

INTERAGENCY COORDINATING COUNCIL (ICC)



ICC APRIL 2018 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Andrea Leon, Sophie Bertrand, Kathy Hughes, Sara Einfalt, Marc Kolman, Kathey Phoenix-Doyle, Amanda Gibson-Smith, Janis Gonzales, Paula Seanez, Justina Stewart, Celina Waller, April Spaulding, Lula Brown, Nikki Ornelas, Luanne Stordahl

MEMBERS ABSENT

Samantha Yancey, Catherine Quick

PROXIES PRESENT

April Spaulding Proxy for Peggy O'Neill, Carla Sanchez Proxy for Joanne Corwin, Christie Guinn Proxy for Medicaid, Viviana Olivas Proxy for Naomi Sandweiss

OVERVIEW

Kathey Phoenix-Doyle, ICC Co-Chair, thanked Melina Romero and Region IX for hosting the ICC. Kathey asked ICC members and guests to introduce themselves. **MOTION: Janis Gonzales made a motion to approve the meeting agenda. Kathy Hughes seconded the motion. There were no objections or abstentions. The motion passed.**

PRESENTATION BY MESCALERO EARLY INTERVENTION PROGRAM

Hope Helms, Lead Family Service Coordinator and IDA lead, presented. The program provides early intervention services to both tribal and non-tribal families. The program serves 20-35 families. Staff have dual roles as Developmental Specialists and Family Service Coordinators. The program has five staff members and contracts with a Developmental Specialist III, an Occupational Therapist, a Physical Therapist, and a Speech Language Pathologist. Early intervention staff work with the day care program and the Head Start Program on the reservation. Hope distributed program brochures.

PRESENTATION BY REGION IX DEVELOPMENTAL SERVICES PROGRAM

Melina Romero, Director of Developmental and Home Visiting Services, welcomed ICC members and guests to Region IX. She presented a PowerPoint presentation about Region IX services which began in 1984. The program serves four districts in Lincoln County and two districts in Otero County. Early intervention services are provided to 45-55 families in Lincoln County. Staff have dual Developmental Specialist and Family Service Coordinator roles. The program contracts with a Speech Language Pathologist, and Occupational Therapist, a Certified Occupational Therapist Assistant, a DS III for Carrizozo and a School Based Health Center Behavior Specialist. Challenges include providing services in a

rural community, finding staff/therapists that understand early intervention, and helping the medical community understand the importance of early intervention referrals/services. Strengths include having an excellent team and community networking through the *Partners in Early Childhood Education* group that meets to share available services. Region IX was awarded a CYFD home visiting grant in July 2017. Region IX partners with a local day care that serves 40+ children. The program also works with the Families First Program on referrals to Region IX's early intervention and home visiting programs. Melina distributed program brochures.

Questions/Comments from ICC Members/Proxies (bulleted), FIT Staff and Guests:

- Sophie Bertrand – Any words of wisdom to share with other early intervention programs who combine their early intervention and home visiting services?

Reply by Melina Romero – This works well at Region IX because it is a small program. We do joint training and joint home visits.

Cathy Riley – Mescalero and Region IX are excellent examples of how early intervention programs can share resources such as staff and training opportunities. Mescalero hosts a very successful child find event every year and brings in resources from across the state.

Jeanne Du Rivage – Appreciates how Mescalero and Region IX share resources. Both programs provide a great model for the rest of us.

ICC CONSENT AGENDA

Kathey Phoenix-Doyle asked for a motion to approve the Consent Agenda which consisted of the January Meeting Minutes and the ICC Financial Report. **MOTION: Marc Kolman made a motion to approve the Consent Agenda. Celina Waller seconded the motion. There were no objections or abstentions. The motion passed.**

LEAD AGENCY REPORT

Jeanne Du Rivage stated the FIT Program is changing how information is shared with the ICC to better support dialogue and questions. Jason Lavy will be taking over the Lead Agency Data Report. Deb Vering will present the FIT financial information to help us understand the big picture of the FIT budget.

Jeanne highlighted the information in her *FIT Program Manager Report* which included:

- Karen Burrow is the Metro Regional Coordinator. Karen is taking the lead on Community Based Assessments (CBAs).
- FIT has officially changed the title of Regional Manager to Regional Coordinator.
- Linda Askew will be retiring on April 20, 2018.
- The Santa Fe Regional Coordinator position has been posted and will close on April 6, 2018.

- FIT has submitted the Annual Performance Report (APR). FIT and ECLN will be working with programs to address the slippage in Indicator 7: 45-day timeline.
- Cathy Riley and Lisa Rohleder are part of the national service coordination work group. The FIT Program is thinking about establishing Family Service Coordinator standards. There is a trend nationally toward FSC standards similar to the Developmental Specialist process.
- FIT Program has been working on scopes of work and budgets for contracts.
- The Medicaid Government Services Agreement was approved and signed by Secretary Gallagher. The agreement allows FIT to bill Medicaid for early intervention services.
- Jeanne and Rhonda Montoya, the CYFD Home Visiting Program Manager, are working on the Home Visiting and FIT Guidance document which will be presented at the FIT Annual Meeting.
- The State Systematic Improvement Plan (SSIP) was submitted on April 2, 2018. A Theory of Change to include all early intervention practices was added.
- The Part C Application is due on May 2, 2018.
- Jeanne asked for input on FIT Service Definitions & Standards. Draft changes will be presented to the ICC at the May meeting.
- The Family Outcome Survey will go out tomorrow, April 6, 2018. Since they are going out later than anticipated, the return date has been extended.
- Karen Burrow has been working on a discounted rate for training on the HELP.
- The FIT Annual Meeting will be held on June 13-14, 2018. Dr. Andy Hsi is the keynote.

Questions/Comments about FIT Annual Meeting from ICC Members/Proxies (bulleted), FIT Staff and Guests:

Jonetta Pacias - Adverse Childhood Experiences (ACES) and trauma will be discussed at the Annual Meeting,

Jeanne Du Rivage - An Aprendamos Developmental Specialist will discuss how to assess trauma.

Cathy Riley - There will be great sessions at this year's annual meeting. Registration will go out in a couple of weeks. There will be a poster session. Programs can submit a poster session proposal.

Jonetta Pacias - Highly encourage programs, especially the rural programs, to present on their regional collaboration.

- Janis Gonzales - In the most recent pediatric journal, there are two articles about how parents' adverse childhood experiences can lead to developmental delay in their children. Janis will send the articles to the ICC Coordinator to post on the ICC and FIT Coordinator List Serves.

Jeanne, Janis Gonzales and Christie Guinn are working on the ICD-10 Codes. Medicaid will not pay for prematurity codes after age two. This is a federal Medicaid regulation.

Questions/Comments about ICD-10 Codes from ICC Members/Proxies (bulleted), FIT Staff and Guests:

- Celina Waller - Aprendamos has never used prematurity to qualify a child over the age of one year. Providers need more clarification.
- Christie Guinn - The FIT Program needs to identify the condition versus the need for that service on that day. For example, the SLP is not addressing prematurity but is addressing the condition that is a result of prematurity. Some codes are only used within the first 28 days of a child's life such as neonatal opioid withdrawal.
- Janis Gonzales - By the time a child is two years of age, a program should have identified some other need for services and start using the code that pertains to the need.
- Janis Gonzales - We are working with CYFD to develop safe plans for infants that were drug exposed. We are determining how to triage these children and who might best serve them such as CMS, FIT, Home Visiting, or a combination. Although they might all qualify under environmental risk, we don't think all these children should go to FIT.
- Andrea Leon - Is there a webinar for providers on the Medicaid billing codes?
- Christie Guinn - No, but we will be providing training in June at the FIT Annual meeting.
- Kathey Phoenix-Doyle - All the providers who need this training will not be at the FIT Annual Meeting. A webinar would be very helpful but it should not just be a "one and done" training.
- Marc Kolman - Really appreciate the discussion on Medicaid coding, provider training needs, and how to disseminate information and inform and engage the field. At the State level, we are challenged with leveraging our resources to disseminate information in effective ways that include the use of technology.
- Kathy Hughes - Ongoing training is important due to staff turnover.
- Janis Gonzales - When developing the training, please include the importance of listing all the codes that a child is eligible under as this is critical when we pull data even though it is not critical to being able to bill.
- Christie Guinn - FIT needs all the codes for each child even if only one code is needed to bill Medicaid.
- Kathy Hughes - There are some codes that are not in FIT-KIDS and we can only put one code under "Other".
- Marc Kolman - Applicable codes should be added to FIT-KIDS and Jason Lavy should be notified about the need to do this.
- Kathey Phoenix-Doyle - It would be helpful to have a strong training and a guidance document so providers are not just including the codes they know they can bill for.
- Celina Waller - In the training, include information as to the codes that are time limited (e.g., 28 days, 1 year).

FIT LEAD AGENCY REPORT

Jeanne Du Rivage passed out copies of the report. Jeanne informed the ICC that Jason Lavy needs time to run these reports. For example, March's data is run in April.

Jeanne highlighted sections of the report as follows:

- p. 1 - Number of Referrals - 680 children were referred in February 2018.

Deb Vering - FIT is seeing significant growth compared to last year.

- p.4 - Total Children Served - Updated quarterly. This is the chart that has the active IFSPs. Numbers are steadily going up.
- p. 5 - Total Children Served Annually is updated yearly.
- P. 6 - Number & Percentage of Children Served by County is based on the December 1st count and updated annually in April.
- p.7 - Children Served by Race / Ethnicity is updated yearly. Data may not be completely accurate.
- p.8-9 - Tribal Report - Updated yearly. Native Services Ad Hoc Work Group could look at this data.
- p. 10 - Children Served by Eligibility Category - Updated quarterly.
- P. 11 - Exit Date - Updated yearly.

MOTION: Luanne Stordahl made a motion to approve the Lead Agency Report. Paula Seanez second the motion. There were no objections or abstentions. The motion passed.

FIT FINANCIAL UPDATE

Deb Vering reported. Deb distributed copies of the FIT Budget and Expenditure Report. The data sources used for the report are:

- Original Operating Budget: DOH Operating Budget Roadmap
- Adjusted Operating Budget: SHARE Commitment Control
- Actual Expenditures: SHARE Financial Reports
- Projection Amount: Monthly Smartsheet Projections
- FMAP = Federal Match Applied Percentage (Blend)

Deb reviewed FIT revenues and expenditures for FY16, FY17, FY18, and FY19 as follows:

Revenue:

06101 - General Fund

06102 - 18-month Federal Grant.

06105 - Private Insurance

Expenditures

200 - Salaries & Benefits - Relatively consistent - 100% federally funded.

300 - Contracts for professional services such as ECN, Cooney-Watson, etc.

400 - Provider Agreements.

500 - State Medicaid match.

The report does not include the portion Medicaid pays on FIT's behalf. The State Medicaid Match is a blended rate. The more the feds pay, the less FIT pays. The amount that FIT pays is going up because we have more Medicaid eligible children. FIT's operating budget comes from the Administrative Services Division.

FY16 actuals were \$23.4 million. \$25.7 million is the projected growth for this fiscal year. We are now working on our 2020 request. That request is due September 1, 2018 and it will be heard in the 2019 legislative session. The Department of Health could not ask for what FIT needed. So, the Department of Health asked for a special appropriation in 2019 to cover FIT's projected shortfall.

The federal grant has been flat for a number of years (\$2.8 million). In September, we are hoping it goes up from \$2.8 million to \$3 million. The FIT Program costs \$24 to \$25 million dollars and only receives \$2.8 million in federal funding. Pay increases will need to be covered. Provider agreements consist of Early Intervention, Family Service Coordination, Child Find, Staff Development and Evaluation (CMEs). We were able to do away with mid-year projections.

The FIT Program is experiencing 5 and 1/2% to 6% growth in the number of children served. The FY18 projected amount is \$14.2 million. We are seeing the growth in the Operating and State Medicaid Match budget categories. If the FIT Program exceeds its budget, then Deb has to pull money from other programs. We can reduce contracts if we need to. We have to figure out proactive ways to present FIT funding needs to the legislature. We cannot meet 6% growth in the FIT Program year after year with a flat budget. We are working on the 2020 budget request and we will ask for an expansion to implement the Rate Study Results. We are working with the FIT Program to get the data needed by May 8, 2018. The budget request is due on July 16, 2018.

Questions/Comments from ICC Members/Proxies (bulleted), FIT Staff and Guests:

- Sophie Bertrand - Appreciates the information. As an ICC, we have a role in supporting the funding that FIT needs.
- Kathey Phoenix-Doyle - At the past legislative session, CYFD had a big presence and had ten people that work for CYFD there to provide testimony as needed. DOH did not have a presence. The ICC and FIT providers did a great job at the legislature advocating for FIT funding. Without DOH there, it looks like the department is not in support of FIT funding needs. How do we get DOH support? Do we meet with the DOH Secretary? It

looks like early intervention and the DDSD is not supported by our state.

Deb Vering - Thinks this will change come January 2019.

- Janis Gonzales - Since our birth rate is flat, we need to figure out where the FIT growth is coming from so we can advocate for FIT funding. Should FIT or the ICC look at the reasons for the growth?
- Kathey Phoenix-Doyle - Wonders if FIT is growing because Home Visiting is mandated to make a referral. Home Visiting is finding kids that FIT provider agencies are not finding.
- Janis Gonzales - This may be contributing to growth but it could also mean that FIT provider agencies are receiving the referrals sooner.
- Marc Kolman - We need to have the data on why the FIT Program is growing. DDSD staff do provide a written bill analysis. We provide input to our office of policy and accountability. This input goes to governor and to the Legislative Finance Committee (LFC). What we write in our analysis can be changed or not even submitted. The DOH has a daily strategy on who will attend legislative committee hearings. DOH has not been asked to attend and provide testimony for the past couple of years. The FIT Program works with the ICC to promote passage of legislation.

Jonetta Pacias - Glad to hear that in some regions the Home Visiting Program is referring to FIT provider agencies but this is not happening in all the regions. For the last three years, the Senate Finance Committee thought that the FIT Program and the Home Visiting Program were providing the same services. We need to better define who the FIT Program serves and what the FIT Program does. FIT provider agencies are doing a great job of promoting the FIT Program and agencies are receiving increased referrals from the medical field.

Jeanne Du Rivage - Home Visiting services are well-defined but we need to define how the two programs work together. Families have more risk factors. Home visiting is required to refer to the FIT Program. If a child needs both services, the family decides what they want.

- Carla Sanchez - Hospitals are providing newborn hearing screening for 97% of newborns. We are also finding more children with hearing concerns in annual screens. Hearing screening and developmental screening of newborns and young children could be contributing to the increase in FIT numbers.
- Sophie Bertrand - Do we need to hire someone who can do this research and identify the probable cause? There is a perception that FIT is federally funded and doesn't need state dollars. We need a gubernatorial fact sheet and families need to speak to their legislative candidates about the benefits of FIT services and FIT funding needs.
- Lula Brown - Would like to know how FIT provider agencies respond to their referral sources such as sending follow-up letters. Social media has contributed to ENMRSH referrals. Something has shifted. Ask providers what they are doing differently now

that might be contributing to their increase in referrals.

- Justina Stewart - We need to educate our legislators on the difference between home visiting and early intervention services. Parents may not choose early intervention services because they don't want their child to be labeled. What is our message to families and to families of different cultures? Education efforts with parents are contributing to increased referrals.

Deb Vering - At the Department of Health, we can get wrapped up in numbers.

We need to focus on performance and outcome-based results. What is this money actually buying?

- Kathey Phoenix-Doyle - Do we know which counties/agencies that have had growth? Valencia county has three providers and La Vida serves 86% of the children. We need to look at which provider agencies have had the most growth and why. At risk referrals are stable and developmental delay referrals are growing. Provider agencies have lots of referrals but the number of children getting to an IFSP is much lower.

Deb Vering - There has been a lot of growth in southwest region.

Cindy Faris - If each agency is tracking their referrals, it would provide useful information.

- Kathey Phoenix-Doyle - We can get referral data from FIT-KIDS.

Jonetta Pacias - There is a business plan for Early Childhood that will be presented to the new administration in January. It includes Pre-K, Home Visiting and Child Care. Andy Gomm and Jonetta had an hour phone call with the two women doing the study. Early intervention is not part of the business plan.

- Marc Kolman - Is there a draft?
- Janis Gonzales - There is a draft but it can't be shared.

Deb Vering - Can they go back and include FIT?

- Janis Gonzales - The draft is almost completed.

Deb Vering - This plan is going to seem like early intervention is a part of it. When FIT asks for money in 2019, the legislature will say they already funded early childhood services.

- Andrea Leon - To recap the discussion, the ICC needs to explore FIT growth, develop a legislative plan and identify advocacy efforts at the next ICC meeting.
- Sophie Bertrand - An Ad Hoc Committee that could meet right away would work better because the next ICC meeting will be too late.

ICC PARENT PANEL

Viviana Olivas from PRO introduced Lori and her daughter Amaris who will be three in June. Lori was seventeen weeks pregnant when she found out that her baby had Trisomy 13. At birth, Amaris's airway was too small and she was intubated. She was in the hospital for three months. At the hospital in Albuquerque, the family was informed about Albuquerque resources but not about the resources in their community. Amaris needs round the clock care. She currently has physical therapy, occupational therapy, School for the Blind and Medically Fragile services. Two local programs have really helped Amaris and our family. PRO has also really helped us. Home visits are so helpful. Amaris does not meet any of the milestones on the evaluation but our early intervention providers point out what her skills are. She will go to the NM School for the Blind in August. The Oregon Assessment really helps us see her strengths. Our early intervention team has a vested interest in our child's progress. Services have helped us provide meaningful tasks for our daughter such as moving a toy from one hand to another. We have realistic goals for her progress. All our service providers work together and support us. We feel like we are going to make it. We so appreciate the home services we have received and appreciate all the people in this room.

Viviana introduced Robert who has a son. As a single parent, Robert said it can be hard. When his son was 2 and $\frac{1}{2}$, Robert started noticing that he son was not making the progress he should be making. The local early intervention program evaluated his development and began providing services at the day care. When he was 3, Robert's son was diagnosed with autism by the ECEP Program. Therapists, developmental specialists and case workers have been so helpful. Although my son is non-verbal, we have good communication without any words. He is now 6 years old and in kindergarten. His therapists and teachers are so helpful. ECEP assessments really show the progress he is making.

Questions/Comments from ICC Members/Proxies (bulleted), FIT Staff and Guests:

Deb Vering - How old is your son now?

Robert's reply - He will be 7 in November.

- Sophie Bertrand - With so many providers, was it overwhelming?

Lori's reply - Our daughter draws pictures of our family and includes all our providers.

Robert's reply - We needed all our providers.

Cathy Riley - What would you have done differently? Do you have suggestions for us?

Robert's reply - I was really scared in the beginning. I needed more information about autism and parent groups where parents can get together to share information.

Lori's reply - Want to know other families of children with special needs in our community so we can support each other. Wish the Oregon testing would have been done sooner.

ICC PARENT PANEL REFLECTION

Facilitators: ICC Co-Chairs

- Both families were supported by their teams.
- Family loved the assessment tool that showed their daughter's strengths and growth.
- It can be a hard, confusing process for all parents.
- Metro hospitals should know and connect families to local resources.
- Parents need opportunities to meet with other parents.
- Assessment results can have a negative impact on parents if they are not able to capture a child's strengths and progress.
- Father's confidence.
- Heart warming to see and hear benefits of the Oregon.
- Parents know when their child can do a skill even though their child may not demonstrate the skill during the IDA.
- Ability of father and son to communicate effectively without using words.
- Both parents were able to share their struggles/personal experiences.
- Important to share parent stories with legislators.
- Wonderful to hear from a father. Need to do outreach to fathers.
- Impact of our decisions on the families we serve.
- Jeanne Du Rivage shared the parent cards given out during the January legislative session with people at different levels in the Department of Health to help show the impact/importance of FIT services.
- Ask all FIT provider agencies to use the parent card template and send us three parent impact stories to share with legislators.
- Nice to have a parent know the name of the evaluation or assessment tool used with their child.

FIT FINANCIAL DISCUSSION (cont'd).

Questions/Comments from ICC Members/Proxies (bulleted), FIT Staff and Guests:

- Kathey Phoenix-Doyle - We need numbers and impact stories. Thornburg can only focus on Home Visiting. Until La Vida became a Home Visiting provider, we didn't seem to matter to Thornburg. If influential people are only focused on home visiting, how do we get our message across?
- Nikki Ornelas - We need a scripted message that is strategic.
- April Spaulding - The ICC should reach out to NM Voices for Children to come present at an ICC meeting or hold a joint meeting.
- Lula Brown - Home Visiting is targeting the same demographic as the FIT Program so there can be tension between the two service options. Parents need to be clear as to the role of these two programs.
- Camila Gutierrez - Our family benefited from both home visiting and early intervention. When I told my daughter's pediatrician about her developmental concern, he referred her to private therapy because he thought FIT provided services for children with

severe disabilities.

Cathy Riley - M-CHAT referrals may be adding to the increase in numbers.

- Kathey Phoenix-Doyle - Are we capturing the families who are in services for a short period of time and then leave? Economic factors that cause the population within a community to increase and then decrease can impact our numbers.
- Marc Kolman - Population estimates are different than the birth rate.
- Kathey Phoenix-Doyle - Need to look at the county level so that we have the funds needed.

Jeanne Du Rivage - We have a lot of data. We have to determine the data we need. Futures for Children has a lot of data on their website such as data on trauma, poverty, and substance abuse.

- Camila Gutierrez - FIT serves children who are undocumented. Once they age out, they have no services.
- Justina Stewart - Sometimes early intervention is the only resource in a community for children with risk factors. If the child has a risk factor than the parent has a risk factor too. We are working with a family unit. We need to highlight this with the Legislature.
- Sophie Bertrand - As a UNM employee, I can't lobby. We need to talk to the candidates about FIT funding needs before they are elected and ask for their support. We need a fact sheet.
- Kathey Phoenix- Doyle - ADDCP is meeting with the gubernatorial candidates today to discuss support for adult services and FIT services.

MOTION: Celina Waller made a motion to form an Ad Hoc Committee that will start working on FIT advocacy efforts prior to the May ICC meeting. Camila Gutierrez seconded the motion. There were no objections or abstentions. The motion passed.

Ad Hoc Committee members are: Camila Gutierrez, Celina Waller, Andrea Leon, Kathey Phoenix-Doyle, April Spaulding, and Nikki Ornelas. Zoom will be used for meetings as needed.

- Marc Kolman - DOH/DDSD will provide data and information to the Ad Hoc Committee.

ICC COMMITTEE REPORTS

Work Force Committee - Luanne Stordahl reported. Critical Issue 1 - FIT has updated the Family Service Coordination training and is providing the training monthly. FIT is exploring a career lattice and certification for service coordinators. FIT and ECLN staff are exploring a webinar orientation training for all new FIT providers. Critical Issue 2 - Ellen Pope has completed a Telehealth training document that will be piloted with two FIT agencies. Contact

Jeanne Du Rivage if you want to be part of the pilot. The provider survey is being completed and it will be presented at the May meeting.

Quality Committee - Lula Brown reported. Critical Issue 1 - The goal is working in collaboration on TQRIS implementation. No action since last ICC meeting. Critical issue 2 - Held 2 joint meetings with the Communication Committee to collaborate on ways to support FIT in providing current and correct information to provider agencies. Marc Kolman went into detail in his report. Critical Issue 3 - Dr. Dara Zafran provided an M-Chat update that is contained in our written report. Critical Issue 4 - No work on this as yet. Critical Issue 5 - Jeanne Du Rivage will let Lula know if there are documents for the Quality Committee to review and provide input regarding.

Communication Committee - Marc Kolman reported. The committee met twice with the Quality Committee. Critical Issue 1 - No direct action. Critical Issue 2 - There has been a lot of discussion between the FIT Program and the provider community. A draft survey is on hold briefly so as to not burden providers but it will be released soon. We are considering how the FIT Program should disseminate information and work with the provider community to implement change. FAQ sheets are not really the solution. Posting documents on websites is useful but it is not the sole answer. The new program manager checklist was reviewed. The checklist is posted on the UNM CDD portal which takes you to the FIT portal. Regional meetings are one way to disseminate information. There is a change in format as to how information is disseminated in regional meetings. Regional meetings all use the same agenda. Regions are asked about concerns or topics specific to their region but the state level information is given in the same way at each regional meeting. Transition and transfers are still a hot topic and information from the state needs to be consistent. There is a recommendation to develop a Family Service Coordinator list serve. Lisa Rohleder will pilot the roll out of this list serve in early June. This will be a 2-way list serve with an open chat function. Administrators will manage the list serve. Andy Gomm is working with the IT folks at ECN to develop a message board. Public awareness materials are ready for distribution. Send your request to Angelica. We are working on a branding campaign that uses consistent messaging and materials. A good example of this is the Region IX brochure.

Comments/Questions from ICC Members/Proxies (bulleted), FIT Staff:

Jeanne Du Rivage - Contact the FIT Program if you have trouble getting FIT materials.

- Marc Kolman - Can we post Jeanne's message on the FIT Coordinator's list serve?
- Kathy Hughes - We have had trouble getting our materials and we are low again.

Jeanne Du Rivage - Do providers read messages on the list serves? I post messages but seem to never receive a response.

- Kathey Phoenix- Doyle - I don't respond to messages on the list serve unless I know a response is required. I read the messages on the FIT Coordinators list serve and forward them as appropriate.
- Celina Waller - The FIT List Serve is awesome. If you want a response, write it in your subject line. As providers, we need to let the FIT Program know what is not working or if we need forms, etc.

Native Service Ad Hoc Work Group - Paula Seanez reported. Not a lot of activity. No recommendations at this time. The archived work from the previous task force cannot be recovered. Kelsey Woody from EPICS created a visual map of early childhood and early intervention services on, or near, reservations.

Kelsey Woody - The visual map is a draft that will be completed by May. The finished product will be in a booklet format.

Finance Committee - There is no written report. The information provided by Deb Vering will suffice for this meeting.

MOTION: Kathy Hughes made a motion to accept the Committee Reports. Sara Einfalt seconded the motion. There were no objections or abstentions. The motion passed.

FIT PROFESSIONAL DEVELOPMENT PLAN

Jeanne Du Rivage presented a PowerPoint. FIT has held planning meetings with FIT staff and ECN staff. They reviewed the data and lessons learned from Race to the Top. FIT is also using data from surveys and considering "do ability and what is reasonable". The FIT Program's professional development Vision is a work in progress. The Vision is to "support the implementation of evidenced based practices in a manner that supports adult learners to grow within programs with an infrastructure that supports fidelity of practices ultimately improving outcomes for children & families and increasing satisfaction for practitioners". The FIT SSIP Theory of Change has three evidenced based practices: IFSP-QRS, EI Practices and TTA. Implementation science is being used to develop and conduct training that leads to the desired changes in practice. The Illinois Training Rubric is being used to assess trainings.

This is a 15-month plan that starts with bringing FIT and ECN staff up to speed. Contracts and scopes of work will be based on the proposed professional development plan. Ellen Pope will develop coaching trainings. NM CDD ECLN staff will develop early intervention practices training. The IFSP-QRS manual will be reviewed and trainings will be developed. The UNM portal will be reviewed and updated. We will continue to use the IFSP QRS. The data base has been launched so people can record their IFSP data.

FIT and ECLN staff met to decide what is FIT's message that can be put in a welcome to early

intervention format. We want to incorporate parent and practitioner roles, coaching, and routines-based intervention to help parents understand what they are going to receive. We plan to train the leadership team in programs (administrators and FSCs) who will disseminate information to their staff. We want to do regionally based training and provide follow-up technical assistance. We are in the active phase of the paradigm shift and are working to implement system change in a meaningful manner that supports our work.

ICC Members/Proxies, FIT Staff and Guest Questions and Comments:

- Janis Gonzales - Can we use this training with medical providers?

Jonetta Pacias - The information that seasoned staff is giving to new FSCs is not the same information that is being given in Family Service Coordination training. Things have changed and consistent information such as what defines a transition conference needs to be provided.

- April Spaulding - There are a variety of FIT agencies offering a variety of services. Some agencies offer therapies and some agencies offer routines-based services.
- Sophie Bertrand - ECN staff are working on all the trainings so all the pieces reflect the same language and interconnect. We are reviewing the work of Juliann Woods. We want to support families in understanding that early intervention is not about a therapist coming and working with their child.

Jeanne Du Rivage - These trainings will be content rich and will become our core trainings.

- Kathey Phoenix-Doyle - It may take a year for a Family Service Coordinator to get into a Family Service Coordination (FSC) training.

Cathy Riley - It will not be such a long wait to get into an FSC training. Training groups have been smaller. If you want to audit a training, wait until the fall so FIT FOCUS has been added to the training. The current training is more interactive and participatory.

Jeanne Du Rivage - The FSC training is a work in progress. Do program managers want to see the training?

Cathy Riley - There is the online FSC version that anyone can take. The face to face FSC training is reserved for new FSCs. It is challenging to facilitate training with seasoned and new FSCs.

Deb Vering - Race to the Top funding and expenditures were not included in the FIT Budget and Expenditure handout. Deb can present the Race to the Top information at the next ICC meeting.

MEETING ANNOUNCEMENTS

April Spaulding - The ACQ wants a written report about the ICC. April will work with PRO to develop a webinar on the DD Waiver.

The 2017 PRO Family Leadership Conference had almost 400 families attend the conference.

ICC FUNCTIONING

What Worked

- Room
- Food
- Parent Panel
- Great discussion
- Hospitality
- Pace of the meeting
- Having copies
- Good, insightful questions were asked
- Sharing of perspectives.

MOTION: *Sara Einfalt made a motion to adjourn the meeting. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed. The meeting was adjourned at 3:28 pm.*

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
Develop a webinar on Medicaid billing codes. Include importance of listing all the codes a child is eligible under. Specify codes that are time limited. Develop a guidance document.	
Jason Lavy to add applicable codes to FIT-KIDS.	
DDSD to provide numbers and information to the ICC Ad Hoc Committee.	
Deb Vering to present Race to the Top funding and expenditures at the May ICC meeting.	

RECOMMENDATIONS/TASKS for ICC MEMBERS and ICC COMMITTEES/	STATUS
Janis Gonzales to email two pediatric articles on ACES to ICC Coordinator to post on ICC and FIT Coordinator List Serves.	
ICC Ad Hoc Committee to start meeting prior to the May ICC meeting to develop advocacy plan including a gubernatorial fact sheet.	
Using parent card template, ask FIT provider agencies to obtain and provide three family impact stories that can be shared with gubernatorial candidates and legislators.	
Schedule joint ICC meeting with, or a presentation from, Voices for Children	