

Minutes

(Digitally recorded)

EC3 Meeting – November 7 & 8, 2013

Oxford Suites, 1426 Entertainment Avenue, Boise, ID 83709

Attendees: David Allen, Gary Rillema, Sherry Iverson, Shannon Dunstan, Melissa Carico, Erin Jesser, Kathy McGill, Carolyn Kiefer, Senator Fred Martin, Representative Cindy Agidius, Justin Coleman, Kris Spain, Stan Burton, Judge Greg Culet, Gene Sue Weppner, Beth Oppenheimer, Christy Cronheim, Nancy Luevanos, Ellen Neff, Jeanne-Marie Kopecky on behalf of Paula Mason, and Region VII Early Childhood Committee Representative, Holly Whitworth

Guests: Deborah Drain, Diane Demarest, Dr. Mindy Gaddis, Angie Gribble, Katie Lamansky, Angela Bailey, Roger Sherman, Shannon Maguire, Representative Hy Kloc, Art Evans

Staff: Lorraine Clayton, Diane Foote

Meeting Called to Order at 11:30am

Sherry Iverson opened the meeting with a welcome to new members and introductions.

Approval of Meeting Minutes: The September 2013 meeting minutes were unanimously accepted, with minor edits.

Review of Proposed Bylaws Change: Language change for the Early Education and Child Care Committee; The Committee met and revised language to “shall be responsible for reviewing, recommending and coordinating professional standards and standardized education curriculum for early care and learning programs at preschools in Idaho in collaboration with the State Department of Education.” Discussion followed if other agencies should be included and if “preschools” needed to be included in the language. **ACTION ITEM:** It was voted on and approved to add “and other germane partnerships.” Shannon Dunstan, Dept. of Education, agreed “preschools” should be taken out and the change was approved by the council.

Education and Child Care Committee Report – David Allen

The Committee is working to complete the Idaho’s Core Competencies for Early Care and Education. Major changes were to put levels into it and work on language. The last step completed was comparing against the National Association of Education of Young Children, the Division of Early Childhood, and Idaho state standards. Competencies were added for alignment and they also tried to align with Idaho STARS for those people who do not have degrees, but want to work with children. Currently, we have sent out for review by select practitioners and professionals with feedback due by November 15th. The Committee will compile comments and meet on November 20th to make revisions with the final document to Lorraine by November 27th. Ellen suggested ISU College of Technology be added to the list.

David and Shannon Dunstan are working on improving the communication between graduates and administrators regarding qualifications for positions in ECSE (Early Childhood Special Education) and how to find those positions open in Idaho. The letter to administrators explaining the Blended Certificate and a link to the video was approved. It will go out via email for access to links and come from either EC3 or Shannon’s office after approval from her office.

HV and MIECHV Committee Report –Deborah Drain and Gary Rillema

Gary said the members reported on their programs and how many individuals they are serving which will assist Deborah in getting to get a sense of who is doing what around the state. The information will also be useful for mapping of future planning. They are looking at a state self-assessment tool and evaluation of programs with a goal of connecting all home visiting programs with a level of understanding of eligibility requirements.

Deborah gave a refresher on the Idaho MIECHV (Maternal Infant Early Childhood Home Visiting) regarding who is served, their funding sources and the data they collected in the past year.

- **Funding:** MIECHV applied and received a formula grant of one million dollars which serves 4 counties; Kootenai and Shoshone in Region 1 and Twin Falls and Jerome counties in Region 5. These counties were found to have the greatest need. They applied, but did not receive an expansion grant. They had applied for six million dollars to place MIECHV funding in all 7 districts in Idaho. The next cycle of funding will be 2015 and brings the opportunity to reflect, regroup and be more competitive next time.
- **New Staff:** At the state level; Kristin Bergeson, a part-time Health Program Specialist; and at the local level Jennifer Hughes, Home Nurse Visitor; Kelsey Redmond, Valerie Owen, Kristen Looyenga, all Home Visitors.
- Families and children at risk are identified by physicians, schools, WIC, referrals from child protection.
- **Demographics:** All but two children enrolled have Medicaid or some other insurance and with caregivers it is split with some receiving Medicaid and some without insurance. Most served are under poverty level with only 35 caregivers employed. Most adults are not in school or trainees. There are also those participants who choose not to disclose this information.
- **Demographics for newly enrolled:** Fifty-eight are identified as low income. We are still gathering data for those with disabilities. They also track for substance abuse and tobacco use.
- **Benchmarks (based on federal guidelines):** Deborah highlighted six major benchmarks and discussed first year and second year implementation of those benchmarks. Please request a copy of her presentation for details.
- **Plans for continuous quality improvement** include a program director's phone conference monthly and how to use gathered data. She will be attending a Region X conference later this month and sharing that information.

Networking/Lunch – meeting reconvened at 2 pm

Stan took a few moments to address the council and announce his retirement at the end of January, 2014, after 7 years as a council member. EC3 has been the most rewarding committee he has served on and he thanked the council for their friendship, smiles and tolerance. His position will be posted soon, so please pass on to anyone who might be interested and qualified.

Family Advocates Home Visiting Program – Diane Demarest, Program Director

Family Advocates is a community program with home visiting as a component. Their mission is to strengthen families and communities so they can be safe, healthy, and thriving. They do this with two major programs by providing a voice in court for abused children and strengthening families through home visiting.

- ❖ Brief history: Began in 1978 with home visits and added the CASA program in 1980. In 2010 a PIRC grant disappeared and in 2012 volunteer home visiting was launched.
- ❖ CASA staff saw situations that were clearly preventable and it is recognized that home visiting is one of the most effective strategies to prevent child abuse and neglect.
- ❖ There is over 30 years of experience with dependable and effective CASA volunteers and home visiting experience using research from around the world with strong outcomes and models.
- ❖ They have a network of community partners with referrals from hospitals, residency clinics, WIC, Head Start, and ITP.
- ❖ The benefits of a Hybrid Strategy are; expanding capacity to reach more families; a more sustainable and scalable way to achieve goals; visitors are equipped with years of professional and parenting experience; research indicates volunteers may be more readily accepted by clients.
- ❖ Volunteers range in age from 22 to 78 years with an average age of 42. Seventy-six percent have children. Thirty-nine percent have a bachelor's degree with thirty percent being senior interns in social work, nursing and early childhood education.
- ❖ All volunteers are required to pass a background check, receive a Tdap immunization, and complete twenty hours of training.
- ❖ Weekly visits can be setup for six months and possibly extended to a year.
- ❖ They emulate the *Visiting Mom* program of Greater Boston which uses a strengths-based home visiting framework which concentrates on empathy and empowerment and the things families are doing right. They promote increasing protective factors and encourage participation when changes are needed.
- ❖ Boise's Success after Year One: Over 50 volunteers trained; 42 active visitors; Referrals from over 10 community partners to date; Early data suggesting parents are increasing their protective factors and usage of health care.

Prevention of Childhood Obesity – Dr. Mindy Gaddis

As a pediatrician she has become very passionate about this issue. She considers it to be one of the greatest threats facing our nation. It threatens the quality of life and vitality of families and communities and also our business sector. The statistics are startling. The latest from the CDC:

- More than 33% or 1 out of 3 children are medically diagnosed as overweight or obese which translates to 12 million children ages 2-19.
- One in three children will become overweight or obese by their 5th birthday.
- Two out of three adults in the country are overweight or obese.
- Eighty percent of teens who are overweight or obese will become obese adults.
- One out of three children is projected to develop Type 2 diabetes.
- Currently 50% of Americans are struggling with chronic, preventive disease which contributes to an annual obesity-related cost of \$190 billion.

In Idaho, a 2009 report supported that 30% of school-age children are labeled overweight or obese. The projected cost associated with obesity-related illness is \$1.5 million by 2018. The projected obesity rate in Idaho by 2030 is 53%. Clearly this is a significant crisis.

Last spring they brought Dr. David Katz, editor-in-chief of Childhood Obesity Journal and founder of the Yale Prevention Center, for a local first annual childhood obesity conference. The message he gave was the problem is simple; the solution is difficult. We eat too much, eat the wrong foods, and don't exercise. Our environmental build and the culture over the last few years have made it difficult for families and providers to make healthy decisions the easy decisions. Forty percent of 1-5 year olds have a television in their bedrooms. Watching television not only replaces physical activity, but also promotes specific foods and beverages marketed to young children. Older children and teens have an average media consumption of 7.5 hours per day which includes social media and texts. Eighty-seven percent of food and beverage ads are marketed to kids 6-11 and those ads promote foods high in fat and salt. Childhood obesity occurs in all economic, social and ethnic groups, however, it is clear now with recent data that some children are burdened more than others. American Indian and Alaska-native children, ages 2-4, of low socio-economic status have an obesity-rate of 20% and Hispanic children, ages 2-4, of the same socio-economic group have an obesity rate of 17.9 % which compares to 14 .09 of general population of children of the same age and group. This may be due to food insecurity, lack of access to healthy food, and lack of safe places to play.

Adult health consequences and chronic disorders and diseases are now an issue for children, i.e. sleep apnea, joint pain, headaches, abnormal lipid profiles, and hypertension, stroke, Type 2 diabetes, and cardiovascular disease, depression and anxiety.

There is good news in that Idaho is one of 18 states that have decreased the incidence of childhood obesity. This is optimistic news and there are many creative programs nationally and locally. One is the **5-2-1-0** messaging which represents 5 fruits and vegetables/2 hours of screen time/1 hour of exercise/0 sugar drinks. Zero screen time is recommended for those children under 2 years of age. Another great program is school gardens for educating children on what real food looks like. St. Luke's has handouts promoting healthy foods the colors of the rainbow.

The main message she would like to share is the best predictor of long term success is early prevention and sharing this message with parents, child care providers and the children themselves. A second childhood obesity conference is planned for April, 2014.

IPAN (Idaho Physical Activity & Nutrition) – Angie Gribble and Katie Lamansky

They are presently funded by a 5-year grant (2013-2018) awarded by the CDC. The grant covers multiple chronic conditions, and Katie is addressing the physical activity and nutrition and school health component. Activities they have proposed for this first year are:

- ✓ Working with Idaho STARS to incorporate nutrition and physical activity in their "Tips for Selecting child Care" checklist for parents
- ✓ Working with health districts to promote healthy nutrition and physical activity to group child care facilities
- ✓ Potential for a nutrition and physical activity training in the Idaho STARS QRIS training system

Progress report: On October 4th, IPAN coordinators came to Boise for a 2-day summit. It included assessment training with key players in the state who informed IPAN of the background and current picture of child care in the state of Idaho. They came away with ideas and resources for their health districts coordinators who will be working in the child care centers. Resource binders were mailed out this week.

Pre and post tests will be used to measure outcomes and to see if providers have adopted policies with IPAN criteria. This will be more of a policy assessment as opposed to a day-to-day measure of what children ate each day. Child care centers will be asked to participate through letters sent out from a licensed-center list provided by district coordinators. No criteria are needed.

Idaho Oral Health – Angela Bailey

The program has been in existence for over 35 years and is funded by the Maternal and Child Health Block grant. Two years ago the program received funding from the Dental Foundation on two specific focus areas; prevention and public health infrastructure, and medical and dental collaboration. This September, for the first time ever, they received a CDC oral health grant to build programs.

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend a dental visit at the age of one year. Idaho is lacking in this, especially for high-risk children caries, so we are looking at different statewide initiatives. Hopefully, we can avoid children needing hospital-care dentistry which can cost \$5,000-\$10,000. Education is ongoing in spreading information regarding a pregnant women's dental health and the importance of it for the baby. Infection from bad oral health can cause premature births which leads to more health issues. Also, they hope to be reaching out to those dentists who do not serve the 0-3 age group and/or are apprehensive about seeing pregnant women.

Smiling Stork Outreach Effort

- Taken on by DentaQuest/Idaho Smiles
- Goal #1 – Increase dental health awareness among the Idaho Smiles pregnant women population
- Goal #2 – Increase the number of pregnant women going to the dentist and getting needed services during this critical time.
- Mailed letters to: Dentists/OB-GYNs/Members

Early Childhood Caries Workgroup

- Formed as a result of the Idaho Oral Health Initiative of 2014
- Idaho Oral Health Alliance has decided to lead
- Currently: Holding meetings to discuss possible solutions/Utilizing examples from other states with similar situations/Looking for members for this workgroup

Break

Abusive Head Trauma / Crying Baby Plan – Roger Sherman

There has been a spike in SBS (Shaken Baby Syndrome). Because of this latest information, special emphasis will be given to four different task groups: Middle School and High School teens/ Early Childhood Programs & Home Visiting/Men/Social Media. We are trying to focus on one way of approaching the problem and are promoting a website from Children’s Hospital in Colorado -- www.childrenscolorado.org/wellness-safety/calm-a-crying-baby.

A parent/caregiver can utilize the site to make a crying baby plan with several different coping techniques to choose, i.e., white noise, gentle swaying, pacifier, stroller ride. All of this done before a crisis point and the parent’s frustration level rises. Once completed the adult can print and sign the commitment.

Idaho Children’s Trust Fund was created in 1985 by statute. We will be updating and clarifying arcane language in order to provide board with greater level of authority and ability to raise money and operate projects. We will be looking for support from others in what role the Trust Fund should play in the community.

United Way Collective Impact Model – Shannon McGuire

Shannon’s role with United Way is Community Connections and mapping needs to resources. Collective Impact is defined as an interesting approach to problem solving. She identifies the types of problems as simple, complicated, or complex. Typically, non-profits have isolated impact where they compete for funding, etc. and are a shot gun approach where collective impact is coming together with a shared vision and offer solutions.

FSG, a non-profit consulting firm, (www.fsg.org) defines collective impact as when organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success. Collective impact focuses on five key conditions:

- 1) Common agenda and shared vision – common understanding of the problem and joint approach to solutions
- 2) Shared Measurement – collection of data and measuring results consistently
- 3) Mutually Reinforcing Activities – differentiated while still being coordinated
- 4) Continuous Communication – consistent and open
- 5) Backbone Organization – requires a separate organization with staff and a specific set of skills

A local example of this mindset is Treasure Valley Ed Partnership, (TVEP).

Learning to Succeed-Preschool Pilot Program – Representative Hy Kloc

Representative Kloc represents District 16 and serves on the House Education committee. He is proposing the launch of a three-year pre-K pilot program as Idaho is one of 8 states not offering preschool. This program would be administered by the State Department of Education with voluntary participation from school districts. Funding provided through a public/private partnership of 55% private (\$300,000) and 45% (\$190,000) public per year.

In December three representatives from the Education Commission of the States are coming to Idaho to meet with Governor Otter and Tom Luna. Please request a copy of Representative’s Kloc’s presentation for further details.

Adjourned 4:49 p.m.

MINUTES

The meeting was called to order by David Allen.

Unfinished business from yesterday included discussing the next EC3 meeting in February and the option of video conferencing. Also, David announced a meeting on December 4 and 5 to crosswalk the document for core competencies and invited interested parties to contact him or Lorraine for details if they would like to attend.

Medicaid Children's Services – Art Evans and Melissa Carico

Art is the Bureau Chief and gave an overview of the redesign of Children's Developmental Disability Services. With the initial rollout of the Redesign of Children's DD Services, it was estimated there would be a total of 3,200 children enrolled in services, with a total budget of \$39,529,600. When the program was finally rolled out, the actual enrollment number was 2,300 children. Where are the 800-900 children? They never existed as the numbers were projections. We no longer look at hours, but level of need. Please request a copy of Art's handout for more details.

Research is ongoing in discovering what a child needs, and what age do they need the service to be most effective, and how it impacts life later on. They are now targeted on outcomes and doing observations to track progress. Habilitative intervention and support to help the child be successful is an important component of the redesign. They are trying to create a program that is individual to each child.

We didn't see the gaps in delays that we thought we would see last summer. Of the half dozen children who did lose services they were taken care of within 24 hours.

Several employees traveled the state and introduced the new program to the schools. When they took away services they worked with schools on developing new services.

Melissa reported Medicaid was awarded a Statewide Healthcare Innovation Planning grant (SHIP). She will have an update on the results for February's EC3 meeting.

Idaho STARS Strategic Plan 2014-2019 Goals - Gene Sue Weppner and Beth Oppenheimer

Gene Sue reported there will be significant changes in the childcare program in Idaho over the next year and a half due to federal rules rolling out in June 2014. They are slowing restructuring the program so that more low income children have access to high quality care. They want to educate parents on how to sort through information on choosing quality childcare by building the capacity of high quality programs through the Idaho STARS Project.

GOALS:

- Public awareness campaign geared to middle income families
- Database
- Revising and improving QRIS
- Support child care providers providing care for children with disabilities and special needs
- Incentives for parents to choose high quality care and for providers to provide that care through tiered reimbursement

On November 1, they rolled out their new professional development with the focus on early childhood education. It will be promoting and awarding those providers when they seek education vs. experience. It is a different structure and pathway and they are receiving good feedback.

They have been operating on the basis of 7 markets based on our state regions. A study was done with an expert from Ohio State and his evaluation said we actually have 3 markets: Two very high markets- one in Blaine County and one in Teton County; one urban market; and the rest rural. We need 4 months of co-pay change go into effect before we start pushing on market rate. This will be an agenda item for summer 2014.

EC3 Strategic Planning Activity – Lorraine Clayton

One charge of the Council is to develop a comprehensive early childhood plan for the State of Idaho. It doesn't mean the Council is responsible for all aspects of implementation. It does mean we try to identify where the gaps are in resources, programs and service delivery and develop strategies to try and address the gaps. Systems coordination and development also fall under the Council charge. Our population covers children birth to five, and their families. We have seven regional early childhood committees to assist in the work. Each committee mirrors this council as closely as possible while also addressing local needs and developing energy-based projects.

The last strategic plan was completed except for those strategies with insurmountable barriers. Discussion ensued regarding the social and emotional development focus area of the plan and Ellen touched on the AIM Early Idaho program which is a national endorsement process started in Michigan. We currently have 7 individuals endorsed in early childhood mental health in the state of Idaho.

Toxic stress will be another focus area for strategic planning for the next 3 years. Dr. Womack has been working closely with us on toxic stress, oral health and child care. She is a pediatric champion and will be coming back to talk to the Council periodically. The Council was invited to give their opinions by going around the room and writing their thoughts on flip chart stations each entitled with a Council priority:

- Who Is Missing?
- Parent Education
- Family Self-Sufficiency
- Child Development
- Communication and Messaging
- Social and Emotional
- Early Care and Learning

All chart thoughts will be put together in a document and addressed further at the February meeting.

Break

FFY 2013 Annual Performance Report (APR) Data - Christy

Christy gave a high level overview of the Infant Toddler Program for those new to the council. She outlined Part C which concerns children birth to 3 who fall under the Individuals with Disabilities Education Law. We have 3 main components of requirements: #1 - child find program; # 2 - child monitoring program; #3 – providing intervention services. All services are provided up to the age of 3 with a transition starting 6 months prior to their 3rd birthday.

They serve 1800 - 1900 children who have a plan and receive services from us with monitoring numbers around 3000.

She reported on the Annual Performance report for FFY 2013 which has several indicators:

- Timely Service
- Natural Environments
- Child Outcomes
- Family Outcomes
- Birth to 1 with IFSPs
- Birth to 3 with IFSPs
- 45 Day IFSP
- Transition

Please refer to Christy's presentation on our website for detailed data.

Lunch

Committee reports

Christy spoke to the council on behalf of Mary Jones who will be retiring in December after 35 years of service. There will be a gathering to wish her well and Christy will send out details.

Gary Rillema – Health District

The health district was awarded insurance health exchange assister funds to help the public navigate the health exchange website and allow hiring staff for a temporary timeframe of 6 months which takes it to the end of March. He will report more at February's meeting.

He reminded everyone to get a flu shot as influenza cases have been reported around the state.

Stan Burton – Head Start Association

They are a week into the process of hiring his replacement and he welcomes any recommendations for the position. He also discussed the impact of sequestration in Idaho with a loss of 300 slots where families were turned away; a loss of 69 days of service; 70 employees received pay cuts; 50-60 positions eliminated and 4 centers closed with more coming.

Head Start was never intended to serve every low income child. It is an exceptional model early childhood environment. They need to serve fewer children with a quality program. Changes will be coming over the next few years.

Melissa Carico – Medicaid

She will have a comprehensive update on the innovation grant at February's meeting. The CHIP project launched its adolescent depression screening. They have 60 providers and 18 sites participating. Positive things coming out of it with mini-conferences with psychiatrists to discuss how to serve these clients better. They are also looking at how to train the trainer.

Their upcoming learning collaborative will be on obesity and what is the right age to address the issue. The planning will be in place May or June of 2014.

Carolyn Kiefer – Head Start Collaboration

They have been working with Shannon Dunstan, Department of Education, on interagency agreements for two years now. They have had several channels to go through and have also needed to redesign the protocols and agree on at local level. They are in the final stages.

The other big project is early learning guidelines. Carolyn and Shannon gathered experts and made edits to early learning guidelines which resulted in 1100 pages to be edited and reviewed for accuracy. They have had to rebuild a new format. By February, she hopes to be able to present on those guidelines.

Nancy Luevanos – Parent

Nancy brought pictures of her children and talked about the day she called the Infant Toddler Program. She feels the future is much better for her children because of the program they were enrolled in. She thanked everyone and passed out information on autism.

Ellen Neff – College of Southern Idaho

Ellen reported on the fall conference which was collaborated between Snake River AEYC, student club, and the early childhood committee. Christine Roberts presented her program, *Nurturing Pathways*, which focuses on sensory motor movement. Child care providers, teachers and others joined with a total of 96 people attending.

Gene Sue Weppner – Department of Health and Welfare

They continue to deal with federal funding issues and have had a continued weatherization. The Energy Assistance program started in October with utilities still waiting for payment. January 10th is her retirement date.

Representative Cindy Agidius – Idaho Legislature

Her background is in higher education and she is excited to be part of the Council. She believes communication and education as necessary tools to advance the cause of early childhood. Please keep her informed and use her as a resource.

Senator Fred Martin – Idaho Legislature

He asked that the Council please let him know their concerns. There will be several issues in the upcoming legislative session including Medicaid expansion and funding for education. The level of education funding peaked in 2009 and the governor's task force is requesting to get back to the 2009 level. The goal of the task force is by the year 2020 to have high school students in Idaho graduate from a post-secondary program. Right now it is around 40% and they want to have it at 60% by 2020. If a student can receive some dual credit outside high school the numbers jump to 50% who go on to earn a post-secondary certificate.

David Allen – BYU

Our Rexburg program has allowed variable credits on student teaching which enables us to embed critical courses back into the program. We are looking into starting an infant lab.

David is also working with the local school district to build a collaborative model where children with IEPs receive main services in school, but with an extension of services and support. Shannon Dunstan offered assistance with this project.

Shannon Dunstan – State Department of Education

Shannon works in early childhood special education and school-based Medicaid. She has been on the road district by district doing training based on their need for explanation on how does Medicaid fits into IDEA. The new rules require students with developmental disabilities to meet a secondary eligibility to access school-base Medicaid services. When developmental therapy was removed from Idaho state Medicaid state-plan dollars, it was replaced with behavioral intervention and behavioral consultation because the federal government said it must be re-habitable as opposed to habitable. Districts had to do a second assessment to show they had a behavioral need. This means there is a second level of eligibility that did not exists before and some children who received services last year will not get services through Medicaid billables this year.

In the early childhood realm part of her job, over the last 2 1/2years, they have developed new early childhood IEPs. They are taking the three outcomes around social and emotional development; pre-academics communication skills and how children get their needs met and embedded them into their early childhood IEPs, so that every child will be looked at holistically. It will be a strength-based approach of looking at students. They trained over 300 teachers, special education directors, and occupational therapists over the summer. Next week they will go around the state and practice what they learned as it is now mandated they use the new early childhood IEP.

They are also writing the new state's systems improvement plan (SSIP). Special Education has 20 federal indicators that are reported to the federal government and early childhood has 3 of those 20. When the new plan is written, each state can focus on what they choose. Idaho chose to focus on students with disabilities' performance on standardized testing with outcomes on how they are doing academically. None of this addressed early childhood, so she is addressing it. They are bringing in an Office of Special Education programs provider in December to write a statewide system approach to teaching teachers how to teach social and emotional development.

Jeanne-Marie Kopecky – Idaho School for the Deaf and Blind

She is the assistant director with the school and at the meeting on behalf of Paula Mason. They are excited over their relationship with ITP and have developed a flow chart to assist them when they go into homes with an ITP coordinator to help decide the child's needs. This has been a big process over the 1 ½ years.

The school is working to increase hearing screenings statewide, in particular in Regions 3 and 4. They are not able to screen as thoroughly as in the past because of budget cuts and are teaming with ITP to get it going. They are also working with ITP in Northern Idaho to utilize their ISDB on-campus audiologist, Dr. Gail Chaney. She will be setting up equipment to do testing.

ISDB is also organizing family days in different regions and inviting families to network. Another project is providing braille classes to school paraprofessionals in Idaho Falls and hope to open it up to parents who would like to learn. Sign language classes are also being offered regionally.

Beth Oppenheimer – Idaho AEYC

We are organizing another child care *Let's Move* workshop in February and the National office for *Let's Move* in D.C. informed Beth they will be highlighting Idaho on their website. She also wanted to mention that Idaho AEYC can lobby to politicians. Representative Agidius suggested opportunities for different agencies to host a quick 15 minute informational breakfast/coffee for legislators to learn about early childhood special education.

ACTION ITEM: Gary requested this be a future agenda item.

Kathy McGill – Idaho State Department of Insurance

Idaho's website, *Your Health Idaho*, has been updated with new features to assist people on the enrollment process. Idaho's website is organized by regions and plans offered are all different. Another update made is a tax credit estimator that is based on plans sold in Idaho. Previously, it was a link to Kaiser and was not based on Idaho plans. Now people can put in their zip code and income, to receive an estimate on their tax credit if they qualify. There is also a service to make contact with an assister and/or have a broker contact them. The federal site has improved in the last few days and they plan a consumer blast to consumers to try again.

Kathy remarked that the information regarding cancellations from insurance companies is not accurate. What is happening is as of 2014 plans in individual or small employer group markets had to contain 10 essential health benefits and other requirements. Plans that were already in existence before the Affordable Care Act were grandfathered; unless they made any changes between 2010 and 2014, then they lost grandfathered status. Since insurance carriers can't sell these grandfathered plans, they have cancelled the plans. People have been given 90-days' notice with options. If no action is taken, the insurance carriers will enroll them in the cheapest plan. Please refer to the federal and state websites for additional assistance and information.

Adjourn 1:40 p.m.

NEXT MEETING: February 6 & 7, 2014 – possible video conference