

**STATE INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION  
GENERAL COUNCIL MEETING MINUTES  
FRIDAY, NOVEMBER 15, 2013**

**MEMBERS PRESENT**

Theresa Rossini, Acting Chair\*  
Virginia Bliss, M.D., designee for the Director (DHCS)  
Diane Brown, designee for the Director (DSS)  
Susan Burger, designee for the Director (DMHC)  
Arleen Downing, M.D.  
Gretchen Hester\*  
Jim Knight, designee for the Director (DDS)  
Beverly Morgan-Sandoz  
Marie Kanne Poulsen, Ph.D.

**MEMBERS ABSENT**

Elaine Fogel Schneider, Ph.D.  
Leanne Wheeler, designee for the Superintendent (CDE)

**STAFF**

Madeline Journey-Lynn, ICC Coordinator (DDS)  
Patric Widmann, ICC Supervisor, (DDS)

**OTHERS PRESENT**

Refer to Attachment A

\*Parent

**INTRODUCTIONS AND ANNOUNCEMENTS**

Theresa Rossini welcomed everyone to the meeting at 8:30 A.M. Theresa asked everyone on the conference call to mute their phone lines.

**ROLL CALL**

Madeline Journey-Lynn took roll

**AGENDA REVIEW**

Agenda was reviewed and approved with the following additions under "Other Business": First 5 and FRCNCA, Race to the Top, ARCA initiative, CCS Eligibility and Family Assessment. These items were deferred from Thursday meetings.

**APPROVAL OF SEPTEMBER 20, 2013 MINUTES**

The minutes were approved with the following corrections:

- Minor grammatical changes to page 16 were submitted for the DHCS report.
- Jim Knight noted on page 24 under DDS update: Terry Delgadillo's has 30 years of "Public" service, not "State" service.
- Elise Parnes noted on page 25 under recruitment: Chris Krawczyk works for DHCS's Home Visiting program, not the High Risk Infant Program.

## **CHAIR'S REPORT**

Beverly Morgan-Sandoz agreed to chair the afternoon portion of the meeting.

## **EXECUTIVE COMMITTEE (EC) REPORT**

Marie Kanne Poulsen reported the following; refer to EC minutes for further details:

ARCA has made its top priority the reinvestment in ES in order to allow children from birth to three to receive the early intervention services they were entitled to prior to changes in 2009. The item needs further discussion by the ICC.

EC Discussed recruitment and retention of Council members, parents and community representative and barriers to participation.

Patricia Lavalas-Howe, DHCS, Nurse Consultant, with the American Indian Infant Health Initiative Program shared information on outreach, home visiting, and support of high risk pregnant and parenting American Indian women.

## **COMMITTEE OF THE WHOLE REPORT (COTW)**

Arleen Downing reported the following; refer to COTW minutes for further details:

COTW continued discussion on the white paper to be developed by the ICC promoting delivering services in Natural Environments.

A panel presentation on NE included Ellen Wright and Diane Williams from Alta California Regional Center (ACRC); Arleen Downing, ICC Member; Kristine Pilkington, Occupational Therapist; Nancy Sager, California Department of Education.

- Ellen Wright and Diane William discussed how ACRC moved towards services in NE, vendor reaction, progress, barriers and solutions.
- Arleen Downing provided a synopsis of the pediatric article focusing on NE, coaching and how medical home and EIS should work together.
- Kristine Pilkington spoke from a field perspective on delivering services in NE including the role of Coaching.
- Nancy Sager discussed how NE fit with children who are deaf or hard of hearing.

The COTW discussed frame work purpose and audience for a position statement. An ad hoc group will be formed.

## **ICC STAFF REPORT**

Madeline Journey-Lynn provided information on the webinar scheduled for November 22, 2013: *The Role of Parents and Stakeholder for SSIP*.

## **OUTREACH TO SPECIAL POPULATIONS**

Theresa Rossini said that the ICC is gathering information through presentations. At a previous ICC there was a presentation on the families experiencing homelessness. Yesterday's presentation was on the American Indian population. The presentation for today was on supporting children in foster care. The ICC is planning on having a presentation on families experiencing domestic violence.

## **ACTION ITEM**

Madeline Journey-Lynn presented the 2014 ICC meeting schedule and Council approved without changes.

## **PUBLIC INPUT**

Theresa asked for public Input. Hearing none via the phone, Theresa asked for public comment in person.

Tony Anderson of The Arc of California spoke on the Lanterman Coalition <http://www.theadarcca.org/53.html>. The Lanterman Coalition consists of 16 major stakeholders in California's community based developmental services system who are working to restore Early Start eligibility criteria which was restricted in 2009.

## **2012-2013 ICC ANNUAL ACTIVITIES REPORT (AAR)**

Patric Widmann shared that every year the Department of Developmental Services is required to submit the California Annual Performance Report to the Office of Special Education Programs (OSEP). The ICC Annual Activities Report is an attachment to this report.

The AAR was distributed at the meeting and then emailed to all members for input. Madeline requested that it be returned to her with comments and edits by December 4<sup>th</sup>. On or before December 15<sup>th</sup> it will be posted as an Action Item to the ICC web site for 30-days. On January 15<sup>th</sup> ICC Council Members will vote on the Action Item.

## **SPECIAL PRESENTATION**

Diane Brown, Department of Social Services presented on *Building a System of Support for Young Children in Foster Care*. See Attachment B for ppt.

Site information on the Child Welfare Council

<http://www.chhs.ca.gov/Pages/CAChildWelfareCouncil.aspx>

Site information for the Children in Foster care report

<http://www.chhs.ca.gov/search/results.aspx?k=children%20in%20foster%20care>

Katie A. information - <http://www.dhcs.ca.gov/Pages/KatieImplementation.aspx>

## **FAMILY RESOURCE CENTERS NETWORK OF CALIFORNIA REPORT (FRCNCA)**

Linda Landry reported the following:

Outreach and collaboration activities included participation at the UCLA Tarjan Center University Center for Excellence in Developmental Disability Consumer Advisory Committee, MIND CEDD CAC Committee, USC/UCEDD Advisory Committee, Lanterman Coalition, California Network of Family Strengthening/Support Networks Training and Technical Assistance Collaborative, California Standards for Family Strengthening & Support Committee, The Arc California Board of Directors, California Family Strengthening Roundtable Steering Committee and the Screening Collaborative.

The FRCNCA is participating in the California Employment Consortium for Youth and Young Adults with Intellectual and Other Developmental Disabilities (CECY) (pronounced SEE SEE).

Over 100 ESFRC staff and collaborative partners have been trained on the Standards of Quality for Family Strengthening and Support. Training on the Standards was held in Bakersfield in October. We have four certified trainers and two who are in the process of completing the training-for-trainers requirements.

The FRCNCA had an outreach table at the "CA Child Abuse Prevention and Early Intervention Summit: Preventing Child Abuse & Neglect: The Power of Community/The Summit" in Sacramento with 400 registered. An FRCNCA representative co-presented at a workshop on Supporting Fathers

of Children with Special Needs with 40 attendees. The FRCNCA had an outreach table at the International Division of Exceptional Children Conference held in San Francisco in October.

The FRCNCA continued the implementation of Prevention Resource and Referral Services (PRRS). During the new contract period ESFRCs providing PRRS will be able to include the Ages and Stages Questionnaire (ASQ) in their services. The FRCNCA developed a white paper on the ASQ. For a copy, please contact Linda Landry or Debbie Sarmiento. The FRCNCA is in the process of completing the 2013 -2015 PRRS contracts with the 41 FRCs that are implementing the service. Bimonthly 1800 Second PRRS calls on the 1st and 3rd Wednesday continue to be held for all PRRS staff and provide a forum to ask questions, raise issues, express needs or make comments on general program, budget, data, outreach, training or other items related to PRRS. Attendance averages around 25. Individualized technical assistance and training is ongoing. Regional trainings were held in Bakersfield and Sacramento in October.

We continue to seek additional funding sources to maintain the coordination of the FRCNCA.

## **OTHER BUSINESS**

### **Family Resource Network of CA and First 5**

Theresa Rossini continued the discussion on FRNCA and First 5 voting privileges. Theresa explained the background behind adding FRCNA and First 5 as voting members. There is a question on whether First 5 is actually a voting member since they are not specified in the law nor are they appointed by the Governor. There is a need to look at the law and by-laws in reference to the ICC's rights and powers. Arleen asked who is allowed to vote. Jim will check with DDS's legal department on this matter.

### **Race to the Top-RTTT-ELC <http://www.cde.ca.gov/sp/cd/rt/rttelcapproach.asp>**

Jim Knight, DDS and Virginia Reynolds, WestEd reported the following:

Update for the last two months (September – October, 2013)

Office of Special Education (OSEP)/Early Childhood Technical Assistance Center (ECTAC) RTT-ELC Early Learning Community Part C/619 conference call was held October 7, 2013. Rhode Island provided a presentation on the development of their workforce competencies within the RTT-ELC. The next call is scheduled for December 2, 2013.

Action Items/Outcomes: California was able to report about existing Part C/Part B workforce competencies and efforts to enhance those through DDS' participation as a Participating State Agency (PSA) on RTT-ELC.

The State Advisory Council (SAC) was held on September 11, 2013. The primary goal of this meeting was to provide a final report/summary of all of the SAC Projects and integration into California's Comprehensive Early Learning Plan (CCELP). The next meeting is scheduled for January 22, 2014.

Action Items/Outcomes: The SAC entertained recommendations for future focus areas. Addressing the early learning needs of young children with disabilities and other special needs was strongly suggested as a priority area, particularly within the context of the overall goal of RTT-ELC to close the achievement gap for children with high needs.

The Integrated Action Team (IAT) meeting was held on October 14, 2013. The Department of Public Health provided a presentation on the Early Childhood Comprehensive Systems (ECCS)

grant requirements and their interface with RTT-ELC. The IAT was also asked to prioritize the next round of focus areas for the group.

Action Items/Outcomes: While children with special needs was not identified as one of the top three priority areas it was agreed their early learning needs can be infused and embedded across the identified priorities.

Dates and times for 12 of the 17 Consortia have been made for WestEd to discuss the training needs of each Consortium. The remaining 5 Consortia are in the Bay Area and are deciding whether to meet with WestEd singularly or as a group. Meetings should be completed in January 2014.

Meetings with the Regional Center Early Start Supervisors were held on October 4, 2013 at North Bay Regional Center and on October 15, 2013 at Harbor Regional Center. Representatives from Regional Center of the East Bay, North Bay, Central Valley, San Andreas and Valley Mountain Regional Centers attended in the North. Regional Center of Orange County, Harbor, North LA, East LA, South Central LA, San Gabriel Pomona, Westside, Lanterman and San Diego Regional Centers were represented in the South. A presentation on RTT-ELC was provided which included background on the Federal goals of the initiative, California's key reform areas and organizational structure and DDS' primary focus areas as a PSA. Discussion topics included: 1) identification of any Regional Center participation with local Consortia, 2) the QRIS, 3) ideas about potential areas for collaboration, and 4) suggestions about DRDP training for vendored early intervention programs.

Action Items/Outcomes: None of the participants identified themselves as having knowledge about RTT-ELC, nor did any report participation on their local Consortia leadership or implementation activities. They were encouraged to contact their Consortia Leads. Consortia will also be queried about Regional Center participation during their TA visits and planning meetings. Information shared during the discussion topics have informed and shaped the learning outcomes for the RTT-ELC Early Start modules. Concern was expressed about the ability of vendored early intervention program staff's ability to participate in any type of training given the nature of operating on billable hours.

Learning Outcomes were developed for the two (2) Early Start On-Line Training Modules to be completed in FY13-14. Development team members were identified to reflect representation across RTT-ELC agencies/stakeholders, state and local levels and geographic regions. Review and comment of the learning outcomes were solicited.

Timeline/Benchmarks: A meeting will be scheduled to convene those members of the development team involved in writing the modules. The content of the first module will be written by December 20, 2013.

### **Questions/Answers**

Q1: Which counties are involved in the RTT-ELC Consortia?

A1: There are 17 Consortia participating from 16 Counties: Alameda, Contra Costa, El Dorado, Fresno, LA (2), Merced, Sacramento, San Joaquin, San Francisco, Santa Barbara, Santa Clara, Santa Cruz, Santa Barbara, Orange, Ventura, and Yolo.

Q2: How were the Consortia chosen?

A2: Counties selected were operating or developing a local Quality Rating and Improvement System (QRIS) or quality improvement system (QIS) and allocating local resources to the efforts. Approximately 70% of children with high needs ages 0-5 reside within the 16 Counties participating in RTT-ELC.

Q3: For the Quality Rating Improvement System (QRIS), what were the priorities and common areas across all the Consortia?

A3: The hybrid, tiered QRIS matrix includes 3 common tiers (1, 3, 4) and 2 locally determined tiers (2,5). Rationale was to establish commonalities across the 17 Consortia while allowing for local flexibility given existing infrastructures/quality rating improvement systems and efforts. Tier 1 starts with basic California Child Care Licensing (CCL) requirements. The three (3) Core Elements of the QRIS are Child Development and School Readiness, Teachers and Teaching and Program and Environment. For more information about the Quality Continuum Framework, which includes the QRIS and Common Tools and Resources (Pathways), please review the documents located at [www.cde.ca.gov](http://www.cde.ca.gov)

### **California Children's Services**

Virginia Bliss, M.D., DHCS discussed the following:

How can the public access the specific criteria for CCS eligible medical and surgical condition Reference to CCR Title 22 Sections that govern the California Children's Services:

- <http://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/cmsin/cmsin0902.pdf>
- The CCS conditions are stated in the California Code of Regulations, Health and Safety Code. Under Individuals, choose "Find out if I qualify"; choose <http://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx>

Is Rett Syndrome a CCS eligible condition?

- County CCS policies may vary. A child with Rett Syndrome may have physical conditions that qualify for CCS subspecialty treatment (such as neurology, cardiology, GI, adaptive equipment) and developmental conditions that qualify for Special Education and Regional Center services (occupational, behavioral, and speech therapies). Questions about eligibility for CCS treatment services for individuals with Rett Syndrome may be referred to the CCS Medical Consultant for the county in which the family resides.

A referral to the CCS program may come from any source. Determination of medical eligibility for CCS is based on CCS review of medical documents for presence of a medical or surgical condition that is listed in the CCS regulations in the Health and Safety Code.

### **Financial Eligibility**

- Financial eligibility is present for Medi-Cal beneficiaries. Financial eligibility for individuals or families who do not qualify for Medi-Cal is based on family income and the expected annual treatment cost of the CCS eligible medical condition. Financial eligibility determination is not required for CCS diagnostic services or for CCS Medical Therapy Program services.

Documentation of immigration status is not required for CCS program eligibility.

### **EPSDT** [Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)]

- EPSDT contains the Federal Medicaid provisions for states. All medically necessary diagnostic and treatment services within the federal definition of Medicaid medical assistance must be

covered, regardless of whether or not such services are otherwise covered under the state Medicaid plan for adults ages 21 and older.

ICC members are invited to call Dr. Bliss with questions about the CCS program at (916) 327-1316.

### **Assessment of Family Strengths and Needs**

COTW discussion on the *Assessment of Family Strengths and Needs* document was continued from Thursday.

- Do we have a deadline when this needs to be done? Why are we doing this?  
Patric responded that the Department asked for input from the ICC and hopes to have a final document by June 2014.
- Should the focus be on concepts or editing the document? Is it part of a bigger document that has a context?  
Patric responded that this document is a section of the Service Coordination Handbook but can stand alone. Edits need to focus on concepts at this point.

### **AGENCY REPORTS**

#### **Department of Developmental Services**

Jim Knight reported the following:

Per ICC request, a copy of the letter to the regional centers on insurance co-pays was emailed to the full ICC and applicable Certificates of Appreciation were mailed to recipients.

#### **Corrective Action Plan (CAP)**

- CAP submitted August 14<sup>th</sup> outlines how California will address collecting valid and reliable transition data for 2012-13. DDS worked with CDE to devise the CAP that will resolve the data issue.
- Electronic self-assessment tool was made available to selected LEAs to collect transition data for children who exited the program during FFY 2012 on 9/25/13.
- CDE expects to analyze self-assessment data for submission to DDS by November 15, 2013.

#### **2012 Annual Performance Report**

- Early Start staff is in the process of gathering data and drafting the APR for submission to OSEP on February 3, 2014.
- OSEP requires that the ICC review and sign off on the APR each year.
- DDS would like to share information on the APR indicators with Council members before submission.
- DDS would like to propose that summary information be sent via email to Council members by mid-January with a follow-up conference call to walk everyone through the information.

The transition guide, *Effective Early Childhood Transitions, A Technical Assistance Guide for Transition at Age Three, Early Start to Preschool* and the 2013 Early Start Central Directory have been approved for posting.

WestEd has a new online skill base module under final development entitled – *Facilitating Sensory Processing Development*

Monitoring Activities

- Erin Paulsen reported that during the remainder of 2013 DDS completed 7 RC site visits; during the spring of 2014: 3 additional RC were visited.. Site visits focus on gather data for the APR and only include DDS staff. The ICC requested that DDS share information at the next meeting regarding compliance issues that may be potential training topics and the current tool used during site visits.

#### Tree Lighting Ceremony

- Erin Paulsen shared that the Tree Lighting Ceremony is scheduled for Dec. 12<sup>th</sup> at the Capitol.

#### DDS Recruitment Efforts

- Letter was sent to CDE on October 18<sup>th</sup> requesting a representative for the ICC
- Head Start representative is required under federal regulations. Beverly Morgan-Sandoz recruited someone from her area but there was no follow through that we know of. As a possible next step, DDS can send a letter to the Division of Child Development under CDE to request that someone be appointed from the Head Start Collaboration Office. ICC needs to discuss whether a State or local rep is preferred.

#### **California Department of Education (CDE) Special Education**

No report available

#### **CDE Office of Homeless Education**

No report available

#### **First 5 California**

No report available

#### **Department of Health Care Services**

No report available

#### **Department of Managed Health Care**

Susan Burger reported the following:

#### Current Status of Department Activities Relevant to Children Birth to Three

The Department of Managed Health Care (“DMHC”) continues to track and respond to inquiries and complaints related to the implementation of Senate Bill 946 (“SB 946”) which requires health care service plan contracts and health insurance policies to provide coverage for behavioral health treatment (as defined) for pervasive developmental disorder or autism. During the first year of implementation (July 1, 2012 – June 30, 2013) the Help Center received and resolved 148 SB 946-related complaints. The most common complaints included treatment denied with a non-network provider, treatment denied based on medical necessity, and delays experienced in accessing service. The case outcomes for the 148 complaints are as follows: 65.2% were found in favor of the enrollee and 34.8% were found in favor of the health plan. If you have a question or problem accessing services or care related to SB 946, please contact the DMHC’s Help Center at its toll-free phone number, **1-888-466-2219** or via email (click the “email” icon displayed on the home page of the DMHC’s website, <http://www.healthhelp.ca.gov>).

Legislative Update: Senate Bill 126 - Health care coverage: pervasive developmental disorder or autism (authored by Senator Darrell Steinberg) was chaptered into law on October 9, 2013. This bill extends the operation of the provisions of SB 946 until January 1, 2017. To view the bill’s language visit <http://www.sen.ca.gov>.

The DMHC's Help Center provides a **free** consumer service that is available 24 hours a day, seven days a week to answer any questions consumers may have about accessing health care services. You do not have to be enrolled in a managed care health plan to contact the Help Center. If you have a question or you are uncertain about how to proceed with a dispute or problem with your health plan, have questions regarding health care reform, or need insurance please contact the DMHC's Help Center at **1-888-466-2219, TDD: 1-877-688-9891**. If the Help Center cannot help you directly, we will connect you to programs that can. The Help Center can provide help to consumers who speak any of 100 different languages.

The Help Center also receives and resolves complaints from managed care enrollees to ensure that enrollees receive all the necessary medical and mental health care to which they are entitled. (Managed care enrollees have coverage with a HMO or have PPO coverage with Anthem Blue Cross or Blue Shield). If medical treatment has been delayed, denied, or modified, managed care enrollees have the right to an Independent Medical review ("IMR"). The DMHC's website contains information on the IMR process as well as information on the benefits, rights, and the grievance system process for managed care enrollees. The DMHC's website is located at <http://www.healthhelp.ca.gov>.

As a reminder, managed care enrollees now have the option to complete and submit a complaint or IMR application to the DMHC's Help Center online. Online application forms are currently available in English and Spanish: [http://www.dmhc.ca.gov/dmhc\\_consumer/pc/pc\\_forms.aspx](http://www.dmhc.ca.gov/dmhc_consumer/pc/pc_forms.aspx)

### **Department of Public Health –California Home Visiting Program (CHVP)**

Chris Krawczyk reported the following:

Chris introduced Erika Trainer, Chief of Program and Policy of CHVP.

The CHVP was established in 2010 as a result of Affordable Care Act (ACA), Title V, Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) to meet the objectives of providing a home visiting service in high risk communities and integrating home visiting with the broader child development system. The CHVP is using Nurse Family Partnership (NFP) & Healthy Families America (HFA) in 21 at risk counties. NFP enroll families during the pre-natal period and work with the family until the child is two years old. HFA enroll children up to age three months of age and continue meeting until the child is two or three years old. There are 1528 families currently enrolled with over 18,000 home visits having been made since implementation.

Performance Data is submitted to Health Resources and Services Administration (HRSA) U.S. Department of Health and Human Services on 35 constructs in 6 domains. By Year 3 (October 2014) home visiting programs need to show improvement in 50% of the constructs and by year 5 show improvement in 100% of the constructs. A quality improvement process has been developed, and data operations are supported by a single integrated data system.

Systems Integration is also a big component of CHVP. We are looking at the spectrum of services that are already in place to meet the needs of home visiting families and identifying with partner programs duplications, gaps, challenges and opportunities. CHVP also receives funding to administer the Early Childhood Comprehensive Systems (ECCS) grant. ECCS grants help states and communities to build and integrate early childhood service systems that better meet the needs of children and families. The five key components include:

- access to health care and medical homes
- social-emotional development and mental health
- early care and education

- parenting education
- family support

The MIECHV programs are one of several service strategies within a comprehensive, high-quality early childhood system. Both programs work to optimize health and development and rely on the best available research to inform and guide practice.

A Home Visiting Summit was held in October 2013 with the Public Health Institute (PHI) sponsoring. The target audience was home visitors and administrators regardless of funding their source.

### **Department of Social Services**

Diane Brown reported the following:

#### Current Status of Department Activities Relevant to Children Birth to Three

KATIE A: The *Katie A v. Bonta* refers to a class action lawsuit concerning the availability of intensive mental health services to children who are either in foster care or at imminent risk of coming into care. The settlement agreement requires child welfare and mental health leaders at the state and local level to work together to establish a sustainable framework for the provision of an array of services that occur in community settings and in a coordinated manner. Four regional Learning Collaborative groups are working together to develop an integrated system at the local level to develop collaborative relationships between child welfare and mental health agencies to best deliver the needed services to children in care.

TITLE IV-E WAIVER DEMONSTRATION PROJECT: For the past six years, two California counties have participated in a project that allows the county child welfare agency to use federal funding in a more flexible manner. This project is intended to test new approaches to the delivery and financing of child welfare services by using these funds to facilitate improved safety, permanency and well-being for children. Currently, several other counties have shown an interest in participating in the Title IV-E Waiver project, and CDSS is working with the counties and federal partners to expand the program.

#### The Child Welfare Council (CWC)

Subcommittee on Child Development and Successful Youth Transition Committee White Paper – *Building a System of Support for Young Children in Foster Care*

- The work of this committee reviews recommendations from initiatives that are specific to children and families involved in the child welfare system. The committee has finalized a white paper and the recommendations regarding children age zero to five, which was initially presented to the CWC has been presented to the Council for consideration. The goal is to bring awareness of the effects of “toxic stress” (neglect, exposure to violence, etc.) on young children’s development, and to recommend that the courts and child welfare agencies collaborate to reduce the number of placements and promote greater opportunities for stable relationships for young children in foster care.

A formal presentation of the paper and recommendations to the Council will be presented in December 2013.

### **ADJOURNMENT**

Beverly Morgan-Sandoz adjourned the meeting at 1:05 pm

**Attachment A**  
**OTHER ICC GENERAL MEETING PARTICIPANTS**

**Friday, November 15, 2013**

**Community Representatives**

Tony Anderson  
Maurine Ballard-Rosa  
Laurie Jordan\*  
Linda Landry\*  
Kristine Pilkington  
Virginia Reynolds  
Nancy Sagar  
Debbie Sarmento\*  
Julie Kingsley Widman\*

**DDS Staff**

Elise Parnes  
Erin Paulsen  
Ashley Ramirez

**Guests**

Patricia Lavalas-Howe  
Erika Trainer  
Diane Williams  
Ellen Wright

\*Parents