

INTERAGENCY COORDINATING COUNCIL (ICC)



NOVEMBER 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, Amanda Gibson-Smith, Janis Gonzales, Lula Brown, Luanne Stordahl, Justina Stewart, Andrea Segura, Naomi Sandweiss, Catherine Quick

MEMBERS ABSENT

Paula Seanez, Marisa Macy, Joanne Corwin, Jessica Sandoval

WELCOME

Peggy O'Neill welcomed ICC members and guests to the November meeting and asked for introductions. Peggy asked for a motion to approve the meeting agenda. **MOTION: Amanda Gibson-Smith made a motion to approve the meeting agenda. Sara Einfalt seconded the motion. There were no objections or abstentions. The motion passed.**

ICC VOTING ON OPEN POSITIONS

Peggy O'Neill stated there were three open positions as follows: ICC Parent Co-Chair Elect, Early Intervention Provider Co-Chair Elect, and Executive Committee Member At-Large. Peggy asked the candidates to talk about their interest in serving.

Parent Co-Chair Elect

Nellie Calame - Has a son with autism and their family participated in early intervention services. Nellie just retired from a 36-year career with Intel. She worked in human resource leadership management in three countries and would bring these leadership skills to her role as the ICC Parent Co-Chair. She is committed to supporting the mission of the ICC.

Samantha Yancey - Has two children who went through early intervention services. Samantha volunteers time to early intervention. She wants to make a difference and appreciates this opportunity.

Provider Co-Chair Elect

Kathey Phoenix-Doyle - Has been on the ICC since June 7, 2013. She current serves as the Executive Director of La Vida Felicidad and she was a FIT Regional Manager. She understands systemic issues from both the provider and the Lead Agency perspectives.

Executive Committee Member At-Large

Sophie Bertrand - Is a division director for the Early Childhood Learning Network (ECLN) at the Center for Development and Disability (CDD). Sophie brings an extensive cross sector background to the Executive Committee. In the past, Sophie served on the ICC as the Head Start Representative. Sophie can represent the perspectives of state agencies and early intervention programs.

Paper ballots were distributed. Kathey Phoenix-Doyle and Samantha Yancey were selected as ICC Co-Chair Elects. Sophie Bertrand will continue as the Executive Committee Member At-Large.

Peggy O'Neil asked for a motion to approve the June Meeting Minutes and October Retreat Minutes. Nellie Calame requested that her name be added to the June meeting attendance.

MOTION: Samantha Yancey made a motion to approve the June Meeting Minutes as corrected and the October Retreat Minutes as presented. Cindy Mantegna seconded the motion. There were no objections or abstentions. The motion passed. Peggy informed the ICC that there was no ICC Financial Report as her Chief Financial Officer (CFO) has been on vacation. The ICC Financial Report will be presented at the January 2017 ICC meeting.

LEAD AGENCY REPORT

Andy Gomm reported. Andy informed the ICC that he was presenting the report as part of mentoring Jeanne Du Rivage in her new role as the FIT Program Manager. Andy introduced Jason Lavy, the FIT Data Manager, who helps provide the data for the report. At the ICC Retreat, Jeanne Du Rivage requested that the amount of data included in Lead Agency Reports be reviewed as it seems like there is a lot of data and not all the data may be needed. The ICC Finance Committee will review the data and make a recommendation to the ICC as to any data fields that could be eliminated. Andy Gomm stated the data in the Lead Agency Report can be looked at as a dashboard to help the ICC determine the health of the FIT system. November is an important time of year to discuss the data in the report because it contains the new fiscal year data.

Andy reviewed the data in the report as follows:

- Bottom of *page 1* - FIT budget for FY17.
- Budget category numbers: 200 - Salaries & Benefits; 300 - Contractual Services; 400 - Other Costs (Provider Agreements); 500 - Other Financing (Medicaid Match)
- 500 category - went down slightly from FY16 due to adjusted projections. Budget adjustments can be made within the other categories but not this one. Andy stated the DOH has put language in HB2 to lift the lock requirement and allow funds to be transferred from category 500.

Questions/Comments from ICC Members:

- Karen Lucero asked if more money could be transferred into category 500, if needed. Andy Gomm answered yes, money could be added.
- Jim Copeland stated the ICC has requested that all private insurance revenue go into provider agreements and be used to pay for services to eligible children with private insurance. Andy Gomm replied that he agreed with Jim but the DOH views it as overall revenue.

Andy continued with the report as follows:

- Race to Top Funds - Has been reduced to \$700,000 but FIT is currently doing a budget request of \$1.4 million which will expend all the money. We are starting off the year with a little less funding than we needed.
- Federal IDEA Part C Grant - Received an additional \$130,000 in federal funds. We have 27 months to spend our grant funding.
- Private Insurance Revenues - Concern that the projected revenue of \$1.6 million will be less than that amount.
- Expenditures at the bottom of *page 2* - These are the expenditures for FY16. FIT slightly exceeded its budget but the overage was covered by DOH/DDSD.
- Medicaid Retroactive Claiming on *page 3* - Amounts billed retroactively to Medicaid. Andy reported the total Medicaid funding is \$36.1 million dollars. The DOH Medicaid match is \$7.5 million dollars.
- Recoupment amounts on *page 3* have not been updated. DOH is working on electronic remittance advice which will provide what Medicaid pays programs. When then goes into effect next month, DOH will not have to ask programs to provide this information. DOH will be able to see the amount in FIT KIDS.
- Private insurance revenue on *page 3* - The ICC Finance Committee will look at how to maximize insurance revenues. Insurance revenues have fallen to \$1 million dollars. However, a big insurance payment can come in after a fiscal year has ended. It would help FIT if insurance revenues could go up by \$300,000 to \$600,000 dollars.
- Number of referrals on *page 4* - August had the highest number of FIT referrals ever. The table and chart on this page show the overall number of children served by month. When the number of children served goes up, it is challenging to be able to pay for the services. Starting this fiscal year, providers now have true provider agreements with no cap. Deb Vering is concerned that providers may begin serving children not eligible for FIT services.
- Children served per month on *page 5* - Table and chart show the number of children served by month over several fiscal years.
- Tracking number of children served per month and the average cost per child (DOH and Medicaid) on *page 6* - With the reduction of FIT services to at-risk children, the ICC asked FIT to provide the average cost per child to help determine if FIT agencies are providing more services to eligible children. In looking at the table, the average cost per

child goes up and down across a fiscal year but agencies are not providing increased services. Agencies are providing more targeted services. The DOH only reports children with IFSPs to the federal government.

- Total children served annually - Data shows we are serving more families than ever before. Providers are being stretched to meet this demand and the DOH is stressed in paying for the services.

Comments from an ICC Member:

- Jim Copeland said the chart on page 6 and the chart on page 7 have different numbers.

Jason Lavy stated the numbers can vary based on when the reports for the different data fields were run. Jim Copeland said the cut-off for running all the data for this report should have been August. The ICC needs to be able to trust the data in Lead Agency reports and not be confused by variations in numbers because data in the different tables is from reports run at different times.

Andy continued presenting the data in the report as follows:

- Number and percentage of children served by county (December 1 count) on page 8. The NM FIT Program serves the largest number of children birth to one in the nation. FIT ranks 3rd in the nation for serving children birth to three. FIT should be serving 3% of children per county.
- Children's services by race / ethnicity on page 9. The ICC has questioned if there is sufficient outreach to Native American tribes and pueblos. FIT is using Census data to estimate the population under age five years because that is how the Census collects and breaks the data down. 10.1% of NM children birth to five are Native American. FIT is serving 8.3% of Native American children so FIT is slightly underserving this population. FIT is slightly overserving Hispanic children.
- Tribal Report on page 10. The ICC has recently suggested that this data be shared with the tribes. Native American - Other and Native American - Unspecified data categories indicate we don't know the tribal affiliation for 250+ children.

Question from an ICC Member:

- Justina Stewart asked how the numbers in the tribal report compare with the US Census data because the Census does report tribal affiliation. Andy replied that this has not been looked at yet.

Andy continued presenting the data in the report as follows:

- Children served by eligibility category on page 11 - FIT changed the categories of eligibility in FIT KIDS in FY 13. Multiple eligibilities with developmental delay is increasing.

- Exit data on *page 12* - Data field on children eligible for Part B but receiving FIT services could be accidentally checked by a data clerk. User Group should look at turning this box off. We should break out the children who are transitioning. Withdrawal is a big reason for exit.

Questions/Comments from ICC Members:

- Marc Kolman - Asked why there is a concern that FIT providers will be serving more children now that there is no cap in provider agreements. The FIT system has a cap. Marc doesn't understand the concern because services are entitled so every eligible child must be served.
- Cindy Mantegna - Asked if the population of children birth to three is increasing or decreasing.
- Janis Gonzales - The birth rate is either flat or down and is under 28,000 per calendar year.
- Cindy Mantegna - Poverty has an impact on development and if the poverty rate in NM is increasing, then we might expect more referrals.

Follow-Up on ICC Recommendations

Jeanne Du Rivage reviewed the status of ICC recommendations from the June meeting. Jeanne said the second through the fifth recommendations were difficult to understand and asked for clarification.

Comments from ICC Members, Guests and FIT Staff Regarding Jeanne's Question:

Suzanne Pope - ICC recommendations from a meeting should be reviewed in the context of the section of the meeting minutes in which each recommendation was made. The minutes should help provide clarification as to why the recommendation was made.

- Karen Burrow - The third recommendation is based on a glitch in FIT KIDS. Obtaining approval for a second CME is a problem.
- Kathey Phoenix-Doyle - The fourth recommendation is based on the FIT regions being changed and agencies assigned to a region without adequate consideration of where each agency was providing services. The ICC would like to understand the rationale behind FIT's decision to change these regions and if the change in regions still makes sense.
- Justina Stewart - Made the recommendation in the sixth bullet. Doesn't see consistent tribal representation on the ICC. Some tribal communities change their tribal administration every year and these administrations need to know about and understand the FIT services being provided to the children in their communities. Families, especially families in rural areas, may need services that FIT is not able to provide. We need to be the voice for families so their needs are met. Tribal administrations may not understand the service needs in their communities and numbers help provide this understanding. There is a limited number of resources and FIT cannot meet all the needs.

- Sophie Bertrand - What kind of action does the ICC need to take? Should the ICC consider putting together a short-term Ad Hoc Work Group to consider the issue and make recommendations to the ICC?

Jeanne Du Rivage - How can we present this information to the tribes in a sensitive manner?

Andy Gomm - Some tribes receive direct federal funding to support child find if they have a BIA elementary school. Some tribes receive direct federal funding to do outreach and provide family support services. Five years ago, the FIT Program used ARRA funding to bring tribes together to discuss needs and build partnerships. The FIT Program wants to work with all tribes and pueblos. The BIA's national office is in Albuquerque and they would partner with DOH to help bring tribes to the table.

- Marc Kolman - There is also a tribal liaison at the DOH.
- Karen Lucero - If FIT agencies had a list of tribal contacts, they could better support collaboration at the local level. DOH should take the lead to include developing the list of contacts and dissemination of the list to FIT agencies.
- Jim Copeland - The ICC Finance Committee will consider and make recommendations to the ICC regarding increasing the rate for Family Service Coordinators.

2016 FAMILY SATISFACTION SURVEY RESULTS

Yvette Dominguez presented. Yvette distributed a handout on the results of the 2016 Family Survey. 3,513 family surveys were distributed and 2,061 returned. Yvette expressed appreciation to each FIT agency and their staff for distributing surveys to families and their efforts to support the return of completed surveys. Yvette stated that survey questions number 3 and number 7 were added based on ICC input at the June 2016 ICC meeting.

Comments and Questions from ICC Members and ICC Guests:

- Karen Lucero - FIT to consider adding the following underlined wording to question 21: "within a week of the IFSP meeting" and "within a month of the IFSP meeting".
- Jim Copeland - Asked what the intent of question 25 was and how the information was going to be used. Will the FIT Program be providing parent support meet and greets or will FIT providers be expected to do this? May want to consider changing the way in which the question is worded. Parents may think that parent groups or meet and greet opportunities will be provided by their FIT agency. If the intent is to ask about interest in parent groups run through PRO or EPICS, then these parent support organizations should be included in the wording.
- Samantha Yancey - Parents don't always know the support opportunities available.

Yvette Dominguez - PRO and EPICS have grass roots support groups across the state and can pass this information along to parents.

April Spaulding - When her child and family went through the FIT Program, she could not have identified when things happened in questions 20 and 21.

Celina Waller - 76% of families either disagreed or strongly disagreed with question 3 which indicates they didn't experience a delay in being referred to early intervention services.

Yvette Dominguez - The next family survey will go out the last week in February 2017 so FIT will not be able to revise the questions. FIT will hold a focus group to obtain input on revising the family survey questions after the start of next fiscal year.

30 YEARS OF IDEA

Cathy Stevenson, DDS Division Director, was asked to come to the ICC and present her parent perspective on the benefits of 30 years of IDEA in NM. Cathy was a former parent representative on the first NM ICC which began meeting in 1988. Cathy stated she has always been a cheerleader for New Mexico's early intervention system. Cathy will be retiring from DOH/DDS at the end of November and she asked the current ICC to continue working collaboratively to help assure that the FIT system remains viable for the next 30 years and beyond. Cathy stated the FIT system is based on a strong foundation of effective policies and love. She views the FIT Program as "world class". Cathy used a PowerPoint presentation to highlight the history of the collaborative work of the ICC, early intervention provider agencies and the DOH which was so effective in bringing entitled early intervention services to NM. In 1993, early intervention services were presented to the Legislature under the CARE EARLY campaign and through successful advocacy efforts, early intervention became an entitled service. It is amazing to look at the FIT funding and the number of children served today and remember that the first entitled FIT services were provided through a \$100,000 budget. Cathy shared her experience as a family participating in early intervention. Services were not entitled when they participated, and her child and family were most fortunate to be able to have the 9th and final funded early intervention slot in Taos. Cathy said respite made the most profound difference for her family. Cathy highlighted the advocacy efforts and partnership of the parents and professionals on the ICC who have continued to work together over the years to make a difference for our children and families. Cathy said she has served on many advocacy groups but no group has been as functional as the ICC. Many states look to NM to try to figure out how we have accomplished so much. We are a unique combination of people, cultures, practices and passion. She highlighted the life-long benefits of providing family guided routines based early intervention services so families can support their children's development and advocate for the services their children need. Following her presentation, Cathy was recognized by the ICC and the FIT Program for her service.

ASSESSMENT / TQRIS UPDATE

Thea Guerin, Andy Gomm and Jeanne Du Rivage presented. A video clip was shown. In the video clip, an early interventionist discussed how the use of video has changed her practice. Thea

Guerin reviewed the timeline and gave a brief overview of FIT FOCUS. The work to date includes input from people and groups that include: NM Cross Sector Group, FIT FOCUS Steering Committee, the ICC Quality Committee, the ICC, the Stakeholder Group, etc. There has also been an extensive look at national trends, DEC Recommended Practices, NM Key Principles, etc. We are working to assure that FIT FOCUS meets the FIT system's needs while still being a part of NM's early childhood system of systems. The Cohort Process was discussed. Cohorts will begin working on the following Quality Elements in 2017: Quality IFSP, Transdisciplinary Team Approach, and Early Intervention Practices. In 2017, there will also be training on the tools and the FIT FOCUS process.

The FIT FOCUS Goal is to increase the capacity of Early Intervention Programs to develop and maintain organizational systems that support Early Intervention Practitioners to use family centered and evidence based quality practices. The organizational systems that comprise the different levels were discussed. These systems are:

- Level 2 - Policies and procedures and trainings that support EI practitioners in embedding FIT FOCUS quality practices into everyday work.
- Level 3 - Reflective assessments, observations, reflective conversations, and planning activities to improve practices
- Level 4 - On-going, strength-based feedback to practitioners through reflective coaching, reflective supervisions, and team/peer support.
- Level 5 - Use of data to implement CQI activities program wide.

FIT will be scheduling interviews with agencies to better understand their current infrastructure. In 2018, the IFSP Rating Scale, Early Intervention Practices and Transdisciplinary Team Approach will be implemented. There will be an orientation to FIT FOCUS and training on quality practices and tools. Programs will use the tools and ECLN will provide support to help improve practices. Agencies will use an internal self-assessment process to identify their level of quality, put together a portfolio of documents to support their ratings, and go through a verification process and receive a confidential rating at the end of year 1. Year 2 will include an improvement plan for programs. At the end of year 2 there will be a final verification of program ratings and the ratings will be published. A state verification team will review a program's portfolio and assign a rating.

The FIT FOCUS document will be put into a binder with tabs. The final version of the document will be formatted by a graphic artist. It will be available on-line. The document has 10 quality elements all set up in the same way: definition, rationale, key principles, criteria, a set of practices, a set of tools. In the set of tools, there is a self-assessment tool, an observational tool, and an interim rating and quality improvement worksheet.

Andy Gomm stated an agency's rating will not be based on the rating of the agency's practitioners. An agency can have systems in place but the individual practices of their staff may not look good.

ICC Questions and Comments:

- Sara Einfalt - How often will this be done?

Andy Gomm replied that this will be worked out in the pilot process. It should happen more frequently for new staff.

- Sara Einfalt - If this is happening more often with new hires it might "scare a person away because it can seem like they are being micro-managed".

Andy Gomm replied that it might be "more nerve racking for existing practitioners and easier for new practitioners". It should be done in a reflective, supporting manner.

- Jim Copeland - What is this the goal of these improved EI practices?

Andy Gomm replied the goal is that practitioners will be better able to support families in supporting their child's development.

- Jim Copeland - Curious as to how we can improve from 98% satisfaction on the Family Survey. We need to have a baseline as to where we are starting from. If FIT FOCUS will not be fully implemented until 2019, suggest that the Family Survey be changed so that the families served by the programs participating in the pilots are surveyed using different questions. Is a 2% increase in family satisfaction worth all this cost and effort?
- Louanne Stordahl - The video clip is a good example. In the first part of the clip where the service providers were doing all the interaction with the child, the mom was very happy with services. When the change was made, the mom was even happier with services. This is not about families being dissatisfied with services but how we can improve the way in which we are providing services.
- Jim Copeland - Important to obtain family input during this process. We have a responsibility to help families know what they should be receiving.

Andy Gomm - FIT will use data at every level to determine where each agency has challenges. This information will help us refine our professional development system and where we put our resources.

- Justina Stewart - How often will you ask for these self-assessments? We need a time analysis as to the time needed for practitioners and supervisors to meet and discuss the self-assessments and observations. Qualitative analysis, not just a rating, is needed. Practitioners should be asked how well they think they are doing in using the practices.

Andy - We will be establishing expectations. Pilot sites will help collect data and give us feedback.

- Nellie Calame - "Being very crisp regarding our expectations" contributes to employee satisfaction. Likes the clarity of the expectations. Supervisors should have tips on coaching.
- Karen Lucero - Measuring progress in Early Childhood Outcomes in conjunction with Family Satisfaction Survey results will provide needed data.

Assessment Process

Jeanne Du Rivage presented. The FIT FOCUS Assessment Work Group was established in July 2016 to accomplish the following tasks:

- review evaluation tools that could be used to determine eligibility and provide ongoing assessment;
- review tools that support ongoing assessment and Early Childhood Outcomes;
- how to write evaluation and assessment reports that help families better understand their child's development needs;
- how to help providers better understand child development.

The FIT Program is currently using the IDA to determine eligibility. The IDA was not originally designed for this purpose. Assessment is the 4th essential element in FIT FOCUS. There aren't many tools that look at the five areas of development and include parent input. The challenge is to balance the need to determine eligibility with the need to conduct ongoing assessment. Understanding infant toddler development is a specialized skill. How can we support providers in increasing their skills? The FIT FOCUS Assessment Work Group will continue working and final recommendations will be presented to the ICC in January 2017. There is some funding available to buy tools. ECLN can provide training and webinars.

Cindy Mantegna, Quality Committee Chair, distributed a handout and presented the Quality Committee's five recommendations to the Assessment Work Group which were:

1. IDA be kept as an eligibility tool since so much investment has been made in IDA materials and training. Suggest that a second tool, the DAYC-2, be added as an option. Option of having two tools will offer providers a choice and enrich CME reports.
2. If the DAYC-2, or a different second tool, is added, FIT to offer training on scoring and how to obtain a standard deviation.
3. Review supplemental evaluation and assessment tools and further define standard scores for eligibility (e.g., z scores, T scores, percentile ranks, composite scores).
4. Develop a list of approved ongoing assessment tools in addition to the HELP and the AEPS. The Oregon Assessment for Children who are Visually Impaired should continue to be on this list. NMSD recommends the Language Development Scale, the McArthur, and the Visual Communication and Sign Language Checklist. List to include a statement "other tools as approved by the FIT Program".

5. FIT to put the approved list of ongoing assessment tools into Service Definitions and Standards and into the Evaluation Technical Assistance Manual.

The handout also included Frequently Asked Questions around evaluation and assessment. Cindy Mantegna asked for a motion to approve the Quality Committee's recommendations.

MOTION: *Sara Einfalt made a motion that the ICC approves the Quality Committee's assessment recommendations for consideration by the FIT Program. Kathey Phoenix-Doyle seconded the motion.* Discussion of the motion included the following ICC comments:

- Sophie Bertrand - The use of two eligibility tools is a concern. When children transfer from one FIT program to another, if the new program uses the different tool, would the different tool provide the same or similar results? We need specific criteria as to the elements we want in evaluation tools.
- Cindy Mantegna - IDA is limited in areas such as feeding, sleeping, self-help. Programs need options.
- Sophie Bertrand - Is there one tool that can be used to determine eligibility and address those areas?
- Sara Einfalt - It sounds like having two evaluation tools may be an issue.
- Kathey Phoenix-Doyle - May be better to table the motion for now.

There were 14 in favor of the motion, there was 1 abstention, and 1 opposed. The motion passed.

- Kathey Phoenix-Doyle asked where the funds were coming from for new evaluation and assessment tools.

Andy Gomm stated there is a small budget (\$27,000) for assessments in Race to the Top monies. Andy Gomm asked for ICC approval of the FIT FOCUS document.

MOTION: *Karen Lucero made a motion that the ICC endorses the FIT FOCUS document and approves it for publication. Sara Einfalt seconded the motion.* Discussion of the motion included the following comments:

- Concern that the FIT FOCUS document had just been disseminated to the full ICC and all ICC members have not had time to review the content before being asked to endorse it.
- ICC member evaluation of ICC meeting effectiveness repeatedly contain concerns about the ICC being asked to endorse FIT initiatives or documents without sufficient time to review the information prior to the ICC meeting.

Karen Lucero amended the motion as follows: The ICC endorses the FIT FOCUS document as presented today and FIT in moving forward with plans for piloting the process. Sara Einfalt seconded the motion. The voting on the motion was as follows: Approve - 4, Against - 6, Abstentions - 3. The motion didn't pass.

Andy Gomm - May go ahead and publish the document without ICC endorsement.

The discussion continued and the ICC made the following comments:

- ICC understands their role is to advise and assist and that FIT may or may not use ICC input when making decisions. The ICC must have adequate time to review and discuss what FIT is asking them to do.
- Peggy O'Neil - During the break, she called her Chief Operating Officer and learned that their 4th or 5^{th early} interventionist had just given notice for the following reason, "the stress of the job is too much". The back-breaking work load, the stress of all the changes to service provision, and not being able to pay staff a living wage makes it very difficult for Zia to retain staff and recruit new staff. Before all the changes, we had early intervention staff that had been with Zia for 10+ years. It is heart breaking to lose another "really good" staff member. The stress to the Zia leadership is huge and Zia may lose their Chief Operating Officer as well. No one knows the fiscal impact or the work load impact of implementing FIT FOCUS and the ICC should be cautious about endorsing the FIT FOCUS document until we know the funding will there to pay for implementation.
- Samantha Yancey - Not a member of the Quality Committee and had not seen the full document until today. To be able to advise and assist, the ICC needs time to review what is being presented for endorsement.

Thea Guerin - We may have more agreement than we think. If the ICC is not able to endorse the full document today, could they approve the pilots?

ICC comments continued as follows:

- Kathey Phoenix-Doyle - Endorsing the FIT FOCUS document is separate from endorsing FIT to move the pilots forward.
- Karen Lucero - How can FIT do the pilots without the guidance in the FIT FOCUS document?
- Samantha Yancey - If the FIT FOCUS document is going to be printed for the pilots to use, that is very different than printing and disseminating the document system wide,

Andy Gomm - The document will be primarily for the pilot sites.

MOTION: Luanne Stordahl made a motion that FIT moves forward with the FIT FOCUS Pilot Projects and pilots the FIT FOCUS document. Samantha Yancey seconded the motion. There were no abstentions, 2 were opposed. The motion passed.

ICC COMMITTEE REPORTS

Work Force Development & Professional Support - Luanne Stordahl, Committee Chair, reported. The committee hears and understands what is happening in the field and will work to help address provider concerns such as those just expressed by Peggy O'Neill. Luanne highlighted the three critical issues the committee will be working on and identified several planned committee actions:

- identify strategies to help address the shortage of qualified personnel;
- look at current training opportunities;
- update the ERAP;
- look at ways to use telehealth such as providing reflective supervision;
- consider different levels of certification for providers with AA degrees;
- survey early intervention staff to help identify strategies to support staff retention.

The committee met yesterday. They will work in collaboration with ECLN and the FIT Program.

Quality Committee - Cindy Mantegna, Committee Chair, reported. Cindy briefly highlighted the four critical issues the committee will be working on. One of the committee's actions will be to work on Frequently Asked Questions (FAQs) and recommend ways to get FAQs out to the field. Cindy discussed the FAQ sheet attached to the Quality Committee's recommendations to the Assessment Work Group. Cindy thanked Jen Brown and Yvette Dominguez for helping to answer some of the questions on the FAQ sheet. Cindy asked Andy Gomm if the questions and answers provided during one of Annual Meeting Open Space groups could be disseminated to FIT Coordinators.

ICC Comments:

- Samantha Yancey - Suggest that the Communication Committee and the Quality Committee meet to address how to disseminate FAQs. This is already one of the Communication Committee's tasks.
- Cindy Mantegna - The Quality Committee is a sophisticated group and we couldn't answer all the questions.
- Sophie Bertrand - Concern that one of her staff is answering these questions. Don't want ICC Committees to be duplicating work or working at cross purposes. It would be helpful if FIT would provide the ICC with the way the FIT Program wants FAQs to be addressed and disseminated. This request to FIT should be included in the recommendations at the end of the minutes.
- Lula Brown - Several years ago, when I moved into my current position, there was a FAQ sheet that was so helpful to me. Suggest that FIT review past FAQ sheet(s), update if needed, and continue adding information to address new questions.

Andy Gomm - Having multiple fact sheets in a variety of formats is a concern. Some answers to questions will be generic and some will be very specific. Need a systematic way to disseminate the information. FAQs could be disseminated online.

Finance Committee - Jim Copeland, Committee Chair, reported. The Finance Committee's Action Plan was emailed to the ICC as part of the ICC Strategic Plan. The Committee has not met yet.

Communication Committee - Samantha Yancey, Committee Member, reported. The Committee's Action Plan was emailed to the ICC as part of the ICC Strategic Plan. The Committee has not met yet.

Andrea Leon asked for a motion to approve the 2017 Committee Action Plans in the ICC Strategic Plan. **MOTION: Kathey Phoenix-Doyle made a motion to approve the 2017 Committee Action Plans in the ICC Strategic Plan. Nellie Calame seconded the motion. There were no objections or abstentions. The motion passed.**

ICC BYLAWS

Suzanne Pope, ICC Coordinator, presented the additional changes to the edited ICC Bylaws recommended during the ICC Retreat. The ICC approved the additional changes to I.4.4, II.6.3, III.1.1, III.1.4, III.3.2, and III.3.3. The ICC asked that V.3.1 be worded as follows: "Consist of the Co-Chairs, past Co-Chairs until the new Co-Chairs are elected, and at least 1 other member as elected by the ICC for a two-year term. These members will be voting members regarding Executive Committee actions". Andrea Leon, ICC Co-Chair, asked for a motion to approve the ICC Bylaws. **MOTION: Jim Copeland made a motion to approve the ICC Bylaws as presented. Nellie Calame seconded the motion. There were no objections or abstentions. The motion passed.**

ICC 2017 MEETING DATES

Andrea Leon, ICC Co-Chair, asked for a motion to approve the 2017 ICC meeting dates. **MOTION: Sara Einfalt made a motion to approve the 2017 ICC meeting dates. Andrea Segura seconded the motion. There were no objections or abstentions. The motion passed.**

PRESENTATION ON THE CDD

Marcia Moriarta, CDD Director, presented. Over the past two years, the CDD has experienced significant changes in leadership as well as considerable programmatic and fiscal growth. The CDD has 180 employees. The CDD is under the leadership of the Department of Pediatrics, School of Medicine and the UNM Medical Group. Program growth includes the following: transition from school-to-work and employment for youth and adults with disabilities; early childhood systems development; Autism Spectrum Disorder intervention and capacity-building; maternal-child and infant mental health treatment and training initiatives; prenatal oral health, and supports for individuals with brain injury. Clinical evaluation services are now under one umbrella. The Library and Resource Center has ever increasing utilization.

The CDD is a federally designated University Center for Excellence in Developmental Disabilities Education, Research and Service (UCEDD). Birth to three is where much of our program emphasis lies. Marcia asked how the Early Childhood Evaluation Program (ECEP) can evolve to better support Part C. ECEP provides interdisciplinary developmental, diagnostic and specialized evaluations for children birth to three who are referred for a range of developmental and psychosocial concerns. ECEP is a limited resource. The wait lists are long. Travel is very expensive. We are looking at better use of resources to meet the needs of an evolving system. Marcia asked the ICC to stop by the library on their way out if it is still open. Sophie Bertrand is the steward of the library. The library has professional journals and accessible computers.

ICC Comments:

- Samantha Yancey - My son had an ECEP evaluation six years ago. Loves the library.
- Cindy Mantegna - ICC Quality Committee Chair. The Quality Committee is looking at the impact of using the M-CHAT. In Las Cruces, children are waiting a year for an ECEP evaluation.
- Peggy O'Neill - Thank you for this informative presentation. Had no idea as to how many programs were under the CDD.
- Nellie Calame - We are a Camp Rising Sun family. Thank you for this wonderful experience.
- Karen Lucero - Congratulations on growing the CDD and providing such important services.

Andy Gomm - FIT appreciates the partnership with the university.

Andrea Leon, ICC Co-Chair asked for a motion to adjourn the meeting. **MOTION: Cindy Mantegna made a motion to adjourn the meeting. Samantha Yancey seconded the motion. There were no objections or abstentions. The meeting was adjourned at 4:30**

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
➤ Data for each data field in the Lead Agency report to be run at the same time so figures in the report are not impacted by when the data was run.	
➤ Obtain tribal affiliations from Census data and compare to tribal affiliations in FIT KIDS.	
➤ Break out the children who are transitioning from FIT Exit Data.	
➤ FIT KIDS Data Group to consider recommending that the data field on children eligible for Part B but receiving FIT services be turned off.	

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➤ FIT to develop and disseminate a list of tribal contacts to FIT agencies.	
➤ FIT to take the lead in identifying a forum for meeting with tribes and pueblos to discuss family services needs and options.	
➤ FIT to consider the Quality Committee's recommendations to the FIT FOCUS Assessment Work Group.	
➤ FIT to move forward with the FIT FOCUS Pilot Projects and pilot the FIT FOCUS document.	
➤ FIT to provide the ICC with the way the FIT Program wants FAQs to be addressed and disseminated	

RECOMMENDATIONS/TASKS for ICC COMMITTEES or ICC Members	STATUS
None for this meeting.	