehara

Via Telephone: Suzanne Leonelli, Diane Lawson

Other Attendees: Carolyn Christensen, Heather Waters, Jennifer Kelsey, Mary James, Marsha Johnson, Meghan Boyd, Suesanne Bond, Marla Nef, ElBea Stonier, Jennifer Kelsey, Sue Olsen, Aude Bermond Hamlet

BWEIP Staff: Catherine Hoelscher, Casey Jenkins, Lynne MacLeod, Adrienne Butterwick, Joseph Petersen, Lisa Davenport, Carma Mordecai

Minutes for this meeting list comments made by ICC members with their first name and last name initial. Audience member comments are designated with their full name.

I. Welcome and Introductions

The meeting commenced at 9:30 am. Janet W. conducted the meeting. Members and guests were introduced and welcomed. Janet announced that Tom Hogan, a Head Start representative, would be joining the committee. He was planning to attend the meeting today.

- II. Minutes** – Minutes of the ICC meeting held on 9-23-15 were reviewed. Stephanie R. commented that the minutes do not substantially reflect the full discussion between Teresa W. and Linda Goetze regarding the cost study. Motion to approve 9-23-15 minutes by Ginger W.; seconded by Gina P.M., and passed unanimously by the committee with the following change:
Add information regarding the comments made by Teresa W. and Linda G. on the topic of the cost study.

III. Public Comment Period –

Janet W. opened the floor for comments. Comments were made from the audience and ICC members. Comments are grouped by subject as follows:

A. Subject: EI Relationship with the hospital NICUs

Marsha Johnson, a Baby Watch (BW) provider and a member of the Provider Consortium, discussed the letter she submitted to the ICC on 11/17/15 (Refer to letter from Marsha Johnson). She pointed out that

the percentage of children referred from Utah hospitals and NICUs has remained the same or even decreased the last four years despite the substantial increase in overall child growth in enrollment. Marsha, as well as other providers, are becoming increasingly concerned that the close partnerships BW once had with NICU programs and the Neonatal Followup Program in the Health Department have weakened. She advises that they be rekindled to get the infant numbers up. It was mentioned that there is no one from the NICUs serving on the ICC. Lisa Davenport, a BW staff person, spoke of her recent efforts with the NICUs.

Lisa made the following comments:

She is making regular visits to the two Salt Lake NICUs to develop and maintain relationships with staff and track referrals from the NICUs to EI programs. She is collecting data to see if the infant is being enrolled in the local EI program. Some children are not being determined eligible by the EI program. Lisa has a personal interest in NICUs and will continue these activities. She agrees that a very successful approach is to have the family meet an early intervention staff person while their child is in the NICU or close to the time of discharge. This would support a positive connection with families. She also agrees that now is a time to re-evaluate how we are doing in this area. Some challenges are that it is sometimes difficult to get into the NICUs; turnover in staff does not provide continuity; and staff may believe that only children with a medical diagnosis are eligible for early intervention (EI).

Janet W. said that her program has an excellent relationship with Utah Valley Hospital. Often, parents are very overwhelmed with what is going on at the time. Janet also feels that this is one of the things that seems to have been lost is the former strong connection between BW and the Neonatal Followup Program under the Bureau of Children With Special Health Care Needs (CSHCN). This program regularly sees and evaluates the children who were in the NICU.

Tiffany Jo Evans said that her family participated in the CSHCN Neonatal Followup Program. She felt that it was duplicative of what early intervention was offering. Gina P.M. mentioned that Utah Family Voices staff is present at the Neonatal Followup Program clinics. She feels that the Utah Family Voices staff are doing a good job informing parents of the Baby Watch Program. However, the resultant referral to Baby Watch may not show as coming from Neonatal Followup Program but, rather from the parent. This should be taken into consideration when gathering data about referrals. Karen B. reported that she received a call from Keith Swenson, an auditor from the Health Department, asking her to respond to an evaluation of the new Developmental Clinic. He is seeking input and would welcome comments from parents. Orvil S. said they are not getting referrals from MacKay Dee and Ogden Regional hospitals as early as they used to. He speculates that families are being served in-house at the hospitals and aren't being referred to EI until after the family's insurance benefits are exhausted. Sue Olsen, EI provider, talked with Sara Winter who runs the new Child Development Clinic. Sara admits that calls have been overwhelming and the staffing has been inadequate during this start-up period. She acknowledges that reports have not gone out for the use of EI programs in determining eligibility. They have a plan to address these issues.

B. Subject: ICC Communication with All EI Providers

Sue Olsen proposes two things for the ICCs consideration:

1. Early intervention provider issues be a standing ICC agenda item
2. Early intervention providers should receive ICC minutes and handouts.

Janet W. said these suggestions would be discussed at the Executive Committee meeting.

C. Subject: ICC Office Support from Baby Watch

Debbie B. asked if there is a plan to have someone from the Baby Watch office take on the duties of Lorna Roberts, the former support person to the ICC. Susan O. said that Austin Roy, a current employee from the Bureau of Child Development, will be taking on these duties. Janet W. asked if this was an additional position and how it was being budgeted. Susan O. said that Austin's position is additional as Lorna's position was reclassified to a Program Manager and is currently under recruitment. Austin's time will be paid for from the BW budget.

D. Subject: ICC Agenda Item

Orvil S. recently went through an exercise of cataloguing the agenda items of most of the Baby Watch Grantee meetings over the past four years (Refer to handout). His chart shows that much of the agenda time has been spent on procedural items and BTOTS. What is lacking is discussions of evidence-based practice, family concerns, or the issues of those "on the floor" in the homes. Child growth pressures may not let the larger issues or the focus of early intervention have a place in the discussion. He encourages the ICC to have subjects such as current practices, evidence-based practice, and family concerns discussed in their meeting.

E. Subject: Provider Staff Time Allocation

Kelsey Lewis – EI provider in southern Utah County. Kelsey thanked Baby Watch and Teresa W. for working on a BB request. Providers are standing by to support and facilitate this request. Funding has not kept pace with the growing number of children who need services. Her concern is that providers are spending a great deal of time on procedures and requirements, such as entering and tracking BTOTS data. This time takes time away from children since the programs are not given additional funding to cover data collection. She understands the important role that data and compliance have in a system. However, she feels the amount of time spent on "minutia" takes away from other important activities. Kelsey feels the difficulty for providers is that even though there is an incredible amount of collective knowledge and experience at provider level, the state staff doesn't take that into consideration when they are making policies or reporting requirements. BWEIP staff are not connected with EI programs in a real way. BTOTS contains a lot of information, but it does not provide a context for the services that are happening with children and families. She feels we are in the midst of tremendous change in BWEIP program statewide. Several experienced providers have left recently. Regarding new DOH position which will become the Part C coordinator, on behalf of providers, the person needs to bring a strong understanding and background in Part C to understand the system and challenges the providers face. She urges all to sincerely consider if we are being true to the purposes of Part C in the state of Utah.

F. Subject: New BWEIP Program Manager Qualifications

Meghan Boyd – EI Coordinator at DDI Vantage. Megan has a new position at DDIV as a program coordinator. She been an EI provider for 7 seven years – therefore, has a lot of "floor" experience. Her comment relates to the new program manager position recruitment. DOH is hiring a new program manager who will eventually be the Part C coordinator. In talking with Jennifer Kelsey and Marsha Johnson (DDI V. staff), Meghan feels it is imperative that the new Part C coordinator be well versed in EI knowledge and experience, be able to support providers in BB requests, and be open and collaborative in working with EI providers. For the new program manager recruitment, Megan asks that a provider be part of the hiring team. (Refer to letter from Meghan Boyd, 11/18/15). Others made comments on the need for the new Part C coordinator to have a strong background in early intervention.

G. Subject: Letter from Vergeania Davenport re: Changes in Health Department with Reference to Baby Watch

Janet W. read a letter from Vergeania Davenport – EI Program Manager at Southern Utah University early intervention program (Refer to letter to the ICC 11/13/15). Vergeania feels that the Health Department and early intervention seem to be parting ways. Examples are the lack of a CSHCN clinic in

Cedar City, difficulty with getting appointments at the new CSHCN clinic, and the hiring of a new program manager before Susan O. has announced retirement.

H. Subject: Coordination and Outreach with IHC Therapists

ElBea Stonier – staff person from Easter Seals EI program. She has concerns as a program manager and after recently had experience as an EI parent related to swallowing disorders of her newborn. Primary Children’s Hospital has good treatment protocols but there is not a lot of continuity of care between hospitals and EI. EI needs a better way to ensuring that information and recommendations from hospitals are communicated to early intervention and vice versa. It seems harder now that Baby Watch is not involved in the Children With Special Health Care Needs Program.

Janet W. reported that she is part of an Integrated Service Plan committee under CSHCN. EI plays a big role in the purposes and intended outcomes of the committee. One of the goals is to work on care coordination between systems. This work demonstrates the close alignment of Baby Watch and CSHCN programs. We are a program serving children with special health care needs. Susan O. is also a member of this CSHCN committee.

I. Subject: Name Change for Baby Watch Program

Nicole B. presented information on her review of names of other states’ EI programs. The Baby Watch name seems to be outdated and not fully descriptive of the program since it doesn’t include a reference to toddlers. We need to find a way for parents and others to find the program. Advantages to changing the BW name would be to re-introduce ourselves, marketing the program, bring more awareness of the program to the state.

Debbie B. agrees that changing the Baby Watch name is something that many have wanted. She reminded everyone that there was a recent ICC “child find” committee organized to work on increasing referrals to the program, especially children under the age of one year. They did a survey of pediatricians to ask them what they knew about EI. This resulted in a slight increase in referrals. Changing the name of the program came up in this committee’s work and all have wanted that. She would be glad to bring back the issue to the committee.

J. Subject: General Comments

Debbie B. said that ICCs in other states have lots of power. They are able to make changes in the EI system – even in policy. There are many opportunities if the BWEIP and ICC work together. She is excited that there are new capable and active parents on the committee who will bring new energy to the topics. Janet W. added that the ICC is not the typical advisory board. The ICC is required by the federal Part C law which brings the federal funds to BW. The ICC’s role is to advise and assist the state lead agency by taking an active role in child find, monitoring, financial responsibility, and provision of early intervention services. The Tri-chair is the voice of the ICC and would expect to be involved in crucial decision making that would impact the provision of EI services. Janet said that the ICC has requested that a member of the tri-chair sit on the interview committee for the new program manager position. A motion was made by Ginger W. that provider concerns/celebrations would be a regular agenda item on the ICC and that the ICC would explore options for other committees. Esperanza Reyes seconded it. All were in favor. Marsha Johnson asked if the ICC just said that a member of the Tri-Chair would be on the interview committee. Janet said that this was requested, but the request was rejected by the Department. Esperanza R. made a motion to request someone from the Tri-chair on the interview committee for the new position. Gina P.M. seconded the motion. All in favor.

Sue Olsen mentioned her frustration when work and efforts from both the state BWEIP and the ICC are started but then seem to be dropped. She used the fiscal initiative as an example. Another example is the new policies coming down from Fair Labor Standards Act that will place staff in her program into a non-exempt status. This will cause a change in their benefit package and will have a financial impact on the program. These are realities in system. There is no avenue to share this information. EI Providers' voices to ICC aren't put into action. How can the ICC address these types of things? Janet W. said that the ICC needs vibrant committees and membership and a process for follow-up to ICC decisions. Janet asked Teresa W. how to contact Dr. Babitz. As an example of follow-up, Janet will email Dr. Babitz today asking if a member of the Tri-Chair can be part of the Baby Watch position interview committee. Teresa said that a local BW provider and Helen Post from the Utah Parent Center will be on the interview committee for the new program manager position. It will be up to Dr. Marc Babitz, the division manager, to decide what is needed for this hiring process. Teresa W. reminded the ICC that they are not a governing body.

Susan O. reported that she appreciated all comments made by the committee today. She noted that this week is the 40th anniversary of IDEA. It is appropriate and opportune to look at the purposes of the early intervention program and all its facets, and the strong purposes of the ICC which was put in the law in the very beginning.

K. Subject – CSHCN

Nicole B. asked why Baby Watch wasn't still under the Bureau of Children With Special Health Care Needs (CSHCN). Teresa W. explained the change as related to DOH eliminating a Division (Community and Family Health) 5-6 years ago. It was determined that Baby Watch would best fit in the newly created Bureau of Child Development. The DOH is not looking to change the placement of the program. Baby Watch can still work with the programs in CSHCN. Nothing in the structure prevents this. Janet W. said this subject is something the ICC will address. She stressed that BWEIP is not a child development program. While working on systems related to child development is positive, CSHCN has a lot of knowledge about BWEIP children and needs to have a close relationship with the program. ICC leadership had a recent meeting with the new DOH director, Dr. Joseph Miner. This is one of the concerns they expressed. Janet W. says that CSHCN could have a presence on the ICC. The bottom line is that wherever BWEIP is placed, the people in the office need to have knowledge of Part C and not be generalists.

Gina P.M. feels that the Baby Watch Program has gone in a total different direction. The children they serve are those with special health care needs. Integrating services is important. There is a new Child Development Program in CSHCN but it does not know much about BWEIP.

IV. Baby Watch Report - Building Block Request

Teresa W. reported that the BWEIP Building Block (BB) request has been submitted to the Governor's office. The DOH indicated its support for the request by submitting it. It is currently under review in the Governor's office. We don't know yet whether it will be included in the Governor's budget. We will have to wait and see how they access the request and how they will support it. In past years, the DOH has prepared a fact sheet on the request to assist people who want to support the BB. We will do that this year, but are not allowed to do so until after the Governor's Office makes a determination on whether they will accept it. We do not know when we will have an answer to this. The last BB funded growth through fiscal year 2014. This BB request looks at growth from FY15, and based on past years' growth projected a future growth rate for FY 16, and FY17. An additional adjustment was made for CAPTA referrals. The \$2.5 million request is based on FY15 growth, as well as anticipated growth in FY16 and FY17 as well as the increase needed for the Medicaid match. The match for increased growth of children will be paid by the state through the Baby Watch General Funds allotment. Teresa W. also reviewed the

process for determining cost when preparing the BB. As part of that, she asked all local programs what they do when their funds are low. Their answers were persuasive when passed on to DOH administration. Administration said the new money could be used to fix problems, but Teresa pointed out that the BB funds are only attempting to play catchup by funding the additional caseload growth. Hopefully, the anticipated funding will accomplish that. She realizes that 2.5 million does not fix all the answers to the problem of insufficient funds. The funds will not cover the cost to improve the service delivery model. She feels this point is now better understood in the department. She wants to be able to make a case for additional funds on a yearly basis based on the growth of the program. Teresa has asked the Baby Watch program to prepare and present an annual report regarding enrollment and spending to make a case for additional funds as needed.

Janet W. asked the question about how the cost study came to be. If the legislature said to not come back until you have better data...?. The cost study should be one part of the BB request. Marsha Johnson asked how the BB got changed to being based on expenditure reports rather than information from the cost study. What will happen if the legislature asks for information from the cost study? Teresa W. said that explanation will be the responsibility of the DOH leadership. Leadership has the cost study, the expenditure report, etc. Sue Olsen said that speaking from an EI agency perspective, there are expenses that go into running the program that are not reimbursed from BW. How does she respond to her agency when the contract does not cover the expense of providing an adequate or an evidence-based program? The cost study was supposed to help support this issue. The \$2.5 million request does not cover all the costs. It will not make a dent. Her program has a leakage. This was supposed to be addressed in the cost study. Teresa said that we will explore whether or not we can come up with a rational funding formula. Different agency types have different costs and in-kind support. We can develop a good answer to the question of why the legislature would pay for something that it is already being paid for. Janet reviewed how the ICC and parents used to write letters to the governor. But, it is advised now that this type of approach may not be appreciated.

Debbie B. asked how the cost study was brought into the BB request – what figures were used? Teresa W. said the request was based on actual expenditures. Going forward, a Baby Watch internal cost study will use data from BTOTS and expenditure data from providers. Sue Olsen expressed that providers thought the cost study would be used for legislative requests because it shows the full cost of running programs. Some programs are subsidizing the cost of the program. If costs are not utilized in requesting funding, it might be a disincentive for agencies, or universities to provide in-kind resources in the future, especially when budgets are tight. Debbie gave an example of the school board asking for a presentation on the EI program. They wanted to know if it was paying for itself. Karen B. said that USDB is asked to present to the State Board of Education. One of the issues is that there are lower salaries for USDB staff causing turnover, and recruitment problems. How is that being dealt with? Teresa said that another use of the cost study will be to craft a rational funding formula. Looking forward, Baby Watch will develop an annual report of services and the cost of those services at the local level. Debbie asked how the ICC/providers can be prepared to discuss the cost study if it comes up from legislators? They need some talking points.

Kelsey Lewis asked a question about whether to approach the Governor's office in support of the request. Teresa W. said that providers/ICC/parents could try but it would be at the discretion of the Governor's office. Gina P.M. suggested that it be counterproductive to bombard this office with information and advocacy at this point. However, decisions about the Governor's budget are being made now. Some communication needs with his office needs to be made right away. It was decided that a group - Marsha Johnson, Jennifer Kelsey, Kelsey Lewis, Nicole B., and Shaun Mower, will work through the Legislative Coalition for People With Disabilities (LCPD). They will ask the LCPD to make an appointment with Nate Tally. He is an analyst over health in the Governor's office.

V. Part B Report

Janet asked for an update from Betsy S. Betsy discussed the recent preschool inclusion workshop and project that Part B preschool has undertaken. The purpose of the technical assistance they are receiving from an OSEP funding program, was to increase the school district's knowledge and ability to provide inclusive environments. The workshop was very well attended. They are focusing on the DEC recommended practices and working to improve student outcomes through student and **family** engagement, teacher training and coaching and learning across programs. Jordan, Washington, Sevier, and Ogden school districts are currently participating. There is a plan to expand the training. Debbie B. added comments and examples of how the training is helping preschool teachers engage families in their child's learning.

Marsha Johnson asked Betsy for an update on the TEDI reconciliations. They will talk off-line.

VII. Report on Stakeholder Engagement Meeting

Tiffany E., Gina T., and Esperanza R. reported on the Parent Leadership Conference they attended in Atlanta, GA on October 3 – October 4, 2015. These ICC members applied for, and were selected to participate in the conference related to using data in EI. They were one of the few teams that were completely made up of parents. Some teams had state representatives. Twenty seven team applications were denied. The point of the conference was to bring awareness to parents about what is required under IDEA for EI and preschool and how data fits into the system. The team went through a “poll” exercise with the ICC members relating to collecting data that they learned at the conference. The teams' homework from the conference was to develop an action plan on how the information could be used as a tool for advocacy and bring about change. They were given information that the state of Wisconsin produced on how to engage in advocacy. The emphasis of conference was on how to get parents involved in Part C activities such as the Annual Performance Report, the State Systemic Improvement Plan (SSIP), and the SiMR in order to improve outcomes for children. Nationwide, parents are not being included in the goal setting for the SSIP and the SiMR. Another theme of the conference was to emphasize the need for agencies to coordinate and share data for program improvement. They were also introduced to the concept of the an early childhood data integration system (ECDIS). Utah has received a grant \$6.5 million grant for an ECDIS. BW, Head Start, and Help Me Grow are currently working on this project. Refer to PPT presentation for more information on the conference.

VIII. CAPTA Update

Lynne MacLeod, and Catherine Hoelscher from Baby Watch, provided an update on the CAPTA electronic referrals that BW has received since 7/1/15 (Refer to handout). When preliminary CAPTA referral information was presented at the 9/23/15 ICC meeting, there was concern from stakeholders about the number of families referred who could not be contacted by EI programs. The concerns and questions involve why DCFS can't be more active in requiring the parent to participate in EI. BW invited Aude Hamlet, the practice improvement coordinator at DCFS, to this meeting to explain some of the factors that contribute to not being able to contact families. Some of the thoughts regarding this are:

- Families are transient; some may be are just traveling through Utah.
- Some children have a supported case only because they were in the presence of violence. The family might not have concerns about the child.
- Families won't answer the phone because they don't know the person who is calling.
- Phone numbers change constantly.
- Families may be adverse to further “state” involvement.
- Families do get a letter regarding the referral to EI but they might not receive it.
- Difficulty contacting family if the family/child is in a shelter due to strict confidentiality requirements.

Aude reviewed the DCFS investigation process. They have three days to investigate. The disposition of the case can happen any time in a 30 day period. During the DCFS investigation the child protective services (CPS) worker does a safety and risk assessment. The CPS worker could make a petition to provide court ordered services, or remove the child if they are not safe in the home. Or they can make a petition for court ordered supervision. In this case, when a family has on-going services, there would be an opportunity to interface with the EI program.

After the case has been determined, the original CPS worker is no longer involved. They do not have any further information after closing the case and they cannot go out to the home again. Unless the court is involved through petition, DCFS has no authority to order a referral to EI or enrollment of the child in the program. Plus, the child would have to be eligible for EI services. Aude pointed out that mandated services are not often workable in the long run. Gina T. has been involved in the foster care system as a foster parent. She is concerned that parents are not going to call and that many of these children need help.

Discussion included a need for CPS workers to know more about EI services. Aude agreed and said that a caseworker's job is an entry level position and there is an extremely high level of turnover of CPS workers. Gina T. feels that the DOH nurses need to be more proactive in referring children to EI and that CPS workers need to make on-going assessments of children. There are children who need services that are falling through the cracks. Janet W. noted that the training previously conducted several years ago with local EI programs and DCFS has not been continued. She asked Jennifer Kelsey how DDIV (largest EI Program) is managing with all the new CAPTA referrals. Jennifer said that the process takes a lot of time and it is frustrating for staff who are making calls to not be able to find the parent or to experience the parent's refusal to continue the referral process. However, for the few cases in which a parent has participated, the EI program and family have had a very good experience and there have been positive changes for the child. Aude will get back with Catherine about educating caseworkers.

IX. Committee Reports

A. Family Advocacy and Support Committee

Nicole B. said that the committee was working on putting together guidelines as to the benefit of working with families.

B. CSPD Committee

Marla Neff and Catherine Hoelscher reported on the revision of the BW credentialing system. There has been a lot of work accomplished. The committee has been working with Stephanie Parks, a technical assistant from the University of Kansas. The orientation information for new EI providers as they begin providing services is completed. The BW credential will now be self-directed and online. Everything is being set up on the "Canvas" platform. The new CSPD process will be completed in phases. New features include tailoring training to the individual, coaching opportunities, continuing education for seasoned providers, and special training on topics such as infant/toddler social/emotional development. The committee will continue to meet and work on the new system. BW will work on a mechanism to have the orientation training available for ICC members.

Questions and comments from the ICC on the CSPD work:

Can BW seek other sources of funding for coaching support?

PIP Blind coaches have been excited to be chosen to be coaches. They appreciate the CSPD changes and having a built-in process for mentoring.

The preschool program has been able to hire coaches in conjunction with their technical assistance opportunity.

X. Other ICC Questions and Comments

A. Tiffany E. asked how the BW program is handling the refugee situation. Jennifer Kelsey was asked to speak for her EI program. She said they treat refugee referrals the same as other referrals in the program. One stressor on the program is finding and paying for interpretation services. Providing interpretation for EI services is expensive and time consuming. They try to only use interpretation services for Medicaid eligible children since they can bill Medicaid for this service. They work with three interpreting companies. They have several Nepali speaking staff members.

B. Nicole B. asked where the BW program falls in DOH. Her impression is that the “holes” discussed in this meeting could be related to the bureau change. Teresa W. explained that 5 or 6 yrs. ago when there were budget cuts, the three divisions were cut down to two. They eliminated the Division of Community and Family Health Services. That is where CSHCN was. The Department looked at the programs in that division and determined that BW would be best placed in the Bureau of Child Development. Teresa doesn’t see anything structural that would prevent Baby Watch from collaborating with other programs. Janet W. discussed some pros and cons of Baby Watch being in either Bureau. She expressed the need for EI to have a close relationship with the medical world. If it is a concern then the ICC can express it to the DOH. Debbie B. mentioned that this issue was addressed with Dr. Miner at the recent ICC leadership meeting they had with him.

Debbie B. made suggestions of things to do so CSHCN can have a presence in our programs so we don’t miss out on opportunities for information and resources. Janet W. feels that the state BW office staff is heavy on generalists. BW staff needs to have the knowledge of Part C and children with special health care needs. Gina P.M. clarified that the Integrated Services Plan comes out of the Integrated Services Program. She said that there is a Child Development Program (CDP) also now under CSHCN. Formerly, it was the Child Development Center. Gina updated her status as no longer being a DOH employee. She contracts as a consultant with the Integrated Services Program and also works with the developmental assessment center. Her opinion is that BW has gone in a totally different direction since they were under the CSHCN Bureau. She doesn’t think there are barriers. Debbie feels like the new Child Development Program seems to lack understanding of the Baby Watch Program. Their assessments and recommendations do not reflect what is possible in early intervention and how we implement services.

Debbie B. thanked the ICC and visitors who made public comments today. She said that their ideas will not go unheard. Everyone brings a lot of knowledge to the group.

XI. Next ICC Meeting – January 27, 2016 at the State Lab; 4431 S 2700 W., Taylorsville, UT 84119, from 9:30 am – 12:00 pm

Adjournment- The meeting adjourned at 2:00 pm.

APPROVED AS TO FORM:

MINUTES SUBMITTED BY:

Janet Wade, for the ICC Tri-Chair

Susan Ord, Baby Watch