

INTERAGENCY COORDINATING COUNCIL (ICC)



January 25, 2012 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Andrea Leon, Arlene Waters, Lourdes Vizcarra, Robin A. Wells, Cynthia Mantegna, Joanne Corwin, Cathy Salazar, Maria Varela, Peggy Denson, Mette Pedersen, Jyl Adair, Janis Gonzales, Jaime Diaz

PROXIES PRESENT

Sophie Bertrand Proxy for Ida Tewa, Mette Pedersen Proxy for Paula Seanez, Jaime Diaz Proxy for Karen Ziegler, Erica Candelaria Proxy for Jan Winslow, Luanne Stordahl Proxy for Cindy Faris

MEMBERS/APPOINTEES ABSENT

Stephani Greathouse, Joseph Sanchez, Anna Otero Hatanaka, Senator Jerry Ortiz y Pino, Cathy Stevenson

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed members and guests to the meeting. Joanne Corwin, Step*Hi Coordinator, welcomed everyone on behalf of Superintendent Stern. Joanne stated Superintendent Stern was at the Legislature but would be by later to greet the ICC in person. Joanne expressed appreciation for the close collaboration between NMSD and the FIT early intervention system. Lisa Chavez introduced the new DDS Deputy Director, Marc Kolman. Marc thanked the ICC for their contributions to the early intervention system of services and supports for young children and their families. Marc invited ICC members to contact him if assistance is needed. Lisa Chavez asked for introductions.

VOTE ON ICC PARENT REPRESENTATIVES

Lisa Chavez thanked Cathy Salazar for her service as a parent representative on the ICC. Four (4) parents have applied for the two (2) open parent positions. Lisa provided a brief introduction about each parent candidate as the candidates were not able to attend the meeting. Andy reminded the ICC that their vote today recommends the two selected candidates to the Governor for official appointment. Lisa passed out the voting ballots. Ballots were counted by Jyl Adair. The two candidates selected were: Anita Sedillo and Samantha Carl. Lisa Chavez stated an ICC Orientation for the two new parents and for any ICC member who had not completed the orientation would be held as soon as possible.

MEETING AGENDA

The meeting agenda was amended as follows: the presentation on Early Childhood Outcomes (ECO) was moved to the presentation on the Annual Performance Report (APR). Lisa Chavez asked for approval of the meeting agenda as amended. **MOTION: Robin A. Wells made a**

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motion to approve the meeting agenda as amended. Joanne Corwin seconded the motion. There were no abstentions or objections. The motion passed.

Lisa distributed copies of ICC Financial Report. The ICC has \$27,338.26 in funds remaining in the budget for this fiscal year. Lisa asked for approval of the November Meeting Minutes. Robin Wells asked about the status of the follow-up meeting tasks from the November 2011 meeting. Andy Gomm replied that he will address several of Robin's questions during his Lead Agency Report. Andy responded to one of Robin's questions by stating there will always be a discrepancy in the number of children eligible vs. the number served for a variety of reasons. Reasons include a number of children still under the 45-day period and some children will not be determined eligible. Robin asked about the concern expressed by Cindy Faris regarding vision and hearing currently being included in the definition of developmental delay (see page 4 of November meeting minutes). Joanne Corwin stated she and Cindy had emailed recommended language to Andy Gomm as per his request at the November ICC meeting. Joanne will email the language to Andy again following this meeting.

Andy stated he will include data on the number of children not determined eligible in future FIT Lead Agency Reports. Arlene Waters expressed concern that when a referral is activated in the FIT KIDS data base, there are not clear reasons to indicate why a parent declines services. Andy replied there is a category for withdrawal by parent. Arlene said this category is not specific enough to indicate why parents withdraw their children / decline services. Andy stated the ICC had voted to have an official FIT KIDS User Group and suggestions / concerns about FIT KIDS should go to this group. Mette Pedersen asked if it might be worthwhile to survey parents who exited the program, or who declined services, to find out their reasons for doing so. Mette suggested that a student, such as a LEND student, could survey parents. Andy stated he thought the FIT providers would already know the reason(s) why a family exited the program. Andy expressed concern that it might be intrusive to have the FIT Program question why a family withdrew from services. Mette stated it might be easier for parents to answer why they left services on a survey than it might be for them to tell their service coordinators. Andy expressed the opinion that good information does not always get entered into FIT KIDS as to why children exited the program or where these children went following exit. Andy requested that this topic be added to the next ICC meeting agenda. Andy will prepare for the April meeting topic by pulling a report as to the reasons why children exit the FIT Program to help determine if there is indeed an issue. Lisa Chavez asked for approval of the November meeting minutes. ***MOTION: Arlene Waters made a motion to accept the November Meeting Minutes. Jyl Adair seconded the motion. The motion passed. There were no objections or abstentions.***

FIT LEAD AGENCY REPORT

Andy Gomm distributed copies of the report. The report contains key data to help the ICC look at the health of the FIT system. At the time the report was run, five (5) invoices were not in

yet so the data included in the report is missing some information. Medicaid expenditures are maximized. The biggest challenge this fiscal year is covering the increase in the Medicaid match. The State is now paying \$.31 on every dollar. Projected revenue for the FIT Program has not changed. All but \$127 of ARRA funds were expended. Cost savings measures instituted last year were difficult decisions. These cost saving measures have resulted in a slight drop in the number of children served for the calendar year. The message regarding these cost saving measures is that the FIT Program does not want to serve less kids but wants to serve the right kids. There is no change in the number of children served for the fiscal year. The ICC has been concerned about the possibility of not serving the right percentage of Native American children. A Tribal Summit was held in late summer with a focus on child find activities in native communities. The FIT Program is seeing a reduction in the number of at-risk children being served. Andy stated it will be interesting to see the impact of when FIT stops serving 3 year olds. Jim Copeland stated the report indicates that average monthly expenditures for this year are going up by about \$30,000 per month as compared to last year. Andy replied this would indicate that FIT is providing more services and we need to investigate this. Andy stated he will add FIT monthly expenditures to future Lead Agency Reports. Jim said this discrepancy could perhaps tie back to the number of kids determined eligible vs. the number of kids served. Jim stated it would be a serious issue if the FIT Program is spending more money to serve fewer kids. Andy replied the report only has data on children receiving direct services. Mette Pedersen asked if the New Mexico birth rate is stable. Janis Gonzales replied the birth rate has remained the same and even dropped a bit. Andy informed the ICC that FIT serves the highest percentage of children birth to one (1) year of age in the country, and serves the second highest percentage of children birth to three (3) years of age in the country. The FIT Program is doing an excellent job of serving children determined eligible, who are birth to three (3) years of age. Lourdes Vizcarra asked if future reports could include the percentage of children served by race / ethnicity. Andy replied that the changes in race / ethnicity reporting have made it much more difficult to obtain this data.

FIT REGULATIONS

Andy distributed the most current version of the *Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC*. This version has gone to the DOH General Council. The FIT Program had hoped to get the regulations published but has not been able to do this as yet so this version is still the unofficial draft. The Office of General Council will approve and then publish the regulations in the NM Records and Archives. The 60-day public comment period will begin and two (2) hearings will be held, one (1) in Albuquerque and one (1) in Santa Fe. Written comment can also be given during this 60-day public comment period. Andy reviewed the changes to draft version as follows:

- Page 8 Section (6) - Public and private insurance: Parents will not be charged any co-pays or deductibles related to billing their public or private insurance. Sections (6) (b) (c) (d) contains new language about parents providing consent. The FIT Program will have to change the FIT consent form for billing public and private insurance. The

ICC may be asked to help craft the language on the consent forms so families understand their purpose and do not decline giving their consent. Jim Copeland asked if a family withdraws their consent to bill their insurance, can FIT add a family cost participation fee? Jim stated FIT should consider implementing a family cost participation fee to cover these situations. Cathy Salazar expressed concern that the FIT Program is advertised statewide as a program that is provided at no cost to families. Jim replied the ICC has to consider the financial health of the FIT system. If parents refuse consent for billing their insurance, the FIT Program will have to cover the cost of their services. Andy stated although FIT is a free program in New Mexico, up to half of the states charge fees. It sounds punitive to tell families that they will have to pay a fee if they don't sign the form. There was discussion regarding how to word the consent forms so parents understand that in order to receive a free program, their signature is required so their insurance can be billed but this billing will not affect their lifetime cap. Jim stated there is an allowance in the federal regulations but not in the FIT regulations for family cost participation. Andy expressed concern that families will have to sign a form every time their IFSP services change. Cathy Salazar stated parents sign consent forms when their children go to school so the school can access the family's insurance.

- Pages 20-25 Procedural Safeguards - Andy stated he had rewritten the entire section to align the language in this section with the language in the federal regulations. Andy said everything in C. Surrogate Parent(s) and in D. Consent has been rewritten. Andy was asked to check if providers have to keep records for seven (7) years instead of the six (6) years stated in the document. Jim Copeland asked how providers should document the attempt to contact parents to notify them their child's records were going to be destroyed. Andy replied providers just need to show due diligence regarding this. Andy said the FIT Program will most likely not monitor how providers give notice. Lourdes Vizcarra stated health clinics need records to prove a child received a diagnosis. There was discussion about this and only the part of the record that documents a child's diagnosis needs to be provided.
- Pages 26-28 Dispute Resolution Process. The outcomes of Due Process Hearings are to remain confidential.
- Page 7. C. Financial Matters. (2). Janis Gonzales stated the words "do not" need to be taken out so the sentence reads "...bill for early intervention services delivered by personnel who possess relevant, valid licenses..."
- Pages 2, 12, 16 - Luanne Stordahl stated Cindy Faris had emailed Andy a number of changes that have not been reflected in the document. The changes include the following: vision and hearing should not be part of motor development and should be removed from the definition of Developmental Delay. Joanne Corwin stated she will email the recommended language to Andy following the meeting.

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- Page 8 B. Qualified Personnel - Jim Copeland stated he agreed with putting vision and hearing under established condition. Jim asked what qualifies a child under established condition when it is a vision or hearing issue. Luanne Stordahl stated the NMSBVI could provide a list of vision conditions. Joanne Corwin stated children with a sensorineural hearing loss or a permanent conductive hearing loss would qualify under established condition for hearing.
- Pages 23-24 - 7. Destruction of Records - Arlene Waters stated a number of agencies are going paperless and storing records electronically. Arlene suggested that wording about electronic records be added to 7. Destruction of Records. Andy stated there is no problem with storing records electronically as long the record can be recreated as needed in a written format. Andy Gomm informed the ICC that Medicaid has the longest requirement for maintaining records. Robin Wells asked if the information in the FIT KIDS data base would suffice in lieu of the written record. Andy replied providers still needed to maintain written records for the required number of years.
- Pages 23-24 - Robin Wells stated some of the strikeouts are in red and some of the strikeouts are in black and the strikeouts in black should be changed to red.
- Page 21 C. 4. - Robin Wells noted that an "in" needed to be added to "with" to make the word read "within".
- Page 18 (p) - Robin Wells stated that any changes in the language for Vision services recommended by NMSBVI should be included.
- Page 16 4 (b) - Robin Wells stated the language for Audiological services recommended by the School for the Deaf should be included.

Robin Wells requested that Andy email the electronic copy of Requirements for *Family Infant Toddler Early Intervention Services 7.30.8 NMAC* as soon as possible for ICC members to review and email additional comments to him. Andy asked that ICC members provide further comments to him via email by January 31, 2012. Comments should be made by putting the page number and section information before each comment. Andy stated ICC members could also provide comment during the public comment period. Andy stated the ICC could give a general approval to the draft regulations.

WELCOME FROM SUPERINTENDENT STERN

Superintendent Stern stopped by to welcome ICC members and guests to NMSD. He thanked the ICC for the critical importance of their work. Superintendent Stern expressed appreciation for the collaboration between the FIT Program and NMSD. He stated this collaboration helps assure that children who are deaf or hard of hearing and their families receive the supports and services they need to be successful. Andy Gomm stated the FIT Program had purchased new hearing screening equipment for the early intervention programs and he wondered if this was resulting in increased referrals for Step*Hi. Joanne Corwin replied that this equipment was providing a safety net for children. Superintendent Stern

stated the age of identification for children who are deaf or hard of hearing is as late as one (1) year of age. The age of identification should be no later than six (6) months of age.

ICC DIRECT SERVICE PROVIDER PANEL

Karen Lucero, ICC Co-Chair, asked the panel members to introduce themselves. Karen stated panel comments will be part of the meeting minutes. Issues identified by panel members will be addressed at future ICC meetings. The panel consisted of the following providers from the Northeast Region:

The Children's Workshop - Patricia

Step*Hi - Betty

New Vistas - Melissa

Las Cumbres - Bernice

The panel members addressed the following five (5) questions:

1. *How the FIT system support's your work with young children and their families?*

Betty - It is so supporting to have FIT and the DOH value early intervention services and understand the importance of the work. She appreciates the collaboration between the FIT system and NMSD.

Patricia - Staff do complain about the paperwork but they appreciate the thought put into documents like the IFSP. Staff appreciates that FIT core values are thought about when FIT documents are being developed. Staff appreciates the online staff development opportunities such as the service coordination modules. Patricia suggested that FIT consider rewording the questions on the on-line service coordination training modules. Also, participants need the opportunity to ask questions after completing the modules.

Melissa - Appreciates the relationship based nature of the services. She appreciates that direct service providers don't have to worry about families having to pay for services. She appreciates being able to provide a collaborative team approach as this provides a positive environment that promotes the best services for children and their families. She likes being able to provide preventive services to children at-risk and their families.

Bernice- Appreciates being able to work with families and support them in getting the services and supports their children / families need. This includes the ability to provide center based services when those are most appropriate for the child / family.

2. *What are some of the challenges that impact your work?*

Melissa - Paperwork is the biggest issue and the second biggest issue is working with families in crisis. Being relationship motivated helps us overcome our challenges and also bring us joy in our work. Paperwork is getting increasingly complex and we wonder how the increased paperwork translates to benefits for families. Every minor change adds up and takes time away from planning, supervision, training and teaming. Our system is also becoming more data driven. We are at a tipping point and have to ask if the data is contributing to better services for our families and their children.

Betty - I work with all the agencies but don't always get invited to staffings. I am a lot better service provider when I know what the agency is doing with the family / child we are jointly serving.

Patricia - Our program serves Clayton (borders Oklahoma and Texas). There is such a lack of resources in rural areas like Clayton. For example, we are serving a family whose baby has cerebral palsy and feeding and breathing issues. Mom has to feed the baby every 3 hours and she is exhausted. Eating and breathing at the same time is a huge issue for the baby. This mom is asking for counseling services and help with the baby.

Bernice - A huge challenge for me is the amount of time I spend each day driving to my home visits. I don't have phone service in certain areas so I don't always know about cancellations and I can't call if I need assistance.

3. *What are some of the reasons why you do this work?*

Melissa - My child and family received FIT services so I do this work from a place of deep gratitude. Services and supports provide such tremendous possibility for change. It is wonderful to work in partnership with families. We also get to play. Prevention services support families in advocating for their children. Services reduce or eliminate the need for later services.

Betty - Opportunities to support parents and give them tools. Opportunities to encourage parents by pointing out the many positive things they are doing and how these things are supporting their child's development. Love the opportunities to meet and get to know different parents, children and service providers. Families teach me so much.

Patricia - Work is challenging and extremely rewarding. It feels good to work where we know we are needed. Moms may not see anyone during the day but their Developmental Specialist or their Service Coordinator. Helping families work toward their dreams for their children is so rewarding.

Bernice - As a retired special education teacher of 27 years, I now know that if my former students had gotten early intervention services, they would either have not needed special education or would have needed less special education services. I wish I had known more about early intervention when I was a parent of young children.

4. *What has been one of your greatest successes?*

Melissa - I am a member of the Santa Fe Infant Team and we are working with children who have been removed from their families. We share developmental information with CYFD and with judges so they can make the best decisions for the children. Our successes consist of a series of small triumphs. As a team, we are relationship based and work collaboratively on behalf of the children. All children experience success and make such amazing progress. I am thinking about one child who we worked during one home visit to help her bear weight on her hands and when we went back the next week, she was crawling!

Betty - Success is different for each family based on their child's degree of hearing loss. Success for me is supporting parents so they feel confident in their ability to do what is right for their children and are not second guessing their decisions. Success is helping parents communicate with their child. It is wonderful to help parents learn the communication skills needed to talk with their child and with members of the deaf community.

Patricia - It is exciting to see parents, referred by CYFD, begin to enjoy their services and see the value of the services. One of our single parents, a father, began to understand the importance of early literacy and needed books to read to his child. Several home visits were held at the library. I also see the huge benefits of reflective supervision for staff and wish we had more time for reflective supervision sessions.

Bernice - Every home visit provides me with a wealth of knowledge that I learn from the families and their children and I am able to share this knowledge with other families.

5. *What would you like the ICC to know about your work?*

Melissa - Having a child with a developmental delay is a very small part of a family's life. In early intervention, we work with the whole child and the whole family. Our services provide significant information and supports for the family and we have to be well prepared for our home visits. Too much of our preparation time is taken up by completing required paperwork. It can be difficult to explain the purpose of forms to parents and they may question why they need to sign these forms. As a parent who received early intervention services, the relationship I had with our service providers was of most value. As a service provider, it would be helpful to know how changes and forms have meaning for children and families.

Betty - At first I did not know the role of the ICC in the FIT system. This panel is a good idea and as a provider, I so appreciate this opportunity to talk about my challenges and successes. I provide very specialized services because the communication issues take precedence in the work I do with families and their children. I know the FIT system is looking at having one main service provider go into homes. I ask that when this model is used, that my services still be included on IFSPs. I appreciate how hard FIT works to keep the needs of families and children in mind while still meeting federal requirements.

Patricia - I appreciate that we are all using the IDA statewide. Including the routines based interview as part of the IFSP provides useful information about each family's routine.

Bernice - Changes in regulations especially the transition of all children on their 3rd birthday will be easier for my program but it is going to be very difficult for the LEAs up North. Rural communities are very different and the LEAs will be struggling when this goes in effect this summer.

Arlene Waters asked the panel what was their idea for a perfect caseload:

- Betty - It depends on how far I have to travel and how many times a month I see each family. We provide services until age six (6) so many home visits are provided in the evening. 15 is the idea caseload for me.
- Patricia - Some of our providers travel more than others and some have more involved cases. 16-20 in a caseload is ideal.
- Melissa - 16 to 20 is an ideal caseload. The smaller the caseload, the better the families are served.
- Bernice - I have a much higher caseload than 16-20 and I travel a great deal for home visits.

Lisa Chaves, ICC Co-Chair, thanked the panel for their time and input. Andy Gomm thanked the panel for the passion they had for their work with families and stated he wished the panel could have been videotaped. Karen Lucero, ICC Co-Chair, gave each panel member a letter of appreciation for their time and input. Panel members were invited to join the ICC for lunch in the cafeteria.

PROVIDER SURVEY

Last fall, the ICC Executive Committee developed a list of questions to help determine the impact of changes in FIT regulations and standards on early intervention programs. The questions were put into a survey format and the survey was sent to the FIT Coordinators List Serve with a request that early intervention program coordinators complete the survey by a specified date. 20 people completed the survey. Karen Lucero, ICC Co-Chair, distributed copies of the survey responses and a handout with a summary of the survey results. Karen highlighted the survey results which included information about typical caseloads, agency concerns, etc. Jaime Diaz asked who was eligible to complete the survey. Karen responded the surveys were most likely completed by the early intervention program coordinators. Andy Gomm expressed concern that survey question #5 was misleading as FIT standards do not require a face to face contact. Andy asked the ICC what they wanted to do with the survey results. Andy stated the survey results were timely in that the FIT Program would be reviewing service coordination requirements this fiscal year and some changes will be made to *Service Definitions and Standards*. Sophie Bertrand suggested that the input provided by the Direct Service Provider Panel should also be reviewed. Andy asked Magi Gerety from New Vistas to talk about the daily trauma and stress that staff and agencies experience. Magi informed the ICC that she and several of her staff attended a trauma workshop last fall. Staff complaining is a symptom of stress and trauma. Magi suggested that an ICC committee should engage in a thoughtful discussion on how to streamline paperwork for Referral through Transition and still meet federal and state requirements. Magi said some FIT paperwork is really meaningful such as the audit forms Patti Ramsey sends to providers to help them complete their APRs. Magi stated New Vistas has always tried to have manageable staff caseloads. The agency was able to do this because of foundation support. New Vistas has lost most of this foundation support because of the downturn in the economy and the agency no longer has the luxury of keeping caseloads low. Magi said that listening to concerns relieves some of the stress / burdens that staff and programs are experiencing. Following discussion, it was decided that the Quality Committee would determine how to streamline FIT paperwork from Referral through Transition and would also identify strategies on how to use required paperwork in a more streamlined manner. ***MOTION: Jim Copeland made a motion that the Quality Committee would determine how to streamline FIT paperwork from Referral through Transition and would also identify strategies on how to use required paperwork in a more streamlined manner. Arlene Waters seconded the motion. The motion passed. There were no objections or abstentions.***

Magi stated New Vistas has been looking at billable time for their staff for a number of years. Billable time is going down because staff is spending more time on paperwork. Karen Lucero stated a staff person has to have 50% billable time so the agency does not operate in the red. Karen said in addition to the 50% billable time, another 30 to 40% of a staff member's time is spent driving to and from home visits and meetings. This leaves a small percentage of their time for paperwork. Staff time is also spent on training, supervision, staff meetings, etc. It was suggested that the Quality Committee consider strategies for both rural and urban areas. Jim Copeland suggested that the Quality Committee look at all the issues they will be addressing and then break down the issues per committee meeting. Cindy Mantegna, ICC Quality Committee Chair, asked for a list of the FIT forms and also asked how far the committee should go with their recommendations. Magi Gerety stated the IFSP is an example of a form that could be streamlined. Other states do not have an IFSP that contains as many pages as the FIT IFSP. Jim Copeland asked Andy to specify what FIT would not accept in terms of changes to FIT forms. Andy replied FIT has to meet federal requirements but these federal requirements don't specify what has to be on a form. Andy stated, "So everything is on the table".

Jim Copeland said Alta Mira has sent a request for medical records and got a letter back stating that the records would be sent after Alta Mira mailed back the required fee for a copy of the records. Jim stated as a result, Alta Mira is going to modify their medical records request so that only the records required for FIT are requested. A child's medical records are required for medical/biological eligibility. FIT agencies need training on the specific records needed. Andy stated perhaps the FIT Program should consider developing a statewide medical release form. Cathy Salazar stated she keep a binder of all her children's medical records and providers could request medical records from parents. Sbicca Brodeur stated providers only need the part of the medical record that documents the child's eligibility, not every well child check, etc. Some FIT agencies are paying fees for medical records. Lourdes Vizcarra stated that as a physician, she has problems getting medical records. It is important to train families to request a copy of their child's medical record each time they bring their child to the doctor and to organize these records in a notebook. Janis Gonzales stated a provider only needs one page with the diagnosis on it. Jyl Adair stated physicians in San Juan County are using electronic medical records and copies of records are sent to her program on a CD. Cathy Salazar stated her children receive medical services in three different states and all of her children's records are electronic.

ANNUAL PERFORMANCE REPORT (APR)

Patti Ramsey distributed copies of the *FIT Program Part C Annual Performance Report (APR)*. The APR reports on Federal Fiscal Year (FFY) 2010 which covers July 2010 through June 2011. The APR must be sent to the federal government by February 1, 2012. The report contains 87 pages of data and improvement activities. Andy stated it is the official duty of the ICC to certify the report. The ICC can also choose to submit a minority report if they do not agree

with the FIT APR. Andy stated the ICC Co-Chairs will be asked to sign the APR at the end of Patti's presentation. The APR includes data collected for FFY 2010 on the 14 required federal indicators. The FIT Program developed annual targets and improvement activities for each of the 14 indicators in its six-year State Performance Plan (SPP). The SPP was revised on February 1, 2010 to include annual targets and improvement activities for two additional years, FFY 2011 and FFY 2012.

Patti presented a powerpoint presentation on the 14 Indicators in the APR. Patti highlighted the data and the improvement activities for several of the indicators as follows:

- Indicator 1 is the percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. The target for this Indicator is 94.8%. During discussion of the Improvement Activities for this Indicator (pages 15-16 of APR), Cindy Mantegna suggested that the utilization of therapist interns be removed. Mette Pedersen stated providers have to provide supervision for therapist interns and the staff supervising the interns should be compensated. Mette stated the FOCUS Program has students every semester and the supervision of these students requires time and money that cannot be billed for. Mette stated a student whose education was paid for by an agency has no legal responsibility to work for that agency following graduation. Karen Lucero stated her program utilizes therapist interns for all disciplines. Following this discussion, the ICC recommended that the *Use of Therapist Interns* be moved from its current location on page 15 and be added as a third bullet under: *Explore statewide recruitment strategies to attract personnel to the FIT Program* on page 16. In the discussion for the Improvement Strategy *Conduct detailed review of use of contracted therapists* on pages 15-16, Magi Gerety suggested that funding is needed to pay contractors to attend training and come to some staff meetings in order to help them be more a part of an agency. Magi stated contracted therapists are not able to participate in unpaid activities. Peggy Denson stated finding and keeping therapists is a "crisis" in Alamogordo. There was consensus that lack of therapists was a reason some programs do not do well in Indicator 1. It was suggested that improvement strategies that would support agencies in hiring therapist contractors be added such as agencies paying for therapist license renewals.
- Indicator 3 is the Percent of infants and toddlers with IFSPs who demonstrate improved positive social-emotional skills; acquisition and use of knowledge and skills; and use of appropriate behaviors to meet their needs. Patti reviewed the last Improvement Activities on page 24 which is to convene a stakeholder group to review ECO data, identify strengths and weaknesses and assist in completion of targeted activities. During discussion, it was decided that the stakeholder group needed to be formalized and how the group would report to the ICC should be determined.

- Indicator 4 is the percent of families participating in Part C who report that early intervention services have helped the family know their rights; effectively communicate their children's needs; and help their children develop and learn. The *New Mexico Family Outcome Survey* instrument is used to collect this data and there is a high rate of return of completed surveys.
- Indicator 8A is the percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday. Patti stated the FIT Program struggles the most with Indicator 8A (see page 42 of APR). Reasons why providers are doing poorly with this Indicator were discussed. Tickers from the FIT KID Data Base are helpful in reminding providers. It was suggested that providers print monthly reports from the data base and use these reports to alert service coordinators. Technical assistance for providers on how to use the data from the monthly reports is needed. Sophie Bertrand stated the Transition Steering Committee could make some recommendations regarding this. Arlene Waters stated service coordinators have so much to learn and transition is the last process they learn.

MOTION: Mette Pedersen made a motion to accept the FIT Part C Annual Performance Report (APR) with recommended additions. Jaime Diaz seconded the motion. The motion passed. There were no objections or abstentions.

RECOGNITION OF OUTGOING ICC MEMBERS

ICC Co-Chairs presented certificates of recognition and cards to outgoing ICC members, Mette Pedersen and Cathy Salazar. Mette and Cathy were thanked for their service on behalf of young children and their families.

ICC COMMITTEES MET

ICC Committee Chairs met with their committees to work on their committee action plans.

ICC COMMITTEE REPORTS

ICC Finance - Peggy Denson reported. Action on Race to the Top funding was removed from the Action Plan. Committee is continuing to work on Land Grant funding and continues to work with the DOH Secretary and the insurance industry. Andy Gomm is following up with private insurance as state mandates may be in jeopardy. Committee is looking at contracts and may recommend some reductions. All of the ARRA funding was utilized with the exception of \$127. The committee removed "Part B" from page 2 of the Action Plan regarding developing a plan to address funding cuts. Three legislative bills are being introduced to cover Medicaid match shortfall and the other funding needed is to help offset cost of providing services, etc. New action added: committee is considering the possibility of FIT providing services for children turning three in the summer through a hybrid IFSP/IEP. FIT would pay the FIT providers and then bill Part B at a cost of \$500,000 to \$600,000.

Personnel Development

Mette Pedersen reported. Critical Issue 1: training for higher education faculty. Committee will be collecting data on impact of training. Online training is available. Committee is recommending increased academic requirements for Developmental Specialists without an early childhood background. Committee is recommending that early intervention providers write increased academic requirements into staff Professional Development Plans.

Critical Issue 2: Committee would like clarification regarding consultation policies being worked on by the Quality Committee. Critical Issue 3: Committee is asking that the DOH include a requirement in next RFP cycle that bidders will state how they align with other systems. Committee is looking at guidance on how service coordinators bring IFSP teams together. Committee recommends that FIT recognize and reward programs that do a good job of bringing IFSP teams together in an award ceremony at the Annual Meeting. Luanne Stordahl stated the goal is for programs to view the IFSP as a way to bring a team together and see the IFSP as a part of quality services. There was discussion regarding this recommendation and it was determined that having IFSP teams be inclusive of all providers might be better addressed in *Service Definition and Standards*. Jaime Diaz stated there is already pressure on Head Start to collaborate across systems. Jaime stated Head Start has the funding to pay for these collaborative meetings. Sophie Bertrand stated transition teams are a good placed to begin this collaboration.

Critical Issue 4: Professional Development and Finance Committees will work together regarding strong fiscal support needed for recruitment and retention of staff. Committee recommended that work toward funding requests from the Legislature begin in June of 2012 in preparation for any legislative action needed in 2013.

Quality Committee

Cindy Mantegna reported.

Critical Issue 1: Delete action on implementation of SB330 as this is not a task for the committee. Critical Issue 2: Committee is continuing to work on Evaluation technical assistance document and making good progress with support from the CDD. Critical Issue 3: Contractor Manual: Continue to work on this with Robin Wells and Arlene Waters. Sbicca Brodeur is helping with the project and she will be contacting other providers to obtain their manuals for the committee to review. Critical Issue 4: Committee will present recommendations on use of consultation at the April ICC meeting. The committee met with Medicaid and discussed use of telehealth consultation in FIT services. Critical Issue 5: This is a new action assign by the ICC. Committee will be reviewing processes and forms for each process with the goal of streamlining while still meeting federal and state mandates.

Public Awareness

Lourdes Vizcarra reported.

Critical Issue 1 Interagency Collaboration: Committee working on how to interface with early intervention provider agencies, Native American communities, etc. to achieve the goal of serving at least 5% of the Native American community. Provider Child Find plans will be reviewed by committee. Committee will be talking with providers who are successful and will be sharing successful strategies with other providers. Committee will review and summarize the information from the Tribal Summit. Critical Issue 2: Committee is still working on the distribution of FIT materials to rural and underserved areas so that all communities / agencies have access to FIT materials. Public awareness strategies such as bill boards, etc. are being discussed and will be utilized. Committee is looking at ways to interface with other systems such as child care to assure FIT materials are available.

2012 LEGISLATIVE SESSION

Karen Lucero stated ICC members can contact Anna Otero Hatanaka at addcp@msn.com for more information about the three (3) FIT bills. There will be a committee tomorrow and we need a good showing of support for the FIT bill(s). ICC members were asked to speak to their representatives (as individual constituents, not ICC members) regarding the FIT bills. Anna Otero Hatanaka will have fact sheets available at the Round House when FIT bills are being heard. ICC legislative packets for parents were distributed for review. The information in the packets had been previously emailed to the ICC and to the FIT Coordinators.

Mette Pedersen expressed concern about upcoming utilization reviews. Programs can have money removed from their contract only to need the money before the end of the fiscal year. Andy replied the FIT Program will try to get through the remainder of the fiscal year without making cuts to any program.

MEETING ANNOUNCEMENTS & EVALUATION

Karen Lucero, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms. The meeting was adjourned at 4:56 pm.

FOLLOW-UP MEETING TASKS / RESPONSIBILITY

ICC Executive Committee:

- *Add a discussion to the ICC April Meeting Agenda on why kids exit the FIT Program and where these children go after exiting*
- *Begin Legislative planning for 2013 at the June 2012 ICC meeting*

ICC Members:

- *ICC members to provide further comment on the current draft Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC to Andy Gomm via email by January 31, 2012. These comments should be made by putting the page number and section information before each comment.*

ICC Committees:

- *Continue to update Action Plans and email their updated Action Plans to the ICC Coordinators when requested.*

FIT Program:

- *Andy to add FIT month to month expenditures to the Lead Agency Report*
- *Andy to run a report on reasons why children exit the FIT Program*
- *Andy to email an electronic copy of the current draft Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC to the ICC as soon as possible*
- *Andy to add recommended language provided the NMSD Step*Hi and NMSBVI to Requirements for Family Infant Toddler Early Intervention Services 7.30.8 NMAC*
- *FIT to consider developing a statewide medical release form.*