

STATE INTERAGENCY COORDINATING COUNCIL (ICC) ON  
EARLY INTERVENTION

# APRIL MEETING PACKET

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## Meeting Dates and Times

**April 20, 2023**  
**9:00 a.m.- 3:30 p.m.**

**April 21, 2023**  
**9:00 a.m.- 1:00 p.m.**



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### Additional materials can be found on our website at:

[State Interagency Coordinating Council \(ICC\) on Early Intervention Overview - CA Department of Developmental Services](#)

Public Notice  
Member Rosters  
Website List  
Master Calendar  
Meeting Schedule  
Acronyms  
Handouts  
Travel

*The Interagency Coordinating Council is an open public meeting that may be recorded, provided it does not cause a disruption to the proceedings.*



# Interagency Coordinating Council on Early Intervention (ICC)

## ICC Mission Statement

The mission of the ICC is to promote and enhance a coordinated family service system for infants and toddlers, ages birth to three years, who have, or are at risk for having, a disability, and their families, utilizing and encouraging a family-centered approach, family-professional partnerships, and interagency collaboration.

## The History of the ICC

California has a long history of providing early intervention services to infants and toddlers, ages birth to three years, and their families. In the 1960s and 1970s, special education services for infants and toddlers were provided in public schools and funded through various local, state, and federal sources. With the advent of the Lanterman Developmental Disabilities Services Act (Lanterman Act) in 1969, California demonstrated its support of young children with prevention and early intervention services for infants with developmental disabilities through the regional center system. This was a huge effort and viewed as a major investment in California's children.

In 1988, the first ICC convened to provide advice and assistance to the Department of Developmental Services (DDS) regarding implementation of a coordinated early intervention system in California. In 1993, after five years of state and local planning activities in preparation for full implementation of Part C of the Individuals with Disabilities Education Act (IDEA), the Governor signed the California Early Intervention Services Act (CEISA: Title 14, Government Code section 95000 et seq.) CEISA established state authority to enhance California's early intervention service system to meet the new federal requirements under Part C. CEISA assigned DDS as lead agency in collaboration with California Department of Education (CDE). Other collaborative partners involved in the ICC include Department of Social Services (DSS), Department of Managed Health Care (DMHC), and First 5 California.

Although the early intervention landscape has changed over the years in California, the ICC has continued to follow, advise, and assist DDS on the state of the early intervention community. The changes have included amendments to CEISA that brought the addition of provision of family support services by Early Start Family Resource Centers (FRC). FRCs provide services such as parent-to-parent support, information dissemination and referral, public awareness, family-professional collaboration activities, and transition for families. CEISA also clarified state coordination and collaboration with families and communities, service coordinator competencies and caseload size, evaluation and assessment, parent rights, referral to local FRCs and monitoring efforts. Lastly, CEISA was amended to clarify that the Part C program is based on existing systems and how regional centers must comply with the Lanterman Act. This includes regulations related to vendorization and rate setting as long as the application of state law does not conflict with early intervention statutes.



**Interagency Coordinating Council  
Appointed Members**

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## Instructions for joining remotely for the ICC Meeting

The ICC Meeting will be online via Zoom. Register by clicking the links below.

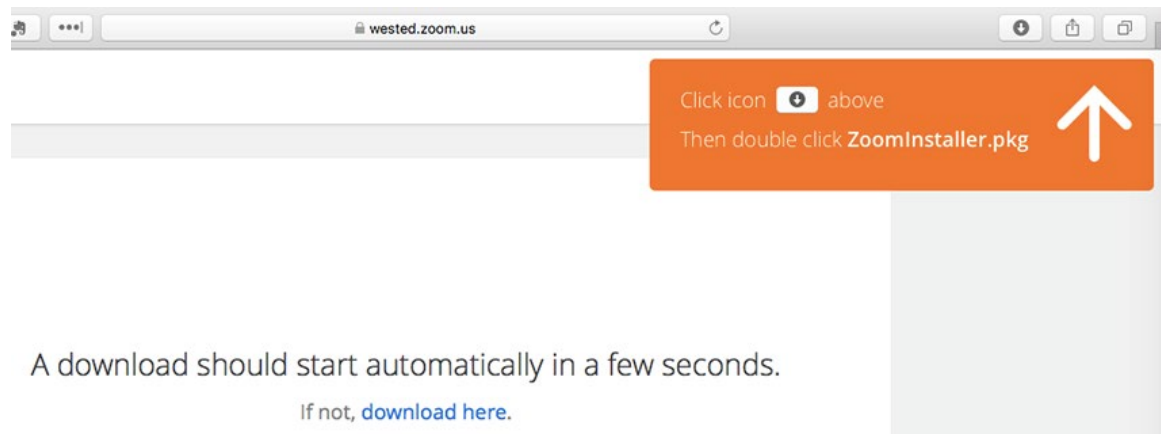
[Register Here for Day 1](#) (9 am to 3:30 pm)

[Register Here for Day 2](#) (9 am to 1:00 pm)

The best way to join a scheduled meeting is by clicking the link you were provided when you either scheduled it or were invited to it (from email, calendar invitation, etc.)

The link will launch Zoom and place you in the conference. This is true for all staff, as well as non-staff.

If you do not have the app, your browser will download the installer and prompt you to run it. Once the installer has run, it will ask for your name and then take you into the meeting.



Join with computer audio or phone





## **Participant Courtesies**

1. Use a landline if possible, for the least static interference.
2. Avoid cellular and cordless phones. The potential static and poor or broken connections reduce the sound quality for all conference call participants. If you must use a cell phone, find a quiet location with excellent reception and limit moving around during the call.
3. Know your phone features and how to use them. Do not wait until the call to figure them out.
4. Turn off call waiting. It is very disruptive to the call. Most call waiting features can be deactivated by pressing 70# or \*70 before dialing the conference number. (Check with your carrier.)
5. Use the speaker feature on your phone only if the room is quiet and others in the room are participating on the call with you. Speakerphones can add to the overall noise of the teleconference and create a hollow sound on the call.
6. Choose a quiet location. Avoid background noises such as a radio, TV, pets, or side conversations with others.
7. Stay focused and participate on the call. Avoid using this time to answer email, eat, clear off your desk, file papers, or talk to others.
8. Be on time.
9. Introduce yourself when you join the call. If you join the call late, wait for a break in the conversation to announce that you have joined or until the moderator asks who joined.
10. Introduce yourself each time you speak. Not everyone will be familiar with your voice.
11. Mute your phone (\*6) if you are not participating at the time, need to talk to someone else, or need to leave the call for any reason. Unmute your phone (#6) when you are able to return to the call.
12. Never put the call on hold. Either mute your phone (\*6) and unmute your phone (#6) to rejoin or hang up and call in again if you must leave the call.

## **Facilitator/Chairperson Courtesies**

1. Be familiar with the audio controls.
2. Start—and end—at the scheduled time.
3. Have an agenda—preferably one that has been distributed prior to the conference.
4. Identify yourself when you first connect to the conference call.
5. Identify yourself each time you speak. Others may not know your voice. Speak clearly and at a moderate speed.
6. Take roll call at the conference start so that everyone knows who is involved and listening.
7. Review the rules of etiquette and ask that each participant identify him or herself before speaking.
8. Allow only one individual to speak at any given time during the conference.
9. As much as possible, when appropriate, address questions to individuals by name.
10. Mute the microphone or speakerphone (\*6) if you must speak to others in the room with you during the conference. Unmute by pressing #6.
11. Address agenda items in their specified order.

\*Thank you to the Family Resource Center Network of California, the source for many of these tips, for sharing its teleconference etiquette.



<p align="center"><b>ICC Meeting Agenda (Day One)</b>  <b>Virtual Meeting via Zoom</b></p> <p>Zoom Link: <a href="https://cal-dds.zoom.us/join/93281977035">https://cal-dds.zoom.us/join/93281977035</a>  <a href="https://cal-dds.zoom.us/join/93281977035">ihqTwqGdH7rVEIqfldamyQkZobB9S</a>  Meeting ID: 932 8197 7035</p>	<p><b>Date:</b> 4/20/2023  <b>Time:</b> 9:00 a.m.-3:30 p.m.  <b>Location:</b> Zoom</p>
<b>Agenda Items</b>	<b>Responsibility</b>
<p>(9:00-9:20) <b>Opening</b></p> <ul style="list-style-type: none"> <li>• Welcome</li> <li>• Housekeeping Items/Zoom Instructions</li> <li>• Introductions/Roll Call</li> <li>• Review Agenda</li> <li>• Approval of the Minutes</li> <li>• Review of ICC mission and purpose, and theme of meeting: Child Outcomes</li> <li>• Part C literacy article: “Long Term Outcomes of Early Intervention in 6-Year-Old Children with Autism Spectrum Disorder”</li> </ul>	<p>Marie Kanne Poulsen, ICC Chair</p> <p>DJ Tomko, DDS</p>
<p>(9:20-10:10) <b>DDS Updates and Information</b></p> <ul style="list-style-type: none"> <li>• Questions and answers (10 minutes)</li> </ul>	<p>Maricris Acon</p>
<p>(10:10-10:25) <b>Voices from the Field</b></p> <ul style="list-style-type: none"> <li>• Infant Development Association of California</li> <li>• The Arc</li> <li>• California Disability Community Action Network</li> <li>• FRCNCA</li> <li>• Questions and answers (5 minutes)</li> </ul>	<p>Fran Chasen  Teresa Anderson  Marty Omoto  Robert Rochin</p>
<p>(10:25-10:40) <b>Break</b></p>	
<p>(10:40-11:20) <b>Family Resource Center Network of CA (FRCNCA) Updates and ARPA Initiative</b></p> <ul style="list-style-type: none"> <li>• Questions and answers (10 minutes)</li> </ul>	<p>Robert Rochin  Yvette Baptiste</p>
<p>(11:20-12:20) <b>Presentation:</b> Child Outcomes Overview</p> <ul style="list-style-type: none"> <li>• Questions and answers (10 minutes)</li> </ul>	<p>Kathleen Hebbeler</p>
<p>(12:20-12:30) <b>Public Input</b></p>	
<p>(12:30-1:30) <b>Lunch</b></p>	
<p>(1:30-1:35) <b>Announcement of Committee Composition and Goals</b></p>	<p>DJ Tomko</p>
<p>(1:35-3:30) <b>Committee Meetings</b></p> <ul style="list-style-type: none"> <li>• Improving Systems</li> <li>• Communications</li> </ul>	



<p align="center"><b>ICC Meeting Agenda (Day Two)</b>  <b>Virtual Meeting via Zoom</b>  Zoom Link: <a href="https://cal-dds.zoom.us/j/95240561905">https://cal-dds.zoom.us/j/95240561905</a>  Meeting ID: 952 4056 1905</p>	<p><b>Date:</b> 4/21/2023  <b>Time:</b> 9:00 a.m.- 1:00 p.m.  <b>Location:</b> Zoom</p>
<p align="center"><b>Agenda Items</b></p>	<p align="center"><b>Responsibility</b></p>
<p>(9:00-9:15) <b>Opening</b></p> <ul style="list-style-type: none"> <li>• Welcome</li> <li>• Housekeeping Items/Zoom Instructions</li> <li>• Introductions/Roll Call</li> <li>• Review Agenda</li> <li>• Review of previous day's agenda</li> <li>• Review of ICC mission, purpose, and theme</li> </ul>	<p align="center">Marie Kanne Poulsen, ICC Chair  DJ Tomko, DDS</p>
<p>(9:15-10:00) <b>ICC Council Reports</b></p> <ul style="list-style-type: none"> <li>• Updates by ICC Council Members</li> </ul>	<p>Lisa Witchy- Dept. of Social Services  Susan Ducore- Indian Health Care  Pamela Riley, Department of Health Care Services  Leanne Wheeler, CDE Homeless Education  Suzanne Sherinian, Dept. of Managed Health  Michelle Dove, Head Start Agency  Richard Onley, Dept. of Public Health  Shanice Orum, Dept. of Social Services  Maricris Acon- Dept. of Developmental Services  Heather Calomese, CA Dept. of Education (CDE) Special Education</p>
<p>(10:00-11:00) <b>Presentation:</b> Naturalistic Behavior Interventions</p> <ul style="list-style-type: none"> <li>• Questions and answers (10 minutes)</li> </ul>	<p align="center">Aubyn Stahmer</p>
<p>(11:00-12:00) <b>Lunch</b></p>	
<p>(12:00-12:30) <b>Committee Reports</b></p> <ul style="list-style-type: none"> <li>• Improving Systems</li> <li>• Communications and Outreach</li> <li>• Questions and answers (5 minutes)</li> </ul>	<p align="center">Improving Systems Committee  Communications and Outreach Committee</p>
<p>(12:30-12:40) <b>Videos/stories</b></p>	
<p>(12:40-12:55) <b>Public Input</b></p>	
<p>(12:55-1:00) <b>Recap and Closing Remarks</b></p>	<p align="center">Marie Kanne Poulsen</p>



**Interagency Coordinating Council (ICC) on Early Intervention**  
**Thursday, January 19, 2023**  
**Zoom Meeting**  
**Time: 9:00 a.m. – 3:30 p.m.**

**Link to Zoom Recording** [January ICC Meeting - Day 1 - Zoom](#)

### **Opening**

Dr. Marie Kanne Poulsen, ICC Chair, called the meeting to order at 9:02 a.m.

### **Housekeeping Items**

Zoom instructions, ASL/Spanish interpreter instructions and etiquette were reviewed.

### **Roll Call**

The roll call was conducted.

### **Review Agenda & October Meeting Minutes**

No corrections made to the October meeting minutes it was approved.

### **Part C Literacy Article**

Recommendations for Peer-to-Peer Support for NICU Parents by SL Hall, DJ Ryan, J Beatty, L Grubbs

This article focuses on the growing number of evidence that peer psychosocial support can provide great benefits to parents of neonatal intensive care units (NICUs) and mothers of children with special needs. In California, there are 165 NICUs with over 3,700 beds. There is a growing body of evidence, that besides addressing the complexity of professional medical health care, there are significant benefits that peer psychosocial support can provide to these parents. In 2012, the American Academy of Pediatrics recommended that peer support, as a core principle of family-centered care, should be an integral component of every NICU family support program. Parents who receive peer support have increased confidence and well-being, problem-solving capacity, reduced anxiety, and adaptive coping. Peer support offers a unique form of assistance that is not typically met by the formal service system. In an ideal model, veteran parents are closely matched on as many dimensions as possible (including, language, culture, education & income level, baby's diagnosis, family lifestyle, etc.). Size and budget of a NICU often determines what level of formal support can be provided to families and determines if there is time and space for training and meeting and if there are staff resources available to do outreach to ensure the recruitment of veteran parents or through making referrals to community organizations. There are also barriers families may experience in accessing supports offered. Within the NICUs, some parents do not want to spend time away from their babies' bedsides to meet for individual peer support or families may experience a lack of NICU attendance due to transportation or childcare needs. However, peer support can also be offered by telephone, community groups or the internet. This article offers



comprehensive guidelines for developing access for peer support within the NICUs. Programs using veteran parents for peer support should provide a comprehensive training program. This document has set procedures and standards for training of peer mentors including:

- Defining the role
- Expectations of a parent mentor
- Development of an essential skill set
- Parameters for matching parents

In California, family resource centers (FRCs) are significant sources of support to the NICUs. We just need to ensure a match between the FRCs and the NICUs across our state.

### **DDS Updates and Information – Nancy Bargmann and Maricris Acon**

Maricris introduced DDS' Executive Director, Nancy Bargmann. DDS as a developmental services system has put forward many proposals/efforts and has seen more proposals within the disparity grants and federal dollars from the American Rescue Plan Act (ARPA). There have been many initiatives in response to lower intake and connections to the community at the onset of the pandemic. In 2020, there was a significant decrease in Early Start referrals and participation. Due to community response, regional centers, service providers, and everyone's outreach there was a relatively quick response to that. In 2021, there was an increase of intake and Early Start participation, and in 2022, there was also an increase in Lanterman Act services. The current year's projected increase to include intake assessments of 20,000 individuals.

While it's not within Early Start, the provisional eligibility initiative introduced last year was extremely important. This year's budget proposal shows, for current year, that they are asking for an adjustment that would be a higher number of children than would be participating. This was the first time a new category for Lanterman Act services for 3- and 4-year-old kiddos who did not meet Lanterman Act criteria, but there are concerns for some delays. In the past, the regional center would have them come back after exiting Early Start due to not meeting Lanterman Act eligibility.

DDS is looking into separating and identifying communication as two distinct areas to monitor for eligibility: expressive language and receptive language. They are digging into data. The governor's budget is to build on those important initiatives within developmental services and other state departments. Statewide, the revenues coming in are less than anticipated. The State is looking at priorities of what can be funded. They are looking at delays within the Department of Health & Human Services (DHHS) and statewide. DDS has done extremely well with proposed budget, but only 1 item was delayed for DDS i.e. proposal to help support preschool children, 3 and 4 years old. The other high priority item is service access and equity. As DDS looks at services access and equity are making sure that all individuals (race, language, etc.) can access them. We need to challenge ourselves and look at those populations which may not access services.

Nancy presented DDS's 2023-24 Governor's Budget. The DDS budget for current year 2022-23 was \$12.4 billion (regional centers (RCs) caseload 400,485) and 2023-24 is projected at



\$14.2 billion (RCs caseload 420,927). The caseload includes Early Start caseload. DDS had approval for The Home & Community-Based Services Spending (HCBS) Plan funds available through March 2024 (\$1.8 billion).

Nancy discussed American Rescue Plan Act (ARPA) updates for Early Start - Part C, \$26.9 million through January 2024. There are funds to pilot Family Wellness, Develop Culturally & Linguistically Sensitive Services, Outreach, Technology, Technical Assistance and Monitoring, and initiatives in collaboration with the California Department of Education (CDE). A few RCs were chosen to carry the initiatives.

Nancy reviewed the Lanterman Act Provisional Eligibility, \$41.4 M GF (\$15.8M increase). Regional center operations (OPS) \$9.3 million and regional center purchase of services (POS) \$32.0M. Delayed implementation of the Early Start Preschool Inclusion Grants (-\$10 million General Fund); latter is expected to be in budget 2024-25. Nancy briefly spoke of the regional center 2022-2023 significant one-time policy reminders of the Workforce Development, Resources for Individuals Who are Deaf, and Work Activity Program. She also provided an overview of updated the regional center OPS and POS 2023-24.

Nancy indicated DDS is supporting Trauma-Informed Services for Foster Youth. It's important for ICC to help track how we are helping and supporting foster youth (birth to 3 years old). Timing of accessing Early Start services and supports is slower for foster youth. DDS wants to help regional centers get additional staff to work in collaboration with counties to get attention to foster youth. This may be worth a separate conversation and for ICC to consider.

Lastly, Nancy discussed the Safety Net Plan Update which includes establishing an Autism Services Branch at DDS, \$1 million total fund, \$0.8 million general fund. Autism is the largest growing population. Nancy also reviewed the 2023-24 remaining state operated facilities & DDS Budget Concept Proposals (BCPs). This is part of the governor's proposed budget. Discussed future fiscal issues for coming year.

## **DDS Updates and Information – Nathaniel 'Nate' Taleon**

Nate reviewed the Early Start fiscal year 2021 preliminary data for the Annual Performance Report (APR). Any State that receives funds under Individuals with Disabilities Education Act (IDEA) must have an APR that evaluates the efforts to implement the requirements and purposes of IDEA - Part C (Early Start program). Information will be submitted to Office of Special Education Programs (OSEP) on February 1<sup>st</sup>.

Nate presented compliance scores for fiscal years 2020 and 2021. In 2021, COVID-19 exasperated exiting barriers and adding stress to systems lacking resources and coordination. The COVID-19 pandemic affected many services and timeframes, which impacted compliance indicators in timely provision of services and Individualized Family Services Plan (IFSP) in 45 days. Regarding transition indicators, timely conference for an Individualized Education Program (IEP) had a slight increase. DDS has taken steps to mitigate and address the issues related to meeting the compliance measures.

Nate presented the Early Start Family Outcomes (indicator 4). Parents surveyed and care providers to see how they know their rights, how family communicates their child's needs, and a family helping the child learn and develop. Data compiled from surveys distributed in October





2022 for families which had received services in fiscal year 2021. It was distributed to 8,000 families which reflected California's census population. They saw increases in 11.7 percent response rate increase from African-American and Hispanic families. DDS implemented and enhanced an online completion option for family survey to ease access. An outside contractor was used. Each letter had a Quick Response (QR) code. Participants were also able to complete the survey on the DDS website and on paper. Additionally, the survey had eight optional languages. A PDF version of the survey was included.

The full Annual Performance Report will be posted on the DDS website (late spring/early summer) <https://www.dds.ca.gov/service/early/start/state-performance-reports/>

The data will be broken down by regional center.

## Public Input

Linda Landry stated that a parent-to-parent support match needs to be a parent trained in providing support; they do not diagnose or prescribe but listens. The family resource centers are the best to do parent-to-parent training. When a parent has a child with disability or preterm baby, the focus should be for all family members (mother, father, aunt, grandparents, etc.).

Pablo Velez stated lower income families discontinued therapies due not being able to access telehealth during COVID pandemic. Many families of color in the state had limited social support and financial support. He asked how to capture that data in these statistics; this may skew progress. Nate stated that they are in the process of investigating this further, especially children/families who exited the system before the 3-month mark. DDS is looking at the current data now and will then investigate capturing that other data. Douglas Erber agreed with Pablo and stated this is one of their concerns as well. Nancy stated the initiatives set forth during the pandemic was to help with the technological divide. Nancy encouraged them to provide examples of what has worked; they want to look at what they can explore, have a best practice, and learn from some of that response.

Michelle added that the providers also need support. Dr. Poulsen stated that to be licensed in California, does not mean experience with working with young children. For example, insurance covered providers may not have pediatric expertise. Parents do not know to return to the regional centers. Dr. Poulsen suggested a policy whereby if the provider hired by the insurance does not have expertise, for the regional center to pay for it.

## Voices from the Field

- ***Infant Development Association of California (IDA) - Frances Chasen***  
Fran shared some concerns about the use of insurance. The first concern is the use of insurance causes family to wait to approval to begin service. Even if the regional center might cover a deductible or co-payment, it's not often as seamless and timely process. The second concern is additional costs for managing to access private insurance for families in the Early Intervention program. The service by insurance utilizes the medical model of care vs developmental approach, and the services are child directed vs family



centered. The question they want to raise is how utilizing a medical model approach will assist regional centers with meeting Early Start family outcomes. Often time the use of insurance is not provided by hospital or clinical settings. They are not sure it's always the best for families. Depending on the facility, parents may not be involved in the session. The purpose of Early Start is to train and educate parents to be able to care for their children more effectively. Another question they want to raise is how will social, emotional, and cognitive development be facilitated using a rehab approach to care. In terms of update, the California Little Hoover Commission has looked at DDS and implementation of the Lanterman Act in October. She will provide links to access this report. IDA is hosting its 8th annual IDA policy updates on Monday 1/23/23. Next step update for Feb 9<sup>th</sup> 12:00 p.m. – 1:00 p.m. for the event. It's their kickoff of IDA's 50<sup>th</sup> anniversary. Check [www.idaofcal.org](http://www.idaofcal.org)

- ***The Arc - Teresa Anderson (not present)***
- ***California Disability Community Action Network - Marty Omoto (not present)***
- ***FRCNCA - Robert Rochin, Director***

The Family Resource Center Network of California (FRCNCA) represents the 47 DDS funded family resource centers. Their steering committees from nine regions meet monthly. The Early Start family resource center attended two webinars in the last quarter. The webinar was presented by Teresa Anderson with The Arc. The second webinar was on Early Screening/Better Outcomes by First-Five LA in partnership with LA Children's Hospital. A brief update about Service Access and Equity (SAE) funding opportunity they got for FRC SAE. Their project was focused on transitions for Black and Hispanic students with DDS and it addressed systemic barriers to Lanterman Act needed supports to produce family-friendly, transitions where families and professionals work together to ensure positive outcomes. As evidenced by pre/post surveys, the event increased cultural awareness, family-centered supports, and understanding of available services by these professionals. A pamphlet was created for participants (not final version). Encouraged any input.

Robert reported that their Community Navigator Program (CNP) is up and running. They have been working on providing guidance to the 21 Lead FRCs and each of the 21 RCs. Each of the 21 Lead FRCs submitted a catchment area plan that identified language and population priorities and activities that will assist in building trust and effective working relationships with individuals and families served by the regional centers. They conducted 2 webinars for the CNP this past quarter. One was a Special Ed overview presented by Amber Fitzgerald from UCD MIND Institute and Bonita Shaw (parent). The second webinar provided an overview of the developmental system with focus on the Lanterman Act. The presenters were Leinani Walter, the Chief Equity Officer of Services, Access and Equity Division from DDS, Ernie Cruz from DDS, and Amy Westin from Association of Regional Center Agencies (ARCA).

**Presentation – ARPA Initiative on Diversifying the ICC – Robert Rochin and Yvette**



## **Baptiste, FRCNCA**

Yvette gave a brief update about the ARPA initiative; it was funding provided to improve community capacity and diversify faces/places of representation on the ICC. Yvette skipped some slides but will provide access to the power point. The Family Resource Center will be working on the Family Resource Center Network. There will be 3 Lead agencies working to help with this project. They have the capacity to help, they are a statewide entity, and heavily engaged in ICC. They are either conveners or attendees at the Local Interagency Coordinating Council Agencies (aka LICCAAs) where they still exist. They want to engage participants locally or to the State ICC. For example, the Eastern LA FRC (project lead), Care Parent Network Northern Regional (lead), and Parents Helping of San Luis Obispo Southern Region (lead) will focus on two strategies to connect with early intervention. The activities will be in strategy one to have that local engagement. They want to identify target populations needed at ICC and have opportunities to create those connections/partnerships, develop resources and do those activities. At the end, they want to develop recommendations for DDS and ICC for future work. They will ask up to 14 FRCs for help. Yvette thanked DDS and WestEd, as they have used the training tools given to them many years ago. The second strategy is to develop and deploy leadership training for community family members and even consumer parents to participate in local ICCs. They will develop an easy training to use on their own time. They want participants to know what ICC does for the state.

Yvette showed the “Module 3: Ensuring Relevant Participation” video. See presentation [link](#). Yvette interjected here and referenced the circle of core group (slide). Yvette stated their core team is Dr. Poulsen, DDS, CDE, and folks who plan and convene the group. For the second group, the key participants in the circle are appointed members and community representatives. The extended participants are connected in our communities such as those who are closer to the work, who work in the practice, and who benefit from Part C services. They tell us about the issues, and we take their information. It goes both ways. There are folks in the community who are good at this. Yvette is encouraging everyone to question “who is missing from your key participants and advisors?” In the future, this could be a discussion. In the meantime, she recommended elevating that need and bringing it back to the core team. Second question, “who would you like to have as extended participants/feedback network?” Yvette encouraged everyone to think about how to represent areas locally and provide input.

## **Public Input**

Lilia asked how to connect with a Community Navigator. Robert stated that they hope to get that information on the website real soon; this is a new program. Robert asked Lilia to message him with the regional center catchment area and he will find the FRC lead.

**\*\*BREAK\*\***

## **Presentation – Children’s Benefits – Dr. Pamela Riley, M.D., MPH, DHCS**

Dr. Riley has been with Department of Health Care Services (DHCS) as Chief Health Equity Office and Assistant Deputy Director for Quality and Population Health Management. She also served as a Child Health Champion. She is very concerned about child wellbeing and is



interested in advancing health outcomes and advance equity access for kids of families they serve. She intends to share about the work the DHCS does to provide Medi-Cal services for members/kids.

Dr. Riley presented the Medi-Cal Children's Initiatives: Increasing Awareness of Early Periodic Screening & Diagnostic Treatment (EPSDT) services. EPSDT is their main tool to make sure children are getting screening and preventative services, and treatment services they need and are entitled too. They are about to launch an EPSDT toolkit at the end of the month. She wants to engage ICC as how to best disseminate toolkit and engage everyone.

The EPSDT is a Medi-Cal program aimed so that children and their families can lead long healthy lives and have health care that they need. They are undertaking a lot of initiatives largely through Cal AIM waiver. They are focusing on preventative care with managed care partners to focus on kids and to hold managed health care plans accountable. The DHCS is going to work closely with managed care programs and ICC attendees to ensure that it reaches populations intended to reach. They are aware preventive care utilization outcomes is not where they want it to be; there was a 2019 audit showed that 2.4 million children enrolled in Medi-Cal did not receive required preventative services - roughly half of all children under age 21 in Medi-Cal. The pandemic took a toll, but it was also a challenge pre-pandemic. They have not seen full recovery of services post-pandemic. Per Dr. Riley, this is the foundation for setting-up children to live long healthy lives.

In March of last year, Medi-Cal released 'Medi-Cal's Strategy to Support Health and Opportunity for Children and Families.' This was to help do a better job to coordinate coverage, coordinate comprehensive services and strengthen accountability for those services. Part of that strategy is to increase awareness and use EPSDT benefit through EPSDT outreach and education toolkit. EPSDT is a federal program which guarantees services for children and youth under age 21 enrolled in Medi-Cal. Dr. Riley stated they want to communicate that it requires comprehensive age-appropriate health services be provided to all Medi-Cal enrolled children and youth under age 21. The EPSDT is more comprehensive than what is for adults. The goal is to ensure children receive "the right care, at the right time and at the right place." The intent of the EPSDT presentation is to increase awareness of EPSDT among children and families, health plans, and providers.

The DHCS' goal is to release at the end of this month an EPSDT Outreach and Education toolkit to increase awareness among members and Medi-Cal managed health care plans. They want to see improved outcomes in the preventative side. The EPSDT needs to shift gears to refer a new terminology for the benefit mostly for providers and plans because they need to point out that members are entitled to it. Dr. Riley reviewed the components of the toolkit: EPSDT renaming (more to come), EPSDT Enrollee Brochures (child and teen versions), EPSDT enrollee know your Medi-Cal rights letter, and EPSDT provider training. They will share brochures with stakeholders, ICC, and others. The brochures will be translated in threshold languages.

The DHCS wants to ensure they are getting it out most effectively. Dr. Riley thinks about it in two stages. First, get the information "out there" by the end of the month via the DHCS website. Second stage, they welcome input as to how to get this information out to stakeholders, providers, Medi-Cal managed health plans, county offices, local health departments, and others. Dr. Riley welcomes input as to who ICC thinks DHCS should partner



with to distribute this information. These brochures will also include a 'Know Your Rights' letter; it will be published on DHCS's website. There will also be a provider training kit. The providers need to understand what members are entitled to. As part of the new requirements beginning January 2024, Medi-Cal managed health plans must train their network providers, at least every two years, to ensure providers are able to support families in utilizing EPSDT services (including behavioral health). DHCS developed a training and will share training materials on their website and with managed care plans. They want to make providers aware of what recourse they have if services are unavailable or denied. Main distribution will be from managed health care plans. They hope to target difference audiences (enrollee, provider, plans). All the information will be shared with each group.

In terms of timeline, they had a lot of stakeholder engagement and determining what level/type of information is still needed. DHCS conducted end-user testing with Medi-Cal members and families. They wanted to improve effectiveness of the materials they intend to distribute. The goal is to publish the toolkit in English on the DHCS website by the end of the month; in the next couple of months, they will then translate materials in all threshold languages. They will mail member facing materials for dissemination to childhood serving stakeholders and members by the end of the first quarter of this year.

Dr. Riley requested ideas from ICC regarding distribution plan, other audiences, and other communication/engagement tools to make this effective. Dr. Riley mentioned they will have an EPSDT webinar sometime this month; invitation will be shared with ICC.

## **Public Input**

Pablo stated that families in Ventura County are receiving EPSDT services because Gold Coach managed health care plan knows what families are entitled to. However, this does not happen in the rest of the state. Pablo stated that when families finish Early Start, they do not have therapy services because the process is very difficult. Managed health care plans only approve urgent medical needs (e.g., broken leg). Pablo stated that before guiding and educating families on their rights there should be a compromise with the managed care plans with their local entities to ensure they are adjusting rates and that they hire and contract with local providers to provide services. The concern is that when children turn 3 years old, they are not getting services, and school district services are minimal. Additionally, the local rates for therapists should be matched. There are several barriers to make this successful.

Dr. Riley agreed it's of concern for DHCS as well. They are building their population of health management. They have enhanced case management services that are targeting children with special needs as well as other specialized populations. This will only work if they have the right partners. There are some efforts through Cal AIM that somewhat align with helping local and regional populations. Dr. Riley stated there is more they can and should do. She wants to make sure plans are connected to the right community networks and supports to serve this population. Dr. Riley thanked Pablo for the feedback.

Samantha Hebermehl, a parent representative, wants to know if DHCS can help give information for families who do not qualify for Medi-Cal due to income restrictions. For example, how to access Medi-Cal waivers and making those Medi-Cal waivers more





accessible for families. In Samantha's case, her children are not with the regional center but she has been trying to get the on the Medi-Cal waiver since July 2022. She has not made progress. According to Samantha, a lot of families are unaware about that Medi-Cal waivers. Samantha asked if there is anything that can be done to make those barriers less difficult.

Dr. Riley acknowledged there is a problem beyond getting to those services and even "getting into the door." She will take it to the eligibility team who focus on clarifying eligibility.

Yvette Baptiste indicated she is a Family Voices Council Member Agency. She serves in Los Angeles County for parents with special health care needs. She feels there is not a lot of support for that work from DHCS. There is a heavy reliance on the disabilities system which is underfunded compared to healthcare services. Yvette added there is reliance on health care managed plans but there is the issue also noted by Pablo. She stated that there is not enough knowledge about who is in the system by the practitioners to make those appropriate referrals. Yvette encourages DHCS to focus on the family support component. All other systems have that attached to their department. She added that Family Voices participates in many of the DHCS activities but when it comes to supporting families the support dissipates. Yvette highlighted Samantha's experience. Yvette mentioned that Children's Partnership did a great report; they did focus groups with families of color. It's a great report which talks about the experiences in the community. She has been in the system 30 years and part of Family Voices for 20 years and has seen "no movement."

Per Dr. Riley, an approach they are trying is through their Population Enhance Care Management Benefit. It may not serve everyone but it's the most intense level of case management care coordination their department will be offering to different populations (i.e. kids, including others who are more complex, medically, or socially). This benefit will be launched for most kids in July 2023. Dr. Riley also acknowledged suggestions in the chat and thanked ICC attendees for their input regarding who they are engaging in the EPSDT dissemination efforts.

Lisa Schoyer asked if there are any efforts to encourage pediatric development screenings. She thinks that the states percentage is hovering around 25 percent. Dr. Riley confirmed that it's one of the issues they are trying to target with their efforts by increasing awareness of developmental screenings in kids are entitled to as part of the EPSDT benefits. Dr. Riley stated they need to increase awareness and utilization of that benefit. They will also need to think about what additional barriers/ challenges to get developmental screenings and other preventative services.

## **Brief Announcement**

Marcy Okada stated that this presentation and other presentations will be posted on the DDS website. See link: <https://www.dds.ca.gov/services/early-start/state-icc-on-early-intervention-overview/>

Dr. Riley shared her work email should there be additional thoughts/comments.

Email: [Pamela.Riley@dhcs.ca.gov](mailto:Pamela.Riley@dhcs.ca.gov)

**\*\*LUNCH BREAK\*\***





## **Announcement of Committee Composition and Goals**

DJ Tomko reviewed how DDS would support the committees with agenda development, note taking, and tracking action items.

## **Committee Meetings**

The following ICC Committees met for breakout sessions:

- Improving Systems
- Communications

**\*\* END OF DAY 1 \*\***

## **Interagency Coordinating Council (ICC) on Early Intervention**

**Friday, January 20, 2023**

**Zoom Meeting**

**Time: 9:00 a.m. – 1:00 p.m.**

**Link to Zoom Recording:** [January ICC Meeting - Day 2 - Zoom](#)

## **Opening**

Dr. Marie Kanne Poulsen, ICC Chair, called the meeting to order at 9:02 a.m.

## **Housekeeping Items**

Zoom instructions and etiquette were reviewed.

## **Roll Call**

The roll call was conducted.

## **Review Agenda**

The agenda was reviewed for yesterday's session and today's session. The mission, purpose, and theme of the January ICC meeting were reviewed as well. Members and guests were asked to submit theme/topic ideas for April's meeting.

## **ICC Council Reports**

***Michelle Dove—Head Start/Child Development Director, Kings Community Action Org.***

Michelle provided recent updates including that the Administration for Children and Families (ACF) has now removed the mask requirement for children 2 years and older. Head Start COVID policies are developed by reviewing evidence-based practices and in consultation with subject matter experts and committee members. There has also been a new memo from ACF



related to enrollment reduction and conversion of Head Start (HS) slots to Early Head Start (EHS) slots. Goals for these efforts include implementing enrollment reduction to maintain quality; conversion of HS slots to EHS slots to provide services to infants and toddlers. Additionally, there is a conversion underway of partial day slots to full day slots.

***Richard Olney MD, MPH—Division Chief, Genetic Disease Screening Program, California Department of Public Health***

Richard discussed Respiratory Syncytial Virus (RSV) infections in California this year. The state has seen severe infections with respiratory viruses for young children. The infections seem to have peaked in late 2022 but have not gone away. For the populations we serve, RSV is particularly dangerous. Unlike COVID-19 and the flu, there is no vaccine for RSV, but the same prevention strategies can be used. He encourages staying current on vaccinations for flu and COVID-19 with boosters. Infants as young as six months of age can be vaccinated. Follow up information about the Maternal, Child, and Adolescent (MCAH) statewide screening collaborative: contract was extended for collaborative work. Public health goals at the state level include California Department of Public Health (CPDH) Home Visiting and under California Department of Social Services (CDSS) Cal Works Home Visiting. Developmental screenings are the focus of an early childhood home visiting collaborative effort. Contact Richard for questions.

***Shanice Orum — Community Care Licensing, California Department of Social Services***

Community Care Licensing has been busy with the recent storms and have been monitoring the impact of storms on facilities. Areas with facilities specifically affected by the storms and flooding include Sacramento, Santa Cruz, Monterey, and Merced. The Governor's Executive Order related to the recent flooding and storms addresses challenges faced by providers and facilities, and items were included to provide flexibilities to providers. There has been short term changes, movements, and adjustments with facilities, as some relocate or close to conduct cleaning and remediation. Another update from CDSS is that the toddler program is eliminated. They will be working on directives that address inclusion.

***Susan Ducore – California Indian Health Care***

Indian Healthcare (IHC) is working on scheduling more best practice sessions with providers on disability screening. IHC has the goal of continually moving forward to improve services of Native Americans living in California.

***Ashley Franklin - California Department of Social Services***

Ashley Franklin reported out for CDSS, as Lisa Witchey has moved on to another position. CDSS has been focused on Fetal Alcohol Spectrum Disorder (FASD). There is a growing recognition that an individual with FASD may have complex needs and it is beneficial to look upstream for resources. Currently CDSS is working on an issue brief related to FASD prevalence in child welfare. As CDSS gathers more information, they will work to coordinate with the ICC and share their findings. Individuals with FASD may be served by multiple systems and agencies, so they are analyzing gaps across these systems. CDSS with DDS are working collaboratively on the issue of youth in foster care experience in Early Start. The goal of CDSS is family finding and engagement for excellence, resulting in connectedness and belonging.



**Maricris Acon; Erin Paulsen-Brady; Reyna Ambriz – Department of Developmental Services**

*Erin Paulsen-Brady:* Early Start caseload is up. There are now 51,671 children enrolled in Early Start (ES). The pandemic adjustments for Part C to Part B transitions to assure that all families are served continuously (up to and through 36 months as needed by ES) are now ending. These cases will be served by regional centers and local educational agencies (LEAs). Referrals for children 48 months and older are higher than prior years. Currently there are 9,389 cases in status zero. Updates regarding the Quality Incentives Program– they are currently focused on increasing regional center and provider quality beyond what is required in statute. For regional centers, incentives are being offered related to timely access if the Individualized Family Service Plan (IFSP) is completed in 31-40 days. System processes are still being worked out, but the goal is to get kids in the door and to have services implemented as soon as possible. Additionally, regional centers have been offered incentives to create a Child Find Plan. They will identify outreach efforts and report on progress the following year. Update about the specific issue with following parent choice and options. Currently, the California Department of Education (CDE) issues guidance requiring agencies follow Part C regulations and there is a plan for oversight and follow-up.

*Reyna Ambriz:* There is a new position that is being funded for regional centers: Individuals with Disabilities Education Act (IDEA) specialists. On Dec 22, 2022, a letter and overview were issued to Regional Centers (RCs) outlining the new position. This position is designed to be a subject matter expert on IDEA and provide technical assistance to RC coordinators. Regional centers provide services to children and families that have individual and unique needs and goals. This position is permanent and will not carry a caseload. Part C Pilot Projects updates: October pilot projects are making great progress. Transition liaisons are providing critical support to regional centers and each of the 21 RCs has a school transition liaison position. The addition of the transition liaison has eased the transition backlog and facilitated meeting Part C to Part B transition requirements. The liaisons meet regularly, and the meetings provide a shared space for learning. They also discuss reporting and data sharing. DDS recently sent a survey out on how DDS can support the transitional liaisons. In the works for Part C ARPA funding is a provider training initiative; five million dollars is earmarked to reimburse ES providers' training fees and time spent to complete the training. The goal is to retain providers and encourage increased diversity in the workforce. More information will be released in a letter to regional centers and on the Department of Developmental Services webpage.

**Barbara Boyd- Department of Education**

Family empowerment centers have been established in new regions of the state. The Seeds of Partnership website has additional details. You can also visit the CDE website to see additional Request for Applications (RFA) related to family empowerment centers for newly eligible regions. There is another RFA related to the five-year term of statewide system support grantees. There is additional information, including details on the selection criteria on the CDE website. the deadline for applications is January 31, 2023.

Other updates: State Board of Education is filling two positions on the Advisory Commission for Special Education (ACSE). The Fiscal Monitoring and Audit Unit has been established. Another RFA will be forthcoming for Inclusive Early Education programming and related to Inclusive Early Education Expansion Program (IEEEP). Barbara expressed gratitude to ICC



for all their input regarding the IEEEP project and that input was incorporated. The Early Education Division is in the final phase of the RFA process to implement a quality rating improvement system for California State Preschool Programs. This will be rolled out in fiscal year 2023-2024.

***Pam Riley- Department of Health Care Services (DCHS)***

Pam provided information related to yesterday's presentation regarding the release of Early Periodic Screening and Diagnostic and Treatment (EPSTD) outreach and toolkit at the end of January 2023. This toolkit is geared toward members, MediCal providers, and families. The goal is to increase awareness about screenings and other covered services. They are also working on brochures that provide information about consumer rights. DCHS will also be launching initiatives to maximize enrollment in CalFresh and Women and Infant for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

**Presentation: Overview of the Department of Managed Healthcare's Help Center - Suzanne Sherinian, Lori Lutain**

Suzanne gave background information and shared the mission and purpose of the Department of Managed Healthcare's (DMHC's) Help Center. DMHC regulates health plans such as Health Maintenance Organization (HMO) plans, Preferred Provider Organization (PPO) plans, Exclusive Provider Organization (EPO) plan, and Point-of-Service (POS) plans. Other plans are covered by the California Department of Insurance (CDI). Consumers with plans that are not covered under the Help Center are directed to CDI. The plan's evidence of coverage will indicate if the plan is regulated by CDI or the DMHC. It is important to note that a grievance must first be filed with the health plan as part of the health plan's internal grievance process. Lori presented information about consumer complaints and the Help Center process. The Help Center provides a free service. There is first an independent review, which is examined if the plan disputes that the service is not within the standard of care. If the service is found to be necessary, and the independent medical review (IMR) rules the service must be provided, that IMR is binding. The health plan must authorize the services according to the recommendation. The Help Center does not apply to specific provider, but rather to a treatment or service. A database with past IMR decisions is available and you can go to website to see if it has gone to IMR before. Typically, health plans have an internal grievance process that is followed, and they are required to resolve them within 30 days. The Help Center cannot review the complaint or issue until that health plan grievance process is complete.

The Help Center handles a wide variety of cases and Lori shared several examples of cases handled by her. Information was presented about timelines and guidelines regarding timely access to care. There are timely access deadlines that must be met (per the Knox Keene Act) or the health plan must arrange for service to be provided with out of care network. California law requires prior authorization. The Health Consumer Alliance (HCA) is another organization that provides support to consumers. If the Help Center has an inquiry that is out of their scope, they typically refer consumers to the HCA. The Help Center is required by law to resolve cases within 30 days, or it could be a longer timeline if the case is complex.

ICC members and consumers are encouraged to seek out or utilize the Department of Managed Care Help Center services as needed: [Healthhelp.ca.gov](https://www.healthhelp.ca.gov)

**Review of Public Input Guidelines, Followed by Public Input**



*Alex* - Question regarding complaints about providers. Suzanne Sherinian clarified that MHC does not regulate providers, but they regulate health plans. Complaints about specific individual providers should be directed to the CA medical board.

*Michelle* – IMR option is only for services that are covered, and it is indicated in the explanation of benefits (EOB).

*Alex*: Shared an additional comment regarding care networks and providers – providers want to join networks, but networks are not accepting providers, even though they may have more of a relevant specialization than the providers the health plan contracts with. Is there any recourse? Suzanne Sherinian answered that health plans cannot be forced to contract with a specific provider. Suzanne is available to talk offline as well.

*Lisa* – Wanted to add information about urgent care timelines. The Knox Keene Act also details timeframes listed (referenced in PowerPoint). If there is an issue with timely service or action is not being taken, MHC starts with a look at medical records to establish timelines for that case.

*Vicky* – She has a question from yesterday’s report out from Nate Taleon– wonders what criteria is used to qualify as substantial gains and plans to use that information for impact statement and grant writing. Nate responded that the meaning is embedded in the data system and can share more later.

*Pablo Velez*: Shares a question for Suzanne related to providers and networks. Often, he finds that a health plan says that they have indicated specialists for a treatment or service, but then it is discovered that the providers may not have pediatric specialization. Sometimes the provider is a long drive away from the family. Suzanne responded that consumers would be encouraged to file complaints. Pablo also shared anecdotally that if the LEA provides services coordinated with an individualized educational plan (IEP), health plans deny similar services given by the health plan, and claim they are not eligible for coverage due to it being a duplication of services. Suzanne noted that those instances should utilize the specific health plan’s grievance system.

*Laurie Jordan*: Regarding the timelines for services, addressed previously in Suzanne’s presentation – those guidelines are the maximum that health plans must provide services, but they often act more quickly. Community Navigator grants use this Help Center service. Anyone can act as an authorized assistant and provide support to a consumer engaging in this process.

**\*\*LUNCH BREAK\*\***

## **Committee Reports**

*Improving State Systems-Fran Chasen/Suzanne Sherinian, co-chairs*  
Brief update from Yvette Baptiste/Children and Families group. There is a new focus on trauma related to COVID-19 and that information will be shared with the regional center



groups. Reports ongoing challenges for solely low incidence consumers. There is a lack of providers that understand blind/low vision and they need orientation and training. A meeting of this work group will be held prior to April ICC meeting. The regional center group reported that their number one priority is addressing the need for adequate, qualified staff. They would also like to update the Early Start Personnel Manual to include best practices and educate all providers about best practices for families in the state. This group will be having an interim meeting on 2/6/23. The Laws and Regulations group is reviewing how New York (NY) approaches payment for Early Intervention (EI) services. New York state health insurance pays into a fund used to finance EI services rather than providers billing insurance directly. This is run by NY Department of Health. They hope to usher in a similar law in California. Legislation may be beyond scope of the ICC, but ICC may be able to lobby to support similar efforts in California legislature.

#### *Communications Committee-Linda Landry/Doug Erber, co-chairs*

Doug reports there were new members in yesterday's committee meeting, and good contributions to discussion. There are three main goals for the Communications Committee currently. The committee plans to assist in disseminating the Early Periodic Screening and Diagnostic and Treatment (EPSDT) toolkit and wants to update contacts. The committee would like to distribute an ICC member profile survey and add a few new items to the data collected. There is a need for a shared space for documents since people move around and leave. They were wondering if it is possible to have something like a Google Drive. They also discussed mentoring new ICC members, especially parents. A suggested method of orientation by several members is to have a binder with information and a person from the committee assigned as a mentor. Providing both resources will allow new members to participate more fully in less time.

*Yvette*: She is willing to help with outreach and can work with the Communications committee to develop more shared tools.

#### **Introduction of New Video: Max Turns 3 – DDS, D.J. Tomko**

"Max Turns 3" is a follow-up to the video "Story of Max." DDS has already received positive feedback from those who have viewed "Max Turns Three." This new video focuses on the transition from Early Start services and supports available at age 3. The goal is to increase the awareness of steps and strategies during the transition. This is the first time sharing the new video publicly. Eventually, this will be posted and available on the DDS website. DDS wants to thank the teams involved in the creation of this video: Wested, CDE, and DDS.

#### **Public Input**

*Sheri Farinha* -Sheri is from Northern California Services for Deaf and Hard of Hearing. She had comments related to the "Max Turns 3" video. She liked the video and gave DDS kudos. She also mentioned that not all deaf babies in Early Start transfer to Head Start. Regional centers work with the referral to the local educational agency. She wanted to provide the consumer perspective and offered herself as a subject matter expert resource.

*Pablo Velez*: Provided feedback on video – There are some small things that could be adjusted and wanted to know how to send feedback to DDS.





*Maricris Acon* – Encourages any comments and feedback on the video be sent to [earlystart@dds.ca.gov](mailto:earlystart@dds.ca.gov)

*Yvette Baptiste* – She provided positive feedback about the video and notes that it is a good complement to local efforts. For example, a video about ES transition was created locally and is available in Spanish and other languages.

*Pablo Velez*: He wanted to take a moment to acknowledge the efforts and successes of the past two years. 2020 was a difficult year and multiple entities were pivoting to ensure families continued to receive services. Yesterday's numbers were incredible despite how hard that time was.

*Linda Landry*: Linda has a comment about the EPSTD toolkit and outreach. She suggests that the Water Safety/Drowning Prevention campaign strategies and outreach be used as a model for the EPSTD campaign. Other ideas include giving materials out to families, posting, and emailing to listservs.

### **Recap and Closing Remarks**

Marie thanked everyone for their input. It is hoped that the next ICC meeting will be held in person. If members have ideas for presentations and/or topics for upcoming meetings to email Marcy Okada or Marie Poulsen.

**\*\*END OF DAY 2\*\***



## MEETING ATTENDEES

Thursday, January 19, 2023

### MEMBERS PRESENT

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Pamela Riley	Susan Ducore	Douglas Erber
Richard Olney	Leanne Wheeler	Marie Poulsen
Ashley Franklin	Suzanne Sherinian	Maricris Acon
Shanice Orum	Michelle Dove	

### MEMBERS ABSENT

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Sarah Neville-Morgan	Stephanie Welch
Heather Calomese	

### COMMUNITY REPRESENTATIVES PRESENT

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Felicia Ford	Samantha Hebermehl	Lisa Schoyer
Debra Sarmento	Edyth Gallardo	Wendy Morrison
Elena Bramble	Linda Landry	Pablo Valez
Robert Rochin	Nancy Sager	Robin Millar
Michelle Oliver	Diane Williams	Marty Omoto
Jazmine Blackman	Diana Maffei	Florence Bracy
Gayatri Mahajan	Sheri Farinha	Julie Rems-Smario
Tara Sisemore-Hester	Kathy Angkustsiri	Julie Maier
Patricia Moore	Shan Chan	Fran Chasen
Yvette Baptiste	Laurie Jordan	

### COMMUNITY REPRESENTATIVES ABSENT

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Tamara Allen	Brigette Ammons	Teresa Anderson
Tony Anderson	Brenda Baldeon	Maurine Ballard-Rosa
Pam Chueh	Rosalyn Daggs	Wanda Davis
Karen Moran Finnello	Rachel Hagans	Amy Hansen
Leah Howley	Lucero Irizarry	Jordan Lindsey
Christina Nigrelli	Sheri Rosen	Maria Ruiz-Merroth
Patricia Salcedo	Scott Turner	

### DDS STAFF PRESENT

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Nancy Bargmann	Hope Beale	Marcy Okada
Catherine Schulze	Sandra Sanchez	Christine Coke
Hilda Jimenez	Lisa Gonzales	Yasir Ali



Nathaniel Taleon  
Maria Gonzales  
Juliana Margil  
Maricris Acon  
Erin Paulsen Brady  
Lauren Libero

Ednalín Francisco  
Melissa Averitt  
Dennis Tomko  
Ernie Cruz  
John Knight  
Sara Grijalva

JJ Fernandez  
Reyna Ambriz  
Stefanie Callori  
Fanny Cano  
Omari Smith

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### WESTED STAFF PRESENT

Angela McGuire  
Virginia Reynolds

Ross Adams  
Jennifer Driver

Kenya Martinez

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### OTHERS PRESENT

Mario Alvarez  
Mayra Garcia  
Chris Chu  
Lorna M.  
Tracey Singh  
Virginia Sanchez  
Ron Killingsworth  
LaWanna Blair  
Rosalia Garcia  
Cindy Arstein-Kerslake  
Emily Ikuta  
Simone Huerta  
Jacklin Pfaff  
Uvence Martinez  
Randy Lesser  
Kaitlynn Troung  
Hannah Michaelson  
Virginia Gantong  
Lori Molhook  
Marivel Trujilo  
Stacy Fauwirth  
Zackery Wheeler  
Gregory Holler  
Faith Cardenas  
Lisa Chen  
Yona Remer  
Esmerelda Bermudez  
Michelle Sepulveda  
Bonne Beck

Gabriel Villanueva  
Vivian Umenei  
Melanie Contreras  
Vaness C.  
Nachole Caldwell  
Lilia Ocampo  
Maria Lopez  
Kavita S.  
Kim Mills  
Janice Pope  
Amna Aziz  
Frances Chacon  
Stefanie Dinwiddie  
Christina Preuss  
Michael Rivas  
Alexandra Parma  
Sam Anuakpado  
Megan Romero  
Becky Thailer  
Janice Hinton  
Deborah Davis  
May Villa  
Valerio Baca  
Ivy Young  
Winigelda Ogletree  
Jonathan Sassover  
Christine Parker  
Maria Romo  
Townley Saye

Elizabeth Villanueva  
Ramsay Mashy  
Maribel Quiros  
Nihan Uslu  
Benita Shaw  
Virginia Punzalan  
Zenaida Tolentino  
Sharon Moore-Jochums  
Charna Widby  
Doug Pascover  
Vanessa Tatum  
Cathy Alfaro  
Dylan Alto  
Vickey Perkins  
Tade Akintade  
Ivy Phan  
April Keplinger  
Alex Saldana  
Karen Harrison  
Karly Marriot  
Lenda Presley  
Marella Villanueva  
Teena Earheart  
Christine Rottger  
Michael Davidov  
Denise Taylor  
Sarai Marcelin  
Marina Suriao  
Jane Aldrich



Martha Ornelas-Cruz  
Enrique Giron  
Abigail Morris  
Dulce Florez  
Marie Rabe-Paul  
Marc Gutierrez  
Anna Nguyen  
Karmina Bararales  
Samantha Thalken  
Elizabeth Vega  
Barbara Boyd  
Melissa Gruhler  
Nativdad Coffelt  
Brandi Weise  
Marleen Lopez

Kurt Parish  
Cheryl Johnson  
Liliana McDonough  
Johana Caicedo  
Maureen Moe Mendoza  
Michele Saleh  
Marcel Cruzat  
Gilda Giron  
Christopher Odneal  
Shelley Lawrence  
Christal Perez  
Yanci Castro  
Linda Thrift  
Shanola Harvey  
Francisco Valenzuela

Lilia Rodriguez  
Wanda Cathran  
Rafael-Hernandez-Perez  
Christie Null  
Ron Rozen  
Barbara Sandoval  
Suada Sergio  
Silvia Costichi  
Anaelvia Sanchez  
Niaisha Gonzalez  
Lorenzo Manlutac  
Maria Magdaleno  
Grace Huera  
Julie Loe



## MEETING ATTENDEES

Friday, January 20, 2023

### MEMBERS PRESENT

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Maricris Acon	Pamela Riley	Michelle Dove
Ashley Franklin	Richard Olney	Douglas Erber
Shanice Orum	Marie Poulsen	Suzanne Sherinian
Susan Ducore		

### MEMBERS ABSENT

---

Matt Chestnut	Sarah Neville-Morgan	Leanne Wheeler
Stephanie Welch	Heather Calomese	

### COMMUNITY REPRESENTATIVES PRESENT

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Linda Landry	Edyth Gallardo	Yvette Baptiste
Gayatri Mahajan	Julie Maier	Patty Moore
Robin Millar	Debra Sarmento	Laurie Jordan
Florence Bracy	Fran Chasen	Robert Rochin
Julie Rems-Smario	Elena Bramble	Diane Williams
Lisa Schoyer	Samantha Hebermehl	Sheri Farinha
Jazmine Blackman	Pablo Valez	Michelle Oliver
Tara Sisemore-Hester	Nancy Sager	

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Tamara Allen	Bridgette Ammons	Teresa Anderson
Tony Anderson	Kathy Angkustsiri	Brenda Baldeon
Maurine Ballard-Rosa	Shan Chan	Pam Chueh
Rosalyn Daggs	Wanda Davis	Felicia Ford
Karen Moran Finello	Rachel Hagans	Amy Hansen
Leah Howley	Lucero Irizarry	Jordan Lindsey
Diana Maffei	Wendy Morrison	Christina Nigrelli
Marty Omoto	Sheri Rosen	Maria Ruiz-Merroth
Patricia Salcedo	Scott Turner	

### DDS STAFF PRESENT

---

Erin Paulsen Brady	Marcy Okada	Reyna Ambriz
Christine Coke	Dennis Tomko	John Knight
JJ Fernandez	Ednalín Francisco	Hope Beale



Catherine Schulze  
Nathaniel Taleon  
Maria Gonzales  
Juliana Margil

Melissa Averitt  
Hilda Jimenez  
Lisa Gonzales  
Fanny Cano

Omari Smith  
Sandra Sanchez  
Shannen Cheng  
Dennis Tomko

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**WESTED STAFF PRESENT**

---

Angela McGuire  
Kenya Martinez

Virginia Reynolds

Ross Adams

---

**OTHERS PRESENT**

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Anaelvia Sanchez  
Sonia Hernandez  
Christine Rottger  
April Keplinger  
Michell Sepulveda  
Deborah Davis  
Liliana McDonough  
Barbara Boyd  
Martha Ornelas-Cruz  
Lori Molhook  
Emily Ikuta  
Christina Preuss  
Jonathan Sassover  
Faith Cardenas  
Nancy Hilbok Amann  
Crystal Smith  
Benita Shaw

Shelley Laurence  
Arthur Cosentino  
Karly Marriot  
Teena Earheart  
Suada Sergio  
Vickey Perkins  
Carmen Ruiz-Ochoa  
Jane Aldrich  
Maurice Conner  
Anna Nguyen  
Edward Perez  
Ivy Phan  
Samantha Thalken  
Alex Saldana  
Megan Romero  
Mario Romo

Adriana Murguia  
Irma Zepeda  
Maria Magdalena  
Margarita Salazar  
Hannah Michaelson  
Rafael Hernandez-Perez  
Johana Caicedo  
Dulce Flores  
Chrystal Perez  
Karen Harrison  
Townley Saye  
Cathrine McCoy  
Gabriel Villanueva  
Sharon Moone-Jochums  
Aria De Jesus Castro  
Michele Wood

