

***New Hampshire Interagency Coordinating Council Annual Retreat***  
***November 4, 2011 Meeting Notes***

**Participants:** Charna Aversa, Sonja Barker, Hedi Bright, Maureen Chorma, Sharon Davis, Gloria Fulmer, Linda Graham, Rochelle Hickmott-Mulkern, Jane hybsch, Michelle Lewis, Ruth Littlefield, Ann Richardson, Ellyn Schreiber, Lenore Sciuto, Ann Smith, Karen Welford, Paula Roberts

**Visitors:** Mary jane Wallner, Paula Roberts, Jen Doris, Sue Marcotte-Jenkins

**Staff:** Carolyn Stiles

**Business:**

- September meeting notes were approved.
- Mailing list updated; profiles collected for dissemination in February 2012
- Membership
  - a. Michelle is requesting a 1 year extension - approved
  - b. Continued search for family members – 2 new family members are needed

**ICC successes and challenges of past year were reviewed.**

***Topic: Service delivery***

Please refer to “ICC 2011 Retreat Attachments” to see the power point presentation used for the topical portions of the agenda. Monitoring data regarding compliance data for timely services, timely IFSPs, service settings, and transition indicators; child outcomes and family outcomes data can also be found in this section.

***ICC Practice Work group***

**Karen Wellford**

Reviewed ECO document: Agreed Upon Missions and Principles (see practice workgroup materials on website: <http://www.dhhs.nh.gov/dcbcs/bds/icc/prwrkgrp.htm>) and the Robin McWilliam model, which is based on this work (see practice work group notes on same website). Jen described her work with families following the McWilliam model. Please see documents on this same website regarding what other states are doing.

**ESS Provider Survey Results**

See results of survey on website: <http://www.dhhs.nh.gov/dcbcs/bds/icc/prwrkgrp.htm>.

Significant points:

How often visits are provided:

80% of the programs provide more than 1 weekly visit for each child

70% of programs complete IFSP and evaluation at the same visit

10% of programs complete intake, IFSP, and evaluation at same visit

20% of programs complete intake and evaluation at same visit

33% of programs complete annual evaluation completed to determine eligibility

*ICC question: Why would this be true? Rules do not require this to happen; in fact the decision to evaluate is up to the IFSP team.*

Use of annual evaluations:

53% of programs complete annual evaluation to develop IFSP

93% SC is primary service provider

How programs described themselves:

80% of programs said they were TD with primary provider

66% family centered services

(See website for details: <http://www.dhhs.nh.gov/dcbcs/bds/icc/prwrkgrp.htm>)

Jen Doris described how she has implemented EINE in the services she provides.

### **Recommendation to ICC Regarding Practice**

That the evidence-based EINE model of early intervention service delivery be endorsed by the ICC for implementation in NH.

### **Practice Workgroup recommendations discussion**

Concern expressed about impact on current individualized services and service models

Not a recommendation to the BDS

ICC has never endorsed any specific model for providing early intervention services

This is the only model that is evidence based, and there are advantages to having an evidence based model used (see report)

ICC's role is to provide advice to BDS, not sure why ICC would make a recommendation about a particular service delivery model

If endorsement is made, language should be that this is **a** model, not **the** model

Need more information before we endorse it – need more information about cost before making a decision

Concern about how the emphasis on family fits into provision of services, concern about cost and implications for licensed therapists (private therapists)

Concern expressed that many services provided through this model might not be reimbursable

Would like more information before making a decision

Votes on recommendation: “That the evidence-based EINE model of early intervention service delivery be endorsed by the ICC for implementation in NH.”

Vote: yes – 1; no – 9, abstain – 6

Comment: No does not mean that this model is not valued, just that we can not approve this motion at this time. We do not feel that ICC can advise BDS without impact information.

New motion: The minutes should reflect that the ICC vote to not endorse the EINE model does not reflect a lack of support for the model but rather a need for more information.

Vote: Yes – 14, no – 0, abstain - 0

### **State House Update**

### **Representative Mary Jane Wallner**

HB309 – introduced in the first year of this legislative session; neither passed nor failed, it was retained; it will be voted on in January. If repealed, the mandate for insurance funding for ESS would end; committee voted to not repeal payment for ESS services, but added a statement saying that benefits included in this section are subject to utilization review. No one is quite sure what this means, but the insurance department will be developing rules regarding utilization. Definitely want to keep an eye on this HB309. There will be a Public Hearing in January; also need to watch when the insurance department begins to develop rules and prepare to make comments.

Other relevant bills: Autism bill – added “utilization review”; hearing aid law not repealed, but will be reviewed. Budget was passed – tough times for all. DHHS is moving forward with Managed Care.

Question: What happened with the bill to remove the Department of Education? It was determined to be “inexpedient to pass” and sent into study.

NH Insurance Department representative will find out more about the rules that the Insurance Department is developing and keep the ICC up to date. Watch for information in your email.

The ICC CSNI representative will send contact information for CSNI legislation liaison to members for more information.

### **Spark NH/ECAC Update**

Inaugural Meeting of full council last week, many members of the ICC have participated on Council meetings. List of taskforces and committees disseminated to ICC members with contact information for Laura Milliken, Spark NH director. Let her know if you are interested in participating on any of the groups. Asked if have video conferencing capability – no, but we are working on it.

Committees with ICC participation:

- Data committee – looking at connect data systems across the State of NH
- Quality – what does quality mean to everyone
- Family Engagement
- Communications/Awareness
- Policy
- Workforce and Professional Development
- Attendance in groups has been very good.

### **Topic: Transition**

Please refer to “ICC 2011 Retreat Attachments” to see the power point presentation used for the topical portions of the agenda. Monitoring data regarding compliance data for timely services, timely IFSPs, service settings, and transition indicators; child outcomes and family outcomes data can also be found in this section.

Discussion about children who are not referred to special education, but stay until the 3<sup>rd</sup> birthday: Why wouldn't a child be referred if considered eligible for ESS? Response: parent not interested in referral, eligibility reason doesn't fit special education eligibility, i.e., at risk or established condition, no or slight developmental delay. Important that ESS doesn't assume the child is not eligible, better to refer and let the school decide.

Monitoring data for preschool special education:

10/11 data is still somewhat preliminary because 2 district's data is missing at this time, show 98% of the children referred were either found eligible timely or not found eligible timely.

Status of regional agreements: all regions have a written agreement with schools in their region and the agreements are being updated as needed. SSECT is assisting school districts as needed. Transition issue: implementing referral of children who are “potentially eligible”.

Materials were recently updated and developed: Transition Guide “Blue Book” (available through BDS), transition training module (located on PIC website: <http://www.nhssect.org/>). Question: Should the transition training module be required for ESS providers? Will discuss later. Guide contains multiple updates; transition process is described in writing and two different flow charts.

Need to review MOA between DOE and DHHS and compare to new regulations, although it appears to be in compliance at first review. Also need to do: look at the number of children who do not receive services because they withdraw after evaluation.

### **Topic: Funding**

ESS/BDS Funding Status – see Power point presentation. Area Agencies and programs have a limit regarding spending which is the same as last year. The difference is that there is no additional funding available if agencies exceed their limits.

Possible unpredictable changes due to move to Medicaid managed care are un concerning and bear watching.

**ICC Family Cost Share Workgroup update**

Workgroup responded to question: Do we have the will to pursue this? Committee decided that “yes” we need to explore this option in a planful way. Reviewed NECTAC website to identify the states that have a family cost share process. Committee members reviewed selected states in detail (see handout). Further explored 6 states that had characteristics of interest: MI, Utah, and CT, MA, Kentucky, New Jersey. FCS next steps: ask each state contact to gather additional information about cost of administering the FCS process, how much revenue is generated, lessons learned.

Questions: Change in requirement for private insurance coverage? Cost of denial of insurance billing considered? FCS is not related to insurance billing, but should be considered in the overall conversation about revenues.

CSNI is looking at centralizing 3<sup>rd</sup> party insurance billing as a cost cutting effort in response to Governor’s request for cost saving ideas.

Cost per child – looked at in survey mentioned above, also being looked at by BDS; providers not paid for children with no insurance; many children receive free services. Need to consider additional funding through the contract including Part C and State funds.

Questions: How long does it take to implement this type of system? How many families refuse services because they do not wish to pay?

**Topic: CSPD and Public Awareness**

Please refer to “ICC 2011 Retreat Attachments” to see the power point presentation used for the topical portions of the agenda. Much of the information provided in this section relates directly to the ESS Strategic Plan called “Mapping the Territory” which is currently located on the ICC web page: <http://www.dhhs.nh.gov/dcbcs/bds/icc/documents/mappingouttheterritory.pdf>

**Action items – next steps:**

**Michelle Lewis**

- FOS targets for 3<sup>rd</sup> outcome – need to develop improvement strategies
- Family Cost Share – workgroup will continue working on this
- ICC participation in developing/implementing strategic plan for 2013
- ESS Practice – ICC role/recommendations – where should we go from here?
- 2011 Part C Regulations – what changes need to be made to our rules and practice to bring them into compliance?

**Next meeting agenda:** Part C Application for Funds for FFY2012

Watch your emails for updates regarding the application and the Annual Performance Report (APR) in January.

**Meeting evaluations:**

**1. What I liked about the meeting:**

- (6) Discussion about important issues and reports and overview of strategic plan
- (2) Meeting with colleagues; amount of time for discussion; Well organized
- Lunch
- (2) Michelle’s ability to keep people on topic

**2. Best Idea/What I will take back with me:**

- The whole agenda
- (2) State promoting RBI training

- (2) Transition information
- (2) State house update
- Family cost share
- Improvements in program success
- 3. Could have been better if:**
  - LCD worked in the afternoon
  - Environment: (3) Warmer room; better lighting
  - too much info in short time
  - Names on both sides of ICC name cards so others can read their names
- 4. I would like to know more about:**
  - (3) RBI and the evidence that support it and (2) EINE

**2012 Meeting Dates – all at NHHEAF (except Retreat):**

**February 3, 2012**

**April 6, 2012**

**June 1, 2012**

**September 14, 2012**

**November 2, 2012 ICC Retreat (9:00 – 3:00)**

**NH Interagency Coordination Council Meeting**  
**6/3/11**

**Attendees:** Michelle Lewis, Jane Hybsch, Ann Richardson, Lenore Sciuto, Karen Welford, Ann Smith, Rochelle Hickmott-Mulkern, Sonja Barker, Gloria Fulmer, Gale Hall, Sharon Kaiser, Ruth Littlefield, Ellyn Schreiber, Maureen Chorma, Sharon Davis, Laura Milliken, Paula Roberts, Terry Olson-Martin, Carolyn Stiles & Lisa Ricci

**Orientation for new members:**

**Michelle Lewis, ICC Chair**

**Attending:** Ann Smith, Sharon Davis, Maureen Chorma, Rochelle Hickmott-Mulkern

**ICC Chair Notes:**

**Michelle Lewis, ICC Chair**

**Business:**

Input on April 14, 2011, virtual meeting and May 10, 2011, special meeting minutes -No edits needed, all agreed

ICC wrote a letter of support for a grant for Gail Hall. The grant is called "Telling Stories" and is based on educating special needs and can be used to attend community colleges.

Leslie Couse at UNH has submitted a request for a follow-up grant to the "Preparing Excellent Teachers" grant currently in place to train people who are interested in working in Early Intervention. She requested a letter of support from the ICC. Michelle submitted a letter of support on behalf of the ICC.

**Nominating Committee Report:**

Ann Smith - 4<sup>th</sup> meeting, Sharon Davis - 2<sup>nd</sup> meeting, Maureen Chorma - 2<sup>nd</sup> meeting, Rochelle Hickmott-Mulkern - 3<sup>rd</sup> meeting

- ✦ Member at large position is still available.
- ✦ Parent members are still needed, if anyone knows a parent who is interested please refer them to Michelle, Charna or Carolyn for more information.
- ✦ Another provider position is also still available but will not be filled until the parent position is filled.

**Early Childhood Advisory Council (ECAC) update:** **Laura Milliken, Executive Director**

The ECAC provides leadership and public awareness and represents programs serving children age's prenatal to 3<sup>rd</sup> grade. Membership of the Council includes the fields of health, mental health, early intervention and special education; as well as early childhood programs not specifically related to special needs. The main goals are to provide good accurate information and to provide representation of the overall early childhood perspective. Laura can be contacted via email for any questions or concerns; [lmilliken@earlylearningnh.org](mailto:lmilliken@earlylearningnh.org)

**Purpose and function:**

- ✦ Coordinate early care and education-related resources
- ✦ Promote changes in policy, legislation and practice that support and/or improve the lives of families who are expecting a child or who have children aged birth through grade 3;
- ✦ Promote a unified data collection system to facilitate data-informed decision making;
- ✦ Provide strategic direction to state and community leaders; and
- ✦ Carry out activities as specified in the Head Start Act.

## ECAC Timeline

The Steering Committee met for the last time in April 2011 and at that time they developed a membership list that was sent on to the Governor's office. The membership list was submitted to the Governor's office.

Planned activities of the council include:

- Conducting a Needs Assessment
- Public Hearings
- Public Report
- Larger Stakeholder Meeting
- 1<sup>st</sup> meeting of the Steering Committee is planned for the 3<sup>rd</sup> Friday in July

**Three committees will be formed by the ECAC. ICC members and other stakeholders are invited to participate on the committees:**

- 1- Communications Committee
- 2- Data & Evaluations Committee
- 3- Professional Development & Quality Improvement Committee

**Mission: The Mission of the New Hampshire Early Childhood Advisory Council is to provide leadership that promotes a comprehensive, coordinated, sustainable early childhood system that achieves positive outcomes for young children and families, investing in a solid future for the Granite State.**

**Vision:** All New Hampshire Children and their families are healthy, learning and thriving, now and in the future.

## **BDS Budget update**

- The budget is not yet final but the Senate voted to give more money to Developmental Services than originally expected.
- If managed care is passed in the budget that means all services and programs will change.
- A lot less money will be supplied for trainings.
- Medicaid funds our whole system, but other states fund their Part C programs differently. NH needs to consider if there are other funding sources..
- Managed care may take up to a year to be in effect but it has been or will be passed. Lots of other states are already under managed care and are not doing so well with the exception of RI they have done very well so far.
- DHHS is working with the Insurance Department.
- The Part C grant had been decreased by \$250,000.
- The numbers of children that receive services have decreased. This is significant because programs and Area Agencies are funded according to the number of children served. As the number of children decreases, so does the funding, but not the cost of maintaining sufficient staff.
- BDS is recommending that everyone put in place more efficient/cost cutting tactics.
- Possible cost savings on the evaluation process include limiting the number of evaluations according to child and family need, or having evaluations take place on site. Two downfalls would be if the child is too sick to travel and also, the program would need to have adequate space for the evaluations. This may present a problem because many programs are not equipped to provide on-site evaluations or services.

## **Recommendations for the Bureau of Developmental Services (BDS / Lead Agency)**

The ICC unanimously voted on forming two work groups “Best Practice” and “Family Cost Share” to explore cost saving options. A request will be sent out to BDS for permission to proceed. Information that is collected from the groups will be discussed at the ICC retreat in November. The ICC is encouraged by Carolyn to have specific questions put together by the end of July, so that she can present the questions at the OSEP Mega Conference in August. After that a survey can be put together based on these questions and sent to the Program directors throughout the state. One specific question that came up that also would be good to have on the survey is, “Are we maximizing private Insurance?” Other ICC members are encouraged to participate in these groups.

**Next Steps:**

**As a result of these meetings and discussions, the ICC unanimously voted to recommend the following:**

1. That the Bureau of Developmental Services explore a **Family Cost Share** by jointly convening a multi-stakeholder work group (with the ICC) to gather information from other states and thereby make recommendations about viability in NH. The ICC has agreed to provide leadership of this work group. Michelle Lewis (ICC Chair) and Terry Ohlson-Martin of NH Family Voices have agreed to Chair this effort.
2. That the Bureau of Developmental Services work with the ICC on a multi-stakeholder workgroup to explore ESS Practice (and Service Delivery). The ICC has agreed to provide leadership of this work group. Karen Welford has agreed to Chair this effort. The scope of the work group includes:
  - Identify questions to ask of ESS Directors and National Partners (such as NECTAC)
  - Poll National Partners for information regarding practice and service delivery nationally.
  - Create a ESS Director’s Survey to collect information about current ESS Practice and service delivery
  - Distribute survey
  - Review all information collected
  - Present information at ICC Retreat in November 2011
  - At ICC Retreat in November, ICC to make recommendations regarding practice and service delivery as appropriate

**Announcements:**

- Innovations Presentations of ARRA Part C projects at the Discovery Center June 8, 2011
- OSEP Mega-Conference takes place in Washington D.C. in August 2011

**Next Meetings**

(All meetings except Retreat are held at NHHEAF)

September 9, 2011

Retreat: November 4, 2011

**Following the meeting:**

6/3/2011

From: NH Interagency Coordination Council (ICC)

To: Department of Health and Human Services, Bureau of Developmental Services

Re: Recommendations regarding ESS funding

As the NH State budget process has evolved, the ICC has been engaging in discussions on how the Family Centered Early Support and Services (ESS) System is

currently funded, challenges to the system relative to funding and areas to explore to overcome these challenges. The ICC met either virtually and in-person on 4/14/11, 5/10/11 and 6/3/11. As a result of these meetings and discussions, the ICC unanimously voted to recommend the following:

1. That the Bureau of Developmental Services explore a **Family Cost Share** by jointly convening a multi-stakeholder work group (with the ICC) to gather information from other states and thereby make recommendations about viability in NH. The ICC has agreed to provide leadership of this work group. Michelle Lewis (ICC Chair) and Terry Ohlson-Martin of NH Family Voices have agreed to Chair this effort.

2. That the Bureau of Developmental Services work with the ICC on a multi-stakeholder workgroup to explore ESS Practice (and Service Delivery). The ICC has agreed to provide leadership of this work group. Karen Welford has agreed to Chair this effort.

The scope of the work group includes:

- i. Identify questions to ask of ESS Directors and National Partners (such as NECTAC)
- ii. Poll National Partners for information regarding practice and service delivery nationally.
- iii. Create a ESS Director's Survey to collect information about current ESS Practice and service delivery
- iv. Distribute survey
- v. Review all information collected
- vi. Present information at ICC Retreat in November 2011
- vii. At ICC Retreat in November, ICC to make recommendations regarding practice and service delivery as appropriate

We look forward to working with you on these work groups. Please let me know if you have any questions.

Sincerely,  
Michelle Lewis

ICC Chair

**BDS response:**

**Matthew Ertas**

06/17/2011 08:01 AM

**To** <mlewis@picnh.org>

**cc** charnaaversa@hotmail.com, CStiles@dhhs.state.nh.us, karenw@lracs.org, "Michelle Lewis" <mlewis@picnh.org>, "Littlefield, Ruth" <RLittlefield@ed.state.nh.us>, Linda D Graham/FamilyServices/SOPS\_MainBldg/DHHS@DHHS

**Subject** Re: ICC Recommendations to BDS<sup>(1)</sup>

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(1) -

<Notes:///852564A600485F7A/E4AE69CBDEF0FB8525786100503CE5/B32C0F8277BCF5F5852578B100537415>

Hi Michelle,  
Thank you for sending me the ICC recommendations.

We welcome ICC's interest and efforts to help us explore ways to enhance ESS funding. Please work with Linda and Carolyn to initiate your work group.

I am interested in hearing the results of your efforts as you make progress.

Matthew

PS As you know NH Legislature has directed DHHS to initiate a Managed Care structure for its entire Medicaid program (which includes ESS). The Department is supposed to issue an RFP on October 15th. ICC may want to consider that date as it formulates its timelines for this exploratory project.

**"Michelle Lewis"**  
**<mlewis@picnh.org>**

06/16/2011 11:11 AM

Please respond to <mlewis@picnh.org>
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**To** <mertas@dhhs.state.nh.us>  
**cc** <CStiles@dhhs.state.nh.us>, "Michelle Lewis" <mlewis@picnh.org>, <karenw@lracs.org>, <charnaaversa@hotmail.com>, "Littlefield, Ruth" <RLittlefield@ed.state.nh.us>  
**Subject** ICC Recommendations to BDS

Dear Matthew,

As you know, the ICC has been discussing over the past few months how the Family Centered Early Support and Services (ESS) System is currently funded, challenges to the system relative to funding and areas to explore to overcome these challenges. Attached are the ICC recommendations to BDS that was generated at the last ICC Meeting in response to these discussions.

The ICC looks forward to working with the Bureau on these initiatives and is ready to move forward.

Please let me know if you have any questions.

Michelle Lewis  
ICC Chair

## Special ICC Meeting

May 10, 2011

Attendees: Gale Hall, Mark Vincent, Michelle Lewis, Gloria Fulmer, Tracy Wagoner, Ann Smith, Anna Lake, Peggy Small-Porter, Terry Olson-Martin, Sharon Kaiser, Rochelle Mulkern, Ruth Littlefield, Sue Marcotte-Jenkins, Ellyn Schreiber, Karen Welford, Toni Ellsworth, Charna Aversa, Linda Graham, Carolyn Stiles, Lisa Ricci, Eileen Mullen and Matthew Ertas

**Meeting purpose:** Funding and overview – reducing ESS funding

A memo recently went out to the area agencies Re: a cap is now on Medicaid billing; the AA's can't bill Medicaid when the projected amount has been paid in full.

### **Some questions for Matthew asked by the group:**

- 1- What happens when the cap is reached? Do we still provide the same level of Services?
  - o Yes, we do still provide services to the best of our ability. For each child you are allotted \$2950.00, first try to bill private insurance but if the child is on Medicaid and you have reached the cap please contact BDS and we can try to brainstorm other options.
- 2- When do most area agencies reach their cap?
  - o See Matthew's comments below.
- 3- How does the cap work under entitled sources?
  - o See Matthew's comments below
- 4- How will the system shift to allow for the cap?
  - o See Matthew's comments below
- 5- How does targeted case management cuts affect ESS?
  - o We have money in different services, which are state funded. HB-2 states that targeted case management is still going to be used for partners in health and also EI services.
- 6- Is the cap just for bundled services? Case management? Evaluations?
  - o The cap is just for billing Medicaid; if you are serving more kids with Medicaid you will reach the cap sooner.
- 7- Were other cuts considered to manage expenses? What happens in other states?
  - o Many other states are now under managed care.
  - o They are reducing eligibility criteria.
  - o Some states are asking families to contribute to cost share, this approach seems to be very effective. ex: New Jersey and Connecticut
- 8- Do all services to Medicaid stop?
  - o No, not at this time.

**(Some of the answers to these questions are still unknown until the budget is final.)**

Matthew Ertas joined the group to help clarify some of the unknown questions about the budget shortfall and to help explain how the process works. It is a very tough time for all involved, programs and most of all families throughout the state. Sacrifice is one word to describe the budget issues. We are facing a tough 2-year period although the budget is not finalized yet and

the House Finance Committee is looking at what was created by the Governor. We are now at step 3.

**The Budget has 5 steps:**

1. Each department submits their requests for the next 2 years to the Commissioner and then the Governor.
2. The Governor creates his version of the budget and then he submits it to the legislatures.
3. At this point the House Finance Committee takes a look at it.
4. The Senate creates it's own version of the budget.
5. The last step is that the Senate and Finance Committee come together to reconcile their differences.

**Some Facts-Matthew Ertas:**

- We are able to maintain the per child rate this year and the one thing that has helped is that the numbers have moderated so that we are not looking at a large increase of new children to be served next year at this time.
- This past year more children have Medicaid than years in the past. Medicaid is the largest portion of E.I. funding. Our system is able to collect enough money from Medicaid.
- We now have a strict cap on the Medicaid amount. If you exceed the projected amount for your region, it will create a deficit for BDS.
- We have waiting list issues and this may continue to be a problem; we are looking at over 500 people who are looking for services over the next two years.
- Family Support fund raising events could help raise money for individuals on the wait list.
- If there were an increase in the E.I. population, it would worsen the wait list situation.
- Medicaid projections come from last year's numbers in Medicaid billing. Based on the percentage that were served previously. Projections are also based on performance too.
- The area agencies should be closely monitoring amounts of Medicaid used for services.
- If you are serving more kids with Medicaid, you will most likely reach your cap sooner.
- A different approach would be to reduce the rate of services and not to worry about the cap.
- Managed care system may come into place that would change our entire business. There is a Senate bill (#147) out there and if this change takes place it will not happen for a year or so.
  
- **Two unknowns that could change things are:**
  1. If we were to get a lot more kids coming our way. That will create a problem because it will use all of the funds that we have.
  2. The percentage of kids' eligible for Medicaid, there could be a major reduction and that will also cause a problem.

**Small Group Brainstorming- Ways to help services during these tough economic times:**

**Group #1**

-Cost sharing

- Reasonable state-wide levels
- Billing/collection separate from direct services
- Policy implementation for non-payment

-Provide group services in natural environments

-Manage/reduce indirect time

- Reduce travel time through office-based evaluations
- Effort to inform medical community that family-centered NOT rehab model services are effective

### **Group #2**

- Help AA's learn how to maximize private insurance
- Revisit EI insurance mandate i.e.-coverage only for certified EI programs and eliminate medical necessity
- Explore family cost share
  - o Other states
  - o Recommended models
  - o Identify challenges
  - o Ensure that families that don't pay are not eliminated
- Look at eligibility
  - o Are there other models that would better serve some children?
- Look at service models and servability ex: language groups vs. in-home services
- More on other states implementation of managed care
- Look at the language "to the extent practicable" What is required?

### **Group #3**

- Multiple general management level at every phase
- Minimize therapist/provider time in car and data entry
- What are other states doing? Re: center-based services
- Evaluations in clinics/centers
- Established conditions (Torticollis)
- Family cost share
- Models of service delivery across programs-differing contracts

More discussion on these issues will take place at the ICC meeting on  
**Friday, June 3, 2011**

## **ICC Virtual Meeting-April 14, 2011**

**ICC Members:** Lenore Scuito, Gail Hall, Ruth Littlefield, Gloria Fulmer, Charna Aversa, Michelle Lewis, Linda Graham, Toni Ellsworth, Anna Lake, Sonja Barker, Karen Welford

**Additional Participants:** Nancy Lucci, Ann Smith, Rochelle Mulkern, Jeff McLynch, Jack Lightfoot, Terry Olson-Martin and Suzanne Iverson

**Staff:** Carolyn Stiles, Lisa Ricci,

**Business:** No input on February 2011 minutes, the minutes will be posted on the web.

**NHTI** – Gail reported that she has submitted an application for a professional development grant, the grant is for \$150,000.00 for 4 years. Gail thanks the ICC and member of the ICC (Parent Information Center, Infant Mental Health and the Department of Ed.) for providing a letter of support for the “Paraprofessional Pre-service Program Improvement” grant. This grant will prepare students to go out and work with families with special needs children, focusing on ESS and special education. Included in the grant application is an idea to develop a statewide consulting team that consists of practitioners, a member of the ICC, Infant Mental Health, Preschool special education, Head start and families from each county to look at the curriculum to make sure that we are providing the student with the correct approaches to work in the field. Our goal is to bring people together to help develop a cohort. Some other ideas are to also bring in guest speakers and videotape interviews of Practitioners then use it as an educational tool in the training. The ICC voted unanimously approve the letter of support from the ICC. Michelle will draft the letter.

**Update from the Nominating Committee:** A Pediatrician, Holly Neefe will be joining the ICC at the June and August meetings. We still have a “Member At Large” position available, if anyone is interested please let Charna or Michelle know.

**ICC Chair Update:** Maureen Chorma attended the February 2011 ICC meeting. Maureen is the Preschool candidate; she is interested in attending the June meeting and going through the process to become an ICC member.

### **ESS Sustainability:(Please see the slides for more details) Linda & Carolyn**

How the ESS system is run and funded. The Part C grant is a federal grant and it comes from OSEP, the US Dept. of Education to BDS and then BDS contracts with the area agencies and the area agencies contract with programs that provide services to children ages’ birth-3 years old. Most of the children come into the program around the age of two and exit by the age of three. We are also trying to reach more of the birth to 1 year-old population. We served 1817 total children from data collected 12/1/2010. We also took a look at ESS enrollment history, in 1991 we had 1233 children enrolled in ESS and in 2010 our numbers have increased up to 3570 children.

### **ESS Funding:(Please see the slides for more details)**

The revenue sources and how they are used based on data from 2010:

- Private Insurance-direct services
- Medicaid bundle-direct services
- Targeted case management-service coordination
- State funds-used primarily for Medicaid match, small amount used for direct services some years
- Part C grant-direct service, intensive autism services, maintenance and implementation, other grant requirements
- Part C -\$1,550,000
- Medicaid & State Match - \$7,644,699
- Private Insurance - \$1,821,600

## Questions and answers:

**Q. Will you be sending out slides of the power points?**

A. Yes, they will also be sent out following the meeting.

**Q. Is it Medicaid money that is the cornerstone to the entire system?**

A. Yes, the Medicaid money is the foundation to the entire system; it is 69 % of all funding.

**Q. What is the total cost of the whole Part C system in NH?**

A. 11 million dollars

**Q. Where do the private insurance figures come from?**

A. They reflect actual revenues that have been collected. They are projected from the previous year's revenues.

**Q. If the state Medicaid money is reduced how will that affect ESS?**

A. The Bureau and the Commissioner are supportive of ESS, even if the state Medicaid money is reduced; their effort is to maintain the program.

**Q. Did we have a timeframe of when a decision on the budget will be made?**

A. Not sure on an exact timeframe but there is a process in place.

Q. Is there any exploration about the financial sustainability of the programs around the state?

A. Not at this time.

➤ **NH State Budgetary Process Overview– Jeff McLynch, NH Fiscal Policy Institute**

Overview of the state budget:

1- **Where are we?** NH faces a budget deficit at least half a billion dollars.

2- **How did we get here?** Down economy has suppressed state revenue, creating a cyclical deficit on top of state's longstanding structural deficit.

3- **Where are we going?** NH should take a balanced approach to addressing its budget deficit, one that includes tax increases and does not rely upon spending cuts.

The house approved its version of the budget at the very end of March and the Senate is now actively considering that proposal and the critical decisions may not be made until May. The state will be spending approximately 10.4 billion dollars over the next two fiscal years FY 12 and FY 13. DHHS is largest portion of the spending; over 1/3 of all spending in the state and Education is the second largest about 1/4 of the budget.

**The FY 2012-2013 total fund appropriations, as recommended by the House Finance Committee: \$10.4 billion**

- Health and Social Services \$3,763 M -36%
- Education \$2,755 M – 27%
- Transportation \$1,137 M – 11%
- Resource Protection and Development \$593 M –6%
- Administration of Justice \$1,165M – 11%
- General Government \$944 M – 9%.

**The FY 2012-2013 General and Education fund appropriations, as recommended by the House Finance Committee: \$ 4.6 billion**

- Health and Social Services \$1,308 M – 29%

- Education \$2,236 M – 49%
- Transportation \$2 M – 0%
- Resource Protection and Development \$56 M – 1%
- Administration of Justice \$467 M – 10%
- General Government \$520 M –11%

**House of Representatives Projections, FY 2012-2013 General & Education Fund Collections: \$4.4 billion**

- Property Taxes \$782 – 18%
  - Real Estate Transfer Tax \$161 – 4%
  - BPT & BET \$1,025 – 23%
  - Insurance Tax \$173 – 4%
  - Interest & Dividends Tax \$173 – 4%
  - Meals & Rooms Tax \$493 – 11%
  - Tobacco Tax \$435 – 10%
  - Other Consumption Taxes \$199 – 4%
  - Liquor Commission \$265 – 6%
  - Gambling Revenue \$145 – 3%
- Under the House's proposed budget, General fund support for community colleges would be reduced \$21 million—or more than 35% from current levels.
- General fund expenditures for the state's university system would fall \$144 million-or 58%-compared to FY 10-11.

**Relative to the Governor's proposed budget, House would reduce:**

- Uncompensated care: \$115 million
  - Mental health services: \$25 million
  - Child care: \$10.2 million
  - Family support services: \$7.8 million
  - Unemployed parents program: \$4.5 million
- A portion of this presentation can be found on the **NH Fiscal Policy Institute** Website: [www.nhfpi.org](http://www.nhfpi.org)

**Budget Shortfalls Threaten Our Citizens- Jack Lightfoot, Child and Family services**

In tough economic times, many of our citizens find themselves more than ever relying on public programs to achieve or regain self-sufficiency.

**Public Infrastructure:**

**Critical to individuals and families becoming and remaining self-reliant**

- Children needing a safe and fair start in life
- Parents who have been laid off
- Individuals with mental illness

**A hand up, not a hand out –Personal responsibility key to services**

- TANF
- Child abuse & neglect
- Troubled and troubling children: CHINS & delinquents

**NH State Budget Calendar:**

- July-October: State agencies prepare budget requests and submit to the Governor
- Feb. 15: Governor submits budget to the legislature
- Feb. & March: House prepares its budget

- April & May: Senate prepares its budget
- June: House/Senate Conference Committee
- June **30**: Final budget signed by Governor

### **What's at Stake?**

- Parent's access to supports to help to maintain their family (family resource centers, voluntary services through DCYF):
- More families in court for child abuse or neglect and more children in foster care because of abuse or neglect
- Parent's and children's access to mental health treatment to enable them to continue living and working in their communities:
- More use of police and courts to deal with behavior problems
- Children's access to services through CHINS:
  - More children seek help through community mental health centers and more children end up in delinquency or adult criminal system
- Young people's access to diversion & prevention programs that hold them accountable while keeping them out of court:
- Increased youth in trouble with the law and increased use of Sununu Youth Services Center
- Mental health services for children and adults:
  - Half of the children now receiving services likely to be ineligible under House plan
- Access to substance abuse prevention and treatment programs:
  - More young people using illegal drugs or alcohol
- Waiting list for individuals with developmental disabilities reestablished:
  - Downshifting care to families and communities
  - Targeted case management eliminated: Families with children with developmental disabilities or chronic health conditions left to their own devices
  - Five district offices closed, Increased reliance on internet-based contact to apply for benefits from the state: Lack of access and inability to get support for those in greatest need

For more information access [www.NHCARES.net](http://www.NHCARES.net)

Questions for Jack:

**Q. Do you know anything about consolidating area agencies?**

A. Talk around maybe linking area agencies with district offices.

**Q. How do the legislatures respond to children losing services?**

A. They pretend it not there.

**Q. Do they respond?**

A. They don't say much except that; we can't afford it.

**Next steps:**

**A suggestion from the ICC members to hold a special meeting regarding the budget cuts and how it will affect the area agencies and programs throughout the state. This meeting will give everyone the opportunity to do some brainstorming and to figure out some options for revenue raising and cost management. The meeting will take place on May 10, 2011 from 1-3 PM at BDS in the South Function Room.**

**Next Meetings:**

**May 10, 2011 – BDS**

**June 3, 2011 – NHHEAF**

**September 9, 2011 –NHHEAF**

**Retreat: November 4, 2011**

**NH Interagency Coordination Council**  
February 4, 2011  
New Hampshire Higher Education Assistance Foundation

**Attendance:** Charna Aversa, Sonja Barker, Gloria Fulmer, Jane Hybsch, Sharon Kaiser, Michelle Lewis, Ruth Littlefield, Eileen Mullen who was represented today by John Harrington, Linda Graham, Ann Richardson, Lenore Sciuto, Lynda Elliott Thistle, Karen Welford, Ellen Wheatley.

**Guests:** Ann Smith (1<sup>st</sup> meeting as provider), Leslie Doster (1<sup>st</sup> meeting as Goffstown Principle), Maureen Chorma (1<sup>st</sup> meeting as Hollis Preschool Coordinator), Hedi Bright (2<sup>nd</sup> meeting as family member), Sheila Demers (1<sup>st</sup> meeting as Merrimack Preschool Coordinator), John Harrington, Mary Jane Wallner, Sharon L. Davis (1<sup>st</sup> meeting as family member), Sherry Sullivan (1<sup>st</sup> meeting as Pelham Preschool Coordinator).

**Staff:** Carolyn Stiles, Kimberly Maines

**ICC Chair Notes-**Michelle Lewis, ICC Chair

Last meeting when we talked about preschool representation we were looking for another preschool person to fill a vacancy we had. Ruth sent out an email and several people were interested, which can be seen by the four people that attended today. There are also two others who are interested and have sent an email, however they could not attend today's meeting due to the weather. They were asked them to come to a meeting or talk about the ICC and then we will talk about who wants to step up to join the ICC. So they are getting to know what this is all about. The four preschool representatives attending today are:

- Leslie Doster (Goffstown Principle)
- Maureen Chorma (Hollis Preschool Coordinator)
- Sheila Demers (Merrimack Preschool Coordinator)
- Sherry Sullivan (Pelham Preschool Coordinator).

Address list was circulated for updates.

November 5, 2010 minutes: Copies were available for review. Once approved they go public on the website. Ruth Littlefield had some language issues in the November notes that she would like to change that were under the special education preschool section; which she will correct and give to Carolyn for editing.

Michelle explains to guests that the minutes are not voted on for acceptance, they are accepted, if there are not issues with them.

**Nominating Committee Report**

At the Retreat Karen Welford offered to be ICC secretary and today was voted in. This means that there is a member at large position available.

Charna Aversa as ICC Vice Chair is head of the nominating committee. Anyone interested in joining the nomination committee and working on a strategic outreach committee to bring in new members should send an email to Charna. Right now we are short of parents and a provider and if any one is interested or knows of anyone who is interested to let Charna know, the personal the connection the better. Please review the membership list and consider who we still need on the committee. If you have parents who have been through the Early Supports and Services, they are eligible to be ICC members as long as their child is under the age of 12 yrs. Suggestion: Look for some one up in the northern area of the state.

Rochelle Hickmott-Mulkeurn is the director of the Northern Human Services ESS program located in Conway. She is very interested and plans to attend the next meeting. Rochelle also mentioned that she has a parent up in the Berlin area that is interested in joining as a member.

### **Early Childhood Advisory Council (ECAC) Updates**

- ICC Liaisons: Charna and Michelle
- An Executive Director was recently hired, effective 2/1/11: Laura Milliken. Laura is an attorney and worked with under served families and system and the District Court Domestic Violence Coordinating Council and many boards. She is experienced in working with councils to reach consensus. The ECAC is currently working on communicating information about Laura. This information will be disseminated when it becomes available.
- The ECAC is a newly formed council that mandated by the Head Start Act. A Steering Committee was assembled to begin the work of organizing the ECAC. Over the past year this committee has been looking at forming a comprehensive early childhood council that is focused on children from birth to 8 years of age. Early organizing activities were funded through NH Part C ARRA funds. The ECAC Steering Committee applied for and received a 3 year Head Start ARRA grant. This was accepted by G&C in December 2010 with the purpose of funding the operations of the council during the start up period. The grant funds the director and two staff member positions. All of this information can be found on the Early Learning NH website: <http://www.earlylearningnh.org/who/news.php> The next work of the committee is to establish a membership list for the council and then to convene the council. The first ECAC full membership meeting is projected to be held in late spring. The ICC will be updated as the process progresses. By the next time we meet on April 1<sup>st</sup> we should have more information on the stake holder meeting
- The communication committee is tasked on sending out communications regarding the progress of the council. There has only been one communication disseminated to date, Carolyn will forward this information to the ICC.

### **What would the ICC like to do?**

#### **Best Practices in ESS**

- The Part C office is working with the field to develop a Best Practice Guide in ESS. Over the last 10 or so years the Federal Government has required states to implement new Federal policies or develop and implement a new State policy on a topic of OSEP's (Office of Special Education Programs) choice. However this year the policy was easy to create and did not require a change in policy, thereby giving the state an opportunity to choose the area that it wished to target for improvement. This is therefore a good year for the ESS program to focus on making quality improvements based on data. ESS directors are focusing on practices that affect quality of services and how can it be improved.
- Best Practices will be identified through research and agreed upon by consensus of the ESS directors. These agreed upon best practices will apply to all regions across the state. Looking at practice is also about sharing great ideas and identifying problems that should be examined and researched.
- The primary objective is to identify the best practices that can be used to standardize and provide quality services to children and families across the state. We are starting with the topics that are the greatest interest to providers. Our work schedule for this project is focused on using Quarterly meeting to the best advantage and will be scheduling times during the meetings to work. We have quarterly meetings in the months of March, June, September, and December; always on the second Wednesday beginning at 9:30. The ICC receives notice of the meetings and the meeting agenda. ICC members are always welcome to attend. Once the practices are agreed upon, then

we need to address the question of how they should be monitored. Should they be monitored by the state (BDS) or is this something that would best be done using a peer monitoring process. We are interested in receiving feed back from members on these practices.

- The topics that were generated in both September and December included: using evaluations during the eligibility determination process, service coordination, embedded interventions, using the COSF (child outcome survey forms) to measure child outcomes, supervision training, administration management, and quality improvement. Another topic identified is to look at constellation of service providers on ESS teams.
- Most of these topics are in the notes from the retreat. Some things that Linda and I brought to the discussion from other meetings are the idea of integrating child outcomes and the ICC process. We collect data and monitor child family outcomes through different processes, an idea presented at a recent conference was to integrate this information into the development of the ISP. Programs that are working on specific topics are Regions 2 (Lebanon/Claremont area) is working on the interdisciplinary approach, 3 (Laconia area) is looking at IFSP relationships, interrelated interventions, 4 (Concord area) informed clinical opinion, , 6 (Nashua area) Service coordination, and 7 (Greater Manchester area) evaluation and eligibility determination for minority populations.
- The ICC requested a Best Practice template be created that will include: resources, listing who participated in developing the best practice, explanation of why a practice is considered a “best practice”, is the method or concept currently being used. The expectation is that teams will engage in conversations about why they believe a particular practice should be considered a “best practice” and be able to respond to a challenge from a peer concerning that practice.
- Many states have done some work on some topics and we can help identify what they are. However, in order for Linda and I be able to help, we need to know what people are looking for and then we can look through all the resources. In all we want this project to be meaningful.

### **Where does the ICC fit in?**

#### **Discussion:**

- As an Advisory Board to the Part C office we are looking to improve the program by looking through our own different lenses. It is important for the ICC to be a part of this document and provide input on what is being put together. I also want to make sure that family voices are represented and the impact on families determined when a practice is identified as a “best practice”. A “best practice” would be named as such because it would be a benefit for the children and families that we are serving. The reason I bring this up is because we are in a unique position because of all the different voices we represent on this Council.

#### **Response:**

Were these going to be topical briefs or a single document that has sections in it?

**Response:** A series of documents for each topic and then add as we develop. Again we thought this was good idea to move forward. So what the final thing will look like I don't know, we want to make it useable, so we'll have to come up with a format.

#### **Discussion:**

- We need to of a way where the various stake holders and families have a way of contributing to the development, not just a response to.
- The child care world is working on infant and toddler credentials which should be included as a Best Practice The voice should be there for collaboration and I suggest

Sue Foley from the Child Care Bureau be included some how because she is the head of that group.

- Who would present the webinars?
- It is just not clear to me as to who is going to move each on of these forward? If you are depending on the director of the ESS program in that region to do that, that is a lot to put on a director.
- I guess my question is what is the best way to involve the ICC? We absolutely want your input there is no question about that we want your input to feel valuable. So here is the question: do you want to participate in these conference calls? This would be another way to get involved and it would mean more than just going to the ICC meeting. The other option is to have work groups during ICC meetings on particular topics and bring people into that discussion, even though this has not really worked in the past due to the short period of time that these meetings run. So how do we get you to that development phase instead of just reacting?
- When I think of a Webinar presentation I think of who from a school system we can invite to a webinar? With enough warning we have the opportunity to set up a webinar and bring in a lot more point of views. We can bring in parents; we can get our speech path involved, and plenty of other people. If you are looking for people to be involved in the creation of your policy, I see this as a way to get in as many view points in as possible. If a district or region takes on a certain topic that could be the topic you open up to that particular region so that we can invite several viewpoints.
- Is the best practices project is going to be on these five topics?
- What I heard as an ESS director and this meeting was “we would like you to identify topics where Best Practices would really be helpful, we’d like different regions to take a lead and involve your team and do a kind of thinking about Best Practices that should be shared in this area or research to determine Best Practices”. This group wants to provide guidance to the EI directors about what they need to do to make sure they are getting best practices, which includes research, and getting input from other people outside the field families. The way we are going to have them do that is by setting up a webinar, which seems to be further down the road and I am thinking of the best way to engage the directors in moving in this kind of direction. Does it sound like in is turning into something different, where it needs more than a brief memo saying we are going to do a webinar?

**Response:** In March at the Quarterly Meeting we will talk about this more. However I think for the ICC the big decision is how do you want to participate? I heard that you want to participate in the webinars. The purpose of the webinars is not to present to the world what has been found, but rather to discuss the specific topics and work on developing the topics.

I would like to hear from other ICC members, is this something we should be doing, is this too much? A decision made early in the discussion is that and agreed upon “best practices” will apply to all programs across the state.

**Discussion:**

- As far as the topics and how they were chosen by the different agencies, why is it limited to regions when we want to unify, because if it can be open to a webinar so many people can reach it. For instance if we have input by ICC members to say well sustainability is a topic or evaluation is a topic, can the initial part be open for different members for each region then say one member or however many members of interest from each region then could attend the webinar and then the corresponding family that are statewide could talk about points of interest and get the input that way. Is that too big or too grand?
- BDS is looking for suggestions on how to do this.

- One suggestion is to have a series of webinars and invite people to come and participate.
- BDS can host the webinar. We are also in the process of using ARRA money to make it possible for each area agency to have conference equipment and the capacity to receive and broadcast. We need to make sure that people will come and have them understand that it is a working meeting on specific topics on a specific agenda. If you want to participate fully please do some research and bring in information.
- We will need preferably a month's notice. So that if it is a three hour webinar, we have three hours with a room, with everything else that we would need, in order to get the word, invitations, and information about it out to the public. Have a pre-working session within house so that once this thing starts we are up and ready.
- Regarding parent participation:
- Families should be with you if we were ever going to do things like webinars. So there are some things we can do if given broader notice about the webinars. Sometimes it is easier for families to be in a room with someone that will help them understand what's going on in webinar if they are not formulary with the technology.
- We can do some training to show parents how to do a webinar, how many people participated in the "go to" meeting, how hard was it? As long as some one is interested they automatically get an email link, if you click on the link, and down load the program. Then you dial into the conference call. We probably will not have the capacity to do a video conference call until after July 1<sup>st</sup>.

**Response:** The person leading the webinar discussion would vary according to the topic. For instance one topic that is specific about determining eligibility with families of a different culture. BDS ESS will host, schedule, and make sure everyone knows about it. But if specific people are doing the work on it then I would ask them to take front stage and talk about what they are doing and asking for input on. BDS will have to take responsibility of putting this information into a package. But the people providing the services should be involved in identifying what is a "best practice".

Bringing families into the discussion as things are being developed would make it a richer discussion because families have other insights and ideas that they can share.

The idea is that programs should be taking on the things that they are interested in and doing, topics that are important to address today.

The ICC should participate in any webinars that are of interest to them and have an opportunity to respond as they would like. However, during ICC meetings it may be more valuable for council members to look at the big picture topics such as sustainability. For instance not just how we fund the program, but how do we sustain Early Intervention Services. We need to think about what to do next after the ARRA funds run out, how do we continue to provide Early Intervention Services, look at the "what ifs," such as what if the part C money runs out and the state is not able to sustain the program. This is one topic, but there are other topics as well such as transition. Not just Part C Transition, but lets look at Transition across the board, not just limit it to Preschool Transition. What about Childcare, what about Headstart, what about other early childhood programs that ESS children transition into.

**Discussion:**

- I like that the ICC will look at those broader issues that are more sustemic that aren't really going to be picked up by a region that are looking at their individual practices, but looking at the bigger picture. I think that this is an important role to play especially around suitability which you pointed out to us is a big priority for us. I think inviting us to participate in the webinars, however that evolves, based on our level of interest and availability it is also a nice place to have input. I see the role of the ICC in terms of the work being done with the regions is to just ask people if they are available to offer some insight or if this is the beginning to say, " think about broader stakeholder, but it is not a

proof reading of the actual work.” Again it gives an opportunity in the webinar to say, “I have a Best Practice idea that could go into the think tank for consideration.”

- Its not really limited to regions. We had to start somewhere and we asked who was interested and to choose a topic, it just happens that we are organized into regions and agencies. It is certainly open and that is why we are suggesting webinars.
- In terms of sustainability we need to look at the larger picture that has come up I think when you look at Best Practice it also ties in with sustainability because if you have a Best Practice it can be sustained. I think as a planning committee we have talked about moving forward when looking at sustainability and structuring the next couple of meetings to really look at those pieces as well. We have a plan for the Best Practice guides and then we will start structuring some meetings around to look at sustainability, funding, and what is going to happen after ARRA goes away.

#### **Next steps:**

1. Carolyn will send out an email to people to let them know what we have talked about. Programs who are working on a topic will be asked to identify the lead person and let them know that there are ICC members that are interested in working with you on this topic and how they can communicate with the program leader. Contact information of the lead person will be sent to the ICC.
2. Carolyn will develop and disseminate a template for reporting progress regarding the chosen topic.
3. A format for presenting the completed topics will be developed later.
4. Webinars will be scheduled as programs are ready to discuss their work and request feedback.
5. ICC will add sustainability to the agenda for the April meeting.

#### **Lead Agency Updates**

##### **Part B19 Preschool Education – Ruth Littlefield**

###### Transition

Transition data is at 97% compliance regarding transition from ESS to special education preschool. Moved from 67% the first year. What was important was looking at both compliance and the quality of the transitions. The 97% means that a child has an assigned IEP in place by the age of 3 if they are eligible. All children need to have their eligibility determined by age 3 even if they are not eligible. A challenge at this time is that noncompliance was not identified quickly and therefore it was taking up to a year to correct instances of noncompliance. We are trying to tighten that up so we can identify and correct the non-compliance more quickly.

###### Least Restrictive Environment

Ruth is heading to a conference in San Antonio to meet with the leaders of the preschool special education coordinators. She is the North East Region. At the meeting they will be looking at the data around Preschool least restrictive environment where children are receiving special education services. Effective this October they are going to start reporting on this in the State Performance Plan. The Feds will be looking at this differently – how much time are children spending in special education programs rather than regular class rooms. Looked at the Preschool Outcome data in a small focus group and the baseline data that was set last year was going to need some adjusting due to two publishers that needed to do some conversion of the scoring system. Based on that the data changed somewhat, which meant the baseline had to be reset and new targets had to be formed. The goods news is based on what was expected to happen, what was known about the data, the targets were set based on this information from last year and it was found that everything was right on. There was a glitch in the data where the system was scoring kids too high in some areas.

### Child Outcomes

For those that are new to the council and the data system the ESS uses a child outcome summary form and a team approach with a summary form developed by the Early Childhood Outcome center to determine the child's development in three areas. Preschool Special Education is different they have the same requirements and report on the same three outcome area, however they use online tools to collect that data. They do use an authentic approach just like the Child Outcome Summary form process, but then they input data into a data system and then it converts it to numbers. As mentioned at the November Retreat there has been growth in the survey data and the center is getting ready to hand out the next group of surveys. The surveys look at how well the school facilitates the parent's involvement in the Child's preschool special education to benefit the child.

### **Part C Family Centered ESS –Carolyn Stiles/Linda Graham**

#### Change in Staff

There have been a few changes: Lorene Regan who was the Administrator of Children and Family Services at BDS and the BDS representative of the ICC, has now accepted another administrative position at BDS. Linda Graham is taking her place as Administrator of Children and Family Services at BDS and consequently is the BDS representative on the ICC. Linda's old position is vacant. The position is Federally funded through the Part C grant and has no impact on the state budget.

#### Data Report

The Annual Performance Report (APR) and the revised State Performance Plan (SPP) was submitted February 1<sup>st</sup>. The December 1, 2010 child count and setting reports, which is a point in time measure, were submitted also on February 1st. Both of those data reports were submitted based on information from the new data system NHLeads. Michelle Lewis, as ICC Chair reviewed both the SPP and APR so that she could sign the ICC certificate stating that the ICC agreed with the information submitted. The ICC has the option of submitting a separate report, but this indicated that the Part C SPP would serve as the annual report. The annual progress report has gone from being public report in 1995 to being a strictly federal report where language is dictated and the data will change from time to time. All of the reports that were submitted will be posted on the DHHS website at:

<http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/index.htm> There is a link on this page for Part C data, Annual Performance Reports, the State Performance Plan, and a number of other topics. The report may seem more manageable if you pick out one or two topics that interesting to you. ICC members that attended the retreat helped come up with the targets.

The birth to three child count is higher than the targets that were set. However the number of children from birth to 1 continues to decrease. There is a long list of improvement activities in the SPP to address this issue.

#### **Discussion:**

When we actually looked at when the change started to happen the results for the most part lined up?

If the decreases have been consistent for the past five years and the logic is that the changing from 33% to 25% makes more children who are younger not eligible; is that not consistently logical?

It would be interesting if we could track some how the "watch me grow" initiative and see if there is an increase in your children.

When you are looking at that account you are looking at that as December 1<sup>st</sup>?

Is there anyway of finding out how many children are referred at an early age, for instance a 1 to 4 months as oppose to 8 to 12 months?

## Responses

January 2003 is the date when the change from 25% delay to 33% delay became effective. The data that we looked at was less than five years and that includes all the kids since the change. So I am not sure what that means for birth to 1, however from birth to 2 or 3 I could see that it would have a greater impact. The birth to 3 had increased and then leveled off for three years after that change and now it is leveling off, while the birth to 1 is still decreasing.

“Watch Me Grow” is an improvement activity for both indicators, birth to three years. Birth to one is the really hard one to get families with kids who would be eligible in that age range referred. An information brochure is being developed to give to birthing sites so that they are aware of the services we provide. We are also working with the Birth Conditions registree to help make families aware of the program.

### Family Outcome Surveys

At the ICC retreat participants were in agreement about changing to the new survey. Participants at the quarterly meeting also agreed on these changes. The change over to the new surveys will be made soon so that they can be disseminated in March.

### Quarterly Meeting In June:

Many grants were funded through Part C ARRA. May 31,2011 is the date that all grants must be completed. On June 8<sup>th</sup> all grant projects will have an opportunity to be presented to the public at the Christa McAuliffe – Shepherd Discovery Center on the NHTI campus. This is open to the public.

### **Joint Transition Activities - Ruth, Michelle, and Carolyn**

The Parent Information Center conducts work on transition through a number of grants:

- Through a grant of the Bureau of Special Education we received funding to do transition work with preschool special education programs and ESS programs. We also conduct child find activities for toddlers and preschoolers.
- Through Part C ARRA funding we are funded to do two specific transition related projects:
  - Update the blue transition guide that has been used since 2005 and is outdated
  - Create a transition module focused on helping ESS staff and preschool special education staff to understand the transition requirements of both special education and ESS. The Advisory board developed during the SSECT (Supporting Successful Early Childhood Transitions) project identified that an on-line transition module is a real need so that anyone could access it anytime they needed.
  - In the fall it became clear that it was important that NH identify a clearly stated definition of a “child potentially eligible for special education”. Since it was clear that both special education and ESS needed to take part in this discussion, PIC convened a series of stakeholder groups to gather input from key constituents and definition was developed with which everyone could agree. This definition was included in the Part C APR. We do not know yet if the definition was accepted.

### Transition Module

Development of the module was on hold for a time because we were waiting on how the definition of “child potentially eligible” would impact the content of this module. That is now up and running again and are working on mogul development and scripts. There is a training we have called “who is doing what in Early Child Transition,” which was developed by Jennifer, Carolyn Stiles and was done at the Family Support Conference a number of years ago. That training has morphed as we go out to the different regions and it has formed the bases for this transition module. The module will be interactive, the software we have chosen is called

“articulate,” which is an Adobe product. The module will be a self-contained module that will have audio, visual clips, and quizzes. You will be informed on this process as we draft it and we will be looking for your input and advice. We do have an advisory board for the overall transition project that has helped us develop as to what to put into the mogul. Regional teams will be convening to incorporate some of this language into their existing interagency agreements. A number of the regions have well developed, self-sustaining agreements, but others need support around the relationship between ESS and preschool special education.

In one region, some School ARRA money is being used to put three meetings together with the ESS. The first meeting will be for everyone to go over and update the MLA agreement and both teams are going to be represented. At the second meeting we are going to have their team shadow our team to see what we are doing out in the field. It is important for ESS and the preschool team to have as much clarity around what happens to the kids once they transfer. The third meeting we are pulling together will include people that are connected to early intervention but are not terribly active; such as Head Start. We are going have Head Start come, as well as Early Intervention, preschool special education, and Special Needs Support Center. This is to tighten that connection among the programs.

This is an example of where the ARRA money has flowed into the different systems. All the ARRA funds from Part B flowed through the state but went directly to the districts, where as the Part C money went to the Part C office and then there was money given to special equipment, special development, and for ICC. Districts are allowed to use their money in ways such as what Anne was describing.

**Discussion:**

How much ARRA money does each system get?

**Responses:**

It was a significant chunk of money, and then it got distributed to the districts based on a formula. It doubled the amount of the IDA funds that we go. For the period of July 1 2009 for us it goes to September 2011, which doubled the money for the state for Special Education.

Part C was a little over 2 million. There is a website called Part CARRA.com that has all the information, shows the original grant, and who received the funds.

**Announcements**

Jen: In the Childcare world, we are working on the infant and toddler credentials. Each month burning questions come up that we are asked to share with constituents. If any one has an interest in that particular topic let me know so I can put you on an email list that includes others who are also interested in that topic. I could also share this with the ICC and give it to Carolyn to send out.

Ellyn:

- Does this group know if the ESS directors had applied for ARRA money to put onto the first annual conference for ESS providers? The conference is called “Promising Practices” and will be held on May 6<sup>th</sup> in Laconia. We have a national Keynote speaker: Tony Linder, who is an advocate of play-based Assessment. There will be numerous breakouts on specific topics for designed to be of interest to different people of different disciplines. It will be a full day with about 200 people, including ESS providers and consultants. The directors are working together and taking this on because we thought it would be a great thing to do for staff and families.

- The NH Association for Infant Mental Health (NHAIMH) became a membership organization this past fall. We also have a website that has been up and running that has a lot of information about early childhood education, mental health, emotional development, and serves as a bulletin board for information on conferences, and the regional mental health teams. The NHAIMH also has a workgroup working on development of early childhood and family mental health competencies. The workgroup recommended the adoption of the competencies system, similar to the competencies developed in VT. The workgroup is in the process of making changes and drafting a self-evaluation tool to accompany the competencies. The system is something for people who work with children under the age of six in a variety of capacities such as childcare, home visiting, ESS, Mental Health, early childhood education programs, etc.
- Development of EC Mental health Competencies which are based on the Vermont system of MH competencies and includes a self-evaluation tool. This is something that many people working in early childhood can use in their own professional development. Also will assist Institutes of Higher Education (colleges) in the development of their curriculum. Roll out in May 24<sup>th</sup> when the work will be rolled out. At this time constituency groups will look at ways to implement this. Refer to website for details: NHAIMH.org

**Voting on new members:** Hedi Bright and Ellyn Schreiber – voted in. Letters of appointment will be requested from the Governor’s office.

**Next meeting:** April 1<sup>st</sup>;

August meeting rescheduled to September 9<sup>th</sup> due to OSEP Mega-Conference being scheduled on August 5<sup>th</sup>. This change will be made on the website and sent to all ICC members for planning purposes. Part C sustainability will be the topic for the April meeting.

**Meeting adjourned.**