

INTERAGENCY COORDINATING COUNCIL (ICC)



January 16, 2013 MINUTES

MEMBERS/APPOINTEES PRESENT

Lisa Chavez, Karen Lucero, Jim Copeland, Andrea Leon, Cynthia Mantegna, Peggy Denson, Sophie Bertrand, Janis Gonzales, Samantha Carl, Cindy Faris, Ida Tewa, Joanne Corwin, Maria Varela, Anita Sedillo, Johnny Wilson, Karen Ziegler, Jaime Diaz

PROXIES PRESENT

Jyl Adair Proxy for Arlene Waters, Andrea Leon Proxy for Lourdes Vicarra, Joanne Corwin Proxy for Paula Seanez

MEMBERS/APPOINTEES ABSENT

Anna Otero Hatanaka, Robin Wells, Lora Church

OVERVIEW

Lisa Chavez, ICC Co-Chair, welcomed ICC members and guests to the meeting. Lisa introduced Dr. Stern, the New Mexico School for the Deaf (NMSD) Superintendent. Dr. Stern welcomed ICC members and guests to NMSD and asked for introductions. He commended everyone for the outstanding work being accomplished in early intervention. Dr. Stern said New Mexico's early intervention service system is strengthened by the partnership among NMSD, DOH, and PED. Dr. Stern distributed a flyer regarding the Child First Campaign. Child First is a national campaign to ensure that educational programming at the national, state, and local levels appropriately addresses the educational, language, communication, and social needs of deaf and hard of hearing children. Dr. Stern said there are still too many deaf and hard of hearing children who are struggling to reach their potential because they don't have the support needed to develop their language and communication skills. Being deaf can be the best or the worst disability to have. Helen Keller was deaf-blind. Near the end of her life, when asked if she would rather be blind or deaf, she replied that she would rather be blind as blind people are disconnected from objects but deaf people are disconnected from people. NMSD services for New Mexico's deaf and hard of hearing young children and their families are designed to support each child's strengths and each child's needs for meaningful language and communication access, and social interaction. Dr. Stern said there are misperceptions about the best communication option for deaf and hard of hearing children. NMSD is serving many children with cochlear implants and services are designed to support each child's communication, language and auditory development. Dr. Stern highlighted several pressing issues in deaf education. Andy Gomm asked Dr. Stern if NMSD had a position statement regarding the communication options available to the children and families participating in NMSD services. Andy asked if the School for the Deaf provided an oral approach. Dr. Stern replied that only signing or only oral modalities do not provide a holistic approach to

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communication and language development. NMSD has a spoken language class which students access for one to two periods a day. Joanne Corwin stated that NMSD's early intervention services provide all communication options to children and their families. Dr. Stern said NMSD is the only public agency that provides statewide services to deaf and hard of hearing children.

APPROVAL OF MEETING AGENDA

Lisa Chavez reviewed the meeting Ground Rules and asked for a motion to approve the meeting agenda. *MOTION: Cindy Faris made a motion to approve the meeting agenda. Andrea Leon seconded the motion. There were no objections or abstentions. The motion passed.*

VOTE ON ICC PARENT REPRESENTATIVES

Lisa Chavez stated four (4) parents have applied for the one (1) open parent representative position. Their resumes and letters of interest were emailed to the ICC prior to the meeting. Lisa introduced one of the applicants, Sara Einfalt, who came to meet the ICC and talk about her interest in serving on the ICC. Sara and her husband have two children. Their first child went through early intervention services and is now receiving Part B services. Their second child is currently receiving early intervention services from Alta Mira. Sara stated she would be a good representative regarding the effectiveness of early intervention services and that she would provide an effective voice for other parents needing or receiving early intervention services. Sara said she is a stay at home mom and also runs a home based business. This flexibility, along with her husband's help with the kids, will enable her to participate in ICC meetings and activities. Sara said she would be honored to have the opportunity to serve on the ICC. Ballots were distributed. Sara was selected and her information will be forward to the Governor for appointment.

INTERIM SECRETARY BRAD MCGRATH

Interim DOH Secretary, Brad McGrath, introduced himself and briefly described his professional background which included working at hospitals as the CEO. He commended the FIT Program for having such a positive reputation and a lot of support in the Legislature. Secretary McGrath has been working with Andy Gomm and Cathy Stevenson to get the ICC appointed by the Governor. Andy Gomm said OSEP has rated the FIT Program as one of the top performing states for two (2) years in a row. The \$25 million dollar Race to the Top Early Learning Challenge Grant recently awarded to New Mexico was briefly discussed. The money will be use to build an early childhood service system across state agencies. Secretary McGrath stated the ICC has already exemplified working across state government to provide a coordinated system of services. Some of the grant funding will go to the DOH epidemiology division to map early childhood services. Andy stated the DOH epidemiologist will be invited to a future ICC meeting to make a presentation regarding this mapping. Secretary McGrath stated he would do his best to attend the ICC April meeting in Las Cruces.

Secretary McGrath was asked about FIT and the DOH budget. He replied the DOH is going in with a flat budget for the FIT Program. There is a lot of legislative support for FIT and FIT services. Andy Gomm stated the ICC recently had to vote to reduce eligibility and services knowing that there was no money for expansion. Andy said it would be nice to ease up on some of these cuts if the fiscal situation improved. Jim Copeland stated the ADDCP will have a Legislative funding request to increase the rate for current FIT services.

CONSENT AGENDA

Lisa Chavez asked for a motion to approve the consent agenda, *MOTION: Jyl Adair made a motion to approve the consent agenda. Peggy Denson seconded the motion. There were no objections or abstentions. The motion passed.*

FIT LEAD AGENCY REPORT

Andy Gomm distributed copies of the report. He said the new FIT calendars had been distributed to ICC members and will be mailed to the early intervention provider agencies. Ida Tewa thanked FIT for the calendar and stated she frequently accesses the list of FIT providers on the back of the calendar. Jim Copeland suggested that ICC meeting dates be added to future FIT calendars.

Andy stated the FIT data contained in the report can be used to help determine the health of the FIT Program. He discussed Medicaid Retroactive Claiming on page 3 of the report. Every quarter, the FIT Program conducts a review to determine if any children could have been billed under Medicaid. Due to a change in the Medicaid eligibility file, the FIT Program recently discovered that a number of children who were Medicaid eligible were missed. This will amount to \$350,000. FIT will receive 70% of the \$350,000 and 30% of \$350,000 will go to pay the state Medicaid match. Andy asked the ICC if anyone knew when the provisions of the Affordable Health Care Act will come into being. Karen Lucero replied the federal government is allowing some delay in implementation. Andy said around 23% of New Mexico's families do not currently have insurance coverage. FIT bills private insurance up to a cap of \$3500 per year.

Andy discussed the Month to Month Tracking Chart on page 4. In November of FY13, FIT had 98 more children than in November of FY12. In December of FY13, FIT served 66 children less than in December of FY12. This is the first fiscal year in which FIT is no longer serving three (3) year old children. In projection models, FIT predicted the total number of children served each month would go down because three (3) year old children were no longer being served. In November of this year, the number of kids served (6,083) was the highest number of children served in one (1) month in FIT history. FIT will continue to track this data.

Andy discussed the Number of Children Referred chart on page 8. He stated that not all of these children will become eligible for services. From this data, it appears the FIT Program is receiving more referrals.

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Marc Kolman stated there are budget and utilization issues. FIT is an entitlement program but the FIT budget is not entitlement based. The FIT Program is experiencing some budget overruns and the DOH is trying to sort out what is happening. When considering next fiscal year, the FIT Program will have to take all this into account as well as consider what may be the results of the Affordable Health Care Act. The ICC Finance Committee has begun addressing some of these questions. Andy stated FIT is seeing more services billed under State General Fund (SGF) and FIT has to pay 100% of the cost of the services for SGF children.

Jim Copeland asked Andy what happens to the money when a program receives recoupment such as recoupment for six (6) CMEs. Jim asked if the recouped funds are put back into Alta Mira's State General Fund contract amount. Andy said the FIT Program would not ask for a check back from the provider but FIT would reduce that amount from the provider's bill for the next month.

Jim Copeland asked if there could be a commitment from the DOH so that if an early intervention provider went over the amount of their SGF budget, the FIT Program would cover it. Andy replied that the FIT Program is already experiencing a budget overrun (spending more money than the program budgeted). The good news is that FIT has not spent federal grant funds from the last two (2) fiscal years. This will help to cover the budget overrun for this fiscal year. However, the next fiscal year will be very tough for the FIT Program. Marc Kolman stated the DOH has the solution for this year but will have to determine what to do about next fiscal year. Karen Lucero asked why the DOH had not asked for a Legislative request for FY14. Andy replied that when the DOH budget was submitted last August, it was thought there would be sufficient funds. Peggy Denson said Zia Therapy Center in Alamogordo is not transitioning the two year old children that used to go to public school at age two. These children are now staying at Zia until their third birthday.

Andy informed the ICC that FIT has a budget meeting scheduled. Cindy Mantegna stated Tresco TOTS is recruiting younger children. TOTS is seeing more children coming in and leaving quicker than in the past. TOTS is also conducting more comprehensive multidisciplinary evaluations (CMEs). Magi Gerety stated New Vistas has seen a significant increase in prenatal drug exposed infants and is working with the medical community to do more prevention in communities.

Johnny Wilson stated the Legislative session will determine the FY2014 budget. Since FIT data does not indicate there will be a reduction of children served, this should be communicated to the Governor and Legislature as soon as possible. Andy Gomm replied that the Governor's budget is already out but the DOH could possibly go for a supplemental increase. Marc Kolman stated that as DOH employees, we work for the Executive branch and we have an

official position. Johnny Wilson replied that none of the advocates in the room would expect DOH employees to do this but the advocates do need to understand this dilemma and start thinking of a constitutional proposal that would address the anticipated shortfall in next fiscal year. Marc Kolman said it is our job is to provide budget limitations and data. Andy Gomm stated the FIT Program is projecting a budget shortfall if the data continues in the current trend. Jim Copeland said the total expenditures for FIT services to at-risk children are not coming down even though FIT is serving less at-risk children. Jim asked why the reduction in services for at-risk children had not reduced FIT expenditures. Andy Gomm replied that children formerly eligible under the at-risk category may have been moved to the category of developmental disability.

Andy reviewed the Number of Children Served by Race / Ethnicity in the chart on page 6. Andy stated the FIT Program is serving pretty much what would be expected from census data. The FIT Program has made race / ethnicity a mandatory field again and future reports should start to show less unknown race / ethnicity. Maria Varela stated Medicaid does not bill FIT for a couple of services (evaluation and service coordination). Marc Kolman asked which ICC members serve on the ICC Finance and Funding Committee. ICC members who serve on this committee are: Jim Copeland, Peggy Denson, Samantha Carl, Janice Gonzales, and Karen Lucero.

ICC BYLAWS

Lisa Chavez stated the ICC Executive Committee recommended draft changes to the ICC Bylaws which were made in red font and then emailed to the ICC for review prior to the meeting. Jim Copeland reminded ICC provider and parent representatives that they should be thinking if they wanted to apply for the Co-Chair positions because the ICC will be electing Co-Chairs in November 2013. The new Co-Chairs will be mentored for one year and will take over the ICC leadership when the current Co-Chairs' term ends in November 2014. Lisa Chavez asked for a motion to approve the recommended changes to the ICC Bylaws. ***MOTION: Peggy Denson made a motion to approve the recommended changes to the ICC Bylaws. Johnny Wilson seconded the motion. There were no objections or abstentions. The motion passed.***

ICC & ICC COMMITTEE OPERATIONS

Lisa Chavez stated ICC member attendance at all ICC meetings is very important. If an ICC member cannot attend, the member should identify a proxy, submit the completed proxy form and then prepare the proxy as to how they want them to vote. The ICC member should also make certain that the proxy has all the meeting documents. Lisa stated the three (3) parents who were not selected today will be asked if they would like to go on an ICC Parent Proxy List and if they would like to serve on an ICC Committee. Lisa asked ICC Committee Chairs how things were going with their ICC Committees. Lisa said a question had come up in the committee she is on about whether the FIT staff person for the committee had a vote. Following discussion, it was determined that the FIT staff persons for ICC committees do not have a vote. For example, Andy Gomm serves as the FIT staff person to the ICC and Andy is

not a voting member on the ICC. Marc Kolman is the voting ICC member who represents the DOH on the ICC. Jyl Adair stated the ICC committee she chairs has grown large quickly. Committee members were going to the FIT staff assigned to the committee instead of asking Jyl, as the committee chair, for clarity or information. Cindy Mantegna stated that as a committee chair, it has been difficult to know roles and responsibilities for committee chairs, FIT staff and ECLN staff. Sophie Bertrand stated the CDD ECLN works on behalf of the DOH and does not make any decisions. Sophie said ECLN's role on an ICC committee is to bring information and current best practices. Lisa Chavez stated that as the advisory body to the DOH, the ICC makes recommendations to the DOH. She said ICC committees are formed to do the work of the ICC based on action plans that are approved by the ICC. Lisa said if an ICC Committee is struggling or needs clarification, the committee chair should present the concern to the ICC Executive Committee. Karen Lucero stated an example of the ICC's independence as a federally mandated advisory body to the DOH is the ICC's right to develop the Part C Annual Performance Report (APR) that is submitted annually to OSEP and to the Governor of New Mexico. Although the ICC has chosen to have the FIT Program develop this report with ICC review and approval, the ICC could make a different decision at some point in the future. Lisa asked if the *Roles and Responsibilities for ICC Committees* information sheet has been helpful. ICC members agreed that it has been helpful. Lisa asked ICC members to use their meeting evaluation form to voice any concerns they do not feel comfortable bringing up during an ICC meeting. Lisa distributed copies of the role descriptions for ICC members, ICC committee chairs and ICC committee members that were requested at the November ICC meeting.

ICC PARENT PANEL

Andrea Leon welcomed the ICC Parent Panel and introduced the first parent.

Olga has a one (1) year old son who has been receiving early intervention services since he was three (3) months old. Olga's son has cerebral palsy, vision impairment and developmental delays. Her child's doctor made the referral to early intervention but the evaluation took awhile to schedule and this delayed the start of services. Early intervention services include occupational therapy, physical therapy, and speech and language therapy. Their child and family receive needed support and Olga is very thankful. Her son also attends Early Head Start. Olga stated it is so important for parents to have the information and support needed to help their children. Olga expressed concern that other parents may not access needed early intervention services because they may not know they are available. Olga said she was initially a bit skeptical about early intervention services benefiting her child and family. Andy Gomm asked where the family accessed health services. Olga replied they access health care at Indian Health Services or at Presbyterian. Sophie Bertrand asked Olga if their early intervention and Early Head Start service providers work together. Olga responded that they do work together. She said the team is always there and services meet the family's expectations. Olga also expressed appreciation for the support offered by Parents Reaching Out (PRO). Karen Lucero asked Olga if it was difficult to have so many service providers coming into the family's

home. Olga replied that she is able to implement the therapy strategies into daily routines. She said the OT, PT and service coordinator do joint visits. The therapists also see her child at Early Head Start and don't always come to the home. Olga stated an initial missing piece for her was access to other families who could say "I have been there and you will get through this."

Rachel and Dwayne have a twenty-two (22) month old daughter. Their child was born at UNMH and did not pass her newborn hearing screen. The family lives in Clovis. At two (2) months of age, their daughter's hearing loss was identified by a Roswell audiologist. The family was introduced to the NMSD EI Program (formerly called Step*Hi). One hour a week services did not seem sufficient so they decided that Rachel and their daughter should live in Santa Fe so their daughter could attend the NMSD. The family has three other children who are cared for by their father in Clovis. Rachel and their daughter spend half their time in Santa Fe and the other half at home in Clovis with the rest of the family. Their daughter has blossomed because NMSD provides a language rich environment all day long. She is able to communicate her needs and wants. Dwayne and the siblings continue to receive early intervention services in Clovis. The parents are hoping that NMSD will open a preschool classroom in the Clovis area. Andy Gomm asked the parents what was available in Santa Fe that was not available in Clovis. Rachel responded that at NMSD, their daughter has full exposure to language and to other children who are deaf or hard of hearing. Rachel said their daughter is learning rapidly and she brings what she is learning home to her family. She uses more words in sign language than a hearing child the same age would be able to say. All members of the family are learning and using sign language. Rachel stated their other children had attended Head Start in Clovis and one of their other children had gone through ENMRSH. Lisa Chavez commended the parents for the incredible sacrifice they are making on behalf of their daughter. Joanne Corwin stated an NMSD preschool should be available in Clovis starting next fiscal year.

Magi Gerety from New Vistas stated she had invited a grandmother to come present on the panel but there was a family emergency. The grandmother wrote a poem about her experience in raising her granddaughter and asked Magi to read the poem to the ICC for her. Magi distributed copies and read the poem to the ICC.

The Parent Panel was asked about paperwork. The parents agreed there was a lot of paperwork that seemed repetitive. They were willing to complete the paperwork so their children could receive the services needed. Olga stated the early intervention program helped her complete the paperwork. Lisa Chavez thanked the parents for sharing their stories. Lisa commended Andrea Leon for always finding such great parents for ICC Parent Panels.

PARENT PANEL REFLECTION

ICC reflection on what they heard from the Parent Panel follows:

- Lots of duplicative paperwork for parents to complete;

- Delay in scheduling evaluation for one (1) child which delayed the start of services;
- Need to share signed release forms among agencies jointly serving child and family. FIT to obtain guidance from DOH regarding legality;
- Impressive to hear that NMSD is providing services to mom and child in Santa Fe and to dad and siblings in Clovis;
- Need for more early intervention providers who are also parents of children with or at risk for developmental delays and disabilities;
- Liked hearing about the collaboration between EI and Early Head Start;
- Delay in starting Early Head Start services. In communities where Head Start serves as the DD Preschool, if a child cannot enter at age three (3), then there are no services with other children and no therapy services available. Note: There is a possibility that there will be upcoming discussions regarding lowering the age of PreK;
- Impressive to hear that a parent is implementing therapy strategies during daily routines.

ANNUAL PERFORMANCE REPORT (APR)

Andy Gomm stated the Part C State Annual Performance Report (APR) for FFY11 has to be submitted by 2/15/13. The ICC has the option of submitting an independent report. FFY11 equals our state FY2012.

Patti Ramsey, FIT Quality Manager, presented the report. She stated her presentation had three objectives which were to review the information in the report, overview progress and slippage, and identify improvement activities. This year OSEP made some changes and the instructions on how to complete the report were delayed. OSEP has done a reduction in paperwork so if a state met its target, the state does not have to provide information on progress. The FIT Program did not have to respond to Indicators 10, 11 and 14. The FIT Program met its targets for Indicators 2, 4, 5, 6 and 9 and was therefore not required to provide an explanation of progress or discuss improvement activities. This is the first year the FIT Program has opted to report on 6 month or 9 month periods of time.

Indicator 1 - Timely Service Delivery - This is a Compliance Indicator so it has to be 100%. New Mexico reached 97.4% in FFY11. The national average last year was 94%. This is difficult to meet because if one (1) service for one (1) child does not occur within 30 days because of an agency reason, then the provider is not in compliance.

Patti discussed strategies to help New Mexico reach 100%:

- FIT KIDS Revisions have been very helpful. Providers are now able to enter reasons why the start of services was delayed (ex. family reasons).
- Providers are hiring QA personnel & developing sophisticated tracking systems.
- Providers have a greater understanding of this requirement.
- New Mexico will keep doing what we are doing.
- Subcontractor manual will help.
- Phasing in Transdisciplinary Team Approach should help.

Patti asked the ICC if there was anything in the ICC Strategic Plan to support increased compliance in this area. Magi Gerety stated it is very helpful for supervisors to generate reports to remind staff. It would also be helpful if providers could share their reports with each other. Patti said this could be discussed at each Regional Meeting. Andy Gomm stated the ICC Qualified Workforce Committee is working to address staffing issues. Programs cannot meet timelines if they don't have staff. Jim Copeland said if programs don't have the funds to hire staff they cannot provide timely services. Jim stated New Mexico is ten (10) years behind where we need to be in terms of provider rates. Jim said pursuing rate increases will enable providers to hire qualified staff.

Indicator 2 - Early Intervention Services in Natural Environments - This is a Results Indicator. New Mexico's data has always been very good for this indicator. Our target was 95%. We met our target and exceeded the national average.

Indicator 3 - Percentage of infants and toddlers with IFSPs who demonstrate improved: positive social-emotional skills; acquisition and use of knowledge and skills; and use of appropriate behavior to meet their needs. This is a Results Indicator. This indicator is difficult because New Mexico serves children at risk so we have to report on 6 areas. New Mexico provides a progress statement for each area. New Mexico looks good in aggregate data. When New Mexico's data is disaggregated, the data looks strange. Patti stated she thinks providers collect and report data differently. New Mexico picked this topic to report to OSEP for our results indicator last year. To improve:

- Held a Results Stakeholder meeting;
- Working on an online survey to determine local practices;
- Providing an online multi-module course on the ECO process;
- Revised the ECO manual;
- Revised the ECO form;
- Identified improvement activities which go through 2014.

Indicator 4 - 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. New Mexico is using the Family Outcome Survey with families that have been in the program for six (6) months. We had a 39% return rate this year. Results of the survey were:

96.9 % of families knew their rights;

99.2% of families can effectively communicate their child's needs;

99.7% of families can help their children develop and learn.

Indicators 5 - Percent of infants and toddlers birth to 1 with IFSPs compared to national data. New Mexico is number one (1) in the country on Indicator 5.

Indicator 6 - Percent of infants and toddlers birth to 3 with IFSPs compared to national data. New Mexico is number three (3) in the country on Indicator 6.

Indicator 7 - The percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. This is a Compliance Indicator. New Mexico achieved 98.8% on the 45-day timeline. Current Strategies: Monitoring and developing and using tracking systems. Strategies to be implemented: Revising and updating Evaluation and Eligibility technical assistance document to reflect new FIT requirements; Developing evaluation and eligibility quality assurance tools; and begin phasing in the Transdisciplinary Team Approach. Andy Gomm asked if streamlining paperwork would go under this Indicator. Jyl Adair said the requirement to obtain full medical records slows the process down. Andy asked if the ICC Form and Process Review Committee could identify ways to obtain quicker medical reports such as having parents bring their child's PCP a form so the provider could fill in the child's medical information. Sbicca Brodeur stated some agencies are already using a one page form for this. Jyl Adair asked if programs could use the referral form to start the process because the referral form comes from the doctor and it has the medical diagnosis. Andy Gomm replied the referral form cannot be used because programs need more information than just a child's diagnosis. Patti asked if the ICC Forms and Process Review Committee could look at streamlining paperwork to expedite the 45-day timeline. Jyl Adair stated the committee could develop a one page medical information form and bring it back to the ICC for input. Lisa Chavez asked the ICC if they wanted the Forms and Process Review Committee to take on this task. Sophie Bertrand asked if this was that big an issue. Andy Gomm replied that monitoring is picking up CMEs that do not have a medical record. Jim Copeland asked what percentage of medical records is needed to inform CMEs. Andy replied programs have to have medical records for children deemed eligible under established condition. It is also a CME requirement that agencies look at all records. Cindy Faris stated it is very difficult to obtain the medical records on about five% of children. Some young children

have never seen a doctor or they go to a doctor in Texas and Texas doctors often don't want to deal with New Mexico.

Indicator 8 A - Percent of all children exiting Part C who received timely transition planning including: IFSPs with transition steps and services. 99.4% of children exiting Part C had an IFSP with transition steps and services. Strategies that have helped: FIT KIDS revisions; revised transition guidance document, regional mandated training, three (3) focused monitoring visits last fiscal year with plans of correction around transition. Strategies planned for this fiscal year: keep doing what we are doing; conduct 5 webinars; create and maintain a Family Service Coordinator List Serve. Magi Gerety stated her staff understands the requirements but they forget so Magi created a reminder system. Magi said the more tools / tracking systems we give service coordinators really helps them meet requirements. FIT KIDS is used to generate reports. Magi suggested that some tools and tracking strategies be shared during transition training. Sbicca Brodeur said some service coordinators had thought that transition planning was only for children entering Part B services.

Indicator 8b - Percent of all children exiting Part C who received timely transition planning including: Notification to LEA if a child is potentially eligible for Part B. Patti stated that up until two years ago, the state notified the LEAs. For the past two years, programs have been responsible for notifying LEAs. FIT KIDS has a way to create the notification list. Programs are able to pull the list from FIT KIDS, review the list, edit as needed and send to LEAs. New Mexico is at 98.3% on this indicator. Some children were missed because they entered services around 90 days before their 3rd birthday. We should see an improvement in the next fiscal year. Strategies: Webinars. Sophie Bertrand stated that programs should include specifics in their MOUs. Karen Lucero asked if programs could use the *Transition Referral Form* as the LEA notification. Answer to Karen's question: Yes. Andy Gomm stated FIT will consider adding a pop-up reminder in FIT KIDS for late referrals to early intervention to remind programs to notify LEAs.

Indicator 8c - Percent of all children exiting Part C who received timely transition planning including a transition conference. New Mexico slipped in the percentage of compliance and went from 97.1% to 96.2%. Magi Gerety stated this is difficult for New Vistas because of the requirement for there to be one other team member at the Transition Conference. Magi asked if the FIT Program could clarify the form of participation such as could a team member participate via the telephone. Patti stated that it is still a FIT requirement that programs hold the transition conference even when the LEA is not able to come unless the family does not want to hold the conference. Sophie Bertrand said each agency needs a quality assurance system such as periodic file reviews to make certain transition conferences are being held.

Indicator 9 - General supervision system. New Mexico is at 100%.

Indicator 11 - Percent of hearing requests that went to resolutions. The FIT Program has had no complaints.

Indicator 12 - Percent of mediations held that resulted in mediation agreements. The FIT Program has had no complaints.

Patti will add the improvement strategies suggested by the ICC and correct any typos.

MOTION: *Cindy Faris made a motion to approve the Part C Annual Performance Report (APR) as amended. Joanne Corwin seconded the motion. There were no objections or abstentions. The motion passed.*

ICC COMMITTEE REPORTS

ICC Finance & Funding Committee

Peggy Denson reported. The committee developed the provider survey and will finalize it at their next meeting. The committee has obtained the costs for DOH to implement the rates from the 2004 Rate Study. After the FIT budget meeting is held at DOH, the committee will schedule a meeting.

Quality Committee

Cindy Mantegna reported. The committee has three (3) goals. 1st goal: Develop a web page. The committee has developed the contractor training manual which has been distributed. 2nd goal - Cindy said the committee is asking the ICC if a different committee, such as the Forms and Process Committee, could take over the work on this goal. Magi Gerety stated the Form and Process Committee is only looking at forms already in existence. Andy Gomm said there could be fairly independent subcommittees working on different topics within the structure of the Quality Committee. Patti Ramsey said the ECO form is one small piece as the committee is looking at the entire ECO process. Patti agreed that this task is big enough to be taken over by a subcommittee of the Quality Committee or by a new ICC committee. Sophie Bertrand said the ICC was supposed to be realistic when we developed our Strategic Plan and maybe this task is not the work of an ICC committee. Patti Ramsey stated this is an ICC task because OSEP wanted a broad stakeholders group involved. Andy Gomm said the ICC will want to have input on this task because what is decided will affect every service coordinator. The task is to look at the current ECO process, decide if a different tool should be used, and make changes in ECO policy and procedures as needed. Cindy Mantegna stated the ECO task will stay with the Quality Committee. Karen Lucero said the committee needs more membership. Jim Copeland suggested that another email be sent to the FIT Coordinators list serve requesting additional committee members. Goal 3 - The committee is looking at quality in EI practices and starting with CMEs. One recommendation will be to have supervisors review CME reports to assess if they are quality reports.

Interagency Coordination

Karen Ziegler reported. The committee is comprised of different state agency representatives. The committee is focusing on three (3) topics: autism, home visiting and inclusion. The committee will develop the following: an awareness piece around adaptive skill building and a guidance document on how FIT providers can work more collaboratively with Head Start Programs. The committee has decided to put home visiting on hold until the Legislative session is over as home visiting has three (3) bills going through the Legislature.

Qualified Statewide Workforce

Sophie Bertrand reported. Robin Wells is still out. The committee is developing a tool box of strategies on recruitment and retention of staff. They have obtained the 2004 CDD report on recruitment and retention and will review the information in the report. The committee will review the information and resources available on the website of the Personnel Improvement Center which is a National Center to improve recruitment and retention of qualified personnel for children with disabilities. Andy Gomm stated there has been a preliminary discussion with CNM about how to encourage more folks to sign up for the FIT studies courses. Jim Copeland requested that a FIT service provider be invited to all meetings about FIT. Jim said everything that is added to FIT requirements such as new forms, etc. impacts every service provider. Jim stated Alta Mira just had to increase the amount of the insurance premiums that staff has to cover. Alta Mira employees are paying more and their benefits have decreased. Sophie Bertrand said Patty Shure is on the committee. Karen Lucero stated all ICC committees report back to the ICC and the ICC has the final input.

Forms and Process Review Committee

Jyl Adair reported. The committee has ten (10) members. The committee thanked Michelle Staley for creating a spread sheet of FIT forms with columns to indicate which forms are required. If you click on a form, it pulls the form up. The committee will use the spreadsheet to discuss FIT forms at their next meeting. The ECO form is one of the FIT forms the committee is reviewing.

MOTION: Karen Ziegler made a motion to accept the ICC Committee Reports. Jyl Adair seconded the motion. There were no objections or abstentions. The motion passed.

NM RACE TO TOP GRANT RELATIONSHIP TO FIT

Andy Gomm asked if he could develop a written report to send to the ICC that summarizes the Race to the Top Grant. New Mexico has to put together a budget by project within the next 60 days that will be sent to the feds. Andy showed the ICC the NMKIDS.ORG website. The website has information on the Race to the Top Grant that includes an Executive Summary. A presentation on the Race to the Top grant will be provided at the April ICC meeting. Karen Lucero asked Andy for a brief discussion regarding the Star Rating System. Andy said the FIT

Program will become part of the rating system in year 3 or year 4. Peggy Denson asked how the Star Rating System is different from APR data. Andy replied the rating system reflects quality of interaction and teaching, not just compliance. Peggy Denson stated reimbursement for child care services is tied to a program's rating and wondered if this would happen in FIT. Andy replied that right now we do not think ratings will be tied to reimbursement for FIT providers. Jaime Diaz said in some child care centers the star rating is not tied to rates and only indicates the level of quality. Andy stated the FIT Program wants to be able to identify where quality is lacking and then provide training and technical assistance. Peggy Denson cautioned the FIT Program and the ICC by stating Zia Therapy Center was a pilot site for the star system. It was a lot of work which later became tied to reimbursement. Jim Copeland said compliance in New Mexico is really great. Jim asked why FIT would want to add this piece as OSEP is not concerned about New Mexico's compliance and quality is a part of compliance. Andy stated OSEP is pushing for states to implement this.

ICC LEGISLATIVE PLANNING

Jim Copeland said he had talked to Anna today and she is waiting on the ICC Finance Committee to meet so she can get the recommended number for the FIT funding request. Andy Gomm stated there are a number of home visiting bills and a bill on the accountability act around home visiting. He said all state agencies have to do a bill analysis that gets combined into a single impact report. Andy will email the ICC the fiscal impact report once it leaves the DOH. Andy said the FIT Program does not fall under these home visiting bills as home visiting is a FIT implementation strategy. Andy asked if the ICC would support an expansion of home visiting in New Mexico. Sophie Bertrand stated home visiting is comprised of promotion, prevention and intervention. Home visiting is also looking to tap into Medicaid funding. Maria Varela replied that it is not currently under the Medicaid state plan to provide funds for universal home visiting. Maria said Medicaid only funds services that are medically necessary. Medicaid was presented with a study last year as to how other states are using Medicaid for universal home visiting. Maria has not heard that this is a priority for the Medicaid secretary. Janice Gonzales said she is not certain if the ICC should support an expansion of universal home visiting until the bills are out. Janice asked if the universal home visiting expansion might be a source of additional funding for FIT. Andy replied that the Legislature is confused about the state funding all of these programs. Andy said if FIT becomes part of this, it could create more confusion and it would also make FIT subject to the accountability that is part of these bills. Johnny Wilson stated language in the bills can be changed during the legislative process and there may be an opportunity to clarify the language. Magi Gerety expressed concern that the qualifications for FIT staff are much higher than the qualifications for home visitors. Andy asked the ICC if the ICC Finance Committee could make the recommendation for the amount in the funding request for rate increases for FIT. Jim Copeland replied that ADDCP is doing the bill, not the ICC. Karen Lucero said the ICC just approved the Finance and Funding Committee Report. Karen Lucero said \$80,000,000 dollars is being requested for home visiting and she asked if the ICC should look at how many kids will be served with these funds. Magi

Gerety suggested that the ICC identify strategies to support the legislative funding request for FIT. The DOH will state that a rate increase for FIT providers is not part of the Governor's request. The ICC is hoping that the DOH will testify more neutrally about the FIT funding request. Peggy Denson asked if the ICC could formally urge the DOH to remain neutral. ***MOTION: Peggy Denson made a motion that the DOH will support any rate increase for providers of FIT services. Johnny Wilson seconded the motion.*** Following discussion, Peggy amended her motion. ***MOTION: Peggy Denson made a motion that the ICC recommends to the DOH that the DOH support a \$6.9 million dollar increase for providers of FIT services to implement the 2004 DOH Rate Study recommendations. Johnny Wilson seconded the motion.*** Joanne Corwin asked for clarification regarding the ability of state agency employees on the ICC to vote on the motion. ***A hand vote was called. There were 15 votes in favor of the motion. There were no abstentions. Five (5) state agency employees abstained. The motion passed.*** Magi Gerety emphasized the need to promote the FIT Program. She said the home visiting programs and the foundations that support them are doing huge public relation campaigns. Karen Lucero, ICC Co-Chair, asked the ICC how they wanted the ICC recommendation to go to the DOH. ***MOTION: Peggy Denson moved that the ICC Executive Committee take the ICC's recommendation for DOH support of the \$6.9 million dollar increase to the DOH. Samantha Carl seconded the motion. A hand vote was called. There were 15 votes in favor of the motion. There were no abstentions. Five (5) state agency employees abstained. The motion passed.***

Andy Gomm said a bill is being introduced to put an amendment to the constitution on the general ballot to allow a percentage point on the land grant permanent be used to generate funds for early childhood services. There is a lot of disagreement about this in the early childhood community. The ICC doesn't know enough about this to take action at this time. The Governor is against it, so as a state agency, the DOH is against it. There will be a lot of talk about this during the session.

Andy said a bill to fund Presbyterian Ear Institute (PEI) services may be introduced and the DOH may be asked to provide input in a bill analysis. Cindy Faris stated PEI does not make referrals to the early intervention system which causes children with vision and other developmental issues to be identified very late. Andy said PEI's approach is very different from the FIT model.

Lisa Chavez showed several pictures from yesterday's Children and Youth Day at the Legislature. The ICC Executive Committee manned a table and handed out a variety of FIT materials. Several FIT parents came to talk with their Legislators about the benefits of FIT services.

MEETING ANNOUNCEMENTS & EVALUATION

Karen Lucero, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms. *MOTION: Karen Ziegler made a motion to adjourn the ICC meeting. Cindy Faris seconded the motion. There were no objections or abstentions. The motion passed.* The meeting was adjourned at 4:09 pm.

FOLLOW-UP MEETING TASKS / RESPONSIBILITY

FIT Program - Andy Gomm

- Invite the DOH epidemiologist to an ICC meeting to make a presentation.
- Add ICC meeting dates to future FIT calendars.
- FIT to obtain guidance from DOH regarding legality of sharing signed release forms among agencies services the same child and family;
- FIT to consider adding a pop-up reminder in FIT KIDS for late referrals to early intervention to remind providers to notify LEAs of children potentially eligible for Part B.
- FIT Program to clarify the form of participation of one other team member in the transition conference such as could the team member participate via the telephone.
- Complete a written report that summarizes the Race to the Top Grant and email the ICC.
- Email the ICC the fiscal impact report regarding the home visiting bills once the report leaves the DOH.

ICC Executive Committee

- Include a presentation on the Race to the Top grant at the April ICC meeting;
- Take the ICC's recommendation for DOH support of the \$6.9 million dollar increase to the DOH