

INTERAGENCY COORDINATING COUNCIL (ICC)



JUNE 2016 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Andrea Leon, Peggy O'Neill, Karen Lucero, Jim Copeland, Cynthia Mantegna, Samantha Yancey, Sophie Bertrand, Marc Kolman, Kathey Phoenix-Doyle, Paula Seanez, Janis Gonzales, Andrea Segura, Naomi Sandweiss, Louanne Stordahl

PROXIES

Jim Copeland Proxy for Amanda Gibson-Smith, Samantha Yancey Proxy for Sara Einfalt

MEMBERS ABSENT

Jessica Sandoval, Lula Brown

WELCOME AND OVERVIEW

Peggy O'Neill, ICC Co-Chair, welcomed ICC members and guests to the meeting. Peggy asked for introductions. Peggy asked for a motion to approve the meeting agenda. ***MOTION: Naomi Sandweiss made a motion to approve the meeting agenda. Samantha Yancey seconded the motion. There were no objections or abstentions. The motion passed.***

VOTING ON ICC PARENT POSITION

Justina Stewart thanked the ICC for accepting her resume and letter of interest. She discussed her interest in and qualifications for serving as an ICC parent representative. Justina is Navajo and was born and raised in Arizona in a rural community. Growing up, Justina's family lived 45 minutes away from the nearest town and one and one-half hours away from the nearest grocery store. Justina wants to represent rural, high-risk communities and provide a Native American voice on the ICC. Justina has been living in New Mexico for ten years. Their first son received early intervention services from NAPPR. He is now in a PreK program at UNM and doing very well. Their second son is two years old and is also participating in NAPPR's early intervention services. Justina and her husband are very thankful for FIT services. Early intervention services have been so supportive and Justina wants to give back to the community. Ballots were distributed and the ICC voted to recommend that the Governor appoint Justina as an ICC parent representative.

PRESENTATION BY NMSBVI EARLY INTERVENTION PROGRAM

Louanne Stordahl presented a PowerPoint presentation on the statewide birth to three early intervention services provided by the NMSBVI. Information packets were distributed. The program has eighteen Developmental Vision Specialists and four Orientation & Mobility specialists. Early intervention services are provided statewide and the program is currently serving almost 2,000 children and their families. Cortical vision impairment is the most common diagnosis. NMSBVI early intervention providers work as part of the IFSP team and co-treat with other IFSP team members. There has been a steady increase of children with vision issues due to non-accidental trauma. Louanne discussed the national and international presentations their staff are making and recent training opportunities such as offering VIISA training. NMSBVI's early intervention program is part of the video demonstration project and Louanne showed a video of a home visit and video clips of orientation and mobility work in community settings.

APPROVAL OF CONSENT AGENDA

Peggy O'Neill distributed copies of the ICC Financial Report and asked for a motion to approve the Consent Agenda. **MOTION: Joanne Corwin made a motion to approve the consent agenda. Nelli Calame seconded the motion. There were no objections or abstentions. The motion passed.** Andy Gomm informed the ICC that Zia Therapy Center, as the ICC's fiscal agent, is under a price agreement and the money is not on a state fiscal year cycle. Jim Copeland asked if Zia could go back to a contract instead of a price agreement. Deb Vering replied that it could be difficult to do but she would work on this.

LEAD AGENCY REPORT

Andy Gomm reported. Andy distributed copies of his report. Andy asked Deb Vering to talk about changes to FY17 provider agreements. Deb said these changes will help the FIT Program better manage funds and that provider mid-year amendments will no longer be required. Providers will now receive two provider agreements. Provider Agreement 1 will include the fee-for-service/rate based services of family service coordination, early intervention, and comprehensive multidisciplinary evaluations. Provider Agreement 2 will include the cost reimbursement services of child find, staff development and Race to the Top grant funds for providers participating in the pilot projects. There is a total cap of funding which will be the budgeted amount for provider agreements for all FIT providers. Jim Copeland stated that FIT services are entitled services and FIT early intervention providers will be reimbursed for the services they provide. Andy

informed the ICC that Jeanne Du Rivage has been hired as Andy's replacement. Jeanne is an occupational therapist with years of early intervention experience. She has recently been managing home visiting services in Santa Fe. Jeanne will start on June 18th and she will attend the FIT Annual Meeting. Nelli Calame asked about Andy's new position. Andy replied that he will be the Bureau Chief for the new DDS Child and Family Supports Bureau. FIT services, respite, autism and a few other smaller services will be housed under this bureau.

Andy reviewed the Lead Agency Report as follows:

- The first two pages weren't reviewed because there were no changes to these pages.
- Starting with page 3, at the top of each page, there is now a description of what the data table or chart is representing.
- The data table and chart on page 4 show the month to month number of referrals.
- The data table and chart on page 5 show the number of children served. Referrals have increased significantly in the last two months. The chart doesn't show the percentage of new children who are Medicaid eligible. FIT pays 100% of the services for non-Medicaid children.
- On page 6, Andy said Deb Vering will be working with her staff to provide expenditure data. Deb stated it will take some time to reconcile the numbers from the last three years. Andy said we hoped that expenditures would decrease when FIT stopped serving three year olds but they have not. We need to determine if the average cost per child is going down.
- On page 7, the data table shows the number of children served per year. Missing data in the data will be provided in the November Lead Agency Report.
- On page 8, the data table shows the number and percentage of children by county served on December 1st who were birth to age one and birth to age three. This data is reported to the feds. In the 3rd column, we see percentages. Tiny counties swing percentages from 5% to 10%.
- On page 9, the data table shows the number of children served by race/ethnicity. Only 7.8% of FIT children served are Native American.
- On page 11, the table shows the tribal report. Andy asked providers to be more specific and not list as unspecified.
- On page 12, the table shows the number of children served by FIT eligibility category. In FY13, FIT Rules were changed to allow for documentation of a child's eligibility in more than one category. The pie chart shows the

percentage of children served by eligibility category in FY15.

- On page 13, the table shows the number of children who exited the FIT Program in FY15 and the reason for existing. We see that 1515 children were referred but did not go on to receive an IFSP.

Questions/Comments:

- Karen Lucero asked about FIT services for Medicaid eligible children. The Legislature directed Medicaid to reduce rates and she wondered if this has affected FIT. Andrea Segura said she would research this and obtain a written update. Andrea does not think this will have much of an effect on FIT as it is to FIT's advantage that FIT is paying the Medicaid match.
- Nelli Calame asked why the page 9 ethnicity table has data on children under five instead of just children under three. Andy replied that we can obtain census data for children under five but we may not be able to obtain the census estimates for children under three.
- Amy Pickard said families may come in and out of services several times and asked if FIT was counting this every time. Andy Gomm replied this would be interesting data to count. Andy said there are some populations where no shows are higher. Amy stated that during NAPPR's CBA, they were encouraged not to keep a family in services if they were no showing and their IFSPs had expired.
- Jim Copeland asked about capturing the data on families transferred from one provider to another. Do we know why they transferred? The data base doesn't allow providers to put in a reason. Children who come back into services are counted as a new referral. Andy replied that we need to improve our counting because of high referral numbers. Jim stated the cost per child data is interesting because a child exiting and then coming back into services adds to the cost.
- Samantha Yancey asked about statewide coverage. Andy replied that the entire state is covered. ECN has a regional map and FIT could provide a copy of the map. Some FIT providers are statewide and some providers have a main office and sub-office(s). Samantha said she would like to see how far some providers have to travel to provide services.
- Sophie Bertrand suggested that an ad hoc work group be formed to look at data areas that need pursuing. PRO and EPICS could make calls to families. Andy replied that this could happen prior to the ICC September retreat so data could be collected and the ICC could analyze the data.
- Cindy Mantegna asked if some transfers might be related to families who

are in the near-homeless category as these families move from family member to family member.

- Kathey Phoenix-Doyle stated she agreed with Sophie about the need for an ad hoc work group. It is difficult to do outreach in some communities and the outreach in rural communities is different than in urban communities.
- Justina Stewart asked if tribal information was shared with the tribes. Andy replied that it would be interesting to share this information. Justina asked if the children have tribal enrollment. Andy said they are self-identified and sometimes give multiple tribal identities.
- Paula Seanez said we need to look at the reasons for exiting services.
- Samantha Yancey said she would like to see the number of children referred in each county, not just the number of children with an IFSP in each county.
- Andy replied that if we look at just the children birth to three, we could ask a number of questions per county.
- Jim Copeland stated that children being born in a county doesn't mean they would be eligible for FIT services. Andy said FIT providers need to do outreach. Jim replied that if FIT providers are billing for their child find monies that they are doing some type of outreach.

MOTION: Janis Gonzales made a motion to accept the Lead Agency Report. Karen Lucero seconded the motion. There were no objections or abstentions. The motion passed.

ICC BYLAWS UPDATE

Sophie Bertrand informed the ICC that the draft changes to the ICC Bylaws were emailed to the ICC after the April ICC meeting. Some feedback was received. The Executive Committee determined that another Bylaws discussion at this meeting wouldn't provide sufficient time to review and discuss the recommended changes. The ICC Bylaws discussion will be held at the ICC retreat to allow sufficient time for dialogue.

FIT SERVICE DEFINITIONS & STANDARDS

Andy Gomm distributed copies of the draft changes. He stated the proposed changes are not significant. Andy reviewed the changes as follows:

Pages 15-16 - Eliminate the Ages & Stages for Kids process. When we made changes to eligibility a few years ago, FIT established this tracking program that was run by Albert Ericson through the central office. Over the years, only a very few referrals were made and there were only a few children in the program. Some of the language has been struck and some new language was added (see top of page 16). The federal language now allows for screening when a child is referred and providers can bill for this screening. Andy asked the IFSP if this change makes sense and was told that it does.

Page 18 - "shadowing". Is there a better term? There should be in-house training and mentoring for Family Service Coordinators (FSCs) before they begin working independently with families and until they can attend FSC training.

Comments/Questions:

- Kathey Phoenix-Doyle - It can sometimes take 18 months to get new FSCs into training. Service coordination training is not offered often enough or offered in enough locations. She has documented when LaVida tried to get FSCs into training but couldn't. Andy said service coordination training is offered 3 or 4 times a year in ABQ. He said the training in more rural areas has to be cancelled if not enough people sign up to take it.
- Peggy O'Neill said the training needs to be offered monthly.
- Kathey Phoenix-Doyle said service coordination is a difficult job and turnover is high. New FSCs can watch the online training but the FSC doesn't get credit. A program also has to have ZOOM capability to access online training.
- Andy Gomm agreed to strike the family service coordinator training requirement. Andy said FIT would aim for offering service coordination five times a year with either a part 1 or a part 2 available each month.
- Jim Copeland asked what shadowing means and requested that it be removed.

Page 21 - See highlighted language about providing parents of children who are not eligible for FIT with information about other early learning services in the community.

Page 22 - Language on team determining Early Childhood Outcomes (ECO) scores. Andy said ECO scores are reported to the feds. We measure at the initial IFSP and at exit. Andy asked the ICC if this language makes sense and was told that it does.

Page 26 - Strikeouts and added language is designed to make the Transdisciplinary Team Consultation process easier. Basically, the language specifies the team can meet and bill for one hour a month. These are to be planned, scheduled meetings. The team can meet as needed in excess of the 12 hours to address unexpected circumstances that are documented in the FSC logs.

Comments/Questions:

- Cindy Mantegna - Likes the 12 hours. This will be much easier to figure out. This time should also include team time to review ECO scores after one to two months of service. The team should also be able to use this time to review IDA scores and M-Chat scores before going into an annual IFSP meeting.
- Andy - Agreed to strengthen introductory paragraph and add reviewing assessments, doing IFSP preparation or planning, and doing transition preparation or planning.
- Grace Coca - Asked that Service Coordination training be updated to include these changes.

Page 27 - Collaborative consultation is consultation outside of agency such as with physicians. New language specifies that collaborative consultation does not need to be added to the IFSP.

Comments/Questions:

- Cindy Mantegna - Why can't providers do collaborative consultation during a well child visit?
- Andy Gomm - Depends on the intent of going to the well child visit.

Andy asked the ICC if this language should be removed and was told it should.

Andy asked the ICC if anything was missing or if they had questions. There were questions about the bullet on the Follow-Up with preschool personnel on page 27 as follows:

- Louanne Stordahl - What about summer birthdays?
- Karen Lucero - Should we just count calendar days?
- Jim Copeland - Suggested that the language be changed to "within 30 days of the beginning of the child's new services".

- Kathey Phoenix-Doyle - Why not increase it to 90 days?

Andy asked if there were other questions. Andrea Segura stated she could help with presumptive eligibility for Medicaid on page 9.

MOTION: Samantha Yancey made a motion to approve the draft Service Definitions and Standards with the additional changes discussed today. Kathey Phoenix-Doyle seconded the motion. There were no objections or abstentions. The motion passed.

ICC PARENT PANEL

Naomi Sandweiss introduced the three families on the panel to the ICC.

Paula - Both of her sons went through early intervention. When her first son, Judah, was born, the plan was to go back to work when he was three months old. Paula said she struggled with sleep deprivation and nursing. Her baby would nurse up to two hours at a time with only an hour between each nursing. He stopped gaining weight and was diagnosed as failure to thrive. He would not eat baby food or solid food and would vomit when he saw food. He would eat Goldfish crackers but would aspirate them. He went through a swallow study and an upper GI. The doctors wanted to put him on a G-tube. An SLP mentioned early intervention and gave Paula the name of a provider. She contacted the provider and was contacted in one day. The evaluation was completed within three weeks. Their family service coordinator (FSC) make certain the family understood the IFSP goals. The goals were realistic and addressed family concerns. They took Judah to the Star Center in Denver for 1 and $\frac{1}{2}$ months. When Judah was two, he was referred to ECEP for an evaluation and was diagnosed with autism. Their FSC called an IFSP meeting to add IFSP goals. They are now preparing for transition to preschool. Judah is still in diapers and drinking formula. He has 10-15 words which are all superhero names. When their second son, Lincoln, was born, he was a chubby beautiful baby who nursed. Then he stopped eating. He had a runny nose and stopped breathing during a feeding. They contacted their previous FSC. Lincoln qualified under medical needs. At 6 months, Lincoln started missing developmental milestones and had extreme reflux. Early intervention has provided fantastic services for both boys and their family.

Deborah - Is the guardian for her two grandchildren. She received a call from a California court about custody of her grandchildren. At that time, one was 2 and $\frac{1}{2}$

and the other was 17 months of age. When she got them home and changed the diaper of the youngest child, she saw that his right arm was twice the size of his left. She took him to the ER. Six hours later he was in critical condition and was sent to the Colorado Children's Hospital. He had no vitamin D and two broken bones. A growth on his face was due to abnormal bone growth. The birth mother reported the grandmother to the police and two policemen came to check on the children. Neither child had received adequate medical care prior to coming to live with Deborah. She contacted an early intervention program. Their IFSP team has been so helpful. The oldest child, Amore, has transitioned. Amore did not qualify for preschool services but their IFSP team helped Deborah find day care services. The team also helped her locate special events for both children and find counseling services for the grandparents. The youngest child, Bradley, is still receiving early intervention services and his rickets have resolved. Deborah always feels like a valued IFSP team member. Celebrations are mutual. Grandparents are learning a great deal and are very fortunate to have these professionals in their lives.

Sammy and Michelle - Have five children. Their youngest daughter, Jordan, was in the NICU and the NICU referred her to early intervention. They started services right away. The services are amazing. Jordan is now seven months old. She is delayed in her motor skills. Sammy reported that he has struggled with addiction and had never trusted people. He is learning to trust the family's IFSP team. All five children love the service providers who are very respectful and helpful. Jordan is making progress. Sammy stated their early intervention services have "opened his mind to new things". He is starting school in July. Sammy said he wanted to talk to other parents about the benefits of early intervention services.

PARENT PANEL REFLECTION

- Nice to have an entire family come to a parent panel.
- Important to support front line service providers.
- Panel reported they received/are receiving excellent services.
- There can be unexpected benefits from early intervention services.
- Would be helpful to videotape parent panels with signed releases.
- Importance of establishing a trusting, respectful relationship with family members.
- Family service coordinator provided father with needed supports.
- Need to do continuous outreach to medical community.
- Referrals to early intervention happen for a variety of reasons (medical,

developmental, environmental).

- Important for parents to hear there is a “light at the end of the tunnel” and they are not alone.
- Videotaped parent panels/video clips of parent stories could be shared with DDSD.
- Hearing family stories creates a shared experience.
- Impact of diagnosis on a family.
- Staff turnover and impact on relationships.
- Increase awareness of availability of early intervention services.
- Lack of services in rural areas.
- Impact of early intervention on the entire family.
- Need to consider each family's need for services and supports.
- More grandparents are raising children with special needs. Grandparents may not have the natural supports that a child's parents may have.

ICC COMMITTEE REPORTS

Finance Committee - Jim Copeland, Chair, reported. The committee has not met. They are waiting on the rate study. The committee will be discussing the possibility of opening the insurance legislation to eliminate the cap and will be talking with insurance representatives to determine if there is opposition.

Comments/Questions:

Andy Gomm - FIT will need six to ten provider agencies who would be willing to provide data for the rate study.

Deb Vering - Can't post the rate study RFP until July. Will advertise in the Albuquerque Journal and in the Las Cruces newspaper.

Early Childhood Partnership (ECCP) Collaboration Committee - Andrea Segura, Chair, reported. The committee has made progress this quarter. They have started calling the investment zones. They met with Jonetta Pacias in May and developed a script for the calls. August 1 is the deadline for getting the rest of the calls set-up. Next step will be improving relationships/increasing partnerships.

Quality Committee - Cindy Mantegna, Chair, reported. It was exciting to see the committee's work and resulting ICC recommendations reflected in the Service Definitions & Standards. Several committee members are attending and making recommendations during TQRIS Stakeholder Group meetings. The committee has been working on critical issue 2 which addresses statewide training needs and

opportunities. Robin Wells will stay on the Quality Committee. Information about early intervention classes at the college level is available and FIT should distribute coursework and scholarship information to early intervention providers. It can be difficult for early intervention providers to access courses relevant to their needs. Information may go to the FIT coordinators but it may not filter down to the direct service staff. Yvette Dominguez will be working with committee.

Questions/Comments:

- Janis Gonzales - Who will be replacing Robin Wells on the ICC?
- Jim Copeland - We should see if someone from a closer university is interested.
- Cindy Mantegna - New Mexico universities don't focus on early intervention.
- Yvette Dominguez - The ICC could advertise through the Higher Ed Task Force.
- Sophie Bertrand - Robin Wells was the only faculty member with a focus on early intervention who attended Higher Ed Task Force meetings. The ICC could go to the Deans. We could look at the special education faculty at NM State or at UNM. Betsy Cahill from NMSU and Susan Copeland from UNM are possibilities.
- Jim Copeland - People are not signing up for FIT studies classes because early intervention providers are not hiring people. Unless people sign up for a class, the class may get cancelled. This is an interesting dilemma.

Communication Committee - Marc Kolman, Chair, reported. Marc distributed three handouts. An ad hoc work group of the communication committee met twice to discuss ICC orientation. The primary focus is on mentoring new members. Orientation is a process of continuous learning. One way to support learning is to have educational sessions during ICC meetings. We have an online ICC orientation program which needs some minor updating. The orientation is under the ICC section of the FIT website. Two questions were just added to the ICC evaluation form to help identify information needs. The ICC member mentor program discussion started as mentoring for new parents but has now been expanded to all members. There are many mentoring resources available on the Internet. Support for mentors/mentees is critical to success. Samantha Yancey said parents new to the ICC know the least about the system and just know their personal stories. Marc said any ICC member can be a mentor or a mentee. A mentee can request a specific mentor. Information needs will vary. Mentorship applications are to be sent to the ICC Coordinator. The Executive Committee will coordinate the partnerships.

Samantha stated she was willing to work with the Executive Committee to support the connections. Marc said the Communication Committee will continue to provide support. Sophie Bertrand said this is timely as there are two new parents on the ICC and Andy will be mentoring Jeanne Du Rivage.

MOTION: Paula Seanez made a motion to approve the ICC committee reports. Cindy Mantegna second the motion. There were no objections or abstentions. The motion passed.

PARENT SURVEY RESULTS

Yvette Dominguez reported. Yvette informed the ICC that 3,000 surveys were distributed and 1,670 were returned. She said her presentation is presenting preliminary results. Final results will be presented at the next ICC meeting or via the ICC list serve. The parent survey contained two new questions, questions 3 and 7. Comments have been overwhelmingly positive. Negative comments will be addressed by FIT with the respective agency.

Comments/questions:

- Joanne Corwin - Almost all agencies have a rate of return that is over 20%.
- Paula Seanez - Race ethnicity does not match the Lead Agency Report.
- Andy Gomm - Add a comment box after questions 3 and 7.
- Andrea Leon - Need to clarify some of the language to help families understand what they are being asked. For example, what a delay means.
- Cindy Mantegna - Parents have stated they want opportunities to meet each other. Can we add a question about this?
- Kathey Phoenix-Doyle - Instead of asking about a delay, ask how many days did it take for someone to contact you after you were referred. Also, questions 3 & 7 are in reverse.
- Justina Stewart - Add refused to answer category to the scale.
- Andy Gomm - Doesn't allow for agree or disagree.
- Jim Copeland - Some of the family survey responses were the basis for our TQRIS. Do we have a baseline for what our percentages were so we can know if we have made progress? Where do we expect to go with the TQRIS?
Andy Gomm - We are determining which early intervention areas will shift a family's ability to advocate for their child. Thea Guerin -We are using a logic model. We are looking at three family outcomes and three child outcomes.
- Yvette Dominguez - This is only a sampling of families in the system.
- Andy Gomm - This is the family's perception of their ability to advocate.

- Jim Copeland - The family's perception is all we have. We can use this as an effective evaluation of the effectiveness of FIT services or not. Is the risk worth the reward?
- Yvette Dominguez - We will keep mapping this data from year to year.
- Jim Copeland - My question is about using the data that we have. If we are not using the data that we have, then why are we collecting the data?
- Andy Gomm - Not opposed to adding questions to the survey or to adding a place for parents to make suggestions. This is not a parent satisfaction survey.
- Sophie Bertrand - We need to be really thoughtful about the data that we want to collect from families and know the points we want to focus on.
- Samantha Yancey - Some families are still in survival mode and will advocate more and more as time passes.
- Andrea Leon - Parents don't know what they don't know. Parents may not be able to tell the difference between high quality and low quality services. They only know their experiences.
- Justine Stewart - This is a good snapshot but it is a starting point that we have to build on. Ask families what they think they need. Ask families what tools are they now able to use effectively.
- Cindy Mantegna - Survey is good but why aren't we using more parent groups? Need to do both parent groups and the survey.
- Yvette Dominguez - Thanked the ICC for their input and suggestions. She starts preparing the survey in December. Additional input could be provided at the November ICC meeting.
- Nelli Calame - Add this as a topic for the ICC retreat.
- Andrea Leon - Add as a task for the Quality Committee with input from Linda Askew and Thea Guerin. Quality Committee can suggest recommendations at the ICC retreat.

RACE TO TOP/TQRIS/DATA UPDATES/RATE STUDY/SSIP

Andy Gomm, Linda Askew and Thea Guerin reported. The ICC Quality Committee and the Stakeholder Group has provided input. TQRIS is being developed in collaboration with PED and CYFD. The philosophy is to pick quality elements based on research that have the best chance of supporting positive outcomes for children and families. FIT will support agencies in implementing the elements and then rate the agencies. 11 quality elements have been selected. Each element would have a measuring tool. We have six months till the end of the grant and we will be

requesting a no cost extension until December 2017. There has been exciting energy and feedback around the two pilots which are the Video Demonstration Pilot and the IFSP Quality Rating Scale Pilot. We have been looking at a tool to measure early intervention practices. We have reviewed Juliann Woods' work on family guided routines based early intervention and the use of the SS-OO-PP-RR that Juliann developed. The SS-OO-PP-RR is a tool that describes how to conduct a quality home visit in practical terms. Juliann's approach and the SS-OO-PP-RR tool have the potential to effect positive changes on the way New Mexico's early intervention services are provided. It is an exciting shift for us.

We are looking at implementing three elements out of the 11 elements. These are early intervention practices using the SS-OO-PP-RR, the IFSP Quality Rating Scale, and Transdisciplinary Team Practices. These three areas have the potential to move our system forward in terms of quality practices and result in positive outcomes for children and families. We will launch our system with these three elements, do them well, do them effectively, and not overwhelm providers. A timeline handout on how to get the tools and structure into place was distributed and reviewed. The Quality Committee will look at the assessment tools for teams to use for eligibility, ECO and ongoing assessment. They will present their recommendations to the ICC at the November ICC meeting. Assessment would be the 4th essential element that would come on board in 2018.

Questions/Comments:

- Justina Stewart - Would like to see the references on the evidenced based practices.
- Andy Gomm - We have been using DEC recommended practices as well as other resources. We will provide the references when we launch the elements.
- Thea Guerin - Juliann Woods work is evidenced based. She has used evidenced based practices to develop her approach.

Andy Gomm discuss Leadership on page 2 of the timeline handout. Agencies will need to support their staff and contractors in implementing quality practices. One way to accomplish this is to use reflective practices to help staff think about their work. FIT is looking at a reflective supervision training module and ways to support people in providing reflective supervision.

FIT is also looking at quality assurance training and support for managers such as:

- Understanding what a continuous quality improvement (CQI) process is;
- Using data;
- Developing and implementing P&Ps that support quality;
- Mentoring and coaching new staff on quality practices.

Questions/Comments:

Jim Copeland - Need to be cautious about P&Ps because provider agencies are independent contractors. FIT can tell providers what to do or how to do it but can't tell providers both. Jim suggested that FIT review DD Waiver quality assurance requirements.

Andy Gomm - FIT will provide the structure, not the specifics.

Linda Askew - When looking at early intervention practices, what are the P&Ps that could be barriers to quality or supportive of quality.

Andy Gomm - Looking at how to roll out the pilots. Juliann Woods will be asked to come provide more general training for agencies that are not a pilot site.

Linda Askew presented a PowerPoint presentation on the IFSP pilot. Pilots are being used to study what we want to accomplish. Training and coaching is being provided to pilot sites. Tools are being used and assessed.

Linda gave a brief update on the IFSP Quality Rating Scale Pilot as follows:

- Pilot sites were trained on the use of the Rating Scale.
- Each pilot site rated 50% of their initial IFSPs using the Rating Scale and then submitted these IFSPs and their corresponding Rating Scales to the FIT Program.
- IFSPs were reviewed and rated by Suzanne Pope who also determined inter-rater reliability.
- Suzanne provided support and coaching using written comments, phone calls and Zoom meetings.
- Five of the eight pilot programs have completed the twelve weeks. Three programs are in the process of completing the twelve weeks.
- Pilot programs are reporting positive benefits of using the scale to rate their IFSPs.
- Based on pilot site feedback, some changes will be made to Section E of the Rating Scale and some additional guidance will be added to IFSP Quality Rating Scale Manual. In addition, an overall IFSP pass/not a pass rating will no longer be given for any needs improvements ratings in the four IFSP must pass sections.

- The second half of the pilot will begin around August 1. Programs will be trained on the changes to Section E and they will begin rating 25% of their initial IFSPs for twelve weeks and send their IFSPs and Rating Scales to FIT each week. Suzanne will review these IFSPs, determine inter-rater reliability and continue to provide support and coaching.

Comments/Questions:

- Grace Coca - Developing a strong Routines Based Interview (RBI) process and using RBI information to inform the evaluation, then using RBI and evaluation information to determine IFSP outcomes will result in IFSPs rated as acceptable or best practice.
- Kathey Phoenix-Doyle agreed with Grace as to the importance of the RBI process. The issue is that the RBI takes more time to do well but family service coordinators (FSCs) are only paid for one hour per month. FIT needs to consider the time it is taking and how FSCs are currently paid.
- Grace Coca - We are spending more time on the RBI and the IFSP can take up to three hours to complete.
- Peggy O'Neill - Asked FIT to consider paying a lump sum for an IFSP similar to what is paid for an evaluation.
- Louanne Stordahl - Compute the amount of time it actually takes for FSCs to complete initial IFSPs and do transition (child's first three months in program and last three months in program).
- Andy Gomm - This information should be captured in the rate study. FIT can look at paying FSCs an hourly rate, instead of a monthly rate.
- Grace Coca - Thanked Suzanne Pope for her training, coaching and support.

Thea Guerin highlighted the Video Demonstration Project as follows:

- Six agencies participated in Cohort 1. 85 videos were made and one video was professional produced.
- Three agencies are participating in Cohort 2. Sixteen videos have been submitted.
- Juliann Woods is consulting on this pilot.
- We are in the process of setting up a video webpage and beginning to establish a FIT video library.

Comments/Questions:

- Sophie Bertrand - We need administrators at the table for this to be successful.

- Linda Askew - We are using Juliann Woods' Family Guided Routines Based Intervention Approach in the pilot. Video is also being used for reflective supervision.
- Thea Guerin - We are looking at the cost of doing this to determine what programs could fund with their regular FIT funding and what they need to fund using pilot funds.
- Kathey Phoenix-Doyle - Is keeping track of costs for both pilots.
- Jim Copeland - Asked FIT to use caution when considering agency specific cost data. Costs are not the same from agency to agency.

Andrea Leon, ICC Co-Chair asked members and guests to complete the meeting evaluation forms.

ICC FUNCTIONING

What Worked?

- Ended ahead of schedule
- Food
- Parent Panel
- Location
- Additional data points added to Lead Agency Report
- Having Deb Vering at the meeting
- Positive impact of changes to Provider Agreements
- Louanne Stordahl's presentation and video
- TQRIS summary
- Moving ICC Bylaws and identification of data needs to the ICC Retreat
- Work of the Communication Committee
- Changes to Service Definitions and Standards

What Needs Improving?

- Determine if ICC meeting schedule needs to be changed.

MOTION: Jim Copeland made a motion to adjourn the meeting. Kathey Phoenix-Doyle seconded the motion. There were no objections or abstentions. The meeting was adjourned at 4:10 pm.

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS:

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
Work on going back to a contract instead of a price agreement for Zia, the ICC Fiscal Agent.	
Compute census data for children under three.	
Count the number of times a child re-enters FIT services. Determine if this being counted as a new referral each time.	
Add a place to identify the reason why families are transferring from one provider to another to FIT KIDS.	
Obtain copies of regional map for ICC.	
Consider sharing FIT tribal information data with the tribes.	
Add number of children being referred in each county to Lead Agency Report.	
Offer FSC training five times a year with a part 1 or a part 2 available each month.	
Strike the FSC training requirement on p. 18 of Service Definitions and Standards	
Strengthen introductory paragraph on p.26 in Service Definitions and Standards by adding: reviewing assessments, doing IFSP preparation or planning, and doing transition preparation or planning.	
Remove language on page 27 in Service Definitions and Standards regarding not being able to do collaborative consultation at a well child visit.	
Consider changing language on p. 27 regarding follow-up with preschool personnel from within 1 month of the child's birthday to "within 30, or 60, days of the beginning of the child's new services.	
Add a comment box after questions 3 & 7 on the family survey.	
Review the language in the family survey to better support parents in understanding the questions.	
Use parent groups in addition to a family survey.	
Consider paying FSCs an hourly rate or a lump sum per IFSP.	

RECOMMENDATIONS/TASKS for ICC COMMITTEES or ICC Members	STATUS
Form an ad hoc work group to identify data needs. Meet before ICC retreat and provide report at the retreat,	
Executive Committee to coordinate mentoring partnerships.	
Quality Committee to review the family survey and make some recommendations for changes in language.	