

Family Centered Early Supports and Services

Public Report 2016

Report Period 7/1/14-6/30/15



The New Hampshire
Family Centered Early Supports and Services Program
is administered by
The Department of Health and Human Services

Jeffrey A. Meyers, Commissioner

Bureau of Developmental Services

Part C Administrator, Elizabeth Collins

Part C Coordinator, Kerry Wiley

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For this public report
The state Annual Performance Report (APR)
The State Performance Plan (SPP)
and other data, forms or more information refer to
www.dhhs.nh.gov/dcbcs/bds/earllysupport/index.htm

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The purpose of this report is to inform the public on the state of the NH Family Centered Early Supports and Services (FCESS) system during the period of 7/1/14 to 6/30/15.

VISION

The Bureau of Developmental Services, Part C program, and the contracted Area Agencies through which it contracts hold the following vision for all children and their families; (a) all children and families are supported and encouraged to grow, learn, plan and share their lives with other children and adults within their communities; (b) all children and families have access to available community resources to assist them in achieving their chosen goals; and (c) all children and families are respected for their unique individual beliefs, values and culture.

MISSION STATEMENT

Given the above vision for all children and their families, the Bureau of Developmental Services, Part C program, and the contracted Area Agencies will; (a) enhance the development of children, ages birth through two years, who experience developmental issues and risks; (b) assist and support families' ability to care for their children, ages birth through two years, experiencing developmental issues and risks, and their families; (c) provide assistance and training to increase the ability and commitment of communities to embrace and support families and children ages birth through two years, experiencing developmental issues and risks; and (d) promote and expand family-centered supports, both formal and informal, throughout the state.

STRATEGIC GOALS

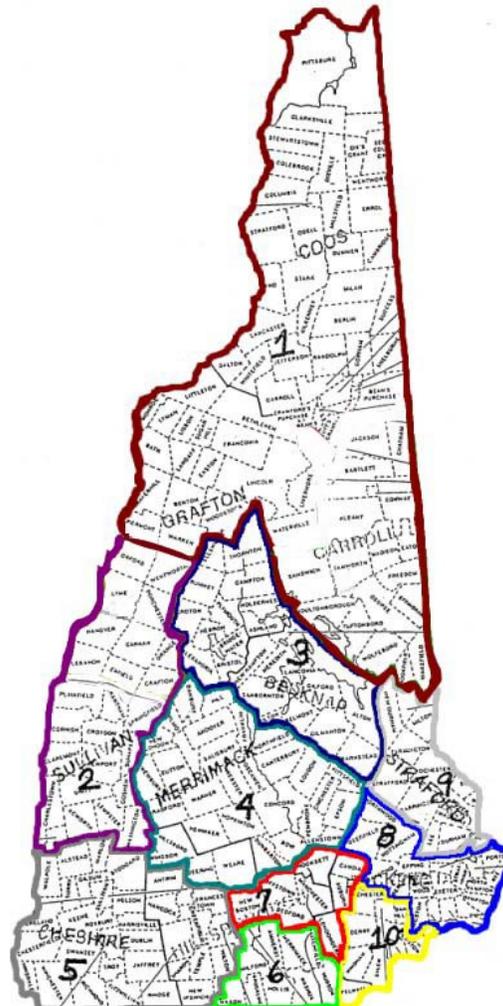
The Bureau of Developmental Services, Part C program, and the contracted Area Agencies will accomplish the mission on behalf of children ages birth through two years with developmental issues and risks and their families by; (a) providing ongoing information, education, training and assistance to children; (b) families, communities and professionals; (c) minimizing barriers and maximizing efficiency and resources for children and families through close collaboration with communities; and (d) ensuring the quality, flexibility, and responsiveness of services and supports by monitoring their effectiveness and by collecting data and feedback from families, service providers and communities.

New Hampshire's Part C Program Area Agencies

There are 10 Area Agencies that are divided into geographical regions throughout New Hampshire that contract with the NH Bureau of Developmental Services to provide Part C services. Each Area Agency is the state contract designee to provide Family Centered Early Supports and Services in their respective region.

This map shows how the ten area agencies are distributed across the state.

	<u>Region 1 - Northern Human Services</u>
	<u>Region 2 - PathWays of the River Valley</u>
	<u>Region 3 - Lakes Region Community Services</u>
	<u>Region 4 - Community Bridges</u>
	<u>Region 5 - Monadnock Developmental Services, Inc.</u>
	<u>Region 6 - Gateways Community Services</u>
	<u>Region 7 - Moore Center Services, Inc.</u>
	<u>Region 8 - Region VIII One Sky Community Services, Inc.</u>
	<u>Region 9 - Community Partners</u>
	<u>Region 10 - Community Crossroads</u>



Towns and Cities by Region

Region 1 BERLIN/LITTLETON/CONWAY							
<i>Albany</i>	<i>Carroll</i>	<i>Dummer</i>	<i>Groveton</i>	<i>Lisbon</i>	<i>Moultonboro</i>	<i>Shelburne</i>	<i>Wakefield</i>
<i>Barlett</i>	<i>Clarksville</i>	<i>Easton</i>	<i>Hart's Location</i>	<i>Littleton</i>	<i>Northumberland</i>	<i>Stark</i>	<i>Warren</i>
<i>Bath</i>	<i>Chatham</i>	<i>Eaton</i>	<i>Haverhill</i>	<i>Livermore</i>	<i>Ossipee</i>	<i>Stewartstown</i>	<i>Waterville Valley</i>
<i>Benton</i>	<i>Colebrook</i>	<i>Effingham</i>	<i>Jackson</i>	<i>Lyman</i>	<i>Piermont</i>	<i>Stratford</i>	<i>Wentworth</i>
<i>Berlin</i>	<i>Columbia</i>	<i>Errol</i>	<i>Jefferson</i>	<i>Madison</i>	<i>Pittsburg</i>	<i>Sugar Hill</i>	<i>Whitefield</i>
<i>Bethlehem</i>	<i>Conway</i>	<i>Franconia</i>	<i>Lancaster</i>	<i>Milan</i>	<i>Randolph</i>	<i>Tamworth</i>	<i>Wolfeboro</i>
<i>Brookfield</i>	<i>Dalton</i>	<i>Freedom</i>	<i>Landaff</i>	<i>Millsfield</i>	<i>Sanbornville</i>	<i>Tuftonboro</i>	<i>Woodstock</i>
	<i>Dixville</i>	<i>Gorham</i>	<i>Lincoln</i>	<i>Monroe</i>	<i>Sandwich</i>	<i>Union</i>	<i>Woodsville</i>

Region II CLAREMONT/LEBANON							
<i>Acworth</i>	<i>Claremont</i>	<i>Dorchester</i>	<i>Grafton</i>	<i>Langdon</i>	<i>Lyme</i>	<i>Orford</i>	<i>Sunapee</i>
<i>Canaan</i>	<i>Cornish</i>	<i>Enfield</i>	<i>Grantham</i>	<i>Lebanon</i>	<i>Newport</i>	<i>Plainfield</i>	<i>Unity</i>
<i>Charlestown</i>	<i>Croydon</i>	<i>Goshen</i>	<i>Hanover</i>	<i>Lempster</i>	<i>Orange</i>	<i>Springfield</i>	<i>Washington</i>

Region III LACONIA/LAKES REGION							
<i>Alexandria</i>	<i>Barnstead</i>	<i>Campton</i>	<i>Gilford</i>	<i>Hebron</i>	<i>Meredith</i>	<i>Rumney</i>	<i>Tilton</i>
<i>Aton</i>	<i>Belmot</i>	<i>Ctr. Harbor</i>	<i>Gilmanton</i>	<i>Holderness</i>	<i>New Hampton</i>	<i>Sanbornton</i>	<i>Wentworth</i>
<i>Ashland</i>	<i>Bristol</i>	<i>Ellsworth</i>	<i>Groton</i>	<i>Laconia</i>	<i>Plymouth</i>	<i>Thornton</i>	

Region IV CONCORD							
<i>Allentown</i>	<i>Bradford</i>	<i>Danbury</i>	<i>Franklin</i>	<i>Hopkinton</i>	<i>Northfield</i>	<i>Sutton</i>	<i>Webster</i>
<i>Andover</i>	<i>Canterbury</i>	<i>Deering</i>	<i>Henniker</i>	<i>Loudon</i>	<i>Pembroke</i>	<i>Warner</i>	<i>Wilmot</i>
<i>Boscawen</i>	<i>Chichester</i>	<i>Dunbarton</i>	<i>Hill</i>	<i>Newbury</i>	<i>Pittsfield</i>	<i>Weare</i>	<i>Windsor</i>
<i>Bow</i>	<i>Concord</i>	<i>Epsom</i>	<i>Hillsboro</i>	<i>New London</i>	<i>Salisbury</i>		

Region V KEENE							
<i>Alstead</i>	<i>Fitzwilliam</i>	<i>Greenville</i>	<i>Keene</i>	<i>Nelson</i>	<i>Roxbury</i>	<i>Sullivan</i>	<i>Troy</i>
<i>Antrim</i>	<i>Francestown</i>	<i>Hancock</i>	<i>Lyndeborough</i>	<i>New Ipswich</i>	<i>Sharon</i>	<i>Surry</i>	<i>Walpole</i>
<i>Bennington</i>	<i>Gilsun</i>	<i>Harrisville</i>	<i>Marlborough</i>	<i>Peterborough</i>	<i>Spofford</i>	<i>Swanzey</i>	<i>Westermoreland</i>
<i>Chesterfield</i>	<i>Greenfield</i>	<i>Hinsdale</i>	<i>Marlow</i>	<i>Richmond</i>	<i>Stoddard</i>	<i>Temple</i>	<i>Winchester</i>
<i>Dublin</i>		<i>Jaffrey</i>		<i>Rindge</i>			

Region VI MERRIMACK/NASHUA			
<i>Amherst</i>	<i>Hudson</i>	<i>Merrimack</i>	<i>Nashua</i>
<i>Brookline</i>	<i>Litchfield</i>	<i>Milford</i>	<i>Wilton</i>
<i>Hollis</i>	<i>Mason</i>	<i>Mt. Vernon</i>	

Region VII MANCHESTER			
<i>Auburn</i>	<i>Candia</i>	<i>Hooksett</i>	<i>Manchester</i>
<i>Bedford</i>	<i>Goffstown</i>	<i>Londonderry</i>	<i>New Boston</i>

Region VIII PORTSMOUTH/SEACOAST							
<i>Brentwood</i>	<i>Epping</i>	<i>Greenland</i>	<i>Kensington</i>	<i>Newfields</i>	<i>North Hampton</i>	<i>Portsmouth</i>	<i>Seabrook</i>
<i>Deerfield</i>	<i>Exeter</i>	<i>Hampton</i>	<i>Kingston</i>	<i>Newington</i>	<i>Northwood</i>	<i>Raymond</i>	<i>South Hampton</i>
<i>East Kingston</i>	<i>Fremont</i>	<i>Hampton Falls</i>	<i>New Castle</i>	<i>Newmarket</i>	<i>Nottingham</i>	<i>Rye</i>	<i>Stratham</i>

Region IX DURHAM/DOVER			
<i>Barrington</i>	<i>Lee</i>	<i>Milton</i>	<i>Rollinsford</i>
<i>Dover</i>	<i>Madbury</i>	<i>New Durham</i>	<i>Somersworth</i>
<i>Durham</i>	<i>Middleton</i>	<i>Rochester</i>	<i>Strafford</i>
<i>Farmington</i>			

Region X ATKINSON/SALEM			
<i>Atkinson</i>	<i>Derry</i>	<i>Pelham</i>	<i>Sandown</i>
<i>Chester</i>	<i>Hampstead</i>	<i>Plaistow</i>	<i>Windham</i>
<i>Danville</i>	<i>Newton</i>	<i>Salem</i>	

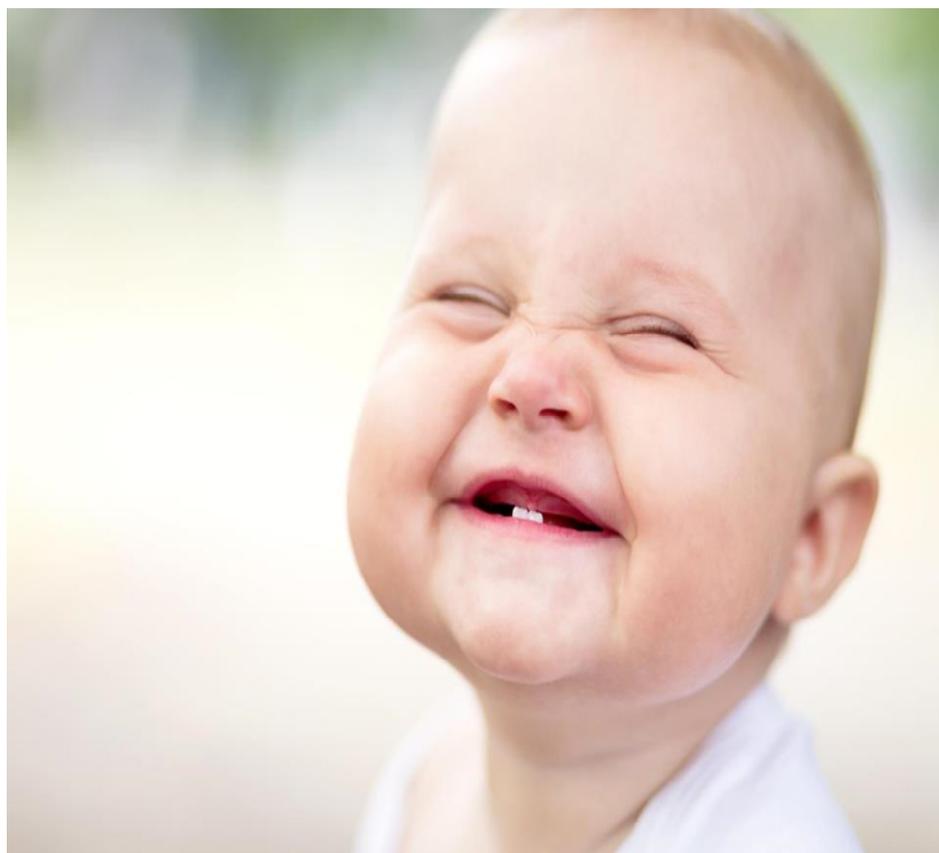
Referrals

Anyone with a concern about a child's development can refer a child to FCESS. Referrals can be made by parents, early childhood professionals, medical professionals, or anyone else. If you have a concern give us a call. Please be sure you have consent of the child's legal guardian before sharing their personal information with anyone.

Family Centered

FCESS activity is family centered. Our program is designed to build the capacity of a child's natural caregivers to use evidence based practices to help their child learn and grow to their full potential.

Families know their child best. Families are engaged from the start to plan, evaluate, and implement individualized strategies, with the support of caring professionals.



ELIGIBILITY

ELIGIBILITY FOR FCESS IS DETERMINED BY A DEVELOPMENTAL EVALUATION. CHILDREN MAY BE ELIGIBLE DUE TO

- * AN ESTABLISHED CONDITION,
- * ATYPICAL DEVELOPMENT,
- * DEVELOPMENTAL DELAY OF 33% OR MORE IN ONE OR MORE DOMAINS,
- * OR BY MEETING THE AT RISK DEFINITION IN NH HE-M 510 STATE RULES.

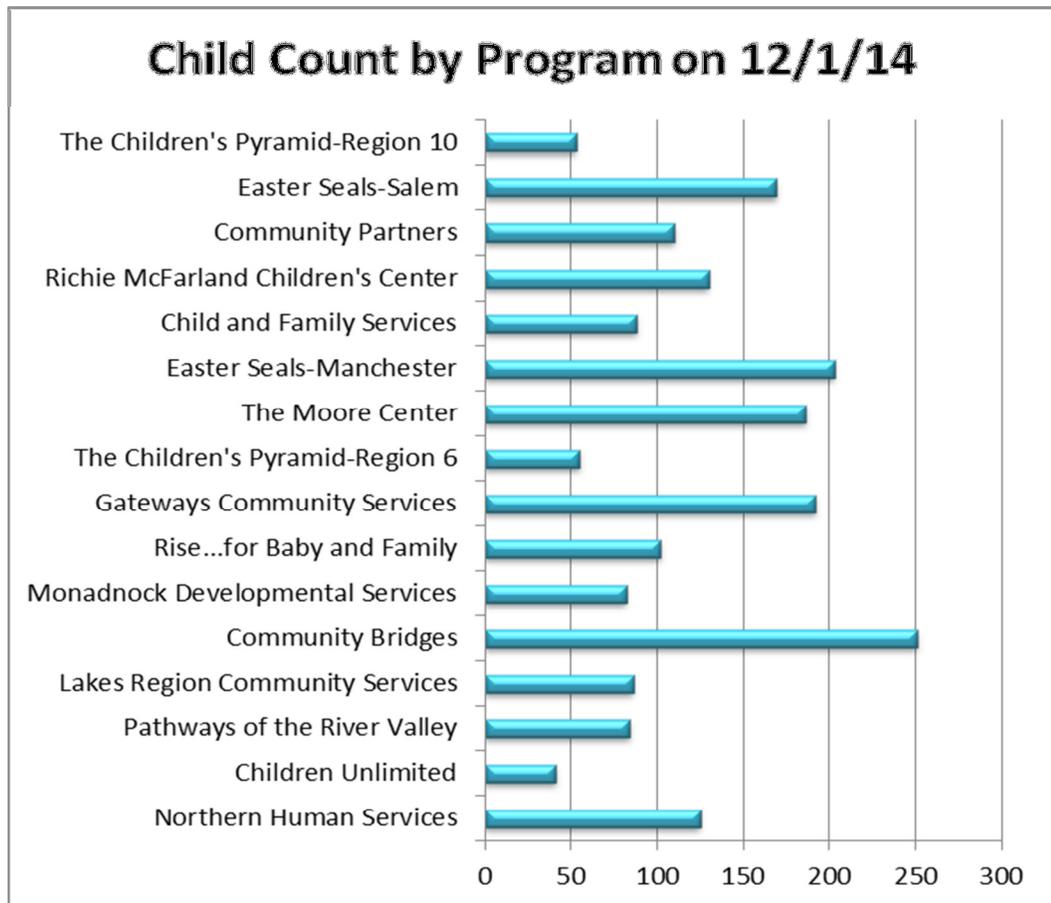
Natural Environment

Services are provided in the child's natural environment. This means that strategies are designed to be integrated into the child's everyday routines and interactions. Research shows that this is how young children learn best.

FCESS State Office: 603-271-5686 or 603-271-3783

Child Count by Calendar Year

A total of 3,656 children had an IFSP and at least one FCESS service between 1/1/14 and 12/31/14. The number of children enrolled in FCESS constantly shifts, as children enter FCESS and exit FCESS for a number of reasons. This chart shows a point in time count on December 1, 2,014 of children with active IFSPs on that day. The 1,958 children included in this chart have been disaggregated by local program, gender, and race ethnicity below.



The following percentages are represented in the above December 1, 2014 child count.

Boys 63%

Girls of 37%

Ethnicity is compared to the general population of New Hampshire.

American Indian or Alaskan Native: 0.1%

Asian: 2.7%

Black or African American: 1.6%

Hispanic/Latino: 3.4%

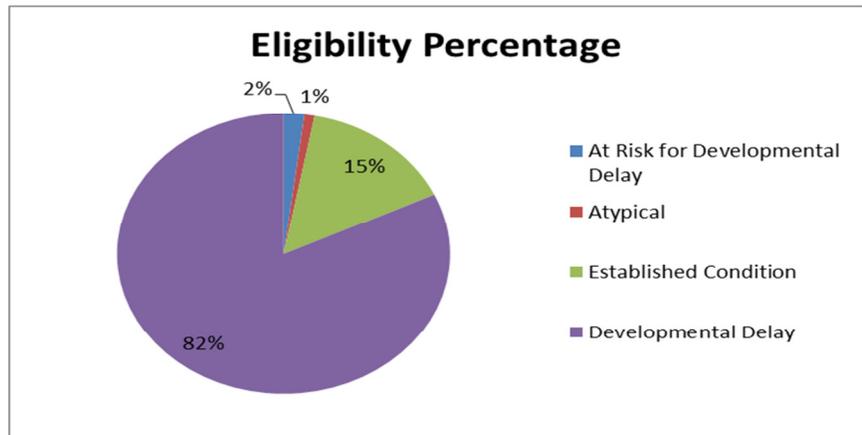
Native Hawaiian or Other Pacific Islander: 0.2%

Multi-Racial: 5%

White: 87%

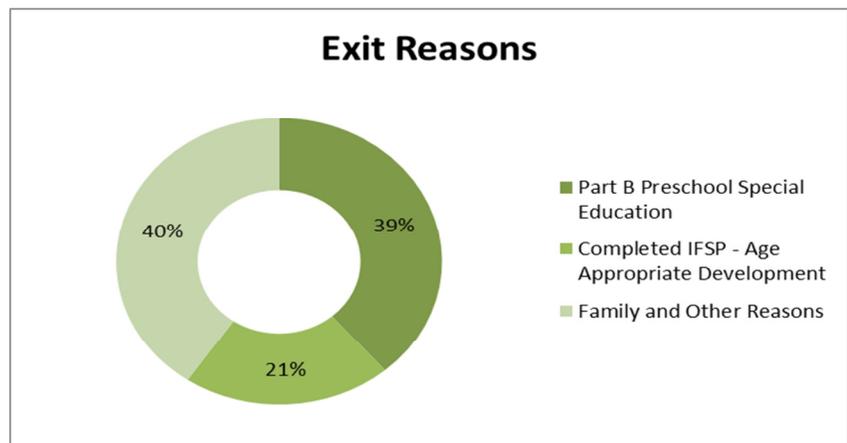
Children who are Eligible

After referral and intake, a child is evaluated by a multidisciplinary team of two professionals from separate disciplines, such as a Speech Therapist and a Physical Therapist, to determine how a child is developing across several domains. This evaluation determines eligibility for FCESS. This chart shows the distribution of 2,522 children served at any time between 7/1/14 to 6/30/15 by eligibility category.



Transitions

All children exit FCESS by their third birthday. The graph below represents 2,034 children who exited FCESS between 7/1/14 – 6/30/15. Thirty nine percent (39%) of those children were found eligible for Part B Preschool Special Education. Twenty one percent (21%) of these children completed their IFSP goals and were demonstrating age appropriate development at the time of exit. Forty percent (40%) of the children exited for a variety of family and other reasons (e.g. moved out of state, referred to community programs, family withdrew from program, etc.). To ensure a smooth transition for children leaving FCESS, each family, Area Agency, the local provider and local school district work closely with each other in the months preceding a child's third birthday to ensure a smooth transition for the child and their family.

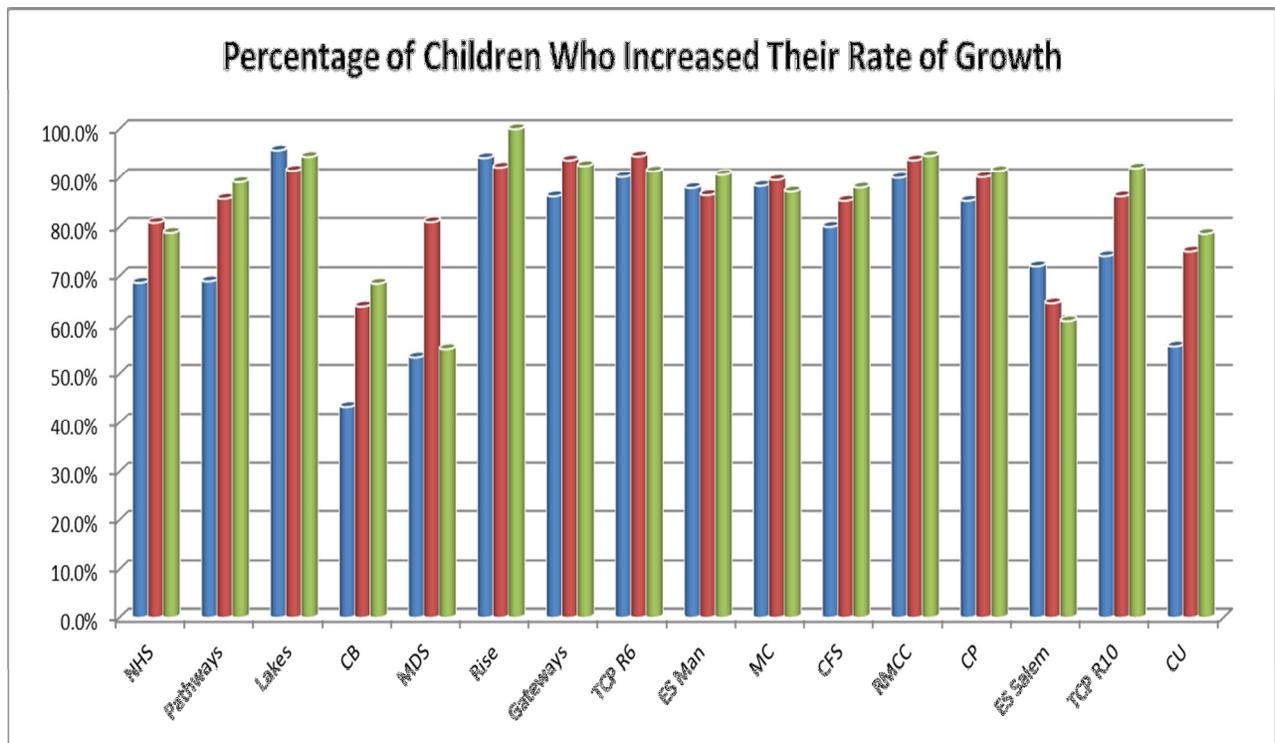


Child Outcomes

Children who remain in the FCESS program for at least 6 months are included in the Child Outcomes data report. States report data nationally on three outcomes:

- A. Social relationships which include, getting along with other children and relating well with adults (blue data in graph below).
- B. Use of knowledge and skills which refers to thinking, reasoning, problem solving, and early literacy and math skills (red data in graph below).
- C. Taking action to meet needs, which includes feeding, dressing, self-care, and following rules related to health and safety (green data in graph below).

This graph represents the percentage of children within each of the 16 programs who had increased their growth in the three outcomes described above upon exiting FCESS between 7/1/14 thru 6/30/15.



Compliance with Federal Performance Indicators

The US Department of Education (US DOE), Office of Special Education Programs (OSEP) determines indicators for statewide early intervention programs to ensure equitable, timely, and quality services for all eligible children and families. New Hampshire He-M510 and He-M203 state rules reinforce the importance of compliance with the OSEP indicators. The New Hampshire Bureau of Developmental Services, Family Centered Early Supports and Services state level staff provide the supervision required by the federal government to administer the Part C grant.

Area agencies and local programs are monitored to ensure that eligible children and families are receiving services in compliance with state and federal regulations governing Family Centered Early Supports and Services. The rules governing FCESS are available at http://www.gencourt.state.nh.us/rules/state_agencies/he-m.html

Indicators are monitored to ensure:

- a) that children and families receive services within a timely manner (Indicator 1, Timely Services)
- b) the places where services are provided that the child's age peers without disabilities live, play, grow and learn, such as, home, childcare, playground, local library, relatives' or friends' home, grocery stores, etc. (Indicator 2, Natural Environment)
- c) the effectiveness of local, state, and national early intervention efforts (Indicator 3, Child Outcome Summary)
- d) that families are helped to know their rights, communicate their child's needs, and participate in their child's progress (Indicator 4, Family Outcomes)
- e) equitable and effective services across the state (Indicators 5 and 6, Comparison of child find rate to general birth rate)
- f) that families are engaged in evaluation and planning of IFSP services within 45 days of referral and parental consent to the IFSP is obtained by 45 days from referral (Indicator 7, Timely IFSPs)
- g) that a child's transition out of FCESS is well planned and coordinated with the family and appropriate referrals are made as determined by the IFSP team of family and professionals (Indicators 8a Transition Plan, 8b Notification/referral, and 8c Transition Conference).

2015 Indicator Compliance for Family Centered Early Supports and Services by Program

Region	Program	Indicator 1 Timely Service	Indicator 2 Natural Environment	Indicator 7 Timely IFSPs 45-Day Timeline	Indicator 8a Transition Plan (27-23 months)	Indicator 8b Referred to LEA and SEA	Indicator 8c 90-day Transition Conference
1	Northern Human Services	100%	100%	100%	100%	100%	100%
1	Children Unlimited	100%	100%	100%	100%	100%	100%
2	Pathways of the River Valley	100%	100%	100%	100%	100%	100%
3	Lakes Region Community Services	100%	100%	100%	100%	100%	100%
4	Community Bridges	100%	100%	100%	100%	100%	100%
5	Monadnock Developmental Services	100%	100%	100%	83%	100%	100%
5	Rise...for Baby and Family	100%	100%	100%	100%	100%	100%
6	Gateways Community Services	100%	100%	100%	100%	100%	100%
6	The Children's Pyramid	100%	100%	100%	100%	100%	100%
7	The Moore Center	100%	100%	100%	100%	100%	100%
7	Easter Seals	100%	100%	100%	100%	100%	100%
8	Child and Family Services	100%	100%	100%	100%	100%	100%
8	Richie McFarland Children's Center	100%	100%	100%	100%	100%	100%
9	Community Partners	100%	100%	100%	100%	100%	100%
10	Easter Seals	100%	100%	90%	100%	100%	100%
10	The Children's Pyramid	100%	100%	100%	100%	100%	100%

Family Outcomes

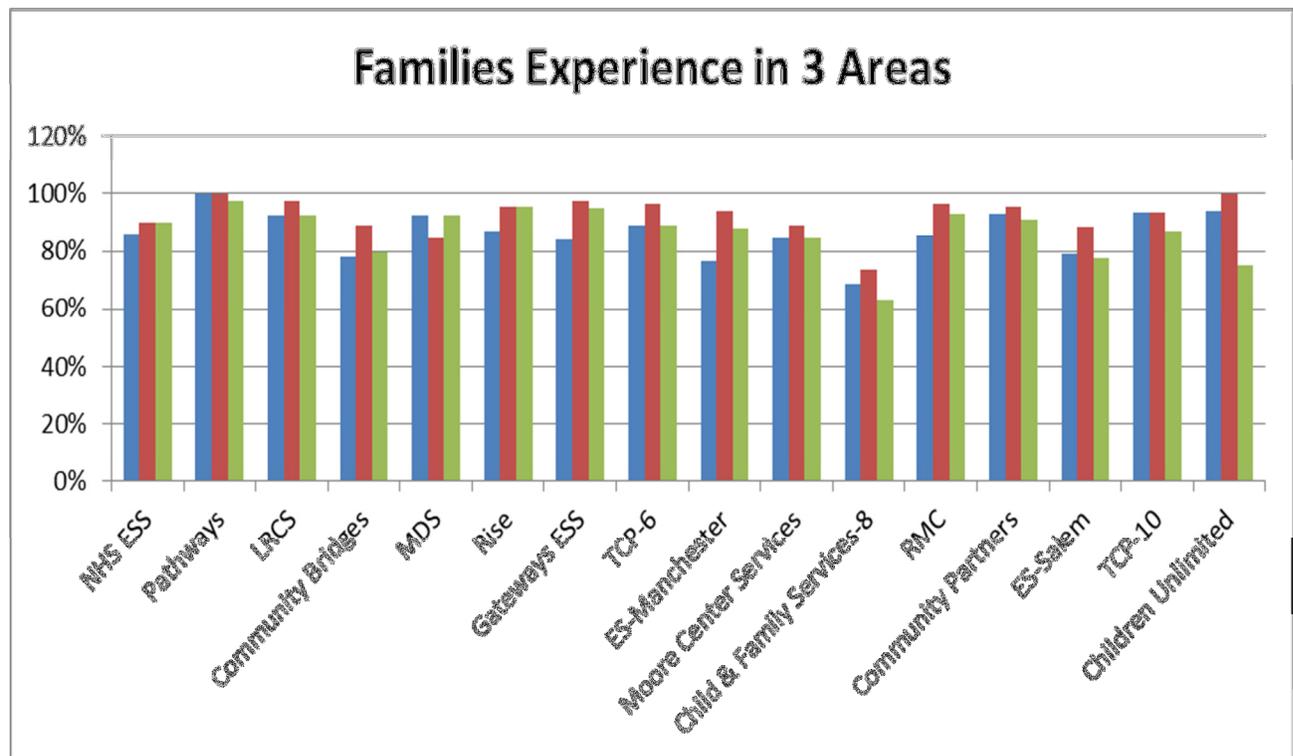
Families, who have participated in FCESS for at least 6 months at the time of the yearly Family Outcome Summary survey, are asked to rate their experience in the following three areas:

- increased knowledge of their rights (blue data in graph below);
- learned to communicate their child’s needs to family, friends, pediatricians, and others (red data in graph below);
- FCESS had helped their child grow and learn (green data in graph below).

In April 2015, 1,362 surveys were distributed to families participating in FCESS of which 630 responses were received and calculated. The overall results showed:

- 86% expressed an increased knowledge of their rights
- 93% felt they had learned to communicate their child’s needs
- 87% felt FCESS had helped their child grow and learn.

The graph below represents the percentage of families who submitted a response to the survey within each of the 16 programs who experience FCESS as helpful within the three areas mentioned above.



State Systemic Improvement Plan

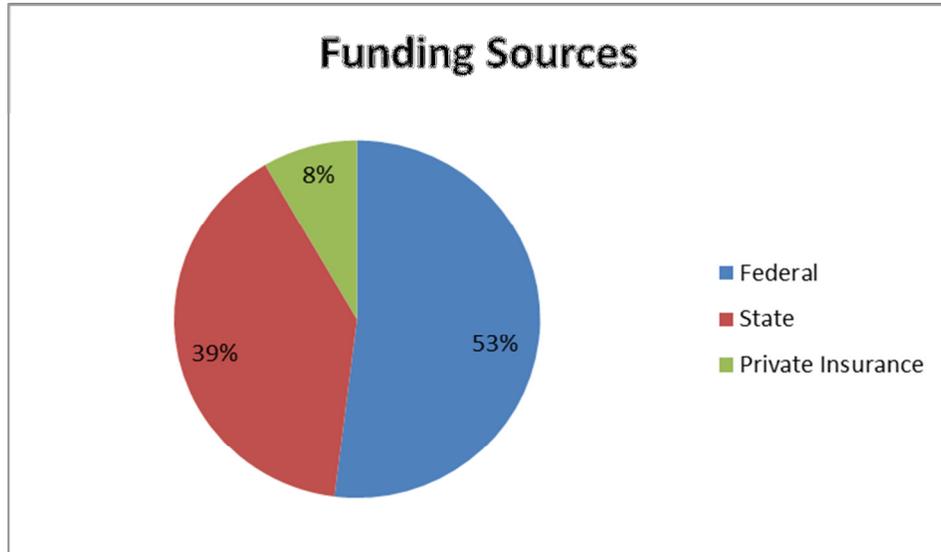
The State of NH, at the request of OSEP, participated in an extensive infrastructure and data analysis to determine where it would be best to aim quality improvement efforts. Through engagement of stakeholders it was determined that improving professional development structure with ongoing coaching and mentorship would enhance many areas of the system. Data analysis and root cause analysis, with stakeholders, informed the choice of Child Outcome Summary Training (COS), Cultural Competence, and DEC Recommended Practices (SEE Change Initiative). It was determined that these initiatives would result in a good return on efforts. Below is the theory of action that resulted from the year of analysis.

Improvement Strategy	SEE Change	Cultural Competence	COS Training
State	If we build the capacity of our CSPD system to implement and scale up evidence based practices (EBPs)	If we partner with OMHRA to build system capacity to provide cultural competence training	If we improve the quality of training regarding COS ratings and data based decision making
Local Program	Then local programs will have access to high quality, ongoing training and support in EBPs	then we will be able to use this capacity to bring cultural competence training to all personnel in our system	Then programs will have a shared understanding and improved consistency of process around child outcome ratings
Practitioner	Then practitioners will participate in coaching and mentorship arrangements to implement EBPs sustainably and with fidelity	Then personnel will be equally skilled at outreach and service to all groups	Then providers will have reduced frustration and improved supports to rate child outcomes
Families and Children	Then families and children will engage in evidence based activities in natural environments and daily routines	Then all children and families will experience equitable engagement with providers to actively participate in FCESS services	Then families understanding of and participation in the COS process will be enhanced
SIMR (State Identified Measurable Result)	The percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication) will increase.		

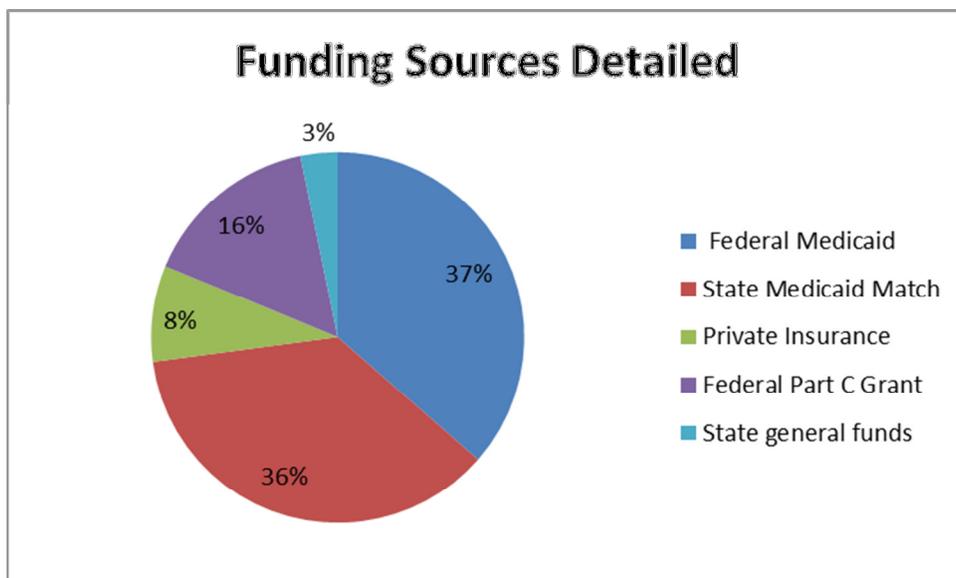
Teams of master cadre members were engaged in preparation for their role in the initiatives. SEE Change members began implementing the Division of Early Childhood Recommended Practices in Region 1 FCESS programs. The Cultural Competence master cadre prepared to work with a national trainer to prepare for their training and coaching roles. The COS team began monthly web workshops with experts in the COS process and data based measurement. As teams move into the next year they will continue to increase their capacity for training and coaching. Once training is implemented coaching strategies will be used to sustain changes in practice and to maintain consistency of effort.

Funding

New Hampshire Family Centered Early Supports and Services are supported through three primary funding sources including federal funding, state dollars, and private insurance.



FCESS Federal funding includes 16% from Federal Part C Grant and 37% from Federal Medicaid for a total of 53% Federal funding. State funding includes 36% State Medicaid Match and 3% State General funds for a total of 39% State funding. The remaining 8% of funding comes from private insurance.



New Hampshire Interagency Coordination Council (ICC)

Part C of IDEA requires the establishment of an Interagency Coordinating Council (ICC) which acts as an advisory group to the Bureau of Developmental Services for the NH Family Centered Early Supports and Services program. The appointed positions must include key individuals representing a variety of state viewpoints as well as parents of children with disabilities. Every effort is made to have members from all regions of the state.

The purpose of the NH ICC is to promote and increase the quality of Family Centered Early Supports and Services (Part C of IDEA) and Preschool Special Education (Part B/619) supports and services to eligible children, birth through five years and their families.

The meetings are open to the public for anyone to observe and become involved. The meeting dates and times are posted on the FCESS website:

<http://www.dhhs.nh.gov/dcbcs/bds/icc/index.htm>

If you are or know a family member who is interested in ensuring the quality of IDEA Part B and Part C services in NH, please call Kerry Wiley 271-5686 or Kathy Gray 271-3783.



Our Families Say

"I'm very pleased with early intervention services. [Our provider] is very helpful with making suggestions on how to incorporate strategies that will help my child grow and develop. I'm also, extremely happy with the amount of progress my child has made with assistance of support [FCESS]. The staff communicates effectively and meets our family's needs."

"We so appreciate all the help and services that have been provided to us. The tools that we have learned from our speech path and OT have been incredibly helpful with our son's development."

"[FCESS] has helped out our family in so many ways. With the basics of helping my son with all his disadvantages to helping my older son and I understand what we have to do to help us function as a whole. The experience of early intervention has been a blessing for Anthony and our whole family. Thank you so much for helping our family be everything we can be."

"When I stop to think and reflect over all that has occurred this year in my son's life, the first thought; the most profound experience is the time he has had with his speech therapist from your organization. [Our provider] has made such an impact on our whole family but most importantly with Kevin. His confidence, behavior and most of all his speech have all thrived because of her approach, wisdom, and guidance. He is and will be who he is because of this early intervention. I am forever grateful for [FCESS]!"

"The support for my whole family has been great! I was able to communicate concerns I had and changes were appropriately made when requested! [Provider] has been an important piece of Joey's development and support for my family."

"The benefits of this program are astounding. My daughter went from being premature with the possibility of long term brain injury to developmentally on track for her real age and ahead for her adjusted age. I feel the weekly working sessions, tips, tools, and coaching from [our provider] have been invaluable to my daughter blossoming along this amazing journey. [FCESS] is an incredible gift which has given my daughter such an amazing advantage. All babies should be so lucky!"

For More Information

DHHS Family Centered Early Supports & Services

<http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm>

FCESS Program Directory

<http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/documents/directory.pdf>

Central Directory

<http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/documents/centraldirectory.pdf>

Annual Performance Report

<https://osep.grads360.org/#communities/pdc/documents/12042>

Part C Grant - Annual Application

To request an electronic or paper copy of the 7/1/14-6/30/15 application contact a member of state staff listed below.

NH Interagency Coordinating Council (ICC)

<http://www.dhhs.nh.gov/dcbcs/bds/icc/index.htm>

State Staff:

Elizabeth Collins

Administrator/ CSHCN Director

Special Medical Services-BDS

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Kerry Wiley

Part C Coordinator-FCESS-BDS

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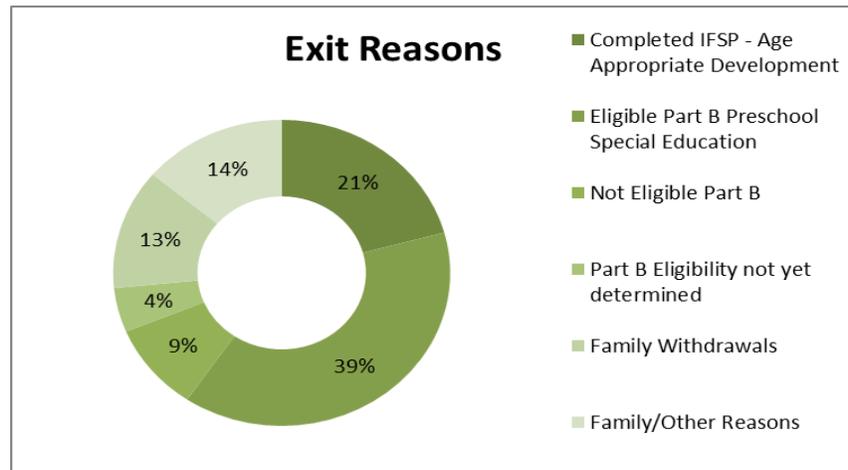


**Addendum for:
Family Centered Early Supports
and Services
Public Report 2016
Report Period 7/1/14-6/30/15**

Due to stakeholders request for more detailed information, this addendum was created December 2016 and is intended to accompany the original 2016 report.

Transitions

All children exit FCESS by their third birthday. The graph below represents 2,034 children who exited FCESS between 7/1/14 – 6/30/15. Twenty one percent (21%) of these children completed their IFSP goals and were demonstrating age appropriate development at the time of exit prior to their third birthday. Thirty nine percent (39%) of these children were found eligible for Part B Preschool Special Education. Nine percent (9%) were determined not eligible for Part B Preschool Special Education and exited FCESS without or with referrals to other programs based on family choice. Part B eligibility for 4% of these children had not yet been determined prior to their third birthday. Thirteen percent (13%) of these children were withdrawn from the program by their family for a variety of reasons either prior to the start of an IFSP or prior to their third birthday. Fourteen percent (14%) exited prior to their third birthday due to other family reasons (attempts to contact family unsuccessful, deceased, or moved out of state). To ensure a smooth transition for children leaving FCESS, each family, Area Agency, the local provider and local school district are expected to work closely with each other in the months preceding a child's third birthday to ensure a smooth transition for the child and their family.



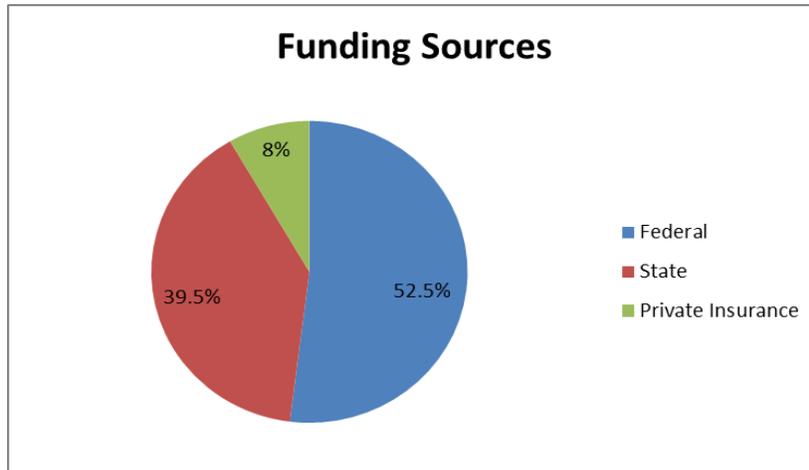
Addendum page 11 & 12 - Additional explanation regarding compliance data

Compliance data is collected through a random sample which is based on 5% of a program's total number of children served throughout the year. For example: if a program serves 727 children throughout the year, the random sample would include 13 charts for review. A random 5% sample of charts was chosen to be reviewed by the state staff. If noncompliance is discovered, the program has 90 days to implement corrections and maintain 100% compliance. If 100% compliance is not maintained, a finding is reported and a Corrective Action Plan (CAP) is put into place. A finding would result in less than 100% compliance in the final report.

Addendum to page 15, Funding data

Funding

The three primary funding sources for New Hampshire Family Centered Early Supports and Services are federal funding, state dollars, and private insurance.



FCESS Federal funding includes 16% from Federal Part C Grant and 36.5% from Federal Medicaid for a total of 52.5% Federal funding. State funding includes 36.5% State Medicaid Match and 3% State General funds for a total of 39.5% State funding. The remaining 8% of funding comes from private insurance.

