### State Interagency Coordinating Council
February 2018 Meeting Minutes

**Date:** 2/21/2018  
**Time:** 9:00 a.m. to 3:00 p.m.  
**Location or on-line format:**  
ESD 113, Thurston Room  
6005 Tyee Drive SW  
Tumwater, WA  98512

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Motion/Second</th>
<th>Discussion/presentation</th>
<th>Vote Outcome (P/F)</th>
<th>Follow-up</th>
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</thead>
<tbody>
<tr>
<td><strong>I. Introductions &amp; Approvals</strong></td>
<td></td>
<td>Darci Ladwig, Chair, welcomed the group and called the meeting to order at 9:09 AM. The SICC members, ESIT staff and audience went around the room and gave introductions</td>
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</tbody>
</table>
| **Review the January 17, 2018 SICC meeting minutes** | Motion to approve as corrected. Motion seconded. | Correct:  
• Janet George, Dpt. of Services for the Blind (DSB) not WA State School for the Blind (WSSB.) | Motion approved unanimously | |
| **Review the February 21, 2018 SICC draft agenda** | Motion to approve. Motion seconded. | No discussion. | Motion approved unanimously | |
| **Updates from October Meeting Minutes**  
*Sue Rose and Laurie Thomas* | | • ESIT update transition booklet and Families are Important.  
• WA Autism advocacy work on insurance billing  
• Special Edu. Advisory Council (SEAC) Member to join SICC and DEL parent | | Will put out a poll to LLAs to see how often the transition booklet is used. |
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</thead>
<tbody>
<tr>
<td><strong>Revised Family Survey Cover Letter Feedback:</strong> Sue Rose</td>
<td></td>
<td>Sue Rose gathered feedback on the Family Survey Cover Letter to make it more family-friendly to increase the return rate. Family Outcomes Surveys are going out in March, April, May 2018.</td>
<td></td>
<td>Sue Rose will notify agencies when surveys go out to spread the word for participation</td>
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<tr>
<td><strong>Open Positions on SICC</strong></td>
<td></td>
<td>Recruiting for open positions Looking for diversity (racial, geographic, etc)</td>
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<tr>
<td><strong>Legislative Update Laurie Thomas</strong></td>
<td></td>
<td>Brief update on Senate Bill 6257, Providing Early Intervention Services to Eligible Children</td>
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<tr>
<td><strong>II. ESIT Update Laurie Thomas</strong></td>
<td></td>
<td>Teniel Sabin, Program Consultant, moved on. Recruiting for a new Program Consultant. Recruiting for a new Policy and Compliance Manager soon</td>
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<tr>
<td><strong>III. SSIP Data Analysis, Susan Franck and Debi Donelan (See Slides)</strong></td>
<td></td>
<td>Susan Franck, Data Manager, updated the group regarding the Data Committee’s work results. For details, see Power Point.</td>
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<tr>
<td><strong>Personnel Competencies, Debi Donelan (See Slides)</strong></td>
<td></td>
<td>Debi Donelan, ESIT Asst. Administrator updated members on the Personnel Competencies work. For details, see Power Point slides.</td>
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<tr>
<td><strong>III. Committee Updates (See Slides)</strong></td>
<td><strong>Lisa Greenwald, SICC Personnel and Training Committee (please see slides)</strong></td>
<td>• The committee will have five Ad-Hoc, or work groups: o Pre-service o In-service o Recruitment and Retention o Transition</td>
<td></td>
<td>Chairs and Sue Rose will add these topics to Public Policy agenda in March and Finance Agenda to consider how we coordinate efforts.</td>
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<td>o Competencies</td>
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<td>• Lisa detailed the work plan each committee is meeting to address</td>
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<td><em>(See Slides)</em></td>
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<td>Rene Denman, SICC Public Policy Committee</td>
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<td></td>
<td>• Committee members are submitting priorities</td>
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<td></td>
<td></td>
<td>• Deciding on Ad Hoc Sub-Committees</td>
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<td></td>
<td>• Next meeting is March 19th, 2:00PM</td>
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<td></td>
<td>Motion to approve. Motion seconded. Sue Rose to follow up with each committee and update at the next meeting</td>
<td></td>
<td>Motion approved unanimously</td>
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<tr>
<td>III. Agency Updates <em>(See all Handouts in Appendix)</em></td>
<td>Paul DuBois, Office of the Insurance Commissioner (OIC)</td>
<td>Paul shared agency updates. See handout in Appendix.</td>
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<tr>
<td>III. Agency Updates <em>(See all Handouts in Appendix)</em></td>
<td>Janet George, Dpt. of Services for the Blind (DSB)</td>
<td>Working on some pre-vocational activities for 3-5-8 year olds to take kids to children’s museums and have protected time to explore and interact with the exhibits.</td>
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<td></td>
<td>Meredith Pyle, Department of Health (DOH) and Children with Special Health Care Needs (CSHCN)</td>
<td>Meredith shared agency updates. See handout in Appendix.</td>
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<td>Evelyn Perez, Dept. of Social and Health Services (DSHS)</td>
<td>Evelyn shared agency updates; See in appendix.</td>
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<td><strong>IV. Dept. of Children, Youth and Families Update</strong> Frank Ordway</td>
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<td></td>
<td>Motion to approve. Motion seconded.</td>
<td><strong>Motion to break until 12:30 PM. Reconvened at 12:35 PM.</strong></td>
<td>Motion approved unanimously</td>
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<td></td>
<td>Stacey Bushaw, Health Care Authority (HCA) Early Learning and Home Visiting: submitting an implantation plan for financial strategies and next will be putting the plan in place</td>
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<td></td>
<td>• Watching bills:</td>
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<td></td>
<td>o <strong>SB 2779</strong>: improving access to infant mental health</td>
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<td></td>
<td>o <strong>HB 2436</strong>: Defining community health workers and their roles</td>
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<td></td>
<td>o <strong>SB 6257</strong>: Providing early intervention services for eligible children</td>
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<td></td>
<td>Presented on how to bill private insurance and working with managed care to help schools understand what Medicaid they can bill now</td>
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<td></td>
<td><strong>Public Comment</strong></td>
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<td>Motion to approve. Motion seconded.</td>
<td>Motion to discuss topics: Telehealth, Accountable Communities of Health and Managed Care, and DDA/P2P at the April Meeting.</td>
<td>Sue Rose to work with Stacey Bushaw to plan for meetings. How much time, and to work with each presenter/connect with ACH.</td>
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<td><strong>Motion to approve. Motion seconded.</strong></td>
<td>Motion to approve.</td>
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<td>Motion to proceed to remainder of agenda and to move past WeeCare Coalition Legislative Update.</td>
<td>Motion approved unanimously</td>
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<td>IV. Adjourn</td>
<td>Motion to approve. Motion seconded.</td>
<td>Chair, Darci Ladwig, adjourned the group after the committee meeting at 2:08 PM.</td>
<td>Motion approved unanimously</td>
<td>(P/F)</td>
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<tr>
<td>Next SICC Meeting IV.</td>
<td>April 18, 2018 – Statewide System</td>
<td>July 18, 2018 – Innovative Programs &amp; Practices</td>
<td>October 17, 2018 – Families</td>
<td></td>
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<table>
<thead>
<tr>
<th>Members &amp; DEL/ESIT Staff Present:</th>
<th>Members &amp; DEL/ESIT Staff Absent</th>
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<tbody>
<tr>
<td>Bushaw, Stacey, HCA</td>
<td>Arnold, Valerie, OSPI</td>
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<tr>
<td>Cromar, Magan, DDD</td>
<td>De La Fuente, Debbie, ESIT Program Consultant</td>
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<td>Denman, René, Provider/LLA</td>
<td>McAlindon, Amy, Parent</td>
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<td>DuBois, Paul, OIC</td>
<td>McCauley, Tammy, ESIT Program Consultant</td>
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<td>Fannin, Carrie, Provider</td>
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<td>George, Janet, DSB</td>
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<td>Greenwald, Lisa, Provider</td>
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<td>Ladwig, Darci, CHAIR, Parent</td>
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<td>Lavik, Jena, Parent</td>
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<tr>
<td>Liebe, Dr. Diane, Provider</td>
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<td>Perez, Evelyn, DSHS</td>
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<td>Pyle, Meredith, DOH/CSHCN</td>
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<td>Sanchez, Sugely, Parent</td>
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<td>Tolson MD, LTC Daniel, Military</td>
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*ESIT Staff:*
Brown, Jahla, Administrative Assistant  
Donelan, Debi, Assistant Administrator of Training and Technical Assistance  
Franck, Susan, Data Manager  
Hopkins, Kim, Data Coordinator  
O’Brien, Adrienne, Training and Technical Assistance Manager  
Rose, Sue, Family Engagement Coordinator  
Thomas, Laurie, Program Administrator

*(For community attendees, please see sign-in sheet)*
Appendix

Appendix A: Data Analysis, Personnel Competencies and Committee Updates

- SSIP Data Analysis
- Personnel Competencies
- Personnel and Training Committee Update
- Public Policy Committee

Appendix B: Agency Updates

- Office of the Insurance Commissioner (OIC) Update
- Department of Health (DOH) and Children with Special Health Care Needs (CSHCN) Update
- Department of Social and Health Services (DSHS) Update
Appendix

Appendix A: Data Analysis, Personnel Competencies and Committee Updates

- SSIP Data Analysis
- Personnel Competencies
- Personnel and Training Committee Update
- Public Policy Committee

Appendix B: Agency Updates

- Office of the Insurance Commissioner (OIC) Update
- Department of Health (DOH) and Children with Special Health Care Needs (CShCN) Update
- Department of Social and Health Services (DSHS) Update
Today’s Plan

 челюк Data Committee Report Out
State Identified Measurable Result

🙌 Increase the percentage of infants and toddlers with disabilities who will substantially increase their rate of growth in positive social-emotional skills by the time they exit the early intervention program.
Implementation Sites

🌟 Cohort 1 (July 2016 – June 2018):

🎯 Columbia/Walla Walla Counties
🎯 Island County
🎯 Pierce County
  - A Step Ahead
  - Birth to Three
  - Children’s Therapy Center
  - HopeSparks
🎯 Yakima County
Implementation Sites

Cohort 2 (July 2017-June 2019):
- Chelan/Douglas/Grant Counties
- Pacific/Clark/Klickitat/Skamania Counties
- Thurston/South Mason/Grays Harbor Counties
Promoting First Relationships (PFR)

- PFR training is one component of the SSIP.
- All early intervention providers in SSIP implementation sites are invited to a level 1 knowledge building training through a two-day workshop.
- Additional providers move on to level two where they complete the 10-week PFR curriculum with a family and reach fidelity to the practice.
- One provider from each agency is invited to level 3: train-the-trainer.
Promoting First Relationships (PFR)

🌿 Cohort 1 Status

- Providers at implementation sites participated in PFR foundational (level 1) training in Fall 2016
  - 16 providers pursued fidelity to PFR (level 2) (2 per agency)
  - One provider per agency is working toward level 3, train-the-trainer

🌿 Cohort 2 Status

- Providers at implementation sites participated in PFR foundational (level 1) training in Fall 2017
- 12 providers at implementation sites are in process of pursuing fidelity to PFR (level 2) (2 per agency)
(PFR) Data

🧬 Short-term Outcome

- Providers have knowledge and understanding of PFR practices to improve social-emotional skills for infants and toddlers

🧬 Performance Indicator

- 100% of participants report having adequate knowledge of PFR practices.
- Results - did not meet the performance indicator

โบรา This Promoting First Relationships training provided me with useful knowledge and skills: $\frac{99}{105} = 94\%$

▱ This Promoting First Relationships training will help me more effectively perform my job: $\frac{98}{105} = 93\%$

Kids' Potential, Our Purpose
(PFR) Data

Intermediate Outcome

- Coaches provide support to providers on the use of PFR practices.

Performance Indicator

- 100% of level 2 PFR providers review at least 5 videos with their coach.

Result

- Met performance indicator: all 16 providers from Cohort 1 who moved onto PFR Level 2 training reviewed 5 videos with their coach.
(PFR) Data

長期目標

- 家庭和儿童将收到文化上适当和证据为基础的社会-情绪服务。

性能指标

- 100%的使用PFR的提供者将符合录像家中访问的标准。

结果

- 尚未达到性能指标：15个中的16个提供者完成了PFR Level 2并符合录像家中访问的标准以达到忠实性。目前为94%。

Kids' Potential, Our Purpose
Training

Early Intervention Providers received the following trainings in Fall 2017:

- Social-Emotional assessment
- Engaging families in the child outcomes summary process
- Writing functional outcomes
Short-term Outcome

Providers have improved understanding of social-emotional screening and assessment, and writing functional outcomes that support social-emotional development.

Data committee recommended breaking this into two short-term outcomes
Social-emotional assessment

Providers have improved understanding of social-emotional screening and assessment

Performance Indicator

90% of providers meet criteria (80% or above on quiz)

Results- did not meet the performance indicator

80% of providers met criteria for understanding social-emotional screening and assessment
Functional Outcomes

Providers have improved understanding of writing functional outcomes that support social-emotional development.

Performance Indicator

- 90% of providers meet criteria (80% or above on quiz)

Results- did not meet the performance indicator

- 87% of providers met criteria for understanding functional outcomes
Mid-course corrections

分手 Follow-up with the sites/individuals who did not pass either quiz

Change quiz questions to be more clearly worded

Have providers complete related quiz after each training section rather than end of the full day of training
Child Outcome Summary (COS) Process

ESIT supports LLAs in implementing high quality COS rating processes, including engaging families in assessment.

Status

- New early intervention providers statewide complete COS training modules.
- ESIT enhanced the Data Management System (DMS) to accurately reflect family involvement in the COS process.
- ESIT provided training on engaging families in COS process to providers to early intervention providers in Cohort 1 implementation sites.
- ESIT is working on practice guide with stakeholder input
COS Modules

👋 Short-term outcome
  - Providers have improved understanding of COS quality practices.

👋 Performance Indicator
  - 90% of providers meet criteria for understanding COS quality practices.

👋 Results – met the performance indicator
  - 98% of providers met criteria for understanding COS quality practices (Criteria was 80% or above on COS quiz.)
COS Modules

188 providers completed the quiz between March 1, 2017 – February 8, 2018

- 160 passed on their first attempt
- 25 passed on second attempt or after 185 total passed
- 3 providers did not pass

98% of providers who took the quiz met requirement

- \( \frac{185}{188} = 98\% \)
# Feedback on COS Modules

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<thead>
<tr>
<th>Feedback</th>
<th>Total (n=116)</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Positive</td>
<td>94</td>
<td>81%</td>
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<tr>
<td>Neutral</td>
<td>15</td>
<td>13%</td>
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<tr>
<td>Constructive</td>
<td>7</td>
<td>1%</td>
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Next Steps

🌿 SSIP Webinar March 14, 10:30-12:00
Personnel Competencies Update

Debi Donelan
ESIT Personnel Competencies

_updates
- Large workgroup met in Ellensburg 10/2017
- Small workgroup integrated feedback
- Sent final draft to workgroup

Next steps
- Integrate additional feedback
- Finalize!
- Provide implementation support
ESIT Personnel Competencies

What support can ESIT and the Personnel and Training Committee provide to implement the competencies?

Some ideas:

- Add timelines
- Create excel spreadsheet for tracking
- Create professional development plan (PDP) template
Questions?
Committee Updates
Personnel & Training Committee

Lisa Greenwald, Chair
**PEOPLE IN WORKGROUPS * ON P&T COMMITTEE**

<table>
<thead>
<tr>
<th>Pre-Service</th>
<th>In-Service</th>
<th>Recruitment/Retention</th>
<th>Transition</th>
<th>Competencies</th>
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<tbody>
<tr>
<td>Teresa Walker*</td>
<td>Candy Watkins*</td>
<td>Sue Kreikemeier*</td>
<td>Christine Griffin*</td>
<td>Wendy Harris*</td>
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<tr>
<td>Lisa Greenwald*</td>
<td>DeEtte Snyder*</td>
<td>Anna Blankenship*</td>
<td>Val Arnold (OSPI)</td>
<td>DeEtte Snyder*</td>
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<tr>
<td>Sharon Shadwell*</td>
<td>Gay Burton*</td>
<td>Wendy Harris*</td>
<td>Peggy Brown (ECEAP)</td>
<td>Many others!</td>
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<tr>
<td>Ariane Gauvreau*</td>
<td>Shelley Langston</td>
<td>Kim Kanzler</td>
<td>Angel Fettig (UW)</td>
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<tr>
<td>Shanna Buckles*</td>
<td>Carol Hall</td>
<td>Enrica Hampton</td>
<td>Chris Cuneo*</td>
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<td>Ardene Niemer</td>
<td>Kellie Horn</td>
<td>Lauren Leiker</td>
<td>Jena Lavik</td>
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<tr>
<td>Alicia Martinez</td>
<td>Jayna Ferguson</td>
<td>Austin Mitchell</td>
<td>Kasondra Richman</td>
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<tr>
<td>Laura Kneedler</td>
<td>Angie Ahn-Lee</td>
<td>Sally Cannon</td>
<td>Juliette Escobar</td>
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<tr>
<td>Rebecca Miller</td>
<td>Sugely Sanchez</td>
<td>Darlene Keene</td>
<td>Kerianne Christie</td>
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<tr>
<td>Karla Pezzarossi</td>
<td>Katy Chapman</td>
<td>Brenda Torrez</td>
<td>Deborah Haney</td>
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PRE-SERVICE WORKPLAN TO ADDRESS:

1. Update Qualified Personnel grid (including BCBA discussion)*
2. Explore Early Intervention Certification. This could be an alternative pathway or THE pathway.*
3. Explore DOH licensing for special instruction (Developmental Therapy) which would allow insurance billing.*
4. Collaborate with higher education faculty around the content of classes and practicums in related under-graduate and graduate programs to inform and prepare students for early intervention, parent coaching, and home visiting. (linking competencies to pre-service coursework)
5. Equity lens throughout workplan
6. WA-AIMH Endorsement for early intervention providers
IN-SERVICE WORKPLAN TO ADDRESS:

1. FRC training and certification*
   a) Revamping FRC training modules*
   b) MERIT for FRCs*
   c) PLC requirement for FRCs*
2. Linking competencies to in-service trainings
3. Explore and provide recommendations on the future direction of early intervention provider training (includes FRC)
   a) Modules, video conferencing, in-person
   b) Frequency
   c) Content
4. Other trainings as needed (e.g. COS)
5. Equity and infant mental health training
RECRUITMENT/RETENTION WORKPLAN TO ADDRESS:

1. Strategies to increase the diversity of our workforce. Examples: scholarship ideas, reaching out to youth before career paths are formed.*
2. National recruitment
3. Turnover - how can we address this?*
4. Consider impact of any new certification on professionals currently in the field so requirements do not become a barrier to retention
5. Mentoring and Reflective Consultation to support providers*
6. Salaries and benefits information to address recruitment/retention issues
OUTCOME: A family-centered, statewide framework that supports coordinated, effective, equitable, and culturally and linguistically responsive transitions from early intervention to preschool special education services and/or the Early Childhood Education and Assistance Program (ECEAP), Head Start, and other high quality early childhood settings.
COMPETENCIES UPDATE

- Thank you Debi Donelan, Wendy Harris, DeEtte Snyder
- Attitude, knowledge, and skills identified within 8 framework areas.
- Competencies out for stakeholder review and feedback.
- Goal to finalize by March.
Public Policy Committee

Kick-Off Meeting:

- Robert’s Rules Overview
- Draft Minutes will be approved at next meeting

Members submitting their priorities

Determining Ad Hoc Committees

Next meeting: Monday, March 19, 2:00 – 3:30
Finance Committee

Magan Cromar
Finance Committee Update

Finance Committee Meeting (zoom):
- Friday, February 16

Decided on 3 Ad Hoc Committees
- Medicaid – Lead: Maryanne Barnes
- Insurance – Lead: Kathy Fortner
- System of Payment & Fees – Lead: ??

Next Meeting (face-to-face)
- Thursday, March 29, 1:00 – 4:00PM
2018 legislative priorities

Market stability (HB 2355 and SB 6062 "Addressing the establishment of an individual health insurance market claims-based reinsurance program")

The OIC is exploring potential options for 2018 legislation intended to bend the curve downward on premiums, and increase consumer choices in the 2019 individual market. These options include applying for a 1332 state innovation waiver, implementing a reinsurance program and other options for coverage in bare counties.

Commissioner Kreidler’s proposed reinsurance program would encourage more health plan options in the 2019 individual market and lower premium increases by up to 10 percent.

Reinsurance provides health insurers partial reimbursement for high-cost medical claims that exceed a certain threshold. These type of claims typically involve extremely serious health issues, such as cancer, complications from diabetes and pre-mature births, among others.

The cost of the reinsurance program is estimated at $200 million annually with about one-fourth paid by the federal government. Financing would be done through an assessment on health insurers and entities that administer group health plans throughout the state.

Medicare and Medicaid enrollees whose coverage is paid for with federal funds would not be included in this assessment.

Commissioner Kreidler’s proposal is modeled after a national reinsurance program that was in effect from 2014-16. It lowered premiums for enrollees throughout the nation, including Washington. The program also enabled more people to gain coverage and the state’s rate of uninsured dropped to 6 percent, more than a 50 percent reduction during that same period.

Given actions at the federal level, the OIC last spring began evaluation of potential stability measures for the individual market. The need for a reinsurance program became evident after health insurers reduced coverage in Washington for 2018. Nine counties ended up with just one option. Two counties had no options until Commissioner Kreidler persuaded two companies to fill the gaps for this year.

Kreidler said Washington is taking action to establish a reinsurance program similar to those of Alaska, Minnesota and Oregon. Those states over the last year set up their own systems that include federal money, like Washington is seeking, to supplement state funds.
Provided the Legislature passes the legislation, the state must then gain approval from the federal Department of Health and Human Services (HHS). The bill currently sets submission of the request to HHS by April 1, 2018.

If established, this new reinsurance program in Washington would take effect Jan. 1, 2019.

Health insurers in the state will begin filing 2019 plan proposals and premiums for review by the OIC this spring.

Although the individual health insurance market represents about 5 percent of all people enrolled in health plans in Washington, it is also the most unstable. Typical enrollees include individuals and their families who do not receive health insurance through their employer; people who are self-employed; part-time workers; early retirees; and owners of small businesses.

**Update:** SHB 2355 passed out of House Committee on Health Care & Wellness on January 16, 2018, placed on second reading on January 18, 2018.


**Balance billing (ESHB 2114 “Protecting consumers from surprise billing for out-of-network health services”)**

This bill is a carryover from the 2017 legislative session. ESHB 2114 will establish the Balance Billing Protection Act. This act protects consumers from being billed for services they received in emergency services or in-patient surgeries, from an out-of-network provider, when the patient had no control over who provided their medical services.

**Update:** legislation passed the house on February 13, 2018.

**Disaster resiliency program study (HB 2320 and SB 6036 “Concerning the creation of a work group to study and make recommendations on natural disaster risk mitigation and resiliency activities”)**

The OIC will run legislation that requests the legislature to conduct a study with the OIC. The study would focus on whether Washington state should establish a disaster resiliency program to evaluate whether such a program would be helpful in educating and preparing the public about lessening the impacts of natural disasters such as floods, earthquakes, wildfires and landslides, and if there is a need for insurance for such disasters to be offered by the program, as California does with their earthquake authority.

**Update:** SHB 2320 passed out of House on January 29, 2018, scheduled for public hearing in the Senate Committee on Financial Institutions & Insurance on February 15, 2018.

State Interagency Coordinating Council Meeting
February 21, 2018

**Staff Updates.** After 25 years of service to the people of Washington and nearly four decades in the field of public health, Maria Nadella, manager of the Healthy Starts and Transitions Unit, has retired. She is very humble and requested no party or celebration. We honor Maria’s countless contributions to child and family well-being in our state and the nation. Her commitment to building and improving systems of care and willingness to innovate have made Washington a national leader in providing services for children with special health care needs. Maria has been a trusted colleague, advisor, and friend to many at DOH, in our state, and across the nation. We will miss Maria’s passion, systems thinking, problem-solving skills, persistence, and dry sense of humor and we congratulate her on a successful career with wishes for enriching retirement with more time in the sunshine, out on her bike or skis, and with her family. We are also THRILLED to announce that Maria is the recipient of the 2018 AMCHP Vince Hutchins Leadership award. AMCHP established the award to honor a recognized national leader with a long record of significant contributions to society and demonstrated accomplishments that advance the health of American women, children, youth and families, including those with special health care needs. Previous winners of this award include Michelle Obama, Hillary Clinton, Marian Wright Edelman, Maxine Hayes, Bonnie Strickland, and Senator Ted Kennedy. We have another team member who is retiring. After 31 years of state service (including 5 years with the CSHCN Program), Joan Zerzan is retiring. Her last day is March 15, 2018. Joan has many accomplishments and achievements that we will be sharing via email closer to her retirement date. We will miss Joan deeply.

**Neurodevelopmental Centers.** DOH and HCA met with the NDC Directors in January at their quarterly meeting to discuss the move from fee-for-service to Medicaid Managed Care. NDC Directors are planning to meet with HCA and representatives from MCOs in early March.

**Child Health Intake Form (CHIF) Database.** Request for Proposal (RFP) 22869 has officially “hit the street” for potential vendors to place a bid on the CHIF Redesign project. Closing date to submit a bid is February 9, 2018 and our goal is to have a vendor identified by March 27, 2018. The projected date for implementation of the new database is October 1, 2018.

**Washington Statewide Leadership Initiative (WSLI).** We are working on a Communication plan which includes a formal listserv that will allow people to subscribe/unsubscribe and are developing a public facing website to house leadership materials, curriculums, and events for our WSLI coalition members. Jill McCormick @PAVE is leading a workgroup to develop the web content and determine administrative access. We are working now with the MCH Workforce Development Center and they have agreed to come to WA to conduct a Results Based Accountability training on how to do outcome based program planning and evaluation! This is so exciting, because it was my hope to help offer this training to all of the organizations, like local parent to parent and other non-profits who are wanting to learn more about how to design outcome based projects and evaluate them. We are tentatively planning mid to late March. For more WSLI information, please contact Michelle Hoffman at 360-236-3504 or michelle.hoffman@doh.wa.gov.
**CSHCN Nutrition Needs Assessment.** We have completed data collection which includes survey data from 130 RDNs across the state (70 Nutrition Network and 60 WIC), 17 parent phone interview/focus groups, and 13 Providers. We are evaluating this and other data sources (CHIF, NDC reports, WIC Nutrition Risk data, and others) and plan on summarizing data and discussion in a report that will be made available within the next few months. On first review it appears that we have input from all four regions of the state. Thanks to all of you who helped in the recruitment process, and even participated in the provider interviews. For more information on Nutrition Needs Assessment, contact Joan Zerzan at 360-236-3561 or (joan.zerzan@doh.wa.gov).

**CSHCN Rule (Washington Administrative Code-WAC) Update.** The DRAFT rule is ready for reviewers. Please let Ellen Silverman (contact info below) know who is interested so we can add them to our email distribution list. As a reminder, from the October 2017 CommNet meeting minutes: “The Children with Special Health Care Needs Program WAC (WAC 246-710; http://apps.leg.wa.gov/wac/default.aspx?cite=246-710) is being updated. The last time most sections of this WAC were updated was in 2003, and other sections haven’t been updated since well before then. This WAC was previously under the authority of the State Board of Health until they determined that DOH should be the agency authority. The CSHCN Program is taking the lead to update the WAC. Updates will focus on updating language and definitions. There will be opportunities for partner and public input and comments- we are following agency procedures and will engage volunteers from Communication Network and elsewhere.” For more information, contact Ellen Silverman at 360-2236-3580 or (ellen.silverman@doh.wa.gov).

**AS3D (Autism and Other Developmental Disabilities) Grant.** The Telehealth Ad hoc Committee, led by HST’s Nurse Consultant, Ellen Silverman, has made amazing progress in the development of a Telehealth Capacity Assessment to be released the end of this January. The Capacity Assessment blends the perspectives and experiences of providers and families and as well as the literature. The AS3D Telehealth (TH) ad hoc committee has now met 6 times providing great insights around issues of telehealth for children with ASD/DD and their parents and providers. We are in the process of developing an AS3D TH Strategic Plan. More to follow in the next update. The Family Navigation Ad hoc Committee, led by CSHCN’s Family Engagement Coordinator, Michelle Hoffman, continues to reach out with their respective training curriculums and modules (both in-person and online) for Family Navigators to increase their capacity and effectiveness across the state to guide families through and around barriers in the health care system, and assist them in accessing and/or receiving care for their children with ASD/DD. The trainings will be conducted by AS3D Contractors and Family-led organizations, Northwest Autism Center, Open Doors for Multicultural Families and Washington Autism Alliance and Advocacy. As this initial training curriculum has been completed, a spreadsheet list of potential recipients to receive Family Navigation training has been developed, and contractors are currently working with the CSHCN Evaluation Team to create standard knowledge gain evaluation questions. Please check out the upcoming trainings from Open Doors on February 8th and March 2nd, Washington Autism Alliance & Advocacy (online training) and Northwest Autism Center (in person trainings for February & March).

**2017 Annual WAAC Meeting (Washington Autism Advisory Council).** The 2017 annual WAAC Meeting was held in November and was met with great success! This was the first time in several years that the DOH, CSHCN program hosted and was a true collaborative effort with our Statewide Partners. Funding was provided by the AS3D Grant. The spotlight focus was on improving access to evidence based
treatment and medical services for persons with Autism throughout the state with presentations and round table discussion. You can read more about the meeting here: [http://medicalhome.org/stateinitiatives/autism-systems-work/washington-autism-advisory-council-waac/#materials](http://medicalhome.org/stateinitiatives/autism-systems-work/washington-autism-advisory-council-waac/#materials)

**Project LAUNCH (PL) Expansion.** Element I of PL is continuing to bring on more licensed child care providers who want to participate with LAUNCH for UDS implementation in all three pilot communities. So far we have trained over 200 licensed child care providers. PL is continuing to work with the Washington Association for Infant Mental Health (WA-AMIH), currently WA-AMIH has developed a flyer that will be used for LAUNCH child care providers who are interested in going through the Endorsement pathway. The flyer is going through an editing process from the local trainers and providers. The same flyer will be translated into Spanish once editing is completed. LAUNCH has 33 child care providers who are ready to start the process of endorsement for a level I. LAUNCH is working with WithinReach to provide materials to support providers and parents with their child/s development. Project LAUNCH will be providing Mental Health Consultation with the providers who have gone through the Universal Developmental Screening element of the grant. LAUNCH will be unitizing licensed mental health therapist who will provide behavior support to providers at the program and classroom level. This is will begin in the first quarter of 2018. *For more information, please contact Sherry Trout at 360-236-3523 or sherrylynn.trout@doh.wa.gov.*

**P-TCPi – Regional Care Coordination Project Update.** The Regional Care Facilitators are making great strides and advancing the voice of pediatrics in their ACH regions. The RCFs are meeting with DOH and UW MH team 2 times per month for updates and activities and participating on the Medical Home Neighborhood team. Each region has met with their P-TCPi Practice Facilitator and made great connections for the providers. We had an in-person meeting on January 10, 2018 with a focus on care coordination. See Regional Care Coordination Project Flyer (Attachment #7) for more information and how to contact the RCFs. *For more information, please contact Ellen Silverman at ellen.silverman@doh.wa.gov.*

**Universal Developmental Screening (UDS) (See Project LAUNCH above, as well.).** Universal Developmental Screening Data System: Public Health Seattle-King County (Sea-King) received levy funds to support early development and have plans to use these funds to implement county wide Universal Developmental Screening. DOH staff (Deb Lochner Doyle) met with Dr. Kyle Yasuda (Medical Officer for Children and Families and incoming President of the AAP), Tatsuko Go Hollo (Prenatal to Five Child Health Lead) and Magan Cromar (Developmental Disabilities Administration King County Division Director) to learn about their plans and to inform them about the work done by DOH over the past few years concerning the development of a UDS data system. Sea-King currently has a request for proposals out for a vendor to conduct a “landscape review” as it relates to UDS screening in King County. Last word, in December, is that they expected the contract to be in place and work to commence in January. DOH shared information about key informant interviews that were conducted with physicians (both those who are screening and those who are not screening), child care providers and family members) in Whatcom, Snohomish and Yakima counties in an effort to learn what is working well, barriers to screening as well as which data elements are routinely shared and with whom, and when delays are identified after screening. It sounds like these are some of the same questions that Sea-King is hoping to
learn from their landscape review. They are including faith based community groups as potential screeners which would be analogous to community based organizations in the overall DOH proposal.

Sea-King is also planning to utilize the Brooks on-line system for data collection knowing that it is a “hub and spoke model: and not useful for sharing information. They were informed that should DOH build the UDS data system, Brooks would charge Sea-King for every user interface to be able to link with the state system at a cost of $200 per site. The state UDS proposed schematic was shared that described the various functions expected. This generated a lot of discussion about “closing the loop.” In other words, how can someone know that if a family is referred somewhere that they actually received the services? There were multiple conversations about this same issue during the two year planning process and ultimately felt, while the functionality could be built into the system, the bigger issue is the feasibility of obtaining such data (i.e., every type of early intervention or specialty provider would need to login and enter data for all children 0 to 6 years of age). Also discussed was the Ages and Stages questionnaire versus other tools such as the Survey of Well-being for Youth and Children (SWYC) and the potential benefits and limitations of each. Since Harborview is piloting the SWYC with their non-English speaking clients to help further validate this tool, they may want to be sure their vendor speaks with the Harborview staff. A suggestion was given that rather than purchasing Brooks on-line, perhaps Sea-King might consider using the statewide UDS data system plans to build the system and pilot it within King County (much like how the Immunization Registry - Child Profile was initiated). They agreed that it would be in line with their agency’s mission that their work be impactful beyond the county but felt that the costs were likely prohibitive. Since Sea-King is the most populous county in the state and has sustained funding, their efforts could have a significant influence on future directions concerning a statewide UDS data system. For more information, contact Deb Lochner Doyle (Debra.LochnerDoyle@doh.wa.gov). For additional information on UDS Systems Development and Help Me Grow, please contact Sharon Shadwell at 360-236-3572 or sharon.shadwell@doh.wa.gov.
My Page
One-Page Profile

Please complete this one-page profile prior to meeting with your case manager for your assessment. This enables them to know you better and understand what is important to you. Your case manager will review your profile with you before completing your assessment and person-centered service plan.

By understanding you and your goals, your case manager can better help determine how DDA paid services can assist you in living the life you want to live.

You can complete the one-page profile on your own, or with the assistance. Complete as much or as little of the profile as you wish. If you need extra space, you can use another sheet of paper. Feel free to include a picture of yourself with your profile.

You are not required to complete a one-page profile. Not completing the profile will not affect your eligibility to receive a DDA assessment or paid services.

Instructions:

• **In circle:** Write your name, age, and date you completed your profile. You can add a photo if you like.

• **My strengths, skills, and gifts:** Tell us things you are good at doing.

• **What is important to me:** Write down people, places, interests, activities, things, pets … anything that helps you live happily and safely.

• **Who is important to me:** Provide the names of people who mean the most to you.

• **What others like and admire about me:** Describe what it is that other people like about you.

• **How to best support me:** Explain ways people can best assist you when you need help. How should people communicate with you? What is important for your for health and safety?

• **What works for me:** List what helps you the most.

• **What doesn’t work for me:** State what you don’t like, things that cause you to be upset, or are not good for your happiness, health, or safety.

• **My hopes, dreams and goals:** Write down your life wishes. This might be about where you want to live, or a job you want. It may be something you strongly desire to do. What are your ideas for the best possible future for yourself?