

NH Interagency Coordinating Council

MINUTES

November 7, 2014

Present: Charna Aversa, Sharon Davis, Kerry Wiley, Michelle Lewis, Diane Bolduc, Terry Olson-Martin, , Ruth Littlefield, Linda Graham, Lenore Sciuto, Sharon Kaiser, Gloria Fulmer, Carolyn Stiles, Kelley White, Jessica Bowen, Katie Roach, Rochelle Hickmott-Mulkern, Sonja Barker

Guests: Jenn Doris, Peggy Small-Porter, Suzanne Iverson, Holly Cavendar Wood, Ellyn Schrieber

1. The meeting commenced at approximately 9:30 am with ICC Co-Chair Charna Aversa presiding.
2. **Housekeeping** - items were completed – introductions, affirming the minutes of the prior meeting.
3. **Nominating Members** –Jen Doris was nominated to join the ICC. Sharon Laliberte indicated a willingness to extend her membership for an additional three years.
4. **Successes and Challenges** –Members were asked to reflect on and share their thoughts about the successes of the past year and the challenges ahead. Shared thoughts included: there has been a lot of information regarding the State Systemic Improvement Plan (SSIP) and a lot of work done on it, the data analysis group is working, analyzing the data will be a challenge, going forward without the knowledge and history brought by Carolyn will be a challenge, Part B/ Part C connection is supported by the ICC, the grant for SEE change , phone conferences with state and federal partners, tele-attendance at ICC meetings is a strength and a challenge.
5. **Family Cost Share** - Michelle, Charna, Lenore, and Terry met with Lorene Regan. Lorene is reported to be supportive as long as it makes financial sense and suggested that we get more financial data. Discussion followed on whether it is an appropriate role for ICC to drill down for clarifying the cost of services and that perhaps it would be more appropriate for the Bureau of Developmental Services in conjunction with the Business Managers to take on this task. It was reported that the FCESS Program Directors would like an opportunity to present information to the ICC on the real cost per child. There was concern expressed that we will keep going in a circle if no one takes the next step. Linda Graham indicated that CSNI wants to hire a consultant to work on this and to address questions such as whether collections would be regional or run by the state and that BDS would take this on only once it is clear that it is worthwhile. While the opinion was voiced by more than one person that there is clearly a need for additional revenue to FCESS, it was also stated that ICC was tasked only to look at this one potential revenue stream. Discussion then continued with concern expressed as to who serves as advocate for the FCESS programs with FCESS being only a small part of CSNI's concerns and no structural voice for the FCESS Directors. ICC is not a Directors' voice but is a communicator of a voice that includes the Directors' perspective. Additionally, concern was expressed that both BDS and the FCESS programs will have even less voice once MCOs take on FCESS. Further, it will be up to each Area Agency to negotiate with each MCO. Our agreed position at the end of discussion was that ICC would inform CSNI of the work that has been done on FCS and the results; supports CSNI looking at all revenue options and funding of FCESS including Family Cost Share and giving its expertise to the Bureau; recommends that the Directors, the ICC, and the families should be represented in discussion / decision making around funding,; and that ICC wishes to be kept informed of the process and results. A subgroup will work on wording a letter to CSNI to include these points.

6. **State of the Program** - Carolyn Stiles reported, reviewing the laws and rules that govern the FCESS program. For the State of NH these include He-M 510 and 203, the BDS Rules, the Right To Know law. Federally included are the 2004 IDEA, Part C regulations (2011), HIPAA, and FERPA. She reviewed the 11 Indicators of compliance –1) timely services, 2)natural settings, 3)child outcomes, 4)family outcomes, 5&6)child find, 7) timely IFSPs, 8)transition planning, 9&10)dispute resolution, and 11)SSIP. There is a target set for each indicator, for #s 1, 7, & 8 the target is 100%. Annual monitoring involves reviewing 10% of all records active for a category between October 1 and January 31. Next she reported on where children have gone after leaving FCESS. 58.7% of children exiting are referred to special education (n: 1091); 73% of those children were found eligible for special education (n:797). Of the children referred 8% did not receive a determination of eligibility before their third birthday (n:92) and 18.5% were found to be not eligible (n:202). In setting targets for the SSIP the baseline used may stay the same or change; the FY 2018 target must be higher than the baseline. The goal of the SSIP is required to be “ambitious yet do-able”. We then participated in an activity that will assist BDS in setting the targets for OSEP Compliance Indicators for 2014-2018.
7. **SEE Change** - Ruth Littlefield reported that the pilot program is in process.
8. **Preschool Update** – Part B SSIP is going to focus on preschool. They are looking to parallel and connect with the Part C.
9. **State Systemic Improvement Plan** – This is a five year plan / process with the first year having been dedicated to data analysis and infrastructure analysis. This result of that process is the creation of a State Identified Measurable Result (SIMR). The SIMR must be in the area of child outcomes. NH has identified two areas of statistically significant difference in outcomes – gender and race / ethnicity as regards exiting having met age expectations in area B. For gender the statewide difference is 10% with girls ahead of boys in the percentage who exit FCESS services at age level expectations. The group participated in an activity to help us align actions of our Strategic Plan with our SSIP work. Data was disaggregated by program and the group was asked to think about possible root causes of differences in outcomes by program and possible coherent improvement strategies.
10. **Future Steps** - The MCOs are being asked to present at the February meeting, which will also have time allocated for the Part C application and the Part C APR / SPP. Future meetings will allocate time for discussion of funding issues. Members are requested to email or tell Charna if you are interested in working on CSNI communication. Watch Me Grow is still in need of an advisory group. SPARK will take on the data piece plus support via an existing committee.
11. **New members** - A vote was taken on the nominations of Jennifer Doris to join the ICC as a service provider representative and for Sharon Davis to extend her term for another 3 years.
12. **Adjourned** – The meeting adjourned at approximately 3:00

**Respectfully submitted,**

**Diane Bolduc, M.Ed., LCMHC**

## NH Interagency Coordination Council

### Meeting Notes

August 1, 2014

New Hampshire Hospital, Conference Room A

#### Participants

Members: Charna Aversa, Sonja Barker, Diane Bolduc, Jessica Bowen, Gloria Fulmer, Linda Graham, Jane Hybsch, Sharon Kaiser, Eileen Mullen, Terry Ohlson-Martin, Lenore Sciuto, Kelley White

Guests: Katie Roach, Peggy Small-Porter, Jen Doris

Staff: Kerry Wiley, Carolyn Stiles, Darlene Ferguson

#### Meeting:

- ♦ Orientation provided for Terry Ohlson-Martin and Katie Roach by Charna Aversa
- ♦ June 6, 2014 notes accepted unanimously.
- ♦ Nominating Committee Report:
  - New preschool representative – Katie Roach, 2<sup>nd</sup> visit, the Council voted today to request Katie's appointment as a preschool representative (Eileen moved the vote, Terry seconded)
  - Need new 3 FCESS providers (Jen Doris volunteered to be an FCESS provider on the Council, but a vote was not taken)
  - Charna's term ends this year, we will need a new co-Chair and to request a new Head Start representative or revise the current ICC By-Laws. This will be discussed at the Retreat in November. Members are encouraged to consider taking on a leadership role in the ICC.
- ♦ **SEE Change** (Sustainable Early Engagement for Change) initiative previously referred to as: Early Childhood Technical Assistance Center (ECTA Center) Implementation of DEC Recommended Practices Intensive Technical Assistance – update
  - SEE Change is a collaborative initiative with the DOE/Preschool special education and the ECTA Center
  - The SEE Change State Leadership Team (SLT) members currently include: Pat Cantor, Leslie Couse, Jen Cunha/Michelle Lewis, Joan Izen, Ruth Littlefield, Debra Nelson, Carolyn Stiles, Dee Dunn Tierney, Ellen Wheatley, and Kerry Wiley. Additional members will be invited to represent preschool special education, child care – Kathy Keene; Peggy Small-Porter will represent FCESS local programs on the SLT.
  - BDS is collecting applications for persons interested in participating on the Master Cadre of Training and TA providers for the 2 year project and possibly beyond the project. Master Cadre personnel will work on the implementation site's training team.
  - This project is about sustaining change over time in terms implementing evidence based practices related to engagement for children birth to 5 years.
- ♦ **Care Management Advisory Group regarding FCESS** - update
  - The ICC agreed to be the advisory group to BDS regarding Care Management.
  - Family Voices has provided materials to explain the requirement to enroll with a CMO.
  - Everyone is required to enroll at this time including those who received a waiver last year.
  - It is important to attend one of the forums advertised on the DHHS website. This information has also been disseminated in an email.
  - Discussed notes from the 6/4/2014 meeting to discuss funding challenges and opportunities for FCESS. This will be posted in e-Studio
  - At meeting it was suggested that legislation may be a way to address this idea.
  - Is there a best practice that all regions should be following? No agreement at the meeting.
  - Input? Questions

- ♦ During the 6/4 meeting it seemed that Lorene did not like the idea of the Family Cost Share process. *It could be that if more information was provided to Lorene, she may be influenced.*
  - ♦ Should we continue to work of this? *Business managers brought up the idea that they were not in favor.*
  - ♦ The Business Managers did not seem to be well informed about the process. *ICC could take on the mission of informing Lorene and Business Managers. Suggest discussion with Business Managers. ICC members could talk to their own business managers.*
  - ♦ No one knows the actual cost of the program. The state does not get information about the actual cost of providing FCESS because the formula is configured differently.
  - ♦ Advocacy may be more persuasive than legislation.
- There is a big question about funding, not likely that the State will take-over billing private insurance, we will be moving into Managed Care.
- Having we look at what other states are doing? Yes
- Should ICC members could go to 9/24 Quarterly Meeting when MCOs will be available for questions.
- We need to educate the MCOs.
- MCOs need to experience the issues to understand them. The more we can educate them, the better.
- I served on a Health Center Board (as an MD), there are difficulties in negotiating rates with the MCOs. Some feel they can take over certain aspects of services which is creating a problem for some private organizations.
- Concerns about who will be doing case management. MCOs provide case management for specific issues, not the individual across medical issues.
- The only people left out of care management are Veterans, spend down situations; everyone else must be registered.
- Can invite MCOs to Retreat.
- Recommend that everyone attend a forum. Dates are on web site and they were sent out in an email.
- Regarding legislation – legislation will be tough this year as the insurance commission is greatly focused on implementing the ACA
- Very concerned about the funding stream for FCESS, private insurance returns are down, rates have not increased. Very scary. Hard to know what to share with MCOs. Requesting advice on how to focus advocacy efforts. *Suggested: 1. target legislation on a regional basis, 2. Important to educate about the importance of FCESS, 3. Importance of billing insurance to fund FCESS.*
- Should we do something about BDS and AA Business Managers not understanding the Family Cost Share?
  - ♦ Present information to Business Managers: Terry, Michelle
  - ♦ Talk to Bureau (Lorene): Terry, Lenore, Michelle, Charla, Sharon L.
  - ♦ Linda will schedule a meeting date with Lorene.
- ♦ **Watch Me Grow** is still looking for assistance in developing an on-going advisory group. Spark NH is not able to do this, but will provided assistance from Spark committees on specific topics. Helpful, but this does not meet our needs
- ♦ **State Systemic Improvement Plan – Part B**
  - Ruth Littlefield, special education preschool coordinator for the DOE, is not able to be here today, but submitted a request: “I am convening a stakeholder group to look at the Part B SSIP (data and infrastructure analysis to determine the State Identified Measurable Result). Through our preliminary, broad brush data and infrastructure analysis we have determined the focus will on improving child outcomes for preschool children with disabilities. We are inviting two representatives from the ICC to join us; especially people who can represent ESS and families.

The first meeting will be on October 2nd from 1:00-4:00 in Concord and we anticipate there will be one or two additional meetings as we move ahead. If you are interested in being contacted about these opportunities, let Carolyn know so I can contact you when I have more information.

Again, I send my regrets for not being there in person. As you know, I am presenting to school personnel at the NHDOE Education Summit at Keene State College on the use of evidence-based practices to improve outcomes for preschool children with disabilities.

The following people volunteered to represent the ICC on the Part B SSIP stakeholder group: Eileen Mullen and Terry Ohlson-Martin.

♦ **State Systemic Improvement Plan – Part C**

- Reviewed definitions of child outcomes and data analyses discussions to date.
- Acronyms: SIMR (State Identified Measurable Result), SSIP (State Systemic Improvement Plan), COS (Child Outcome Summary) data
- Focus is on Child Outcome 2: Acquisition and use of knowledge and skills including early language and communication and early literacy, both Summary Statements (SS) 1 – the percent of children who substantially increased their rate of growth by the time they exited the program and SS2: the percent of children who were functioning within age expectations in each outcome by the time they exited the program.
- Data Analysis – (See summary of notes from data analysis discussions to date previously sent to ICC members.)
  - ♦ Data tables and summary have been posted on e-Studio
  - ♦ Analysis of COS led us to identify gender and race/ethnicity data as showing a meaningful difference between boys and girls, both SS, and a meaningful difference between children in the minority group (all categories except white) and non-minority (white)
  - ♦ Difficulty drilling down with the race/ethnicity issue as data related to language spoken at home of the need for a translator is incomplete in the data system. This is something that will be addressed by requesting programs to enter the missing data.
  - ♦ Absence of data does not mean that the issue will not be addressed. It will be addressed as contributing factors.
  - ♦ Presented data disaggregated by program show meaningful differences between gender categories. This is also true if the four smallest programs are removed from the data. It was confirmed by SRI after we submitted our data to them that there is a meaningful difference between gender categories.
  - ♦ The next step is to disaggregate the data using a cross-tab analysis to identify the children who did not do well. When this is done, we can do a deeper analysis of this group to identify if race/ethnicity, gender, or something else that may be affecting this group. We will also look at this group in terms of eligibility category, diagnosis, service provision (type and frequency), insurance type, race/ethnicity, etc.
  - ♦ States can determine their own SIMR, but need to justify their decision. Potentially we could say that we will improve child progress, as evidenced by progress in the contributing factors.
  - ♦ Potentially, we could look at other state data disaggregated by data: graduation rates are one possibility, head start, other early childhood partners, birth outcomes (based on information available at birth) – check with MCH for this data; ask medical community for their reasons for referring children, may be different than what is captured in the referral data. Carolyn will solicit data from other EC partners to see if there are things that we can learn about the gender conversation. Head Start can look at gender with disability and non-disability.

- ♦ ICC members agreed (consensus) that we should focus on continuing an analysis by gender, but also identify contributing factors such as race/ethnicity, insurance group, service type,
  - ♦ We will need to convene a virtual meeting to discuss additional data in preparation for the November Retreat.
  - ♦ We will also be looking at the FY2014 data soon and compare to FY2013. Additional data will be posted in e-Studio.
- Structural Analysis – What do we know about our current structure? What more do we need to know? (see draft structural analysis)
    - ♦ Will be posted on e-Studio when it is complete.
    - ♦ Broad infrastructural analysis divided into the areas of our system. Pluses mean we feel we have addressed the issue, - indicates area needs to be addressed, ? means the issue is partially addressed, but not completely.
    - ♦ We want you to be aware of it and we are interested in your feedback.
    - ♦ Questions:
      - Governance – page 3, question that families understand the vision, mission, and goals of the system
      - General question of whether families understand the governance section
      - Page 6, asterisk means BDS needs to add information to the staff manual
    - ♦ Although we using the presented tool to analyze our infrastructure although the actual report will take a different format
  - Official TA call with OSEP – inviting ICC members to join the call on 9/16 at 9:00. This will be a conference call. This would be a good time to ask further questions. This is a good time to ask questions about the SIMR or SSIP
  - BDS will work on SIMR statement and share at the TA meeting along with information about the data and structural analysis.

♦ **Retreat**

- Invite Managed Care Organization representatives be invited for discussion
- Request: include information about what is going on in other states such as Vermont or Maine such as gender and race/ethnicity data
- Identify targets for OSEP progress indicators based on previous 4 year data for the next 5 years (Progress indicators include: natural settings, child and family outcomes, and child find)
- Identify SIMR, strategies, and a Theory of Action. BDS will prepare draft versions of all to facilitate the discussion.
- Invite Dwight to attend (or arrange a call) for the Retreat
- State of the State – preschool sped and FCESS
- Please send notes with agenda ideas in next couple of weeks

12:00 Adjourn ICC Meeting

SSIP Workgroup continues work on data/structural analysis following the ICC Meeting – this group did not meet because the new data was discussed during the meeting.

**Next Meetings**

<u>Date</u>	<u>Location</u>
11/7/2014	Retreat – location TBD 9:30-3:30

**ICC Meeting Feedback:**

*What I liked:*

- ♦ Meeting everyone and starting to understand some of the issues the ICC is working through

- ♦ NH Family Voices handout
- ♦ Sharing of information
- ♦ Open discussion of “tough” issues
- ♦ Timely movement of topics
- ♦ Thanks for all the info
- ♦ Humor
- ♦ Dedication of members
- ♦ Willingness to participate
- ♦ In depth discussions
- ♦ Discussion on MCOs
- ♦ Info on forums
- ♦ deadlines

*Best Idea:*

- ♦ NH Family Voices handout
- ♦ Presentation to Lorene on Bureau and “Business managers” of AA regarding cost share information that has been researched, piloted, and presented!
- ♦ Form from Family Voices on managed care
- ♦ Continue to discuss gender and scope of differences on COSF forms
- ♦ Encourage staff and families to attend managed care forums
- ♦ Making sure data about language spoken in the home is in LEADS
- ♦ Forum attendance

*Could have been better if:*

- ♦ Little warmer would be helpful
- ♦ Still feel things aren’t always clearly stated or explained
- ♦ Not enough input or check in with those on the phone
- ♦ People still do not speak loud enough to be heard on phone
- ♦ More preschool input. This seemed to be heavily ESS (although I didn’t mind.)
- ♦ Needed that perspective

*I would like to know more about:*

- ♦ I would like to know more about managed care.
- ♦ Role of MCOs in FCESS in regard to case management of the care of children!

## NH Interagency Coordinating Council

### MINUTES

June 6, 2014

Present: Charna Aversa, Michelle Lewis, Diane Bolduc, Ruth Littlefield, Linda Graham, Sonja Barker, Eileen Mullen, Lenore Sciuto, Sharon Kaiser, Rochelle Hickmott-Mulkern, Gloria Fulmer, Sharon Kaiser, Kelley White, Nicole Gallant, Jane Hybsch

Guests: Jen Doris, Peggy Small-Porter, Terry Olson-Martin

Staff: Carolyn Stiles, Kerry Wiley

1. The meeting commenced at approximately 9:35 am with ICC Co-Chair Charna Aversa presiding.
2. **Housekeeping:** items were completed – introductions, verification of the membership list information, affirming the minutes of the prior meeting.
3. **Nominating Committee report:** It was recommended that Family Voices be allocated a spot on the ICC, which they will fill with the person of their choosing. At this time that person will be Terry-Olson-Martin who has a long history of working with the ICC.

It was moved (Diane), seconded (Gloria) and put to a vote. All presented voted in favor of approving, none opposed. Katie Roach's second visit to ICC was postponed to our next meeting due to a family commitment. Additionally, we still need another FCESS representative.

4. **SPARK subcommittee reports:** Carolyn reported that the Quality committee has been working on a definition of quality, which has been sent to Lynn Davies who gave significant input. The committee is working on finding ways to disseminate the definition to families and early childhood providers. Kerry reported that the Policy Committee is prepping for a policy scan. Policy is reaching out to create partnerships with community groups with Coos coalition as the first effort. Kerry also reported that the Workforce and Professional Development committee is still trying to increase the use of the PORTAL (postings of jobs, trainings, resources). A benefit of PORTAL use is that postings will self-delete automatically saving effort on the part of the posting persons. Ruth added that the WF&PD committee is looking at core competencies across specialties; looking for more people to be involved in cross sector training. Linda indicated that the Public Awareness committee is at a standstill and that their next meeting will be in July.. Sharon said that she has been through the Ambassador Training and is going out a few times to present. She believes it would help to do this as a team.
5. Sonja reported that there are 5 carriers interested in being **Affordable Care Act providers** in NH during the next year (there is only one in this current / first year). The feds decide and NH is reviewing the applicants to make recommendations. This is time consuming and staffing for the process is very tight. This will increase options for consumers in terms of services and doctors available to them. There is a lot of

information on the website. There is a communications specialist more available to the public.

6. Carolyn reported for Sharon Laliberte who has been working on a binder of information for parents. The binder inserts will be put on the website for parents and / or programs to download / print into binders. All feedback from today will be sent to Sharon. The binder will also be presented at the FCESS director's Quarterly Meeting for additional comments.
7. **FCESS Care Management Advisory Group:** Due to the shift to a managed care model, the BDS is seeking a group to act as the advisory group and is suggesting that the ICC fill this role. On 6/4/14 there was a statewide meeting to look at the business of FCESS; possible effects of legislation, use of telemedicine (being piloted in some parts of NH), Family Cost Share (and how to make it work). If the ICC takes on the role as Care Management Advisory Group it will mean additional meeting time. Michelle expressed concern about how to manage and understand all of the elements. The task would be to receive, review, and advise on managed care Medicaid. Information will be posted to e-Studio and accessible to ICC members. The question was raised as to what weight would be given to our opinion by BDS or larger structures (such as the policy team). Concern about whether the ICC will have the same information as regions. Gloria asked for clarification as to whether the task would be to advise on overall policy. Sharon said that, for her, the 6/4/14 meeting was an eye opener – that there needs to be better emphasis on what is the real per child cost of FCESS and longitudinal savings to insurance companies. Kelley said that the process of negotiation (based on experience with the mental health centers) is a huge process. This model of care has not been explored for chronic needs. Kerry said that when trying to figure out the cost per child, it would help to have uniformity of factors – ICC could potentially help with that.

Is the ICC willing to take on the role of advisory group to the BDS in regard to CMC? It was moved (?), seconded (Lenore), voted with all in favor that are willing to do this.

Michelle stated she believes that ICC needs to be more involved in advising on service delivery considerations. Also, since the Family Cost Share study was done, the landscape has changed so more consideration needs to be given before implementation. Neither the state nor regions have the capacity to move the Family Cost Share forward now. Lenore stated her view that more of the information needs to be given to the regions. Also there is concern as to where the FCS funds would go.

8. **Watch Me Grow (WMG):** WMG is a developmental screening, information, and referral system that is guided by Stakeholders, with a Steering Committee that does the work necessary to keep the system functioning. A Stakeholders meeting was held last month to review the progress of the system and to make recommendations. One recommendation was to develop an advisory group established that was connected to an established early childhood advisory group such as Spark or the ICC to oversee the WMG System. Members of the steering committee agreed to talk to several established groups to determine if this would be a possibility. There is no mandated group to take on this task so it is necessary to find a group willing to function as an advisory group.

Watch Me Grow is developmental and for all children and Kelley pointed out that WMG is one way that children are referred to FCESS. Ruth pointed out that ICC just took on a huge task with agreeing to be the advisory group for FCESS in the Care Management project and that SPARK seems more appropriate. The consensus was to pass on this for now, but to reconsider if Spark does not pick it up.

- 9. Part C Application:** The DOE / DHHS Early Childhood MOA (memorandum of agreement) has been developed and signed by both Commissioners and has been submitted. They are still waiting for approval of a System of Payment (SOP) policy approval. Once done, this policy will be incorporated into the “Know Your Rights” handbook to ensure that it will be disseminated to all parents on the same schedule.
- 10. Strategic Planning:** Updates are in E-Studio in four areas – Outreach/Public Awareness, Personnel Development / Training, Accountability, and Direct Service. A sample strategic plan on the topic of Accountability was disseminated. The other sections will have a similar format. As we implement the plan, our TA providers will help us to identify materials developed by other states that are relevant and available to us. Please send comments to Carolyn. Ruth said that a systems framework tool being created by the Early Childhood Technical Assistance Center to assess our own system – may be helpful. Terry asked why all programs cannot have full access to all data. Carolyn said that the capacity is there and if people ask for it Cris Philipson would make the reports available to them.
- 11. Early Childhood Technical Assistance Center (ECTA Center) Implementation of DEC Recommended Practices Intensive Technical Assistance:** Ruth and Carolyn reported that they submitted an application and were selected for technical assistance (see letter and handouts) on implementing the DEC evidence-based practices related to engagement. The National TA Team will help address issues around personnel development – we currently need but do not have a cadre of technical advisors or trainers. Over the next several months we will be working on developing a sustainable cadre of trainers. The project will include developing a plan for sustainability.
- 12. SSIP (Statewide Systemic Improvement Plan):** OSEP (Office of Special Education Program) originally wanted us to focus on “improving early childhood outcomes”, but state pressure got them to include “and their families”. The due date has changed with the draft due on 2/1/15 and the final due by 4/1/2015. Part B has a parallel process to complete a SSIP. The SIMR must be based on an APR indicator, in our case it is the early childhood outcomes indicator, outcome #2. The second handout is an implementation guideline for preparing the state’s SSIP. Three projects: intensive TA, Strategic Planning, and SSIP will hopefully all come together to improve services for children and their families. First we will need to develop a State Identified Measureable Result (SIMR) based on data analysis and also infrastructure analysis. The data analysis workgroup will begin their work today following the ICC meeting. The infrastructure analysis will be largely based on the strategic planning process which began last November and also on the development of the policies and procedures that were developed as a part of the Part C application over the past year and a half. The SSIP guidelines document was described and discussed.

- 13. Meetings:** We will likely need more / longer meetings; moved (Ruth), seconded (Gloria), voted with all in agreement that we will next meet in August (8/1/14, 9:30-12:30).
- 14. Other:** Sharon indicated that there is a listing of early childhood mental health (ECMH) competencies across states on a website, not sure of the name, but that NH is not listed even though we do have ECMH competencies. It is not clear why we are not listed. Carolyn reported that dates for the data analysis workgroup will be publicized but are not yet scheduled. It is anticipated that the workgroup will meet in July.
- 15. Adjournment** – moved (Ruth), seconded (Rochelle), all in favor to adjourn at 11:07am.

**Respectfully submitted,**

**Diane Bolduc, M.Ed., LCMHC/revisions by Carolyn**

#### **ICC Meeting Feedback Form (4)**

What I liked: lots of energy; lively discussions; Charna did a great job keeping us on time with gentle pushes into next agenda items; great discussion and information

Best Idea: Really liked the idea of merging WMG with the ICC as a subcommittee, sorry about the lack of support/ Spark portal; ? Watch Me Grow advisory, who, opportunity to bring more "to the table".

Could have been better: more time for MCO discussion; more parental input

I would like to know more about: practices/costs/services provided in other states such as Vermont; the actual "real" cost associated with providing (mandated) services to children & families served thru FCESS Programs, how can ICC gather this information from each region?

**NH Interagency Coordination Council**  
**April 4, 2014 Meeting Notes**  
New Hampshire Hospital, Conference Room A

**Members present:** Pat Cantor, Linda Graham, Sharon Kaiser, Sharon Laliberte, Michelle Lewis, Ruth Littlefield, and Lenore Sciuto

**Visitors:** Karen Willette (video conference), Lorene Reagan, Peggy Small-Porter, Susan Marcotte-Jenkins, (?) for Spark, Lindsay Lafleur for Jen Doris, Pauline Boyce for Gloria Fulmer

**Staff:** Kerry Wiley, Carolyn Stiles

The meeting was led by Sharon Laliberte.

A motion was made to accept last meeting's notes, by Michelle Lewis, seconded by Sharon Laliberte, with all in favor.

Nominating committee update: the new preschool representative is not present, Ruth will follow-up with her to see if she is still interested. Parents that are not here today want to remain members. There is 1 vacant position for an FCESS provider.

SPARK NH (ECAC) update:

Kerry noted that the WFPD committee has the PORTAL up and running. Pat Cantor spoke of shared competencies having RFPs, for technical assistance approved. Integrated professional development system has funding for a consultant to work on 6 components of the blueprint. Carolyn asked members to get contact information to her if they are not receiving the SPARK NH newsletter. The Quality committee is putting together recommendations to the policy committee. The data committee is finishing up a self-assessment.

Family Representative Updates

Sharon L. showed the model of an organizational binder to help parents in FCESS stay organized and have information needed for appointments, etc. on hand. Jess is working on revising the map created by NH Family Voices. Parents of ICC have been discussing ways to better connect and give feedback even when not able to be regularly present at meetings. Ideas include parent only conference calls, email, to share meeting updates and get feedback that Sharon can bring back to ICC meetings and parents of the ICC reaching out to other parent groups throughout the state to get input for ICC. Carolyn asked how ICC can help with the project and suggested the FCESS state webpage could host an electronic version of materials from the binder to be printed by programs or families as needed. Sharon L. described the binder as a framework for information. Carolyn suggested giving a sample to each program director at the June Quarterly Meeting. Pauline suggested adding a list of services with definitions.

Lead Agency Updates

Family-Centered Early Supports and Services (FCESS)

- Watch Me Grow: website was shown and discussed. Referrals of "at risk" population to FCESS and Preschool Sp. Ed. increases seem to coincide with Watch Me Grow outreach. 25.33% of the children referred to services through WMG are sent to FCESS, and 13.33% were sent to special education. WMG was turned down for a recent grant because some sites reported feeling that the effort is not worth the money invested. As a result, the Watch Me Grow steering committee will be reaching out to and maintaining contact with WMG sites. New Family Resource Center/WMG contracts will come out this summer.
- Carolyn reported that most sections of the Part C application are on the website and hearings in Nashua and Concord related to the application changes were unattended. No public comment was received on the application, as of now. Michelle reported that some groups including DRC, parent groups, health policy, and CSNI are reading the Part C application and discussing rules and system. Carolyn reports that requirement have been submitted for approval and that all

have received informal approval except for the Early Childhood Transition Agreement and the system of payment. The application due date is approaching. Ruth asked about Santina's involvement regarding the Transition agreement and Carolyn answered that the agreement needs to move through BDS before going to the DOE.

### Both FCESS and Special Education

- GRADS 360 is the name of the electronic program will be used to report all FCESS and preschool Special Education. APR's to the federal government. As a result of the system data will be preloaded in the Annual Performance Report. It is intended that this automated/online system will make the APR process more efficient. Discussed types of data and reporting that will be included in the process. Indicator 9 (how many noncompliance issues are corrected within one year of notification) is gone, NH B and C will be trained in August, the system will be prepopulated with data in October, and the APR is due February 1. Ruth stated that previous experience with the GRADS 360 system for other functions was not user friendly. Carolyn stated that system is critical as due date for application is not flexible.
- Michelle asked if Maggie Hassan delayed the transition of long term care and FCESS. Linda answered yes.
- The strategic plan is now in the planning phase. People, activities, results that we want/timeline, how we will measure success, and follow up, now need to be decided. Linda asked for people to sign up for a work group related to strategic planning. Ruth asked what are timelines, frequency of meetings and logistics. Linda answered that this is a short term commitment and electronic or phone meetings will be used to simplify the process. This group is the advisory committee for FCESS strategic planning. Carolyn defined CSPD, emphasizing broad nature of "personnel" as opposed to "professional" development.

### Preschool Special Education

Ruth updated the ICC about special education preschool. Ruth is working on proposals and application. Creative Consulting was approved to provide TA related to data and assessment, collection and utilization. FCESS and Part B changes parallel/mirror each other.

### **Statewide Systemic Improvement Planning (SSIP)**

Bureau of Special Ed. will be focusing SSIP on preschool sp. ed. Early childhood is priority for SSIP. Carolyn and Ruth discussed possible collaboration to align Part B and Part C SSIPs. Sharon Kaiser suggests looking at mental health competencies. Linda Graham asked who is providing input to Part B process. Ruth will develop an advisory group throughout process of stakeholder engagement planning.

### Timeline:

- 4/4/2014 Review data requested at 2/7/2014 meeting
- 4/4/2014 Draft "State-identified Measureable Result for Infants and Toddlers with Disabilities"
- 6/6/2014 (ICC Meeting) SSIP workgroup meets to continue reviewing data in detail to develop "coherent Improvement Strategies"
- Develop a graphic illustration known as a "Theory of Action"
- 11/7/2014 (ICC Retreat) Deadline for completing the Theory of Action so that is available for review prior to submission to OSEP (Office of Special Education Programs)

SSIP update: Carolyn presented a power point explaining the SSIP process (posted on website as meeting handout). Carolyn and Ruth emphasize that the plan is meant to be sustainable long term and must focus on child centered results. Michelle spoke of PIC research and suggested that result could focus on family as it relates to the child. Ruth stated that the strategies could focus on the family with the intent of improving the result for the child. Ruth and Carolyn stated that whatever outcome we focus on must be based on analysis of existing data. Carolyn asked that members bring their green

folder for SSIP information, to each meeting. Carolyn provided a description of SSIP phases. Carolyn emphasized that we can have more than one measurement to show our progress.

- ♦ Kerry presented power point to increase understanding of the Child Outcome Summary data collection and reporting process (power point is posted on website). Kerry defined outcome summaries, talked about NH data on outcomes, outcome two slippage, meaning of data/statistical significance of CO data. We discussed summary statements reported to federal level and the importance of maintaining quality outcomes for children. Explained need for shorter term measurements to show success towards improving child outcome numbers. Provided information to group about data validity studies related to Child Outcomes.
- ♦ Carolyn presented power point to increase understanding of the NH Data and its reliability, as well as the SSIP process and next steps. Darlene talked about new data system and what data it captures. She spoke to how we can analyze use this data for system improvement and training. Charna Aversa, Sharon Kaiser, Ruth Littlefield, Michelle Lewis, and Pat Cantor volunteered to be part of the SSIP work group. Next steps include data analysis and infrastructure analyses data collection for the June ICC meeting, data analysis and measurable outcome statement to be decided at meeting. Ruth and Carolyn emphasize the difficulty and benefits of the SSIP process.

### **New Bureau of Developmental Services Director: Lorene Reagan**

Lorene Reagan introduced herself to the ICC with brief professional history. Group introduced themselves to Lorene.

- We need to decide how ICC can work with BDS to create recommendations on move to managed care Step two planning related to FCESS.
- Lorene described the disability waivers and how they will be moved to managed care and discussed how FCESS is different than the waiver programs.
- Lorene explained that she has been working with Linda to transition FCESS to managed care system. FCESS is seen as its own entity and does not fit into a waiver group.
- Transition to managed care and DHHS redesigned system will need robust stakeholder input, from ICC.
- The Quality Services Council is the stakeholder group for the waiver groups.
- Lorene is asking ICC to be the primary stakeholder group for FCESS transition to managed care, step two. Sixty percent of FCESS funding comes from Medicaid, while seventy to eighty percent of people in FCESS program benefit indirectly from Medicaid funds. We rely heavily on Medicaid billing. We need a plan that understands and embraces the philosophy of FCESS, has performance measures and stabilizes funding for the program. Ruth asked about time frames and worked needed, how this will fit in with our regular meetings. Lorene stated that we are not adhering to the 12/2014 deadline. We will still have an aggressive timeline. BDS makes recommendations to DHHS, who then makes and implements the plan. Lorene suggests inviting other stakeholders to attend ICC meetings where this topic will be discussed.
- Michelle asked how this fits with family cost share. DHHS is looking at impact, of move to managed care, on services that other states have experienced. Lorene said that ICC decides if we will include family cost share recommendations to DHHS. Moving into managed care, children with Medicaid will no longer be pooled with other resources. In Medicaid managed care system, each child stands alone.
- Michelle asks if Medicaid bundle will go away. Lorene stated that it may not however it will only work for the children with Medicaid. This creates challenges with not enough money from private insurance at the level that we need and programs running out of money. FCESS about 8 or 10 years ago was over budget and that is how current funding formula came about. We need collective expertise to solve the funding problem. There is a need for program and AA business managers on ICC. This is a good time to look at the whole system of FCESS funding to create a more stable and sustainable system. Any assistance and ideas will be appreciated. Not just how we pay, but how we provide service will be looked at. The variation of service type and frequency that makes the program so valuable also makes that value difficult to evaluate.

Programs will operate under a different set of rules with managed care system in place that will not include BDS doing what we have done in past, providing extra assistance for programs, that is not sustainable. Assessment of why some programs are more likely to run at cost, while others are more likely to run in the red. FCESS has the internal responsibility to communicate with the stakeholder groups about transition to managed care and to make recommendations to DHHS.

- Next steps FCESS and BDS will reach out for specific assistance, feedback, and recommendations.
- Autism related (IBI) benefit is being developed to be added to the state plan for infants, toddlers, and children. Primary stakeholder group for this initiative is Autism council.
- Group should decide the level of input that they want to have when more members present.

### **Next Steps**

- Group agreed to meet until 11:30 in June.
- Actions expected to happen before June meeting. Sharon Laliberte and Carolyn Stiles will talk about getting model FCESS parent binder for each program director, to be given out at a quarterly meeting.
- Information will be collected related to SSIP and strategic planning.
- Strategic Plan Subcommittees will be contacted regarding next steps.

12:30      **Adjourn ICC meeting**

### **Next Meetings**

<u>Date</u>	<u>Location</u>
6/6/2014	NH Hospital 9:30 – 11:30
11/7/2014	Retreat – location TBD 9:30-3:30

## NH Interagency Coordinating Council Meeting Notes

February 7, 2014

**Members Present:** Charna Aversa, Diane Bolduc, Jessica Bowen, Gloria Fulmer, Linda Graham, Sharon Kaiser, Sharon Laliberte, Michelle Lewis, Kelley White, Jessica Bowen, Sonja Barker, Jane Hybsch

**Visitors:** Pat Cantor, Terry Ohlson-Martin, Katy Roach, Susan Marcotte-Jenkins, John Harrington, Anthony Joppie

**Staff:** Kerry Wiley, Carolyn Stiles

**Absent:** Hedi Bright, Nicole Gallant, Rochelle Hickmott-Mulkern, Ruth Littlefield, Eileen Mullen, Lenore Sciuto, Lynda Thistle Elliott, Ellen Wheatley

1. Introductions were made followed by a discussion of membership needs.
2. Notes from the November Retreat were accepted and will be posted.
3. Membership: There are three FCESS provider vacancies. There is a requirement to have equal numbers of parents and providers.
4. Diane Bolduc was nominated, seconded and voted in as Secretary.
5. SPARK Update:
  - a. SPARK's monthly newsletter is available by email and via the SPARK website.
  - b. The Executive Counsel met in December, the strategic plan has been launched.
  - c. Spark NH has been designated at the NH Wellness Council.
  - d. Project LAUNCH – via a 5 year SAMHSA grant – is up, running, doing well and based in Manchester. The Spark NH Executive Director is a co-director of the project.
  - e. Quality Committee – the committee has developed a definition of quality that has been endorsed by the Spark NH Council. They are now looking at how to get the definition disseminated broadly to the early childhood community and the early supports and services community.
  - f. Professional Development – the Portal is up and running and accepting trainings for inclusion in the Portal. Access can be made via the orange bar at the bottom of the SPARK webpage. The portal is in the process of being refined.
6. Family Representatives Update:
  - a. Sharon Laliberte spoke about her history on ICC and said that she was inspired by the IDEA conference that she attended last year. She wants to recruit more parents. Recently developed a web page with relevant links to ideas of how to get involved

(done), work on “questions to ask when you don’t know what to ask”, nurture parent mentorship, and work on a road map that – succinctly - assists parents in finding their way toward resources. This is available on the BDS webpage at:

<http://www.dhhs.nh.gov/dcbcs/bds/families.htm#resources>.

- b. Another idea Sharon is working on is to develop a parent mentorship program. Sharon is also interested in seeing a parent binder made available that would expand on the map.
- c. Sharon and Jess Bowen are working with Family Voices to build on a similar project they have already started. Discussion on this included the idea of synchronizing the binder to the website, having providers point parents toward those resources, recognizing that different areas of the state may need different maps, and recognizing that parents may be at vastly varied levels of comfort with paper vs. technology as well as different levels of access to digital resources. The binder could include “crisis” information, where the water shut off is located, where are the wills kept, etc.
- d. The binder could be available in the form of a hard copy given to them and also electronically on the web.

7. Watch Me Grow:

- a. Carolyn Stiles reported that the WMG developmental screening system is alive and well. A new logo has been developed. Brochures and a banner that is available for borrowing will be rolled out in the (hopefully) near future. Additionally, the new website will also be ready soon, including a power point for use in speaking with groups.

8. Annual Performance Report:

- a. Carolyn Stiles told us that the Report was submitted on 1/31/2014 and that NH did very well. One area of challenge was that the Federal regulations changed and that NH was still functioning under prior rules that had transition beginning at 24 months (new regulations call for them to begin between 27 months and 90 days prior to the child’s third birthday. Thus, the school notification process needed adjustment. NH’s rules have been updated so future performance should be in compliance.
- b. Two of the three Child Outcomes indicators did not meet the target previously established by the state. Last year a decrease in scores was expected as people became more accurate in making assessments following the introduction of the Early Childhood Outcome training module available on the Granite State College web site. Two years later, however, the decrease in some of the outcome scores is less easy to explain.
  - i. Outcome A “Positive social-emotional skills (including social relationships)first summary statement (Those children who entered the program below age expectations who substantially increased their rate of growth) improved by 1.27%, the percent of children who were functioning with age expectations by the time they exited the program improved by 1.72%. The targets set for this outcome were met.
  - ii. Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy), the percent of children entering the program below age expectations who substantially increased their rate of growth by the

time they exited the program decreased by .68%. Likewise, the percent of children exited the program functioning within age expectations decreased by 1.06%,

- iii. Outcome C: Use of appropriate behaviors to meet their needs, the percent of children who substantially increased their rate of growth decreased by 2.34%, but the percent of children functioning within age expectations increased. By .51%.
  - iv. Discussion centered around whether the nature of the children being assessed in a given time period is taken into account and what are the standard deviation and margin of error. Essentially, the question whether these increases and decreases are statistically significant and whether they are a valid measure.
9. State Systemic Improvement Plan (SSIP). This is also referred to as Indicator 11. Indicator 11 will be a part of the Annual Performance Plan combined with the Annual Performance Report. Indicator 11 requires the State to develop, and proceed with, a systemic improvement plan (thus, a report within the Performance Report). Phase One is to be completed by February of 2015 and involves looking at the data, identifying a focus area, and analyzing the data for that area. Phase Two is to be completed by February 2016, and Phase Three by February 2017.
- a. The first major step is to choose a topic. The question was raised as to whether the Plan could be around getting greater clarity in understanding the data. It is more appropriate for this to be a step in the plan but that the SSIP needs to address outcomes and improving outcomes. A suggestion was made that child outcomes, specifically the 2 outcomes mentioned above that show the State has not met the targets above could be the chosen topic. There was no agreement at this time other than that we need to pursue this topic at next month's meeting. Consequently, the April meeting will be an expanded meeting (9:30-12:30). The goals of the expanded portion of the meeting will be:
    - i. To select a topic for the SSIP
    - ii. To begin analyzing related data so that a theory of action can be developed
  - b. If child outcomes were selected as the topic, factor to consider should include:
    - i. Child characteristics
    - ii. Use of evidence based practices
    - iii. Service delivery model
    - iv. Funding constraints
    - v. Changes in care
    - vi. Provider caseloads
    - vii. Analyzing data for outcomes relationships
    - viii. Is the Child Outcome measure valid (developed by the National Early Childhood Outcomes Center); this information is on the ECO website: <http://ectacenter.org/eco/pages/outcomes.asp>

10. The State's application for Part C funding . There are 12 application requirements that must be addressed. We have to date addressed 7 to date, leaving 5 more remaining to be approved. Once these requirements have been addressed and approved by OSEP, they will not need to be submitted again unless we change our policies or if there is a change to Federal rules. Items that have been designated as OF (on file) by being accepted are exempt and do not need to be re-reviewed. Some items that are not OF may only need tweaking. An example of an item that needs attention is that there needs to be an MOA between the two state agencies that are involved in early childhood Transition (Education and Health and Human Services). Please refer to the DHHS website for more detail regarding which requirements have been addressed and approved by the time the application is posted, and which requirements remain to be approved. The link to the website is: <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm>
11. Budget – Carolyn reported that, although the budget was cut last year due to sequestration, there are no cuts this year and there is the possibility of re-instatement of some funds although we will still not have the same amount of funds as we did two years ago. The posted application budget is based on last year's budget as the new numbers are not yet available at this time.
12. Evan Tanger is serving as a student intern. So far he has been very helpful as he is updating phone numbers and links on the website.
13. Strategic Planning:
  - a. Linda Graham presented, summarized the discussion that has ensued since the 11/7/2013 Strategic Planning session regarding FCESS Strategic Planning. A strategic planning meeting was held November 7, 2013 to identify strengths and opportunities for growth, followed by a prioritization process with the FCESS programs at the Quarterly meeting on December 11, 2013.
  - b. One thing that came from this was a need to make the Mission and the Vision more succinct and easier to remember / articulate.
  - c. Discussion included questions about what drives our outcomes, the relationship between child care and child outcomes, the relationship between service delivery model and child outcomes, and the possibility of "weighting" children in relationship to child outcomes.
14. Next steps:
  - a. The next ICC meeting will be on 4/4/2014 from 9:30 am to 12:30 pm with the extra hour being to allow time to identify our topic for the SSIP.
  - b. The meeting on 6/6/2014 will include identifying a work group to analyzing the topic and the infrastructure related to it.
  - c. The FCESS Quarterly meeting (to be held on Thursday 3/13/2014 will also address the SSIP.
  - d. Following these meetings a work group will be identified with the purpose of drafting a Theory of Action which will be presented both the ICC and to the Directors/AA representatives.

- e. All ICC members will be added to the e-Studio Strategic Planning group so that everyone will have access to the data already posted at this site. Information regarding development of the SSIP will also be posted there so that no one is inundated with emails containing large files.
- 15. A nomination was made, seconded, and affirmed by unanimous voice vote to accept Pat Cantor as the Institute of Higher Education representative to the ICC. A request for a Governor appointment to the ICC will be requested.
- 16. It was moved, seconded, and affirmed to adjourn at 11:24 am.

Respectfully Submitted,

Diane Bolduc, M.Ed., LCMHC

Secretary, ICC

Attachment: Summary of Indicator 3 Child Outcomes

Summary of Indicator 3 Child Outcomes

	2009-2010	2010-2011	2011-2012		2012-2013		
Summary Statements	Actual FFY2009	Actual FFY2010 (training module introduced 9/2011)		Actual FFY 2011 (% of children)		Actual FFY 2012 (% of children)	
<u>Outcome A: Positive social-emotional skills (including social relationships)</u>							
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	90%	80.8%	-9.2%	79.13%	-1.67%	80.4%	+1.27%
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	75%	77.7%	+2.7	70.28%	-7.42%	72%	+1.72%
<u>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</u>							
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	84%	84.5%	+5%	83.18%	-1.32%	82.5%	-.68%
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	69%	71.6%	+2.6	68.28%	-3.32%	67.2%	-1.08%
<u>Outcome C: Use of appropriate behaviors to meet their needs</u>							
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	83%	86.3%	+3.3%	86.24%	-.06%	83.9%	-2.34%
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	76%	77.4%		71.49%	-5.91%	72.0%	+5.1%