



Friday, January 24, 2019
Central Jersey Family Health Consortium - MidJersey Cares – REIC
Lakeside East Office Complex
30 Silverline Drive, Suite 1
North Brunswick, NJ 08902

Public Meeting 11:00 a.m. to 1:30 p.m.

A regular public meeting of the New Jersey State Interagency Coordinating Council (SICC) was held on Friday, January 24, 2020 at the Central Jersey Family Health Consortium, MidJersey Cares, REIC in North Brunswick, New Jersey. The meeting was called to order at 11:01 a.m. by Catherine (Kate) Colucci, Acting Chair. A quorum was declared.

Attendance – Maintained by the Department of Health

Welcome – Kate Colucci welcomed attendees, read the Welcome Statement and announced the next SICC public meeting scheduled for March 20, 2020.

Introductions – SICC members introduced themselves followed by the REIC Directors and public members.

Approval of Minutes – Motion from Kate Colucci to approve November 15, 2019 meeting minutes; meeting minutes approved.

SICC Member Updates:

- Joyce Salzberg announced that Sunny Days conducted their first training with families, doctors and educators in China. Sunny Days will also begin planning to train professionals in India. Presentations are virtual trainings.

SICC Standing & Ad Hoc Committees:

1. Administrative/policy – Chanell McDevitt, Chair – no update; draft budget will be presented at the March 20, 2020 SICC Meeting
2. State Systemic Improvement Plan (SSIP)/Assessment – vacant
3. Service Delivery – Joyce Salzberg, Chair reported:
 The committee met three times since the last SICC meeting. On 12/13/19, the committee reviewed and defined what telehealth services are. The group also reviewed the Personnel Standards to determine what discipline would be qualified to provide telemedicine services. Most of the national boards will or have approved virtual services. In January 2020, the group reviewed security surrounding telehealth; they will seek guidance from the Department of Health (DOH). On 1/23/20, the Service Delivery group met and defined what telehealth services are. However, the group needs to include

verbiage from the Medicaid policy; David Holmes will gather that information. Joyce reported that many States have a telehealth policy. NJ Medicaid does not yet have one. Texas has defined Telehealth services and the policy includes obtaining parental consent and parent can withdraw consent at any time. The Service Delivery group is closely aligning concepts of Telehealth Services with those of Texas with the exception of parents withdrawing consent. The group is advocating should a parent withdraw from Telehealth Services, it is an act of declining service. The Service Delivery Group also recognizes the need to include HIPPA and FERPA regulations in the policy.

There are other considerations needed in order to implement telehealth services. For example, Early Intervention Practitioners and Service Coordinators need training. There is also the need for technology equipment and Internet accessibility services. In addition, there are safety considerations, fee-for-service and payments for services.

The benefits of Telehealth Services include saving on travel time, increase in service delivery hours. It can also address the No Practitioner Available (NPA) issues.

Joyce will be attending a national Telehealth Services conference in Las Vegas.

Discussion:

Joe Holahan commented that Telehealth Services could be a good opportunity for families in NJEIS.

Kate Colucci commented that Telehealth Services could provide a coaching model to families and she would like to learn more about it. However, there might be families that may not want services delivered in that way.

Joyce remarked that there are Millennials that would be interested in this type of service. Texas conducts a survey to check satisfaction of Telehealth Services.

Michele Christopoulos raised an issue that Telehealth Services might not be available for families that do not have technology and/or Internet services.

Susan Evans stated that the committee will forward all the gathered information, details with suggestions to DOH for review and considerations.

***ACTION:** SICC Budget to be reviewed at the March 20, 2020 SICC Meeting. Discussion on whether to appoint someone from the SICC to lead the State Systemic Improvement Plan (SSIP) Assessment committee. Joyce Salzberg will be presenting on Telehealth services at the March 20, 2020 meeting.*

4. Higher Education – Kate Collucci, Chair reported:

The committee met and have been tasked with the recommendation from DOH to help develop and provide consistent key messaging to include personnel standards and about the Regional Early Intervention Collaboratives (REICs) to colleges and universities in New Jersey. The committee will continue to consult with Kristen Kugelman on the topic

***ACTION:** Higher Education Committee to finalize an infographic and present to the State.*

Discussion:

Joyce Salzberg developed a relationship with Temple University and Sunny Days is actively recruiting student interns.

Kate Colucci commented that DOH wants a consistent message from anyone that provides information to universities and colleges.

Lead Agency Report – Susan Evans, Interim Part-C Coordinator – Report on file.

Susan Evans announced that there will be a Listening Session at the end of the SICC meeting regarding the Rate Study.

1. Part C Administration: Office of Special Education Programs (OSEP) - State Business:

- Family Cost Participation (FCP) Monitoring – DOH issued a final report to OSEP on the first year’s initiatives on November 30, 2019. OSEP is still reviewing the report.
- The Annual Performance Report (APR) is due on February 1, 2020. DOH will be reviewing the APR data to the SICC members. The SICC will be asked to sign off on the APR or the Council could create and submit their own Annual Report.
- Part C of IDEA will receive an increase of \$7 million over the FY2019 level to be used for July 1, 2020.
- The State Systemic Improvement Plan (SSIP) – is due April 1 along with December 1 Data and Settings data. OSEP raised the bar in regard to the SSIP rating.
- Special Education Teacher Shortages – Congress requested a report from the Government Accountability Office (GAO) on the challenges districts face with teacher recruitment and retention. There has been a national shortage of special education teachers, paraprofessionals and teacher aides. There have been shortages for Part C Coordinators and Special Education Directors and monies have been allocated for the investigation/research to explore the situation.

Discussion:

Kate Colucci asked if Congress was looking at other discipline shortages such as Occupational, Physical and other therapists.

Susan Evans stated that Congress is most likely looking at shortages for all related disciplines.

- 2. EIMS/PCG** – In October 2019, DOH/NJEIS filed a formal complaint with NJ State Treasury which outlined contractual issues that occurred with the implementation of the EIMS. The Commissioner met with the PCG leadership team and wanted to know lessons learned and how to move forward. Currently, there is a five-year contract with PCG with a possible one-year extension.

DOH staff continue to meet weekly with the PCG team to address on-going issues and prioritize and develop improvements to multiple system components. Current developments include evaluations, Form-13 and others.

- 3. Procedural Safeguards** - The PSO office continues to be staffed by Barbara King with assistance from DOH staff members, select REIC staff and National consultants for formal complaints.

Approvals have been provided to hire two temporary staff persons for the PSO, 1 Administrative Assistant and 1 Regulatory Officer until these positions can be permanently filled.

Since the last SICC report there have been 10 Administrative Complaints filed; 9 related to FCP/Billing and 1 a non-billing matter. The Southern REIC remains active in problem-solving billing issues.

As of July 1, 2020, DOH will reinstate the suspension policy. DOH will let SCUs know so that may inform families.

Discussion:

Joyce Salzberg inquired if the FCP amount collected was \$4M.

Susan Evans responded she was not yet sure; the average FCP collected is generally \$6M.

Sandra Howell stated that the Department is still reviewing all the paperwork including the FCP and Medicaid changes.

- 4. Annual Performance Report (APR)** – Christine (Chris) Nogami-Engine

Chris met with stakeholders and OSEP has provided another year extension for the Performance Plan. The group worked on setting targets for SFY2021, Fed is 2020.

The State sets Performance targets and OSEP sets the Compliance Indicators; the Feds expect 100% compliance.

Indicator 1 – Infants and toddlers with IFSPs who receive EI services in a timely manner is a compliance indicator. States determine what “timely” is; most states elect 30 days (timely) after signed IFSP to begin services. NJ’s performance was 94.51%. There was some slippage in Cohort A.

Indicator 2 – State target – Infants and toddlers with IFSPs primarily receive EI services in the home or community-based settings. NJ Performance: 99.96%. NJ met and exceeded the target.

Indicator 3 – Child Outcomes 3A (Children have positive Social emotional skills, including social relationships), 3B (Children acquire knowledge and skills including early language/communication skills) and 3C (Children use appropriate behavior to meet their needs) – reported by Susan Evans.

To date, NJEIS conducted the large number of exit evaluations (N=5,960) or 48.4%.

DOH conducted fidelity training to capture a better, more accurate picture of where children are in their social/emotional developmental skills.

FFY2018 the percentage of children who were functioning within age expectations in each outcome by the time they entered to when they exited NJEIS:

Indicator 3A – Social Emotional Skills – 36.21% - 60.74%

Indicator 3B – Acquisition of Skills and Knowledge – 60.22% - 65.84%

Indicator 3C – Uses Behavior to Meet Needs – 86.85% - 94.23%

Indicator 4 – Family Outcomes 4A. Know their Rights, 4B. Effectively Communicate their Children’s Needs and 4C. Help their Child Develop and Learn reported by Chris Nogomi-Engime. NCSEAM is the survey that has been used by NJEIS for 13 years. A consultant sends the survey out and analyzes the data. There was increase in the number of families that responded compared to the previous year.

There has been slippage in both indicator 4A (Know their Rights) and 4B (Effectively Communicate their Children’s Needs) as compared to FFY 2017.

Indicator 5 – Percent of infants and toddlers birth to 1 with IFSPs compared to National data. The number of infants and toddlers birth to 1 with IFSPs on December 1, 2018 totaled 816. It was up from the previous year, but below the National average.

Indicator 6 – Percent of infants and toddlers birth to three with IFSPs compared to National data. National average is 3.48%; NJEIS 4.61% which is above the national and state target of 3.45%.

Indicator 7 – Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and initial IFSP meeting conducted within Part C’s 45-day timeline. Indicator 7 is a Compliance Indicator (OSEP). There was some slippage from FFY2017 (99.71%) to FFY2018 (99.69%).

Discussion

Joseph Holahan stated that he thought since NJEIS no longer corrected for age, there would be an increase in Indicator 5. He suggested that physicians need to be contacted for children with motor delays and get more informed about NJEIS. Families of children can receive services both from the NICU and NJEIS. He suggested that perhaps articles about NJEIS be posted in professional medical journals. It can also be distributed through ground rounds.

Kate Colucci suggested that physician’s need to be educated on the differences between a private service and services through NJEIS. NJEIS provides a coaching/training model for all family members.

Indicator 8 – a compliance indicator (OSEP) - Percentage of toddlers with disabilities exiting Part C with timely transition planning; 8A – IFSP with transition steps; 8B – Referral/notice to LEA/SEA; 8C – Conducted a Transition Planning Conference

FFY2018 – 100% - no slippage

Kate Colucci commented that it might be nice to try to tie the Family Outcome survey to transition practices. How many families felt prepared for transition? In the field, there is a variety of experiences.

Chris Nogami-Engime stated that OSEP listed the specific indicators for Transition that must be addressed; it is a minimum of what the State must address. Another or different tool may need to be used to address other specific questions to assess whether or not a family agreed or disagreed on how the transition process worked for them.

Kate Colucci remarked that it might be worth looking into; i.e., to gather feedback from families to make improvements.

Susan Evans stated that information is collected from exit data. DOH will be meeting with DOE staff to refresh the relationship and about the transition process and how to move it forward. Susan will also inquire about a Part B representative to serve on the SICC.

New SPP/APR will be coming soon with new targets. Stakeholders will be invited to a 60-day public comment period on the new SPP/APR package when it is released. NJEIS will need to reconvene the group to develop the new State Performance Package including setting additional targets.

Kate Colucci asked members for any comments. Motioned to vote, all in favor and SICC will sign the NJEIS APR report.

REIC – no report

New Business – none reported

Old Business

- SICC Member Appointments – Kate Colucci has a list of four to five individuals that have been appointed to the Council, but to date, nothing has happened. Kate reported being in constant contact with Maria Del Cid-Kosso and Maria stated that a meeting was scheduled to take place, but Kate has not yet heard back. No summer meeting unless members have been appointed. Kate asked if anyone had ideas.

Joyce Salzberg commented that the SICC needs legislative representation and someone from DOE.

Sandra Howell asked if a DOE representative needs to be appointed by the Governor.

Kate asked if the Council should ask the list of potential appointees to attend as a public member.

Sandra Howell did not think it would be good for appointees to attend the SICC meeting as a public member.

Kate stated that parents are also needed on the Council.

Sandra Howell responded that the SICC conducts public meetings and encourages people to attend.

- SICC meeting locations – Kate Colucci stated that this office, MidJersey Cares is not available in July 17, 2020, but the conference room is available on July 10th or 24th. Kate also asked the Council if they wanted to meet in July as a retreat.

Joyce Salzberg suggested meeting at Sunny Day's office.

Kim Peto recommended that retreats be reserved for new Council members..

Joe Holahan concurred with Kim Peto.

Kate Colucci asked if the Council was not to meet as a retreat, should it be a regularly scheduled meeting?

Sandra Howell stated that attendance is typically low in the summer.

Joe Holahan agreed that attendance is typically low during the summer months.

Kate Colucci stated that the SICC Meetings will continue to be held at MidJersey Cares REIC. Kate reported that Joyce Salzberg suggested the meetings occur at Sunny Days Corporate Office. The discussion for location will be addressed during the May 15, 2020 SICC meeting.

Public Comment

- David Holmes, ABCD – applauded DOH's efforts in filing a complaint against PCG. He reported that there have been a number of agencies that submitted damages. He asked if those damages were a part of the complaint.

Susan Evans stated she cannot report on it at this time.

- Edna Lee, Lees Developmental Services – suggested as part of the recruitment process, to target medical schools; especially to discuss how referrals are made to NJEIS, eligibility, the types of services provided.

Cynthia Newman, MidJersey Cares – commented that Rutgers University Medical School has a residence program that enables students to visit families of children with disabilities.

Kate Colucci stated that the topic can be discussed at the Higher Education committee to reach out to other specialties but not sure about medical schools.

Doreen Glut, Rutgers – Stated that medical students do refer to EI.

Kristi Balent, JFK Health System – reported that many children with motor delays do not get referred to EI immediately; they get referred to outpatient clinic.

Jill Glassman, Somerset ARC – commented that early childcare (EC) providers need training on how to work with EI providers. EC providers do not realize they are a part of the EI team. Typically EC providers do not know how to speak to a parent about developmental concerns, how to make a referral to EI and parents are not aware of EI. Sometimes EC programs will not allow EI into their program. Jill strongly suggests that there are EI trainings for EC programs.

Michele Christopoulos works in two daycares and does not always understand the push back EI receives from EC programs. At the same time, EC providers are not invited to IFSP meetings.

Ann Clark, Institute on Disabilities reported seeing lots of children in childcare. She believes it's about building relationships with the directors and other staff. During EI Week, she typically brings NJEIS developmental brochures to the directors and brown bag lunches for the staff; that is how to build a team and what can be done together. The EC providers welcome their relationship. She is not sure how widespread the issue might be (of EC providers not wanting EI in their program), but she has only encountered one in 30 years. Ann stated it is important to have the EC providers at the IFSP meetings; the child is often with them for long periods of time.

Sandra Howell discussed the program, Equalizing the Playing Field, in which children who are deaf or experience hearing loss are included in typical EC programs. She will reach out to the deputy from DHS to address the issue.

Kate Colucci stated that something can be done at the grassroots level (practitioners and SCU) and be mindful of developing those relationships [with EC providers].

Joseph Holahan suggested that there be efforts to mail EI posters to EC providers and request to post in areas where parents can see them.

Kate Colucci suggested to put this topic on the SICC agenda

Virginia Lynn, Children's Specialized Hospital – stated that the cost of childcare should be considered in cost share; families cannot purchase EI services because they pay for their childcare.

Susan Evans replied that the conversation about cost share will be addressed sometime down the road and to bring her input at that time.

Adjournment - 1:19 p.m. upon motion by Kate Colucci and unanimously carried.