

INTERAGENCY COORDINATING COUNCIL (ICC)



DRAFT JANUARY 2016 MEETING MINUTES

MEMBERS/APPOINTEES PRESENT

Andrea Leon, Peggy O'Neill, Karen Lucero, Jim Copeland, Cynthia Mantegna, Samantha Yancey, Sophie Bertrand, Nelli Calame, Sara Einfalt, Marc Kolman, Kathey Phoenix-Doyle, Paula Seanez, Amanda Gibson-Smith, Janis Gonzales, Lourdes Vizcarra, Luanne Stordahl

PROXIES PRESENT

Lourdes Vizcarra Proxy for Shandra Clow

MEMBERS ABSENT

Lula Brown, Robin A. Wells

WELCOME

Peggy O'Neill introduced the New Mexico School for the Deaf (NMSD) Superintendent, Rosemary Gallegos, who welcomed ICC members and guests. Superintendent Gallegos stated she was a former ICC member and was so pleased to have NMSD host the ICC's January meeting.

OVERVIEW

Peggy O'Neil asked for introductions. Peggy stated Andy Gomm had requested that the ICC agenda be amended by moving the training on the FIT financial structure to before lunch and the Lead Agency Report to after lunch. She asked for a motion to approve the meeting agenda as amended. **MOTION: Marc Kolman made a motion to approve the meeting agenda as amended. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.**

PRESENTATION BY NMSD EARLY INTERVENTION & INVOLVEMENT DIVISION.

Joanne Corwin, Director, presented a PowerPoint presentation. The collaborative relationship between NMSD and the Department of Health is defined in a Memorandum of Understanding signed by DOH Secretary Ward. NMSD's early intervention program works in partnership with the FIT Program and with the Newborn Hearing Screening Program provided by Children's Medical Services (CMS). This partnership has been very successful. It is recognized nationally and it has been replicated by ten other states. The FIT Program and NMSD have a legislative charge to provide services to deaf and hard of hearing infants, toddlers and their families. CMS has a legislative charge to provide newborn hearing screening follow-up. In working together, we are better able to provide comprehensive, unduplicated early intervention services and supports. Joanne commended FIT early intervention programs for the excellent early intervention services provided to eligible children and families. Research has shown that

young children receiving early intervention services are 90% more likely to have a progressive hearing loss. 50% of Native American children and 30% of other children have a fluctuating hearing loss. Each year, twelve to fourteen children enrolled in FIT services are identified with permanent hearing loss. Last year, only one child completed FIT services without their hearing loss being identified. The hearing screening service that FIT programs provide is an essential safety net for identifying hearing loss in infants and toddlers. Recently, Las Cumbres tested a child's hearing, the child didn't pass the hearing screening and a diagnostic audiological evaluation confirmed that the child had a permanent hearing loss. This child was born at home and did not have the advantage of the newborn hearing screening provided by the local birthing hospital. Without the hearing screening provided by Las Cumbres, this child's hearing loss may not have been identified for years. Research has well documented that children with hearing loss identified by three months of age and enrolled in early intervention services by six months of age can have typical language development. Joanne stated that when NMSD is providing services along with the child's local early intervention program, it does not affect the local program's ability to bill for services. Jim Copeland expressed concern that even one child would go through FIT without a hearing loss being identified. Joanne passed out a packet of information about NMSD's early intervention services. Direct, home based services are provided to 260-280 families a year. In addition, supportive services are provided to over 700 children and their families statewide. Supportive services include training and technical assistance to local early intervention programs which includes the provision of hearing screenings and support when programs need help with hearing screenings. Services also include consultation for local programs serving children with unilateral hearing loss, cochlear implants, or chronic otitis media. Statewide services are supported by NMSD's Regional Supervisors who bring a wealth of experience to their work. The program provides over 2,000 hearing screenings a year, numerous trainings and workshops, and participation in statewide child find activities. When direct and supportive services are counted, the NMSD early intervention program serves close to 4000 children every year. The yearly miles driven are 10 times the circumference of the earth. Families of children going through the diagnostic hearing process can also receive consultation services until their child's hearing status is confirmed including how to establish and maintain a good listening environment and how to use daily routines to support their child's communication and language learning.

APPROVAL OF CONSENT AGENDA

Peggy O'Neill asked for a motion to approve the Consent Agenda which included the ICC November meeting minutes and the Financial Report. **MOTION: Amanda Gibson-Smith made a motion to approve the Consent Agenda. Nelli Calame seconded the motion. There were no objections or abstentions. The motion passed.**

ANNUAL PERFORMANCE REPORT (APR)/STATE SYSTEMIC IMPROVEMENT PLAN (SSIP)

Andy Gomm, FIT Program Manager, introduced Ardith Ferguson, and Jason Lavy. Ardith lives in Colorado and works with the National Center for Systemic Improvement. New Mexico is one of her states. Jason Lavy is the Quality Assurance and Data Manager for the FIT Program. His position covers the work formerly accomplished by Patti Ramsey and Albert Ericson. Ardith said this is a busy time for states.

Andy, Ardith and Jason distributed a handout and presented a PowerPoint presentation. They provided the following information:

- An update on the following federally- required reports:
 - State Performance Plan (SPP) /Annual Performance Report (APR) for FY 2014-2015
 - Phase II of the State Systemic Improvement Plan (SSIP);
- Information on the required components of the Phase II SSIP;
- Planned and continuing improvement activities in the Race to the Top grant and the SSIP.

The Annual Performance Report (APR) for FY 2014-2015 will have to be endorsed by the ICC and signed by the ICC Co-Chairs. The APR must be submitted by February 1, 2016. This is the second year that states can submit their APRs online into a national data system, so the submission date has been extended to February 8, 2016. If the ICC chooses not to endorse this report, the ICC would be responsible for developing another report. The APR measures compliance and performance on federally required indicators. Ardith stated most states are doing well on these compliance indicators but the outcomes for children are not really improving. Indicator 11, which is not due until April 1, 2016, covers the benefits of early intervention services for children and families.

Indicator 1 - Looks at the timely provision of services. This is the only Indicator in which it appears that New Mexico had slippage (more than a 1% decrease). Once Jason cleans the data for Indicator 1, New Mexico may not have slippage. Andy said Indicator 1 is the indicator most affected by staff turnover. If we still have slippage after Jason cleans the data, New Mexico will add provider shortages as the reason for the slippage. Nelli Calame asked about the federal goals for the Indicators. Jason replied the majority are 100%. Ardith said family reasons for being late are not held against states.

Indicator 2 - Natural environments. New Mexico had done well over the past five years. There was a .2% decrease but this does not constitute slippage.

Indicator 3 - Pre and post testing is conducted to determine if children are improving over time in the Early Childhood Outcomes (Positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs). Andy reviewed the two Summary Statements for the ECOs which are:

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- Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.
- Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations by the time they turned 3 years of age or exited the program.

Ardith stated that not all children who meet New Mexico's eligibility criteria would be expected to reach typical development. Karen Lucero asked if the data included children at risk. Andy replied that it does not. Andy said he will graph New Mexico's ECO data as compared to other states and present it at the April ICC meeting.

Indicator 4 - Family outcome data. This information is obtained through the yearly family satisfaction survey. New Mexico does very well every year. Sophie Bertrand asked how many family surveys were returned last year. Yvette Dominguez stated that approximately 1,520 families completed last year's survey. The survey consists of twenty questions. Andy stated a presentation on the family satisfaction survey results will be added to the April ICC meeting agenda.

Indicator 5 - Percent of children birth to 1 with IFSPs. This does include the at-risk children served.

Indicator 6 - Percent of children birth to 3 with IFSPs (includes at-risk). New Mexico is second in the nation.

Indicator 7 - 45-day timeline. There was a slight decrease but not enough to be viewed as slippage.

Indicator 8a. - IFSP's with transition steps and services.

Indicator 8b - Transition conferences.

Sophie Bertrand stated it would be helpful to have the Part B data to compare to FIT's Indicator 8b data.

Ardith briefly reviewed Indicator 9 (correction of non-compliance with the child/family receiving all their IFSP services) and Indicator 10 (mediations and disputes).

The SSIP is Indicator 11 in the State Performance Plan. There are three phases to the project. Last year was Phase 1 and states decided which of the three ECO areas they wanted to focus on. During New Mexico's Phase 1 analysis, we decided to keep all three ECO areas in the SIMR. We are unique in deciding to do this. Andy stated that our aggregate ECO scores look great but there are outliers when the scores are separated.

New Mexico developed a theory of action in phase 1. This year, in phase 2, we are re-analyzing what we said we would do. OSEP is looking at how each state is supporting its early intervention programs in developing evidence based practices. Because of our Race to Top initiative, we are in a good place and far along in developing our evaluation plan. The report has to be submitted by April 1, 2016. By 2018, OSEP wants to see that child outcomes have improved. Last year, a lot of infrastructure analysis was completed.

Our Race to the Top work is being aligned with other early childhood systems in our state. We have expected outcomes for our work and we will be collecting and analyzing our data. We need to determine the role of the ICC in looking at the progress data. We also have to determine how to disseminate the information. Jason will need to streamline the data collection process. A commercial platform will be used to develop an online version which will enable us to extract data much easier. We will look at our data annually. Andy reviewed the SSIP Ad Hoc Committee membership which is comprised of Karen Burrow, Karen Lucero, Samantha Yancey, Kathey Phoenix-Doyle, Sophie Bertrand, Andy Gomm, Linda Askew, and Jason Levy (staff). Andy asked the ICC how often they wanted an update on the work. The ICC wants to know the status of the work being accomplished. Andrea Segura suggested that a calendar of planned tasks/accomplished work be provided.

Cindy Mantegna asked Andy about what had happened to the ICC committee work on the ECO. There were a number of recommendations and the ICC would like feedback from the FIT Program on the status of these recommendations. Cindy requested information as to why if any of the recommendations were not implemented. Sara Einfalt recommended that the early intervention providers should be thanked for their work. Jim Copeland asked about the possibility of investigating the developmental status of children who did not receive FIT who show up at LEAs.

MOTION: Jim Copeland made a motion that the ICC authorizes the Executive Committee to certify the APR as presented by the FIT Program. Karen Lucero seconded the motion. During the discussion of the motion, Joanne Corwin asked about emailing comments. **Jim Copeland amended his motion to include the ability of the ICC to email comments. Karen Lucero seconded the amended motion.** During the discussion of the amended motion, Kathey Phoenix-Doyle expressed concern that the ICC is putting too much responsibility on the Executive Committee. Andy Gomm stated the FIT Program will email the APR to the ICC with a timeline as to when ICC input has to be received. Jim Copeland reminded the ICC that if the ICC Executive Committee does not certify the APR, the ICC will have to develop and submit its own report by February 8, 2016. **There were no objections or abstentions. The motion passed.**

FIT FUNDING STRUCTURE

Andy distributed a handout and presented the following information:

- State General Funds (SGFs) are appropriated during the Legislative session. Any State General Fund appropriation for FIT goes into the DDSB budget and has to be tracked internally. FIT funding has grown over the years because of the work the ICC and the ADDCP.
- Medicaid - Medicaid funding for FIT services is paid out of EPSDT and carved out of Centennial Care. FIT is a fee for service. Medicaid pays FIT providers directly and then Medicaid bills the DOH for the Medicaid match which is \$.29 on the dollar or 29%.
- Part C - FIT has to apply for Part C funding annually through the Office of Special Education Programs. NM's Part C funding is based on NM's census data. This funding can be used for anything. It is currently used for evaluations, to pay state staff, etc. The FIT Program has 27 months to spend the funds and the funds roll forward from year to year.
- Private insurance - Private insurance revenues are the result of the 2005 legislative work of the ICC. Can bill private insurance up to a \$3500 cap. ICC Finance Committee will consider looking at opening up the legislation to remove the cap. Programs bill DOH and DOH bills the insurance companies.
- Special grants and funding - Federal grants include the past American Recovery and Reimbursement Act funding and the current Race to the Top funding. Have also received special funding from the Legislature which becomes part of FIT base funding.

The DOH submits its budget request in August to the Legislative Finance Committee (LFC). The DOH is often told to come in with a flat budget. It is important for the FIT Program to be included in the DDSB budget and not have a separate budget so that FIT funding cannot be line item vetoed. Andy stated the ICC would like to have more input into how the FIT budget gets allocated. The FIT Program is required to have a purchase document for every agency and therefore has to do mid-year utilization agreements. FIT is an entitlement program and the Department of Health has to cover what early intervention provider agencies spend.

LEAD AGENCY REPORT

Andy distributed copies of the report. He stated the ICC requested changes to the report including definitions, side by side descriptions, graphic representations of the data, month to month tracking, etc. will start being provided at the April ICC meeting. Andy highlighted sections of the report. The number of children with an IFSP has gone up. The number of referrals has also increased. The December 1 child count has to be reported on January 20, 2016. Andy stated there was a question from a previous ICC meeting about what happened to \$400,000 legislative appropriation. He said this funding was used to cover the shortfall and was not applied to provider rates.

The ICC requested a presentation on the Family Survey Results at the April ICC meeting. It was suggested that a question about gaps or delays in services be added to the survey. The survey will be sent out the last week in February.

In order to remove the insurance cap, the legislation would have to be opened. Andy asked the ICC Finance Committee to discuss this and make recommendations. Karen Lucero asked Andy about the status of progress toward promulgation of FIT rules and obtaining public comment. Andy replied that this will happen in April or May and requested that this be added to the April meeting agenda. **MOTION: Samantha Yancey made a motion to approve Lead Agency report. Joanne Corwin seconded the motion. There was no objections or abstentions. The motion passed.**

ICC COMMITTEE REPORTS

Andrea Leon asked Committee Chairs to highlight their written reports and only cover in depth issues in which they need ICC input or endorsement.

ECCP Committee

Andrea Segura, Committee Chair, reported. The committee has accomplish the first goal area. The committee met in person on December 9, 2015 and determined what was needed to start the mapping process. Amanda Gibson-Smith and Jonetta Pacias provided requested information. Investment Zones will be used for the mapping process. Home Visiting has a grant to develop the investment zones. 8 of 13 investment zones have been completed. The committee met on January 12, 2016 to review the Head Start information. Mapping is helping to identify key players. The committee needs volunteers to help identify the relationships that are in place. Goal 2 is still in process and the committee would like some volunteers to help with Goal 2.

Quality Committee

Cindy Mantegna, Committee Chair, reported. Several members of the Quality Committee are also members of the FIT FOCUS Tiered Quality Rating & Improvement System (TQRIS) Stakeholder Group. The Stakeholder Group has been providing input regarding essential elements that support quality practices. Recently the Stakeholder Group has been providing input regarding the assessment component of the TQRIS. The Stakeholder Group is recommending that current practices be embedded into TQRIS and that the amount of additional work be realistic and doable. Sophie Bertrand stated that tracking the time needed to complete the work is a part of the pilots. Cindy requested that the Quality Committee receive draft FOCUS documents in a timely manner in order to have the time needed to provide feedback. Cindy stated the Quality Committee had recommended the MEISER, an excellent free tool, be added to the list of FIT tools. Cindy asked that the FIT Program explain why the MEISER was rejected.

Comments:

- Jim Copeland stated New Mexico APR percentages on the ECO and family outcomes are really good. Jim asked the following questions: "Where are we going?" "What are we trying to improve?" "When will the level of quality be high enough?" Jim expressed concern that we are trying to improve quality at the expense of the quality we already have.
- Andy Gomm stated that every person working in the FIT Program should be using evidenced based practices. TQRIS is giving us the opportunity to look at this research and determine that quality practices are in place.
- Karen Lucero asked how we are going to measure that quality practices are being used. Karen said the ECO Committee recommended changes to the ECO. We need some consistency and we hope that we can implement the recommended ECO changes.
- Peggy O'Neill stated she agreed with Jim. Quality initiatives are very exciting but they are adding a new burden to an already stressed system. Programs are working hard to survive. Zia is not able to hire people to meet any extra requirements. FIT programs will do their part to meet these new challenges but the Department of Health has to do its part by giving programs more funding.
- Kathey Phoenix-Doyle - At La Vida, we are tracking every single minute of the time needed to complete the IFSP project. We will be able to present hard data on how much of this time is billable and much of the time is not billable.
- Andrea Leon asked Andy to provide the requested information on the ECO, the ECO rating form and the MEISER.
- Andy replied that the ECO recommendations will be reviewed and the new ECO rating form will be sent to FIT providers.

Finance Committee

Jim Copeland, Committee Chair, reported. The Finance Committee met via email to revise the Scope of Work for the Rate Study and to develop the fact sheet for SB51. SB51 does not have a mirror bill in the House. Anna Otero Hatanaka will continue to lobby for ADDCP through the end of June 2016. ADDCP has a staff person working 30 hours per week.

Comments:

Andy Gomm - ICC Finance Committee will guide the implementation of the rate study. The prospective costs of TQRIS are being collected and will go into the Rate Study analysis.

Marc Kolman - The Rate Study RFP will be released in a month or two.

Jim Copeland - Everything about the FIT Program has a time or a financial impact for provider agencies. We don't want to be blindsided with FIT decisions that will have a financial impact. The ICC understands that our role is to advise and assist but we cannot do this if don't have initiatives brought to us prior to implementation.

Marc Kolman - Where will this coordination happen procedurally?

Jim Copeland - The ICC Executive Committee can be used as a clearing house. The Executive Committee will bring information to the ICC when needed.

Samantha Yancey - What is the timeline for the Rate Study RFP? When will it start? When is it expected to be completed?

Marc Kolman - The RFP will go out in about a month. The contract will start July 1, 2016. The length of time will depend on who is awarded the RFP. The FIT Program will manage the contract and the proposed methodology.

Communication Committee

Marc Kolman, Committee Chair, reported. The committee has met a couple of times. The first objective was to clarify the Partnership Agreement. The second objective was to review the new member orientation and establish a mentoring system. The committee is proposing that the ICC has a fifteen to twenty minute standing agenda item on relevant partners such as ELAC, Head Start, etc. ***MOTION: Amanda Gibson-Smith made a motion that the ICC has a standing agenda item on partnerships. Samantha Yancey seconded the motion. There were no objections or abstentions. The motion passed.*** Marc demonstrated the ICC page on the FIT website. The committee is recommending that the FIT Coordinators website be utilized in a more comprehensive manner.

MOTION: Lourdes Vizcarra made a motion to approve the ICC Committee Reports. Samantha Yancey seconded the motion. There were no objections or abstentions. The motion passed.

ICC Legislative Agenda

Peggy O'Neill expressed appreciation for the work that Andrea Leon and PRO did in supporting families to come to Early Childhood Awareness Day and speak with their Legislators about the benefits of FIT services. ***MOTION: Karen Lucero made a motion that the ICC endorses SB51. Kathey Phoenix-Doyle seconded the motion. Marc Kolman and Joanne Corwin abstained. There was no opposition. The motion passed.***

Andy Gomm reported on the Land Grant Permanent Fund Joint Resolution which, if approved, will allow early childhood programs that are not part of a school to tap into the interest on the Land Grant up to $\frac{1}{2}\%$ (150,000,000 a year). Joanne Corwin stated the language in the resolution is not really clear. If approved, the resolution would reduce the amount of funding going to the state supported schools.

Karen Lucero reported that Jerry Ortiz y Pino is sponsoring a bill for behavioral health which, if approved, would put \$75,000 for developmental screenings in doctor's offices. Kathey Phoenix-Doyle said there is not enough money attached to this bill. People on the task force or in the Pediatric Society are not happy with the amount of money in the bill. Karen Lucero said Medicaid has to pay for Developmental Screening, if billed.

OVERVIEW OF FIT KIDS CHANGES/ICC REPRESENTATION ON STEERING COMMITTEE

Andy Gomm reported the FIT Program is close to having a contract in place with MAXIMUS and hopes the contract will be in place by mid-February. Race to the Top funding is being used to pay for upgrades to FIT KIDS. Andy asked about ICC representation on the steering committee as those changes to FIT KIDS are built. There was a FIT KIDS Users Group in the past. Karen Lucero will be the ICC representative on the steering committee.

ICC PARTNERSHIPS, AGREEMENTS AND COMMITMENTS

Peggy O'Neill presented the changes to the ICC Partnership Agreement. **MOTION: Amanda Gibson-Smith made a motion to accept the changes as presented. Janis Gonzales seconded the motion. There were no objections or abstentions. The motion passed.**

ICC BYLAWS

Draft changes to the ICC Bylaws were presented. Draft changes to the length of term early intervention providers can serve on the ICC were discussed. Cindy Mantegna expressed concern that the ICC would lose historic knowledge if term limits were imposed. Sophie Bertrand stated it can take a long time for an early intervention provider position to open up on the ICC. Naomi Sandweiss said term limits insure diversity. Kathey Phoenix-Doyle said she would like to know how long people have been serving. Peggy O'Neill stated the ICC might want to have more time to consider any changes to the Bylaws. **MOTION: Sara Einfalt made a motion to table the discussion on draft changes to the ICC Bylaws until the April ICC meeting. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.**

ANNOUNCEMENTS

The ICC thanked Joanne Corwin and the NM School for the Deaf for their hospitality. Lourdes Vizcarra informed the ICC that this will be her last meeting as she is returning to full time practice as a physician. Lourdes was thanked for her many contributions to the work of the ICC and to her years of service as an ICC member. Lourdes was asked to come to the June meeting and join the ICC for lunch and then a celebration of her services.

ADJOURNMENT

Andrea Leon adjourned the meeting at 4:15 pm.

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
Include ICC requested changes to the Lead Agency Report (definitions, side by side descriptions, graphic representations of data, month to month tracking) starting with the April 2016 ICC meeting.	
Email APR to the ICC and provide a date when ICC input has to be submitted.	
Provide the ICC with an explanation as to why the MEISER was not added to the list of FIT tools.	
Review ICC ECO recommendations and post the ECO Rating Form on the FIT Coordinators list serve as approved for use.	
Provide a presentation on the Family Survey Results at the April 2016 ICC meeting.	
Graph NM's ECO data as compared to other states and present at the April 2016 ICC meeting.	
Add Promulgation of FIT Rules to the April 2016 ICC meeting agenda.	
Compare Part B transition data to FIT Indicator 8b data.	
Provide a calendar of planned and accomplished SSIP work at each ICC meeting.	

RECOMMENDATIONS/TASKS for ICC COMMITTEES or ICC Members	STATUS
ICC Executive Committee to include a 15-20 minute standing agenda item on partnerships beginning with the April 2016 ICC meeting.	
Karen Lucero to represent the ICC on the FIT KIDS Steering Committee.	
ICC Executive Committee to put ICC Bylaws on the April 2016 meeting agenda.	
ICC Executive Committee to certify the APR when it is completed.	
ICC Executive Committee to post a parent representative position opening on the FIT Coordinators and ICC List Serves.	
ICC Executive Committee to thank the FIT provider agencies for their work so the FIT Program meets APR compliance requirements.	

ICC Finance Committee to consider the pros and cons of opening the insurance legislation to remove the insurance cap and present committee recommendations to the full ICC.	
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