

***THESE MINUTES ARE SUBJECT TO BOARD APPROVAL AT THE NEXT  
Joint Board of Education Committee  
December 5, 2019***

A regular meeting of the Joint Board of Education Committee was held on Thursday, December 5, 2019 in the John Winthrop Middle School Library, with the following Board Members present:

- |                                |   |
|--------------------------------|---|
| CHESTER BOARD OF EDUCATION:    | Maria Scherber(8:56pm departure), Tom Englert, Charlene Fearon, David Fitzgibbons, Dale Bernardoni, Rebecca Greenberg-Ellis, Kris Pollock, Rob Bibbiani |
| DEEP RIVER BOARD OF EDUCATION: | Bob Ferretti, Lenore Gunko, Mary Elizabeth Campbell, Miriam Morrissey, Paula Weglarz,   |
| ESSEX BOARD OF EDUCATION:      | Mark Watson(7:48pm departure), DG Fitton, Lon Seidman, Nancy Johnston   |
| REGION 4 BOARD OF EDUCATION:   | Jennifer Clark, Jane Cavanaugh, Rick Daniels, Trisha Brookhart, DG Fitton, John Stack, Paula Weglarz, Kate Sandmann                                     |

Also in attendance: Mr. Brian White, Superintendent; Dr. Kristina Martineau, Assistant Superintendent, Sarah Smalley, Director of Pupil Services and Kelley Frazier, Substitute Board Clerk.

**CALL TO ORDER**

Joint Board of Education Committee Chair Kate Sandman called the meeting to order at 7:20 p.m.

The Chair of the Region 4, Essex, Deep River and Chester Board of Education called their Boards to order at 7:20 p.m.

**CONSENT AGENDA**

On motion duly made and seconded, the Region 4, Essex, Deep River and Chester Boards of Education **VOTED** to approve the consent agenda consisting of the minutes of the regular Joint Board of Education meeting held on October 3, 2019. Abstentions: Jane Cavanaugh

**PUBLIC COMMENT**

No Comment

## **REPORTS and OTHER ITEMS**

### **Superintendent's Report**

#### **District Update**

The Business Manager has given her resignation. Mr. White discussed what the district is doing to move forward with this position's responsibilities and the long term and short term solutions. An interim manager will be secured after the holidays. The position will be posted in the spring. An extension for the FY 18-19 audit has been completed. The insurance reserve is being analyzed and an update will be given prior to the audit report.

#### **Information and Communication**

A meeting was held regarding the Mislik property. There is an unresolved tax matter with Deep River which is being reviewed. A meeting with the selectmen from all three towns will be scheduled to resolve this matter.

### **Assistant Superintendent's Report**

#### **District Update**

The SBAC data is being reviewed. Dr. Martineau discussed the next generation accountability report. College and career readiness was discussed. Career Clusters will be built into our program of studies.

### **Director of Pupil Services**

#### **District Update**

Ms. Smalley will take questions after her presentation later in the agenda.

### **Business Manager Financial Status Report**

No report.

### **Presentation on Medical Insurance Fund**

Mr. Joe Spurgeon presented an overview of the insurance fund for the district.

### **Special Education Program Overview, Initiatives and Budget Drivers**

Ms. Smalley gave an overview of the special education program and the anticipated and unanticipated costs of this program. This will continue to be reviewed during the budget workshop process.

### **A.L.I.C.E Presentation**

Dr. Martineau discussed the status of the Alice training. There will be a second round of discussions with parents for social and emotional support for this type of training. Age appropriate material is being discussed.

### **Reports and Communication (BOE chair from Chester, Deep River, Essex and Region 4)**

No additional report

### **Committee Reports**

Finance - Next meeting is January 27, 2020

Curriculum – Next meeting is January 16, 2020

Policy – Next meeting is January 27, 2020

**Policy Committee Report**

**Second Reading and Possible VOTE to Approve the Joint BOE Policy Committee's Recommended Revisions to the Following Policy:  
#5114 Suspension/Expulsion/Due Process**

It was decided that the Committee needs to review the new wording and no vote will be taken.

**Finance Committee**

An RFP for an asset management company to track and manage assets the district is being reviewed. The criteria for what an asset is will need to be defined. A process for managing assets going out and bringing new assets in needs to be developed.

**Curriculum Committee**

Discussion was held regarding the charter of the committee and how it may expand. Mr. Stack discussed the FLES program. The recommendation from the Committee is to leave the program as it is structured. Mr. Fitzgibbons would like to continue to discuss this to make sure that this is adequate. The textbook proposal for Spanish 4 was approved to move forward. The estimated cost is \$4,609 based on used textbooks for 36 students.

**Ad hoc Committees**

**School Advisory Committee**

Physical and situational security and the Raptor program was briefly discussed. The security of IT and infrastructure will continue to be a focus.

**PUBLIC COMMENTS:**

No comment

**FUTURE AGENDA ITEMS**

Next Regular Joint BOE Meeting, February 20, 2020

**ADJOURNMENT:**

Upon a motion duly made and seconded, the Essex, Chester and Deep River Boards of Education unanimously **VOTED** to adjourn at 9:12p.m. Region 4 remained in session.

Respectfully Submitted,

Kelley Frazier, Substitute Clerk

**The Region 4 BOE Remained in Session to for the following items:**

## Regional District #4 Board of Education

Regular Meeting                      5 December 2019

### Minutes

Attendance: Trish Brookhart, Jane Cavanaugh, Dr Jennifer Clark, Dr Rick Daniels, DG Fitton, Kate Sandmann, John Stack and Paula Weglarz.

Administration: Brian White and Dr Kristina Martineau.

This regular meeting was convened at 9:14pm by Kate Sandmann

### Superintendent's Update

Brian presented an overview of the workshop that was held regarding the Mislick property purchase. There were several questions that were investigated, and he provided information that resulted. These questions and answers will be made public.

### Discussion of Recommendations of the Region 4 Financial Task Force

First Reading of Proposed Region 4 Policy 3171.1 (Capital Reserve Fund).

### Discussion of Board Member Roles and Responsibilities

DG Fitton discussed the current responsibilities of the treasurer, stating that he would like to have these roles and responsibilities reviewed and updated. A sample change, drafted by Shipman and Goodwin, was distributed. The members will review the current and proposed changes for consideration at a future meeting.

### Public Comment

Virginia Carmany explained the reasoning behind the comments that she submitted to Policy 3171.1.

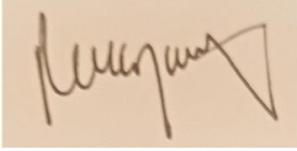
Michael Hammond asked about the information regarding the appropriation process for the Mislick property purchase. He also presented some comments about policy 3171.1, as well as the treasurer's responsibilities.

Richard Strauss discussed the current board policy regarding the disposition of surplus budget funds (3160). He also provided suggestions regarding 3171.1,

Adjournment

There being no further business, a motion was made by Paula Weglarz and seconded by Trisha Brookhart to adjourn this meeting. APPROVED 8-0.

This regular meeting was adjourned at 9:59pm.

A handwritten signature in brown ink on a light brown background. The signature is cursive and appears to read "Richard R. Daniels, Jr." with a large, stylized flourish at the end.

Richard R. Daniels, Jr

Secretary BOE

**Regional School District #4**  
**Running Claim History**  
Net Paid Claims by Month <sup>(1)</sup>

	<u>2015 - 2016</u> <sup>(1)</sup>	<u>2016 - 2017</u>	<u>2017 - 2018</u>	<u>2018 - 2019</u>	<u>2019 - 2020</u>
July	\$ 502,261	\$ 435,380	\$ 367,551	\$ 436,675	\$ 506,022
August	\$ 355,500	\$ 466,209	\$ 408,708	\$ 625,078	\$ 558,469
September	\$ 383,398	\$ 317,655	\$ 602,439	\$ 247,541	\$ 571,040
October	\$ 543,371	\$ 473,219	\$ 435,533	\$ 564,373	\$ 539,952
November	\$ 551,386	\$ 351,555	\$ 412,015	\$ 651,844	\$ -
December	\$ 698,563	\$ 420,894	\$ 376,020	\$ 418,723	\$ -
January	\$ 469,138	\$ 579,360	\$ 331,978	\$ 499,490	\$ -
February	\$ 665,090	\$ 495,577	\$ 603,190	\$ 545,905	\$ -
March	\$ 594,559	\$ 461,165	\$ 527,577	\$ 386,629	\$ -
April	\$ 478,907	\$ 546,535	\$ 409,867	\$ 602,769	\$ -
May	\$ 539,650	\$ 498,805	\$ 658,902	\$ 852,946	\$ -
June	\$ 284,194	\$ 455,708	\$ 563,249	\$ 664,813	\$ -
<b>TOTAL</b>	<b>\$6,066,017</b>	<b>\$5,502,062</b>	<b>\$5,697,027</b>	<b>\$6,496,787</b>	<b>\$2,175,484</b>
Per Month	\$ 505,501	\$ 458,505	\$ 474,752	\$ 541,399	\$ 543,871
Average Contracts	366	359	348	334	323
Average Members	840	803	784	753	735
Average Cost/Contract	\$16,574	\$15,326	\$16,390	\$19,451	<i>Annualized</i> \$20,190
Average Cost/Member	\$7,221	\$6,852	\$7,271	\$8,627	\$8,883
% Change Cost/Contract		-7.5%	6.9%	18.7%	3.8%
% Change Cost/Member		-5.1%	6.1%	18.6%	3.0%

(1) 2015-2016 Net Claims by Month Not Available-All Excess Reported in June

**Regional School District #4  
Medical, RX and Dental Claims  
Projections vs Actual**

	YTD Thru Oct '19				
	July-June 2015 - 2016	July-June 2016 - 2017	July-June 2017 - 2018	July-June 2018 - 2019	July-June 2019 - 2020
<b>I. Carrier Values</b>					
Expected Claims	\$5,484,948	\$6,371,832	\$5,901,828	\$6,308,904	\$6,490,548
<i>Expected Plan YTD</i>					\$2,163,516
Actual Claims					
Gross Claims:	\$6,219,512	\$5,550,650	\$6,002,486	\$7,011,468	\$2,243,348
Excess Claims Over Stop Loss:	<u>-\$153,495</u>	<u>-\$48,588</u>	<u>-\$305,459</u>	<u>-\$514,681</u>	<u>-\$67,864</u>
Actual Net Claims:	\$6,066,017	\$5,502,062	\$5,697,027	\$6,496,787	\$2,175,484
Plan Year Differential	\$ 581,069	\$ (869,770)	\$ (204,801)	\$ 187,883	\$ 11,968
% Differential	10.59%	-13.65%	-3.47%	2.98%	0.55%
Individual Stop Loss Premiu	\$441,020	\$470,240	\$489,048	\$509,549	\$579,721
Individual Stop Loss Level	\$150K	\$150K	\$150K	\$150K	\$150K
<b>II. Non-Catastrophic/Catastrophic Claims</b>					
Total Employer Paid	\$6,066,017	\$5,502,062	\$5,697,027	\$6,496,787	\$2,175,484
HDC Employer Paid: <sup>(1)</sup>	\$1,695,490	\$1,781,293	\$1,693,739	\$3,059,971	\$991,313
Non-HDC Employer Paid:	\$4,370,527	\$3,720,769	\$4,003,288	\$3,436,816	\$1,184,171
Members:					
Average Total Members:	840	803	784	753	735
HDC Members:	20	21	19	30	11
HDC %:					
\$:	27.95%	32.38%	29.73%	47.10%	45.57%
Members:	2.38%	2.62%	2.43%	3.98%	1.50%
Non HDC PMPM <sup>(3)</sup>	\$433.58	\$386.13	\$425.79	\$380.30	\$402.92
Year-Over-Year % Change		-10.94%	10.27%	-10.68%	5.95%
<b>III. Additional Data</b>					
<b>Claims Over \$50K Bucketed</b>					
\$50k-75K	\$ 599,716	\$672,468	\$514,351	\$646,464	\$368,193
#	10	11	9	11	6
\$75-100K	\$ 412,894	\$339,284	\$367,688	\$450,035	\$83,372
#	5	4	4	5	1
\$100-125K	\$ 239,556	\$341,498	\$211,700	\$209,647	\$239,748
#	2	3	2	2	2
\$125-150K	\$ 143,324	\$128,043	\$0	\$553,825	\$0
#	1	1	0	4	0
\$150-175K	\$ 0	\$154,701	\$171,724	\$502,927	\$165,577
#	0	1	1	3	1
\$175-200K	\$ 193,552	\$192,420	\$0	\$396,434	\$0
#	1	1	0	2	0
\$200-250K	\$ 0	\$0	\$437,424	\$206,119	\$202,287
#	0	0	2	1	1
\$250K+	\$ 259,943	\$0	\$296,311	\$609,202	\$0
#	1	0	1	2	0
<b>Highest Claimant</b>	\$259,943	\$192,420	\$296,311	\$609,202	\$202,287

\*15 & '16 Excess Claims For Different  
Reporting than Buckted Claims  
Results Vary Slightly

(1) HDC = Net High Dollar Claimant (> \$50,000)

## **Self-Funded Health Plans High-Level Reserve Explanation**

In addition to the variable costs (expected paid claims) and fixed costs (administrative/access fees and stop loss premiums) associated with the cost of a self-funded health plan, plans should also have a strategy on funding reserves. Reserves are designed to address budgetary requirements, protect a self-funded health plan's general fund from unfavorable claims experience, and provide budget flexibility.

There are both "required" (from an audit prospective) and optional components of a reserve. The required component is a budgetary/audit requirement to show that a health plan has identified and planned for IBNR claims (Incurred Bt Not Reported). IBNR claims are claims for services performed in a given plan/fiscal year (incurred) but not actually billed and paid until the following plan/fiscal year. This gap between the actual date of service and the date the claim is billed and paid is commonly referred to as claims lag or just lag. Lag is typically around one and one half to two months of claims with the vast majority of lagged claims occurring in one month.

In addition to the IBNR targets, it is recommended that self-funded health plans have a reserve strategy to address optional components of the reserve that can mitigate claim risk. The optional components include a claim corridor and claims fluctuation. The claim corridor is typically targeted to cover a self-funded health plan's liability between the 100% expected claims cost and their full exposure at the aggregate stop loss level (typically 120-125%). Plans that have chosen to go without aggregate stop loss, or go with higher aggregate stop loss levels, may still consider targeting a similar range (120-125%). The claim corridor is intended to protect a self-funded health plan's general fund in years where claims are higher than expected/budgeted. Larger self-funded health plans' claims are more creditable (predictable) and may find lower claim corridor targets are adequate.

Claims fluctuation is another optional component of the reserve. Claims fluctuation provides flexibility in dealing with future plan/fiscal year budgets. Claims fluctuation could be established to help smooth the effect of a negative claim result over several renewal cycles. Not all self-funded health plans will include claims fluctuation in their reserve strategy and for those who do targets will vary. Plans may find that 5% of expected claims provides for adequate budget flexibility without adding undue financial pressure to meet and maintain reserve targets. Smaller self-funded health plans' claims are less creditable and may find a stronger need for claims fluctuation reserves as they are more vulnerable to fluctuations in claims.

Reserves are established through actual budgeting reserve strategies and the retention of favorable fund balances in years where claims outperform expected projections. Once initial target reserve levels are reached future reserve budgeting is tied to the change in reserve to maintain target levels or changes in the plan's reserve strategy.

Each self-funded health plan should establish their own reserve goals based on their risk tolerance and budgetary considerations/pressures. Self-funded health plans with an established reserve strategy or policy are most successful at building and maintaining their targeted reserve.

# Regional School District #4

## Self-Funding Concepts

**Presented by Lindberg & Ripple**

29 South Main Street, Suite 215  
West Hartford, CT 06107

[www.linrip.com](http://www.linrip.com)

Presented by: Joe Spurgeon, [ids@linrip.com](mailto:ids@linrip.com) 860.662.4295 (o) 860.334.3653 (c)



**Lindberg & Ripple**  
Deeper Insights. Better Solutions.™

## □ Fully Insured Funding Arrangements

- Carrier Responsible for All Claim Liability
- Depending on Plan Size; Experience Rated, Demographic Rated, Pooled Rated or Combined (Credibility)
- Carriers Sets Premiums Annually
- No Plan Reserve Requirements
- Typically No Year End Settlement/Reconciliation
- Some Alternative Funding Arrangements
- Tend to be Smaller Plan Sizes (250 lives or less)

## □ Self Funded Arrangements

- Plan Responsible for all Claim Liability
- Carrier Serves as 3<sup>rd</sup> Party Administrator-Customer Service, Provider Networking, Claims Adjudicator, Disease/Case Management
- Mostly Experience Rated (Fully Credibility)
- Stop Loss Protects Against Catastrophic Claims (Individual and Aggregate)
- Carrier Performs Claims Projection and Sets Administrative Fee Annually
- Plan Holds Reserves
- Tend to be Larger Plan Sizes (250 lives or more)

## □ **Basic Tenets of Self-funding**

- Law of Large Numbers-Predictability/Stability
- Managing for the Long Term
- Living with Volatility
- Risk Exposure and Transfer
- Composition of Risk Pool

## □ **Self-funding vs. Insuring Your Plan**

- Claim Experience History
- Stability in Covered Population
- Fixed vs. Variable Costs

## □ **Periodic Review of Funding Alternatives**

- Experience Patterns
- Plan Structure

### Budget Planning for Self-funding

- Variable Cost (Claims)
  - Claim Experience History (typically most recent 12 months)
  - Enrollment Experience History
  - Plan Design Changes/Benefit Adjustments
  - Catastrophic Claimants
  - Trend (Medical Inflation)
- Fixed Costs
  - Administrative Fees
  - Network Access Fees
  - Stop Loss Fees
  - ACA Fees
- Reserve Costs

### Responding to Experience Shifts

- Current Budget Year
- Subsequent Budget Year

## □ Reserve Requirements (Protects the General Fund)

- Incurred But Not Reported (IBNR)
- Corridor Claims (Aggregate S/L)
- Stabilization (Budget)

## □ Reserve Management

- Annual Adjustments (Trend)
- Constituency Expectations
- Reserve Policy

## □ Risk Management

- Role of Stop Loss/Reinsurance
  - Protects Against Catastrophic/Unexpected Claims
  - Specific/Individual Stop Loss (ISL)
    - Protects Plan from claims on any one member
    - Typically Medical and RX Claims covered
    - Protection applies when a single member claims exceed a given dollar threshold (Specific Deductible/ISL Attachment Point)
    - Higher Specific Deductible=lower Stop Loss Premium
    - Rates based on group specific large claimant experience, overall risk assumption, carrier's pool
  - Aggregate Stop Loss
    - Limits Plan's liability on the total cost of the claims in a given plan year
    - Typically Medical and RX Claims covered however some plans will include Dental
    - Protection applies when total cost of the plan exceed a percentage above expected claims (125% most common)
- Role of Reserves/Fund Balance

## Self-Funded Terms

- **Aggregate Stop Loss:** See Stop Loss: Protects Plan from cost in excess of Expected Claims. Selected as a percentage over Expected Claims (120% and 125% most comment).
- **Carrier:** Insurance Provider designated to administer the plan. Provides claims adjudication, plan reporting, plan summaries, enrollment maintenance, network management, disease and case management (including wellness services) and some compliance services. May or may not be the same entity that holds the stop loss contract. Some plans may have multiple carriers for Medical, prescription, dental and vision plans.
- **Claim Lag:** The time delay between when a claim is incurred and when it is submitted and subsequently paid. Claim Lag is primarily due to the time it takes a given provider to submit the claim and for the carrier to review and adjudicate the claim. Pharmacy claims tend to have a shorter Claim Lag as most pharmacy claims are submitted and adjudicated electronically at the point of sale. Hospital claims have a larger claim lag due to length of stay and carrier adjudication and review.
- **Contracts:** Synonymous with "Subscriber" (see below). A Subscriber/Contract is the employee or retiree who the plan offers coverage. When referring to Subscriber/Contract count dependents (spouses/children) are not included (see Members). E.g. An employee with a spouse a two children is one Subscriber/Contract but represents 4 Members.
- **Discount Share:** See Network Access Fee (NAF). Fee charged by most carriers to provide access to the carrier's network. NAF can be set as a percent of claims or as a fixed dollar (flat amount or PEPM). Anthem has renamed NAF as "Discount Share" with some changes in how it is calculated and collected but is intended to address network access cost.
- **Effective Trend:** See Trend
- **Expected Paid Claims:** Projected claim liability for the upcoming plan year. Calculated during the budget process and presented in carrier's renewal projection.
- **Experience Period:** Time frame (typically most recent 12 months) used to calculate the Expected Paid Claims. The **key** data elements related to the Experience Period include enrollment, claims and large claims.

## Self-Funded Terms

- **Fund Balance:** Funds remaining in the Health Fund after plan costs are paid. In some cases a plan's fund balance may be synonymous with Reserve.
- **Health Fund:** Bank account held by the plan in which the Carrier(s) draw claims incurred by the plan's enrollees. Health funds may include funds in excess of Expected Paid Claims to be used as reserves. See Also: Internal Services Fund, Fund Balance and Reserve.
- **Incurred But Not Reported Claims (IBNR):** Claims that are incurred in a given plan year but, due to Claim Lag, not paid (and often not submitted to the carrier) until a subsequent plan year. IBNR is a reporting requirement on Public Sector Audits. Note: IBNR may be held and/or accounted for separate from other reserve funds. IBNR in certain circumstances may also be referred to as Run-Out Claims (see below).
- **Individual Stop Loss:** See Stop Loss. Protects plan from claims incurred by any one member. A stop loss attachment point is selected. Claims to the stop loss attachment point are the liability of the plan, claims in over the attachment point, referred to as Excess Claims, are the liability of the stop loss carrier. This is a "premium" based product, premium is lower for higher attachment points.
- **Insurance Carrier:** See Carrier
- **Internal Services Fund:** Specific accounting reference to the account/fund for costs associated with the health plan.
- **Lag:** See Claim Lag
- **Members:** Number of enrollees (Subscribers/Contracts and dependents) on the plan. When referring to Member counts all enrollees Subscribers/Contracts and all dependents are included. E.g. An employee with a spouse a two children is one Subscriber/Contract but represents 4 Members.
- **Network Access Fee (NAF):** Fee charged by most carriers to provide access to the carrier's network. NAF can be set as a percent of claims or as a fixed dollar (flat amount or PEPM). Anthem has renamed NAF as "Discount Share" with some changes in how it is calculated and collected but is intended to address network access cost.

## Self-Funded Terms

- **Paid Claims:** Claims incurred by the plan for cost associated with enrollees. Typically Paid Claims reflect the Plan's actual cost after any applicable member cost shares (copay deductibles). Can be reflected as Gross or Net. Gross Paid Claims reflect total Paid Claims prior to removing Excess Claims over the Stop Loss Attachment Point. Net Paid Claims reflect paid claims after adjusting for Excess Claims.
- **PEPM/PEPY or PCPM/PCPY:** Per Member Per Month/Per Member Per Year or Per Contract Per Month/Per Contract Per Year. A capitated calculation of cost reflected on a per Subscriber/Contract. Useful for determining plan cost irrespective of enrollment changes. Also used in perform budget projections. Fixed cost and Stop Loss Premiums often expressed as PEPM/PCPM.
- **PMPM/PMPY:** Per Member Per Month/Per Member Per Year. A capitated calculation of cost reflected on a per enrollee (Subscribers/Contracts and Dependents). Useful for determining plan cost irrespective of enrollment changes. Also used in perform budget projections.
- **Pharmacy Benefit Manager (PBM):** Carrier that specifically administers the prescription drug benefits. In addition to services provided by carriers for other benefits, PBMs also manage the plan's formulary and typically operate the mail order facility. An important aspect of PBMs is to manage the network of pharmacy discounts and also to negotiate rebates from Prescription Drug Manufacturers.
- **Plan/Plan Sponsor:** In most cases the Plan/Plan Sponsor is the employer providing health benefits to their eligible members.
- **Reserve:** Funds designed to address budgetary requirements, protect a self-funded health plan's general fund from unfavorable claims experience, and provide budget flexibility. Reserves typically include Incurred But Not Reported (IBNR) Claims, Claim Corridor/Claim Fluctuation and Budget Stabilization. Note: IBNR may be held and/or accounted for separate from other reserve funds.
- **Run-Out Claims:** See also Incurred But Not Reported Claims (IBNR). The term Run-Out is typically used when changes carriers or changing funding arrangements. When changing carriers the plan is responsible to cover claims incurred under the old carrier in the previous plan year.

## Self-Funded Terms

- **Specific Stop Loss:** See Individual Stop Loss.
- **Stop Loss:** Insurance purchased to protect a self-funded plan from catastrophic claims. See Individual and Aggregate Stop Loss.
- **Subscribers:** Synonymous with “Contract” (see above). A Subscriber/Contract is the employee or retiree who the plan offers coverage. When referring to Subscriber/Contract count dependents (spouses/children) are not included (See Members). E.g. An employee with a spouse a two children is one Subscriber/Contract but represents 4 Members.
- **Third Party Administrator (TPA):** See Carrier
- **Trend:** Factor used to project Experience Period Claims to the next plan year. Often referred to the “medical inflation factor” but more accurately refers to expected changes in cost for the plan related not only to price but also changes in utilization rates and medical services. Trend is typically reflected as an annual (12 month) basis, however when projecting claims trend is reflected as Effective Trend to account for the number of months projecting forward.

# Self-Funding Concepts

## Questions

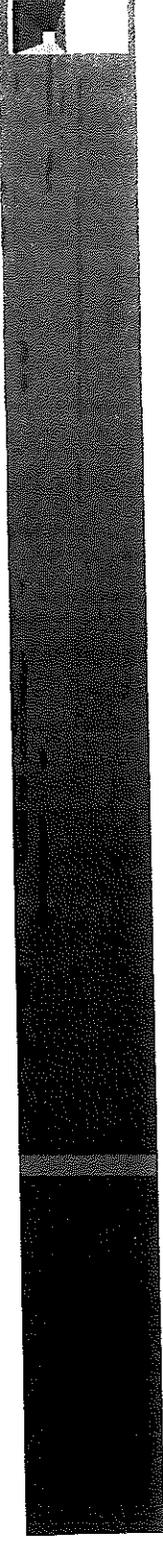
**Presented by Lindberg & Ripple**

29 South Main Street, Suite 215

West Hartford, CT 06107

[www.linrip.com](http://www.linrip.com)

Presented by: Joe Spurgeon, [ids@linrip.com](mailto:ids@linrip.com) 860.662.4295 (o) 860.334.3653 (c)



# Introduction to A.L.I.C.E.



Alert  
Lockdown  
Inform  
Counter  
Evacuate

**PTO Meetings October/November 2019**  
**Chester, Deep River, Essex, and Region 4 Schools**

# Current Lockdown Procedure

During the school day, all exterior doors are locked and secured. Persons seeking entry into building must report first to main office.

When a person or situation presents an immediate threat to students and staff in the building, students and staff “lock down” in offices, work areas, and classrooms.

## Lockdown instructions to all staff and students:

- close and lock door (look in hallway for students and direct them to nearest classroom)
- pull down shades
- turn off lights
- move students to a location in the room away from doors and windows
- keep students quiet and calm (reassure nonverbally)
- refrain from opening door until cleared by administration or law enforcement

# **Why are we Changing Lockdown and Response Procedures?**

-During the 2018-2019 school year, the Joint BOE School Security Committee reviewed the latest research and best practices regarding school safety procedures.

-The Joint BOE School Security Committee recommended a new emergency response and new strategies to employ in the event of a violent intruder scenario. The committee specifically recommended A.L.I.C.E.

-The A.L.I.C.E. (Alert-Lockdown-Inform-Counter-Evacuate) training approach is nationally recognized as a safety response approach aligned to federal recommendations from the U.S. Department of Homeland Security, the latest research, and best practices for school safety preparation and procedures.

-Our current lockdown procedure is a passive approach and no longer recommended as the best approach in school safety procedures.

-A.L.I.C.E. provides training and an approach to school safety that trains our staff and students in situational awareness to ensure survival during a dangerous and dynamic event.

# What is A.L.I.C.E.?

A.L.I.C.E., an (non-sequential) acronym for “alert, lockdown, inform, counter, evacuate,” a safety response training program that is based on federal recommendations and research to increase survivability during violent intruder incidents.

**ALICE**<sup>®</sup>  
TRAINING INSTITUTE

## **ALERT**

Initial Alert may be a gunshot, PA announcement, etc...  
Avoid code words.

## **LOCKDOWN**

If Evacuation is not a safe option, barricade entry points.  
Prepare to Evacuate or Counter if needed.

## **INFORM**

Communicate real time information on shooter location.  
Use clear and direct language using any communication means possible.

## **COUNTER**

As a last resort, distract shooters ability to shoot accurately.  
Move toward exits while making noise, throwing objects, or adults swarm shooter.

## **EVACUATE**

Run from danger when safe to do so using non-traditional exits if necessary. Rallying point should be predetermined.

[AliceTraining.com](http://AliceTraining.com)

# What is A.L.I.C.E.?

<b>ALERT</b>	Initial awareness of an event: -P.A. announcement -sensory input (noises heard) -text/alert message -provide as much information as possible
<b>LOCKDOWN</b>	Traditional lockdown procedure plus additional enhancements: -barricade door -spread out within the room (do not huddle, safe areas of room) -alternate escape routes (prepare to evacuate safely and given opportunity) -dial 911 when safe to do so -first aid supplies in all rooms
<b>INFORM</b>	REAL information communicated (plain language) via PA System, phones, and radios Information communication includes specific What, When, Who and How (no codes)
<b>COUNTER</b>	Last resort Noise and movement as disruptors Using what is available in the room, countering intruder to interrupt/disrupt shooting
<b>EVACUATE</b>	Preferred Response -occupants must have authority to leave building if safe to do so -evacuate to a designated rally point



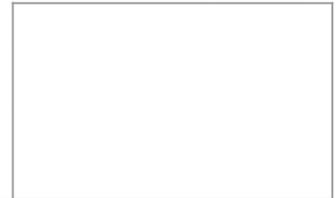
## Initial Awareness received by:

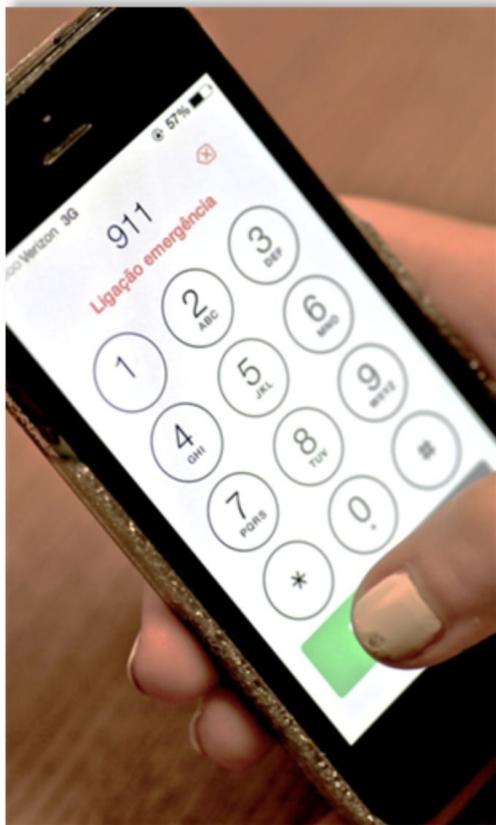
- PA announcement
- Sensory Input- Gunshots, screaming, Loud Noises
- Text or Emergency Notification
- Electronic bulletin boards



= LOCKDOWN

- Barricade the Door
- Spread Out within the room with Counter Devices
- Look for alternative escape routes
- Dial 911 when safe to do so.
- First Aid Supplies





## Pass on real time information

- A continuation of **ALERT**
- What, Where, When, Who, How

## Typical Communication Methods

- PA System
- Phones
- Radios

### **New Technology Methods?**



# What is 'COUNTER'

It is NOT ...

- Fighting



It is...

- Taking back Control
- Age appropriate
- Personal Choice

**Follow the KISS principle**



The Preferred Response

# =EVACUATE

Occupants must have authority to leave building

- Leave all belongings behind
- No Vehicles
- Remove as many potential targets
- Removes need for parents to come to scene
- Evacuate to a rally point

# A.L.I.C.E. Training and Timeline

## 2018-2019

**2018-2019**

**January 2019**

-Building and district level leaders with representatives from each school trained as A.L.I.C.E. certified instructors

**March/April 2019**

-Online learning component of A.L.I.C.E. training completed by all staff

**May 2019**

-Teachers and paraeducators trained in A.L.I.C.E. response by certified in-district A.L.I.C.E. instructors

# **A.L.I.C.E. Training and Timeline**

## **2019-2020**

**2019-2020**

### **August 2019**

- All staff trained in A.L.I.C.E. safety response
- Emphasis on Alert, Lockdown (enhanced), Inform, and Evacuate

### **October 2019**

- Additional instructor level training for district administration, teacher leaders, and select staff (all principals, associate principals, and directors trained as certified A.L.I.C.E. instructors/trainers)

### **November 2019-January 2020**

- Faculty meeting updates, training, and drill preparation
- Building-level crisis team develop student education and training

### **February 2020**

- Student education and training about A.L.I.C.E. prior to spring drills

### **March 2020**

- Enhanced lockdown scenario drill #1 (w/students)

### **May 2020**

- Enhanced lockdown scenario drill #2 (w/students)

# Next Steps for 2019-2020

<b>November 2019</b>	A.L.I.C.E. overview PTO presentations at all schools
<b>December 2019</b>	Development of Frequently Asked Questions Document Follow-Up Communications from Principals to Families
<b>January/February 2020</b>	A.L.I.C.E. Communication Tab on District Website (presentation, communications, and FAQ posted/updated)
<b>March 2020</b>	Enhanced Lockdown Drill #1 Follow-Up Communication from Principals to Families
<b>May 2020</b>	Enhanced Lockdown Drill #2 Follow-Up Communication from Principals to Families
<b>June 2020</b>	District Leadership: A.L.I.C.E. 2019-2020 Review and Next Steps for 2020-2021