

# INTERAGENCY COORDINATING COUNCIL (ICC)



## JANUARY 22, 2014 MEETING MINUTES

### **MEMBERS/APPOINTEES PRESENT**

Lisa Chavez, Karen Lucero, Jim Copeland, Andrea Leon, Cynthia Mantegna, Sophie Bertrand, Samantha Carl, Kathey Phoenix-Doyle, Janis Gonzales, Cindy Faris, Karen Ziegler, Anna Otero Hatanaka, Paula Seanez, Ida Tewa, Joanne Corwin, Sara Einfalt, Lourdes Vizcarra, Arlene Waters, Johnny Wilson, Marc Kolman

### **PROXIES PRESENT**

Andrea Leon Proxy for Robin Wells

### **MEMBERS ABSENT**

Maria Varela

### **OVERVIEW**

Lisa Chavez, ICC Co-Chair, called the meeting to order and thanked the ICC members and the FIT parents who talked with or left notes for their legislators at yesterday's Children and Youth Day at the Roundhouse. Dr. Stern, Superintendent of the New Mexico School for the Deaf (NMSD), welcomed ICC members and guests and expressed his appreciation for the FIT service system and the work of the ICC. He briefly discussed the Child First Campaign that was started by administrators at schools for the deaf across the country. The Child First Campaign works on behalf of deaf and hard of hearing children to help promote the message that a child's strengths and needs are of primary importance when considering where the most optimal educational placement might be. The Child First Campaign is working to either make some changes to IDEA or to develop a new law that parallels what is happening at schools for the blind and visually impaired. Dr. Stern stated New Mexico is more child first than many other states because of the partnership between NMSD, the FIT Program and the FIT early intervention providers. Dr. Stern expressed his deep appreciation for this partnership as it helps ensure that deaf and hard of hearing infants, toddlers and their families receive quality services. Joanne Corwin stated the School for the Deaf is always accessible to FIT early intervention providers. Last fiscal year, NMSD provided over 2000 hours of manpower to FIT programs and to the Children's Medical Services Newborn Hearing Screening Program. Joanne stated NMSD provides training, diagnostic support, etc. and will continue to support early intervention providers in their work with deaf and hard of hearing children and their families.

Lisa Chavez reviewed ICC member and guest ground rules. Lisa stated the sign-up sheet for public comment that was tried at the last meeting was not successful. She asked guests to hold their comments until after ICC members discuss each meeting topic and she requested that

guests not repeat comments that have already been made. Lisa asked ICC members and guests to introduce themselves.

The meeting agenda was amended as follows: the topic on changes to FIT regulations was taken off and the legislative planning topic was moved to 11:00 am. Lisa Chavez asked for a motion to approve the meeting agenda as amended. ***MOTION: Paula Seanez made a motion to approve the meeting agenda as amended. Joanne Corwin seconded the motion. There were no objections or abstentions. The motion passed***

### **VOTING ON HEAD START REPRESENTATIVE**

Lisa Chavez stated there were two excellent candidates and she asked each candidate to speak briefly about their interest in and qualifications for the position. Amanda Gibson-Smith is the Dona Ana Head Start Director. She stated that it is very important for agencies and programs to collaborate together on behalf of these important early services. Both her sister and her daughter received special services. As a Head Start provider, Amanda works closely with the early head start and the early intervention providers in her region.

Jane Larson is the CEO of NAPPR. NAPPR provides Part C, Early Head Start, home visiting and other services for young children and their families. NAPPR's Early Head Start Program provides both home and center-based Early Head Start services to 72 pregnant women and infants and toddlers. Jane was a previous member of the ICC and has a solid understanding of the ICC's mission, purpose and goals. Kathey Phoenix-Doyle collected and tallied ballots. Lisa welcomed Amanda to the ICC. Amanda's information will be forwarded to the Governor for official appointment.

### **CONSENT AGENDA**

Lisa Chavez asked for approval of the Consent Agenda which consists of the ICC November Meeting Minutes and the ICC Financial Report. ***MOTION: Joanne Corwin made a motion to approve the Consent Agenda. Samantha Carl seconded the motion. There were no objections or abstentions. The motion passed.***

### **STATUS OF ICC RECOMMENDATIONS FROM THE LAST MEETING**

- Recommended that the DOH forward Anna Otero Hatanaka's information to the Governor for consideration of appointment to the ICC.  
*Status: Communication between the DOH Secretary's office and the Governor's office is occurring.*
- Recommended that the DOH defer implementation of the 50% requirement for FY14 to provide time for discussion and for the ICC to make recommendations.  
*Status: Will be addressed this afternoon during this meeting.*

- Recommended that the DOH take the next steps needed to implement the draft IFSP form.  
*Status: FIT met with the ECLN Training Team to sketch out a plan for training on the new form. Meeting of Forms Committee and ECLN scheduled for February 20. Launch date July 1, 2014.*
- Recommended that the ICC support a legislative appropriation request of \$4 million dollars to enhance provider rates as per the 2003 cost study and that this be part of an ICC multi-year plan to obtain needed funding.  
*Status: In process.*
- Recommended that the Quality Committee survey early intervention providers about their training needs and what they think makes a quality evaluator.  
*Status: In process.*
- Recommended that the ICC send correspondence to the DOH, CYFD and PED about developing a single fingerprint system across all three departments or consider reciprocity across all departments.  
*Status: Letter developed and mailed to DOH Secretary, DOH Deputy Secretary and DDSD Director. Issue of DOH FIT requirement for fingerprints to be put on April ICC meeting agenda.*
- Recommended that the FIT Program provide status of the ICC recommendation for the DOH to approve EI programs to conduct the CME, completed the IFSP, and start services if programs have used and continue to use due diligence in obtaining children's medical records.  
*Status: No action to date. Andy Gomm will bring this topic to a FIT staff meeting.*
- Recommended that the FIT Program provide status of the ICC recommendation for the DOH to include a cost of living increase or a rate increase in the FY14 budget request to the Legislature and the Executive.  
*Status: The DOH is not requesting a cost of living increase or a rate increase.*

### STATE SYSTEMATIC IMPROVEMENT PLAN

Andy Gomm introduced Norm Ames from the Mountain Plains Regional Resource Center who joined the meeting using Go to Meeting technology. Andy stated most ICC members met Norm at the 2012 ICC retreat. Norm reviewed the proposed changes to the State Performance Plan (SPP) that all states have to submit annually. The State Systemic Improvement Plan (SSIP) is a new component of the SPP. In the past, OSEP has focused on ensuring that states meet IDEA procedural requirements. Now, the focus is on results driven accountability and improving education results and functional outcomes for all children with disabilities.

OSEP is proposing that each state's SPP/APR include a comprehensive multiyear State Systematic Improvement Plan (SSIP) focused on improving results for children with disabilities instead of multiple small improvement plans for each indicator.

The SSIP will be implemented in 3 phases:

Phase 1: To be submitted in 2015 for FY 2013-2014

- Data analysis (integrated throughout)
- Identification of the focus for improvement
- Description of infrastructure to support improvement and build capacity
- Development of a Theory of Action (series of statements such as "if the Lead Agency does this, then this result should occur").

The role of the ICC in this process will include:

- Providing perspective to the Lead Agency and helping to identify strengths and opportunities within the FIT program;
- Helping to identify strategies to maintain strengths and meet challenges;
- Helping the Lead Agency think strategically and globally but speak descriptively and specifically;
- Looking for ways to strengthen existing avenues of collaboration across agencies and stakeholder groups;
- Helping the Lead Agency identify gaps in collaboration and look for opportunities to build new avenues for collaboration;
- Knowledge of data and using the data to understand the SPP/APR process;
- Using data and helping to analyze APR data and other collected data to identify trends, strengths and opportunities;
- Helping the Lead Agency find ways to support and maintain infrastructure;
- Helping the Lead Agency identify the *Focus for Improvement*;
- Helping the Lead Agency develop the *Theory of Action* and providing feedback and advising the Lead Agency regarding the *Plan of Implementation*.

Andy Gomm stated New Mexico is most of way through Phase 1. The ICC may need to schedule half a day at their next meeting to look at the data and determine needed improvement. Andy may ask Norm to come to New Mexico to facilitate this half day process. Norm said OSEP should have the final version out by March. Norm said the new focus is to help states capture what they are already doing in terms of using their data for improvement. Andy stated the April ICC meeting may be a little too early but the July ICC meeting may be too late. The ICC may need to call a special meeting. Norm said the April ICC meeting would be a good time to do some ground work on the data/special reports needed. Paula Seanez asked Norm if the *Theory of Action* is similar to the Logic Model and Norm replied that it was. Peggy Denson asked what the other two phases will be. Norm stated the second phase will consist of describing the plan and beginning implementation of the plan. The third phase will be full implementation of the plan. Jim Copeland asked about the timeline for full implementation. Norm replied that it will

be in the third year (2015-2016). Andy Gomm asked if there were new performance measures coming. Norm replied that OSEP knows that states do not want to change their current data systems. Andy said the ICC Executive Committee will plan and put needed tasks on ICC meeting agendas for the rest of the fiscal year.

### **ANNUAL PERFORMANCE REPORT (APR)**

Patti Ramsey, FIT Quality Assurance Manager, distributed copies of the draft report to ICC members. The report is for Federal Fiscal Year 2012 and contains FY 13 data (July 2012 through June 2013). Patti stated it was important for the ICC to understand the data in the report as the ICC has to vote to accept the information and then the ICC Co-Chairs have to sign the cover letter. Patti stated the PowerPoint presentation will cover the following:

- Background;
- Explanation of the final report requirements for the eight (8) year State Performance Plan (SPP);
- Review of FFY 2012 annual data;
- Brief discussion of the results project.

Patti provided the background for the report. Using broad stakeholder input, including the ICC, the FIT Program developed annual targets and improvement activities for each of the fourteen (14) key indicators, some of which are compliance indicators and some are performance indicators. The report narrative consists of activities conducted throughout the year and organized under: Policies, Quality Assurance Activities, Training & Technical Assistance, Infrastructure and Staffing, and Other. If a target is met, a discussion of performance activities was not required. Improvement Activities were not required on any indicator because the State Performance Plan has expired. Indicators 10-12 are rolled up into Indicator 12. Indicator 14 (matrix on valid and reliable data) will be created by OSEP and sent to New Mexico for review.

Indicator 1 - Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. FFY 12 target is 100%. New Mexico's performance was 97.8%. The national mean was 94%. This year, New Mexico only had to count nine (9) months of data as long as the data was representative of a full year. 6,064 of 6,200 children had their services provided in a timely manner. 136 children did not receive all services in a timely manner due to staff schedule, staff shortage and other reasons. There are 33 early intervention providers. 13 providers were at 100%. A couple of providers need work. FIT will call on Regional Managers and ECLN to work with these providers. Activities included the development of a contractor manual, the provision of information on the Transdisciplinary Team Approach and changes in service standards to support the Transdisciplinary Team Approach.

## ICC JANUARY 2014 MEETING MINUTES

### Page 6

Indicator 2 - Percent of infants and toddlers with IFSPs who primarily receive early intervention service in the home or community-based settings. Target was 95% and NM exceeded by 3.8%. FFY 2012 performance of 98.9% is a slight drop from performance data reported for FF 2011 (July 2011-June 2012).

Indicator 3 - 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 behavior to meet their needs. There are wide variations in reporting progress among agencies serving similar populations. The fidelity of NM's ECO process became OSEP's "results" project. Results project activities conducted included: onsite meetings, ECO data documentation reviews, and detailed discussions with staff about how data is collected. New Mexico agreed with OSEP that we would report on this in our APR. Andy Gomm stated a subcommittee of the ICC Quality Committee will review the field data collected by Michelle Staley and Jonetta Pacias.

Indicator 4 - Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights - FY target was 92% and performance was 98.7.
- B. Effectively communicate their children's needs - Target was 92% and performance was 99.5%.
- C. Help their children develop and learn - Target was 95% and performance was 99.7%.  
949 family surveys were returned.

Indicator 5 - Percent of infants and toddlers B-1 with IFSPs compared with national data - Target was 2.42% and performance was 3.2%. New Mexico is first in the nation.

Indicator 6 - Percent of infants and toddlers B-3 with IFSPs compared with national data - Target was 4.89% and performance was 5.7%. New Mexico is third in the nation.

Indicator 7 - 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. FFY 12 target was 100%. This is a Compliance Indicator. New Mexico's performance was 98.5% which was a slight drop from last year. National mean is 96%. All but two (2) providers were above 96%. Activities included the new IFSP developed by the Forms Committee and IFSP Quality Reviews. These activities will have some impact on the quality of IFSPs. All but 2 providers were above 96%.

Indicator 8a through 8c - Effective Transition. Changes in FIT regulations at beginning of fiscal year confused providers.

8a: Target was 100%. Performance was 95.9%. New Mexico needs to concentrate on this area.

8b: Target was 100%. Performance was 96.2%. About the same as last year.

8c: Target was 100%. Performance was 95.9%.

Indicator 9 - General Supervision System. This is mostly about identification and correction of non-compliance. FIT has to issue a finding anytime there is noncompliance. Most often this occurs when FIT conducts monitoring or reviews Annual Performance Reports (APRs). Once a finding is made, FIT must ensure that the provider with the finding corrects noncompliance within one year of the date of the finding. This consists of two things: the provider has at least one month of subsequent data where the regulation was followed 100% of the time; and, the child/family impacted by noncompliance receives the required activity, even if late, providing the family/child is still receiving early intervention services. New Mexico was at 100%.

Indicators 10 through 12 - FIT received no parental complaints.

Indicator 13 - There were no requests for mediation.

Patti stated the ICC could choose to write their own Annual Performance Report (APR) or accept this one. If the ICC accepts this one, the ICC Co-Chairs need to sign the cover letter.

***MOTION: Paula Seanez made a motion that the ICC accept the APR for submission.***

***Cindy Faris seconded the motion. There were no objections or abstentions. The motion passed.***

Andy Gomm stated the APR will be submitted to OSEP and then posted on FIT website. There may still be a few minor edits before submission. The ICC requested notification of when it is posted. OSEP has recognized New Mexico for the structure of the report. Sophie Bertrand complimented Patti on the report. Andy Gomm commended FIT providers for their hours of work in reporting data, cleaning data, correcting noncompliance, etc.

## **ICC LEGISLATIVE PLANNING**

Anna Otero Hatanaka stated the FIT Senate Bill will be introduced by Senator Morales. The bill will include the following wording: Four million dollars (\$4,000,000) to implement the recommendations of the Department of Health's 2003 study of reimbursement rates for service providers. A bill with similar wording will be introduced in the House. Anna is working to obtain a House sponsor. The Legislative Finance Committee's recommendations include \$5.2 million for the FIT Program to be rolled into the base for the DDS to cover an 8% growth and the loss of federal funds and to cover additional children served next fiscal year. Anna asked ICC members to meet with or talk with their legislators and ask them to support the \$4 million bills. The bills will be assigned to two committees, Senate Finance and House Appropriations and ICC members need to attend the committee hearings and speak in support of or raise their hands in support of the bills. Janis Gonzales asked if the \$4 million dollars was a one (1) time request. Anna replied that this is just phase one (1) of the effort to implement the rates in the cost study. Andy Gomm stated that the DOH has had to cover the

FIT funding shortfall for the last two fiscal years. The DOH understands this cannot continue and FIT needs expansion funding. Anna asked ICC members to focus their advocacy effort on the \$4 million bills to implement the rates from the 2003 Cost Study. Anna asked ICC members to meet with the bill sponsors if the sponsors are also their legislators.

### ICC COMMITTEE REPORTS

*ICC Finance & Funding Committee* - Peggy O'Neill reported. The committee met in December and developed the 2014 legislative message sheets. Peggy asked the ICC to approve the message sheets. The committee worked closely with FIT to determine where we should be with the recommendations in the 2003 rate study. Peggy asked ICC members to delete the name Jimmie Hall on the Finance Committee Report. Andy Gomm asked the ICC FIT service provider members to encourage other FIT providers to complete the ICC survey and email it the ICC Coordinator. No FIT providers will be identified and survey information will be collated and the collated information will be used to support testimony at legislative hearings.

*Quality Committee* - Cindy Mantegna reported.

The Committee did not accomplish a lot of work since the November ICC meeting.

Goal 1 - Developing website information for providers. This is still on hold.

Goal 2 - Guidance on the ECO - This has been on hold as the Committee has been waiting for Michelle Staley and Jonetta Pacias to complete their field surveys. Kathey Phoenix-Doyle will be inviting folks to a meeting of the ECO subcommittee in the next two (2) weeks.

Goal 3 - Qualifications for staff conducting IDA evaluations - Patti Ramsey has been working with ECLN to develop a tentative timeline for implementation of the list of requirements. The Committee will survey early intervention providers to obtain their input. The Committee is developing supports (training and tools) to assist in the process. Anticipated timeframe for the requirements to go into place is likely to be FY16.

The Committee is working on ways to assess the quality of a home visit and has been reviewing resources from other states. Andy Gomm stated the FIT Race to the Top staff person will be hired in the next couple of months. Andy said he and Patti Ramsey will attend the next Quality Committee meeting. Cindy Mantegna said the Committee still needs the updated information on the ICD-9 Codes. Andy stated the status of ICD-9 codes and Race to the Top information will be added to the April ICC meeting agenda.

### *Interagency Coordination*

Karen Ziegler reported. The Committee has no report and has no changes to their Action Plan because the Committee has not met since the November ICC meeting. The Committee's Autism Subcommittee will meet tomorrow and work on adaptive skills. The Committee's Home Visiting Subcommittee has been meeting and has been working on a guidance document.



*Qualified Statewide Workforce*

Sophie Bertrand reported. Goal 1 - T.E.A.C.H. scholarships are available upon request from early intervention providers. A graduate student will begin working to gather information on loan forgiveness options.

Goal 2 - Has been put on hold until a Medicaid representative is added. The Committee will be developing surveys. They will survey early intervention providers as to what information was covered in their preservice training. They will survey higher education faculty. The Committee will develop a list of volunteers from early intervention agencies who are willing to talk to different preservice classes about what it is like to work in the field of early intervention. The Committee needs more members. Please contact Sophie Bertrand or Robin Wells if interested.

Jim Copeland stated the Finance Committee and the Quality Workforce Committee may be working at cross purposes. From a finance perspective, early intervention agencies don't have the money to pay the personnel the Qualified Workforce Committee is working to attract to early intervention. Jim said there was a newspaper article about Eastern budget woes with the university looking at cancelling classes. Arlene Waters stated her therapists are too busy doing home visits to do presentations for college classes.

*Forms and Process Review Committee*

Lisa Chavez reported. The Committee has not met since the November ICC meeting but a meeting has been scheduled for this Friday. The Committee is now reviewing some of the other FIT forms. Lisa expressed her appreciation for the collaborative work with FIT on the IFSP form. Randi Malach stated the Committee will also develop a handout on the new IFSP form for parents.

***MOTION: Peggy O'Neill made a motion that the ICC will approve the ICC Committee Reports and the ICC Strategic Plan. Janis Gonzales seconded the motion. There were no objections or abstentions. The motion passed.***

**ICC PARENT PANEL**

Andrea Leon welcomed the panel members to the ICC.

Erlene - They have an adopted great grandson, Dean. Dean was born in March 2010. Dean's mother was only fourteen (14) years old when Dean was born and the great grandparents adopted him when he was one (1) year of age. Dean failed his newborn hearing screens. He was referred to Lubbock for diagnostic hearing testing. He was referred to an ENT for tubes. No middle ear fluid was found. An ABR test at six (6) months of age indicated Dean is profoundly deaf. They started receiving early intervention services in Clovis which included Step Hi services. All services were great. Step\*Hi connected them to Americorp to help them learn

sign language and also provided a Deaf Mentor. Everyone made sure that Dean had all the services he needed. When Dean was eighteen (18) months of age, the grandparents toured NMSD and decided to move to Santa Fe so Dean could go to school at NMSD. They were able to live at NMSD as the school had begun a pilot program for four (4) families to move to Santa Fe and live at NMSD. Dean was transitioned to NMSD and all services continued here. We had good people working with us. Services in rural towns are very important to help families support their children's development. We appreciate all the work that everyone does. The services also helped Dean's great grandpa by providing developmental information and parenting skills. Dean is three (3) years old now. Transition went smoothly. Andy Gomm thanked the family for sharing their story. He asked if Dean was a candidate for a cochlear implant. Erlene stated the doctors provided them with a lot of information about cochlear implants. The great grandparents felt Dean "was not broken and did not have to be fixed with a cochlear implant". Erlene stated there is no guarantee that Dean will hear with a cochlear implant. She said Dean could make a decision to get an implant at a later date.

Molly - Has a two and a half year old son named Marcel. She experienced prolonged labor with a lot of complications. Following delivery, Molly and Marcel spent a week in the ICU on oxygen and they received a lot of drugs. When Marcel was two (2) months old, he became ill. The parents took him to the hospital and a congenital kidney defect was found. Marcel had a severe urinary tract infection and sepsis and he was in the hospital for a week. He has been in and out of hospitals for the past two (2) years. Marcel has never slept well and he has had a lot of invasive procedures. He would only sleep for approximately twenty (20) minutes at a time if he was being held on Molly's chest. Early intervention services have made such a difference in their lives. Molly stated she "would not be breathing if not for their early intervention program". Their IFSP team is always available to answer their questions. They were not referred to their early intervention program but a friend suggested they call. Molly stated she "sometimes has to pinch herself that these early intervention services exist." She said she "wishes she could have seen information about their early intervention program posted all over Marcel's doctor's office". Services that have been most beneficial for Marcel include cranial sacral therapy, nutrition therapy, speech therapy and play therapy. Marcel will be three (3) in July and will transition. They have started the transition process. Early intervention services have helped Marcel process the traumas he has experienced. He is thriving, going to preschool and laughing and jumping all over the place.

### ICC PARENT PANEL REFLECTION

- Need to identify resources for needed, non-traditional IFSP services and build statewide capacity to provide these services
- Parents need to know statewide resources and how to access resources
- Physicians need to know resources and refer families

### CONTRACTOR / EMPLOYEE (50-50) REQUIREMENT

Andy Gomm distributed a handout and reviewed the background of the requirement. Andy said the FIT Program decided to include a requirement in the last RFP process that limited the amount of subcontracting an agency can do to no more than 50% of the work under the provider agreement without prior authorization. This requirement was added because of the ever increasing use of subcontractors. Some FIT agencies had no therapists on staff who could help mentor/train and who could help implement quality assurance activities. Early intervention providers had also informed the FIT Program that subcontractors would not attend training or staff meetings. This was concerning as the FIT Program was moving to a Transdisciplinary Team Approach which requires all team members to work collaboratively together. The DOH Office of General Council said the FIT Program was on legal ground in adding the provision to the RFP requirements. In their RFPs, two (2) FIT agencies self reported they exceeded the 50%. The ICC asked the FIT Program how providers were measuring the 50%. FIT ran reports and sixteen (16) FIT agencies were found to be exceeding the 50% with six (6) FIT providers exceeded the 50% if service coordination was included. The ICC asked the FIT Program not to move ahead with this requirement for one (1) year to allow time to study the requirement.

Andy asked the ICC to consider and respond to the following questions:

- Should there be any limit on subcontracting?
- Should there be limits by service?
- Is 100% subcontracting okay?

ICC members asked the following questions and made the following responses:

- Paula Seanez - Thought there was going to be a legal review by DOH that would be presented to the ICC. Programs serving rural areas have difficulty getting therapists and must subcontract. The Growing in Beauty Program did not understand how to figure the 50%.
- Arlene Waters - Asked if the sixteen (16) providers who exceeded the 50% were in urban areas or from rural areas of the state. CARC is struggling to pull therapists from anywhere and must subcontract as some therapists only want to work for CARC on a very limited basis.  
*Andy Gomm - Replied that he could not remember the areas of the state the sixteen (16) providers serve.*
- Ron Garcia - Stated the 50% requirement had been taken from a federal contracting requirement, and just because FIT could add it does not mean that it should have been added unless the requirement came directly from OSEP. Many FIT providers are not for profit agencies and struggle to meet requirements. Not for profit agencies are independent and should be able to implement a business model as they see fit. Each agency is different and the communities they serve are different and the 50% requirement impacts an agency's ability to provide services.

- Magi Gerety - It seems the FIT Program identified some concerns and came up with the 50% strategy without knowing if the strategy would increase compliance. The 50% requirement is a big leap in the system and there is no research to support this change. The rates contribute to the need to subcontract because therapists do not want to be employees at the current rates. Also, many therapists do not want to work full time.
- Randi Malach - The need for training comes up consistently but no money goes to agencies to help them cover the cost of training. If FIT offers CEUs and there are no registration fees, many therapists will attend training. FIT providers are not paid a reimbursement rate sufficient to allow them to hire more employees. FIT providers receive no reimbursement when employees and subcontractors are attending training.  
*Reply: Andy Gomm replied that the training FIT has been talking about is in house training/mentorship. How do agencies provide this when they have no therapists on staff to assist in providing this mentorship/coaching?*
- Karen Lucero - FIT has made an assumption that an agency has to have an employee providing mentoring/coaching but many subcontractors are able to do a wonderful job at providing these.
- Jane Larson - Stated her strong agreement with the statements made by the providers that have spoken. Thinks it does not make any sense for FIT to do this. Parents do not care if a subcontractor or an employee provides their services as long as the services are of quality and meet the needs of their child and family. If the FIT Program has some compliance issues with certain providers, then FIT should address them with those providers. The FIT Program should not make a blanket decision for all providers. At a recent meeting regarding the DD Waiver, Cathy Stevenson stated that it is not the DOH's place to tell providers how to run their businesses.
- Cindy Faris - If an agency wants a contractor to attend meetings or trainings, if it is put into their contracts and the contractors sign their contracts, they will comply.
- Cindy Mantegna - At Tresco TOTS, FIT required trainings are put into job descriptions. Subcontractor training issues are not clear in terms of tax requirements.
- Lisa Chavez - We live in a rural area and our daughter and family received high quality services that were provided by subcontractors.
- Karen Burrow - Asked if FIT looked at the APR scores of the agencies that are using subcontractors. There is no relationship between number of subcontractors an agency uses and the quality of the agency's services.  
*Reply: Andy Gomm replied that the APR only measures compliance, not quality.*
- Magi Gerety - Our program can only afford to employ a brand new therapist that is just out of school. This kind of person has the least amount of experience. When we subcontract, we can afford the therapist with the best skills who can do the best job. A more effective use of FIT and agency energy would be for the state to look at other ways to better support subcontractors.

- Kathey Phoenix-Doyle - Asked if this is a quality assurance (QA) problem within each agency and not a problem with the subcontractors. Asked if agencies have effective QA practices in place.
- Janis Gonzales - The early intervention providers that served my child and family knew what they were doing and I had no idea if they were employees or subcontractors.
- Ron Garcia - If the 50% requirement is a method to increase quality, then the measures of quality should happen first.
- Samantha Carl - The early intervention agency that served my boys provided the therapy services they needed and it did not matter to our family if they were employees or subcontractors.
- Paula Seanez -If FIT wants to focus on anything, FIT should revamp the Request for Proposal (RFP). The last RFP was the most difficult RFP that she ever responded to. Paula recommended that FIT remove the 50% requirement. She also recommended that FIT review how agencies are using subcontractors in the Transdisciplinary Approach as this may not be an issue in most agencies.

*Reply: Andy Gomm stated that FIT has observed some amazing commitments to the Transdisciplinary Team Approach using subcontractors. What the FIT Program had feared did not happen.*

- Lisa Chavez - Asked Andy if the comments just made would impact FIT decision to enforce the 50% requirement.

*Reply: Andy Gomm stated he is "not going to die on my sword for this issue". Andy said he is still concerned about how therapists are supported in becoming effective early intervention therapists. He would like to see how we can help agencies better support their contractors.*

***MOTION: Jim Copeland made a motion that the ICC recommend to the DOH DDS not to dictate a 50-50 contractor business model in the provision of early intervention services. Cindy Mantegna seconded the motion. There were no objections. There were the following abstentions: Sara Einfalt, Marc Kolman, Andrea Leon and Karen Ziegler. The motion passed.***

Andy Gomm posed the following questions regarding the use of subcontractors:

- Should FIT require that agencies have a core team to provide reflective supervision, coaching, mentorship and training?
- How can FIT promote that subcontractors attend agency training and planning meetings?
- How can FIT help providers share strategies and sample subcontracts to promote inclusion of subcontractors in training and agency meetings?
- What measure of quality can be used to ensure agencies with a high use of subcontractors are providing quality services?

**LEAD AGENCY REPORT**

Andy Gomm distributed copies of the Lead Agency report. Page 1 has been redone to show budget and expenditures. Andy stated it is difficult to show when FIT was bailed out by the DOH. Monthly Expenditures and Cost per Child on page 3 are being closely monitored. The DOH is going to cover any FIT shortfall for this fiscal year.

The new report on the Average Number of Hours by FIT Provider Agency requested by the ICC is on page 4. Andy suggested that this data be broken down by month instead of by year. Peggy O'Neill requested that number of hours be broken down by at risk, not at risk, and total. Andy said FIT has run these numbers before and the average number of hours of service is typically is six (6) hours per child. Samantha Carl requested that the minutes per child be removed. Jim Copeland stated the Grand Total shows that 11,185 children were served which indicates that approximately 1,000 children are missing. Jim recommended that family service coordination be included. Samantha Carl stated providers are billing by unit but the chart is listing hours of services and this seems like comparing apples and oranges. Cindy Mantegna asked if consult hours were included. Andy Gomm replied he would check. Arlene Waters suggested a separate column for service coordination.

Andy stated the data on page 7 is now broken out by county.

**LEGISLATIVE PLANNING**

Andy Gomm presented a PowerPoint regarding the five (5) early childhood bills that FIT had analyzed prior to the start of the legislative session. The bills are:

- SB 66 - Early Childhood Mental Health Treatment - Sponsored by Ortiz Y Pino -\$2 million for infant and early childhood mental health treatment. CYFD will not be able to require endorsement of personnel.
- SB68 - Sponsored by Ortiz y Pino - \$974 K to form early childhood councils within county tribal councils.
- SB70 - Sponsored by Ortiz Y Pino - Amend sections of Home Visiting Accountability Act to provide case management services and to prioritize services for children and families at risk for adverse outcomes.
- SB 73 - Directs HSD to require screening of children under age 18 years for adverse childhood events. Jim recommended that DOH determine if this can include FIT providers of EPSDT services.
- SM5 - Continuation of J Paul Taylor Early Childhood Task Force for another year to address a mental health plan and prevention of child abuse. Did not recommend that this be continued as the work is being done by the ELAC.
- SJR12 - Sponsored by Michael Sanchez - Land Grant Fund Balance - 1.5% of the Land Grant Permanent fund to be used for nonsectarian services for children until eligible for kindergarten. Services can be provided by school district pueblo, state supported schools

but services provided by state supported schools cannot be provided by a state contractor. Governor against this in previous years.

- SM8 - Sponsored by Torraco- Jaden's Way - Memorial on how to provide effective health care and social supports for individuals whose physical and behavioral care needs present acute challenges.
- SB109 - Sponsored by Torraco - Autism Services - \$250,000 to develop and provide clinical services for children founded on evidence based treatment and \$100,000 to create an autism oversight team.

***MOTION: Karen Ziegler made a motion that the ICC will monitor the House and Senate legislation that affects the FIT Program and will disseminate timely notification through the ICC and FIT Coordinators List Serves. Kathey Phoenix-Doyle seconded the motion. There were no objections or abstentions. The motion passed.***

***MOTION: Samantha Carl made a motion that the ICC approved the legislative messages as amended and the FIT bills supporting Phase 1 of the 2003 Cost Study. Peggy Denson seconded the motion. There were no objections or abstentions. The motion passed.***

## **MEETING ANNOUNCEMENTS & EVALUATION**

Sara Einfalt - Has created a website that provides a central location for Autism Resources in Albuquerque. A quick overview of the website was provided.

Karen Lucero, ICC Co-Chair, asked members and guests to complete and turn in the meeting evaluation forms. The meeting was adjourned at 3:35 pm.

## **FOLLOW-UP MEETING TASKS / RESPONSIBILITY**

### *ICC*

- Call their legislators and/or attend legislative committee hearings to show support for the \$4 million FIT bills

### *Executive Committee*

- Monitor House and Senate legislation that affects the FIT Program and disseminate timely notification through the ICC and FIT Coordinators List Serves.
- Add status of ICD-9 codes and Race to the Top information to the April meeting agenda.
- Plan and put needed SSIP tasks on ICC meeting agendas for the rest of the fiscal year.

### *FIT Program*

- Changes to Page 4 on the Lead Agency Report:
  - ✓ Average number of hours broken down by at risk, not at risk, and total hours
  - ✓ Take off minutes
  - ✓ Include Family service coordination in a separate column
  - ✓ Determine if consult hours are included in total hours.

- At a FIT staff meeting, discuss the DOH approving EI programs to conduct the CME, completed the IFSP, and start services if programs have used and continue to use due diligence in obtaining children's medical records.