

SIAC, Health Subcommittee meeting
Wednesday, June 12, 2013
2:30-4:30pm
33 W. Monroe – 24th floor, Exec. Room
Conference call in number: 888-494-4032
Pass code: 719 851 8485#

Meeting Minutes

I. Welcome and Introductions

Janine Lewis (IMCHC)	Kate Ritter (IAFC)
Marc Rosen (Respiratory Health Assoc.)	Christine Robinson (IAFC)
Denise Dell Isola (Irving B Harris Foundation)	Gordana Krkic (IAFP)
Natalie Ramos Castillo	Kim Bartolomucci (CCOHF)
Tom Browning (IAFC)	Pam Borchardt
Karen Berman (Ounce)	Donna Emmons (ISBE)
Dan Harris (DHS)	Peter Byrne (Easter Seals)
Julie Janssen (IDPH)	Amy Zimmerman (HDA)
David Miller (IDPH)	Meg Tomlinson (Voices)
	Christy Serrano (Ounce)

II. Review Health Subcommittee meeting minutes from 5.8.13

Minutes were approved by Subcommittee members.

III. Health Subcommittee Work Group Updates

a. Obesity Prevention Work Group

Obesity Prevention Work Group looked at action steps 3-6 under the obesity prevention objective in the work plan. The Work Group identified trainings and resources already available, will reach out to state partners on potential regarding opportunities to imbed obesity prevention within the QRIS. The Work Group decided to work on making recommendations to Rule 406 and QRIS simultaneously, and to work on developing a recognition program if QRIS isn't open for changes. The Work Group will be prepared to answer a call from State partners in determining and implementing the training for providers and education (this may be a longer term process)

b. Oral Health Work Group

SIAC and ELC Executive Committee meeting approved Oral Health recommendations
Oral health WG is meeting June 26th. Oral health recs will be shared with the ELC on June 24th.

c. Medical Home Work Group

Med Home WG will be meeting June 19th. More information about the meeting can be found via the meeting link that was shared with the Subcommittee

Health Subcommittee Charge: The Health Subcommittee will develop strategies for 1) integrating health across early childhood systems and for 2) addressing gaps in health-related services that can be addressed by early childhood systems in order to support children's healthy development and school readiness. The Health Subcommittee will also define measurable outcomes for accomplishing these work priorities.

- d. IL Children’s Mental Health Partnership
The mental health consultation landscape is complete. It will be sent out electronically after it is reviewed at the Early Childhood partnership meeting.
- e. Other: Systems Integration and Alignment Committee meeting (5.30.13)
 - Systems-level discussion around developmental screening in Illinois
There is a growing conversation around developmental screening at many tables under Systems Integration and Alignment. Hence, developmental screening is potentially an issue that will be worked on at the Committee level. There is a need to make sure that we have enough models or menu of choices for early childhood providers to either conduct a developmental (including social-emotional) screen themselves or ensure that children are getting them somewhere else. Early Childhood providers need to know why ensuring that each child receive a developmental screen is so important.

IV. Work Plan: Objective 1, Action Step 2

- a. Presentations on how is health addressed within different components of early childhood system
 - Childhood development (physical) template
The group discussed that the screening tools typically recommend that a screen is conducted at the following intervals:
 - 3-4 months until child’s first birthday
 - 6 months until 3 years
 - Then annually between 3-5

Changes made to the template since the last meeting include: adding 1) “ensure that a screen occurs” under center and home based care columns, 2) that tools should be explained to parents with appropriate cultural and language, 3) some additional tools that ICAAP has developed for dissemination on developmental screening

The group also discussed how to encourage licensed exempt home based providers to meet the developmental screen needs of children since they are legally unregulated and the state can’t impose trainings on them about developmental screening. Potential ideas include 1) providing a pre-service health and safety training for home based providers who receive federal funds under the new CCDF regulations and 2) convincing the leadership at SEIU to include training on helping children get their developmental screen in their contracts with members because nearly all home based child care workers that receive CCAP dollars are part of the union.

The group agreed that license exempt homes should strive to mirror the roles of the licensed home base and center based providers, but at the very minimum there should be some sort of simple resource check list of things home based providers should be informed about (17k home based licensed exempt)

- Childhood development (social-emotional) template
EI conducts SE for all children referred to EI

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For training needs, the group is not convinced that LEAs will give young children the attention/services they need for social emotional issues through Part B. The template will reflect this concern under the “Gaps” section of each column of the template. The group agrees that systems level policies need to ensure that LEAs are trained on social emotional development and to avoid using Part B services *only* for aggressive or disruptive behaviors that “get in the way of learning.”

The group agrees that the social emotional screen is as critical as the developmental screen and that it should be administered universally. Although the regular ASQ developmental screening tool includes a few social emotional questions, this ASQ tool won’t really capture any social emotional issues like the ASQ-SE tool would.

Areas of concern include that there is a gap in the periodicity schedule for social emotional in the 3-5 age range if you’re not in Head Start because there is requirement to do this outside of Head Start. Further areas of concern are that both the EDOCP project and the AAP don’t include social emotional development in their tools for encouraging routine developmental screenings.

V. **Work Plan: Objective 1, Action Step 4**

- a. Discuss models for best practice in promoting health in the early childhood system

Obj 1, action step 4:

The group decides that it would like to finish reviewing the work of the health templates in order to familiarize itself with the gaps before going into the best practices conversation. The group also believes that we need to define what we mean when we say “best practice” and that maybe we should identify what we think it means more intentionally in the work of each of the health templates. Furthermore, in defining best practice we need to be consistent about what expectations we have for the early childhood providers. Currently, the group has been thinking about “the ideal” practices while also considering the constraints and barriers that early childhood providers face.

The group decides that going forward, each matrix will need to address questions within both objective 4 (what is best practice) and objective 5 (how to measure when children’s health needs are being met).

In the end, the group will need to think about how to leverage resources to get to a more statewide approach to meeting the health needs of children.

VI. **Next Steps**

- a. Potential August meeting? Yes, the group still wants to have an August meeting
- b. Next Health Subcommittee Meeting: **Wednesday, July, 10 2013, 2:30-4:30pm**
- c. Work to be completed and who is responsible:
 - Sign-up sheet for remainder of health areas (groups of 2-3 or individuals)

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- Amy Zimmerman will follow up with Deanna Durica to see if they could present their template on lead in either August or September
- Adam at Respiratory Asthma Association will do Asthma and second hand smoke at the September meeting

Handouts: Meeting Agenda (6.12.13), DRAFT Meeting Minutes (5.8.13); Sign-up Sheet for future presentations; Template: How health is addressed within EC system; Health Subcommittee Work Plan

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