



## APRIL 2017 MEETING MINUTES

### MEMBERS PRESENT

Karen Lucero, Sophie Bertrand, Nellie Calame, Sara Einfalt, Marc Kolman, Cynthia Mantegna, Kathey Phoenix-Doyle, Samantha Yancey, Lula Brown, Luanne Stordahl, Andrea Segura, Amanda Gibson-Smith, Justina Stewart

### PROXIES

Viviana Olivas Proxy for Naomi Sandweiss

### MEMBERS ABSENT

Andrea Leon, Peggy O'Neill, Joanne Corwin, Paula Seanez, Janis Gonzales

### WELCOME

Kathey-Phoenix-Doyle, ICC Co-Chair Elect, welcomed ICC members and guests to the April ICC meeting in Roswell. Kathey thanked MECA for hosting the meeting and asked ICC members and guests to introduce themselves. Samantha Yancey, ICC Co-Chair Elect, asked for a motion to approve the meeting agenda. **MOTION:** *Amanda Gibson-Smith made a motion to approve the April ICC meeting agenda. Nelli Calame seconded the motion. There were no objections or abstentions. The motion passed.*

### PRESENTATIONS by MECA ROSWELL and LOS PASITOS

Pat Frosch - Welcome the ICC and ICC guests to MECA and Roswell. Pat highlighted MECA's mission and reviewed MECA's service area. MECA began providing services in 1998. Services are family centered and provided in partnership with families. MECA has over 160 employees. The agency is currently serving 882 families with 209 families in process. MECA Roswell has a staff of 21. MECA's strengths include dedicated, well-trained staff who provide quality services and a forward-thinking management team who invests time and energy in the communities that MECA serves. MECA works diligently to hire or contract with bilingual staff. Currently 40% of the children MECA Roswell serves receive early intervention services in day care facilities. The biggest challenge is helping families understand that early intervention services are important and don't result in a

label being put on their children. Another challenge is helping pediatricians understand that children can be referred to early intervention even if the children don't have major developmental issues. Recruitment of qualified service providers is also a challenge and MECA has ongoing agreements with staffing companies. MECA is a March of Dimes NICU provider and can assist children transitioning from a NICU to home.

## **LOS PASITOS**

William Jones is the director of the Los Pasitos early intervention program. Los Pasitos and MECA Roswell serve the same population and counties. Los Pasitos has 33 employees and six (6) contractors. The program served 350 children and families last fiscal year. Numbers are increasing. Bill took over the leadership of Los Pasitos two years ago. In the past two years, there has been a focus on quality practices and a strong leadership team has been developed. Los Pasitos provides quality services. The program is participating in the FIT FOCUS IFSP and TTA pilot projects.

Kathey Phoenix-Doyle asked which area program provides home visiting services. Home visiting services are provided by PMS.

## **VOTING on ICC PARENT REPRESENTATIVE**

Samantha Yancey, ICC Co-Chair Elect, briefly highlighted the information provided by Jessica Hibben. Jessica's child had medical appointments today so she was unable to attend the meeting and express her interest in serving on the ICC in person.

Nikki Ornelas discussed her interest in serving on the ICC. Nikki and her family live in Rio Rancho. Nikki's son was diagnosed with autism at two years of age. He was non-verbal at first. He is now doing well and functioning in the first grade. Nikki said she would like to be a "spokesperson for autism services".

## **VOTING on ICC PROVIDER REPRESENTATIVE**

Kathey Phoenix-Doyle, ICC Co-Chair Elect, asked the providers who were applying for the provider representative position to discuss their interest in serving on the ICC.

William Jones - Director of Los Pasitos in Roswell. In the past two years, Bill has hired new staff, developed a top management team, and increased the quality of Los Pasitos services. Bill has a social work background and a master's degree in statistics. He is committed to quality services and would like to support the work of the ICC.

April Spaulding - Director of Abrazos in Bernalillo. Abrazos serves urban and rural areas in the northwest corridor of Bernalillo county and all of Sandoval county. Service providers can travel four hours, round trip, to serve a family. Abrazos is the lead agency for the B4-3 collaborative. April has served on the ICC Finance Committee and worked closely with Jim Copeland. All three of her children have received FIT services. At Abrazos, April has worked as a family service coordinator, a program manager and now as the Executive Director. Abrazos has developed a number of creative ways to minimize staff turnover. She has been to every ICC meeting for the past two years and would like to serve on the ICC.

Celina Waller - Aprendamos Program Director in Las Cruces. Celina has been in this position for seven years. Aprendamos has 175 employees. Celina has a business background and has worked diligently to learn all aspects of early intervention services. She has attended ICC meetings for the last six years and would like to serve as the southern representative on the ICC. Aprendamos works in partnership with the other two early intervention programs in Las Cruces.

Debra Frasca from Life Quest in Silver City applied. She was unable to attend the meeting but her resume and letter of interest were forwarded to the ICC for their review and consideration.

Ballot votes were counted and Kathey Phoenix-Doyle welcomed Nikki Ornelas as the new ICC parent representative and April Spaulding as the new ICC Provider representative. Their information will be forwarded to the Governor for official appointment.

Kathey asked for a motion to approve the Consent Agenda. There was one correction to the minutes. Amanda Gibson-Smith's name was added to list of members attending the meeting. ***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.***

## LEAD AGENCY REPORT

Andy Gomm distributed copies of the Lead Agency Report. Andy briefly discussed upcoming changes to the FIT website. Before the end of this calendar year, all FIT documents will either be posted on the FIT website or on the UNM Center for Development & Disability (CDD) website.

Samantha Yancey asked Andy to clarify the change made in the state APR requirement that was discussed at the January 2017 ICC meeting.

Andy provided the following information about the change:

- IDEA Part C and OSEP require that the FIT Program issue findings for any agency that is under 100% on the APR. This is a difficult standard to meet.
- FIT runs data over a 9-month period. No findings have to be issued if an agency is able to correct non-compliance during any month between March and the fall. Correction of non-compliance is demonstrated through the agency's FIT KIDS data.
- FIT uses a scoring rubric to assess compliance. For example, needs substantial intervention is 80% or below.
- Agency APRs are not a federal requirement. It is a way for agencies to look at and analyze their internal data.
- FIT requires a corrective action plan if an agency has an indicator that is less than 95%.
- With the change being discussed, if an agency has an indicator between 95% and 100%, FIT would still issue a finding but the agency would not need to write a corrective action plan.

### ICC Comments:

- Lula Brown - FIT agencies strive for excellence but things can be missed. She did self-reporting for ENMRSH and found compliance less than 100%. She thinks 95% and above allows agencies to reflect on what is working or not working.

Andy Gomm asked Lula if she was supportive of the change. Lula replied that she thinks FIT agencies should report because it holds each agency accountable.

- Kathey Phoenix-Doyle - Agrees with Lula that it is important for each FIT agency to look at their data. Kathey thinks the 100% bar was important. The

change to 95% may create confusion in the field. Some agencies may just strive for the 95%. Working to reach 100% is an important opportunity for program directors and managers to build skills and determine how the agency is going to reach 100%.

Andy Gomm stated small providers can have one thing with one family significantly impact their scores. Andy asked if providers really need to write a corrective action plan for this. It seems like a better option to have providers write a corrective action plan when their agency data demonstrates a trend that needs correcting.

- Kathey Phoenix-Doyle - If providers pay attention, we can prevent this from happening to even one family. It matters to the one family. It is a trend even if you are a small agency.
- Karen Lucero - Sees the benefit both ways. Self-reflection and analyzing is helpful because we all have to get to the 100%.
- Nikki Ornelas - As a parent, has seen her providers analyze an issue to determine the cause. If a pattern is identified, then the issue should be addressed.

Andy Gomm - State government is closing out the fiscal year. Data in the Lead Agency Report is not new data. In late summer or early fall, there will be new data for the current fiscal year in the Lead Agency Report. As of right now, it doesn't look like the Legislative session had a negative impact on the FIT budget but this is still being sorted out. Jim Copeland is advocating for no cuts in contracts. State employees may take a bigger hit than provider agencies. Next year's budget is not available yet. The FIT Program has only a half year of Race to the Top funding remaining.

Andy highlighted some of the data in the Lead Agency Report. On page 4, referrals are consistent and going up statewide as compared to last fiscal year. Based on referrals, FIT is expecting the number of children served to go up. In the first two months of this year, FIT agencies served 7,000 children each month. The expenditures on page six have only been updated through last June. Mark Kolman and Andy will meet with the DDS fiscal manager to determine the fiscal impact of the increasing number of children served. This year, provider agreements didn't have a funding amount in them. DOH has to make certain that there is sufficient funding at the state level to cover the cost of FIT services. On page 8, the county

data is a snapshot of children with an IFSP on December 1. FIT is first in the nation for serving children served birth to one and third in the nation for serving children served birth to three. Andy asked the ICC if the Lead Agency report is providing the data they need to identify trends and determine the fiscal health of the FIT system.

- Karen Lucero asked Andy if the FIT Program has enough money to cover expenses to June 30th.

Andy Gomm replied that DOH doesn't know yet.

- Sophie Bertrand - Thanked Jeanne Du Rivage for the *Program Manager FIT Updates* report that she sent to the ICC List Serve.
- Cindy Mantegna - Asked that Jeanne send the *Updates Report* before each ICC meeting.
- Justina Stewart - Has been working with Jeanne on tribal information that will be helpful to all. There will be a presentation at the June ICC meeting.

Andy said the FIT Program will take the lead on developing a forum to meet with tribal leaders. Work on this has not started yet.

- Marc Kolman - The FIT KIDS data base will no longer be hosted by Maximus. The new company is based in Albuquerque. The data base will be down for about three days at the end of June. This should not affect providers.
- April Spaulding - Last year, changes to the FIT KIDS data base resulted in agencies not being able to report to their boards in a timely manner.

Andy Gomm stated that Deb Vering is also nervous about the upcoming change in the FIT KIDS host as it took FIT two to three months to recover from the changes last year. The people that have been working on the FIT KIDS data base will be under contract with the new company.

- Andrea Segura - This is an opportunity for all providers to get enrolled with Xerox to avoid duplicates.
- Karen Lucero - All providers don't have their own number so claims are being denied because it looks like duplicate claims.

Andy Gomm - Under the new Rate Study, FIT will look at changing the codes so therapists and developmental specialists are not using the same code. Andy asked if Andrea Segura could be on the Rate Study team.

- Marc Kolman - FIT staff and Andrea Segura will meet to work out things out.

***MOTION: Amanda Gibson-Smith made a motion to approve the Lead Agency Report. Nelli Calame seconded the motion. There were no objections or abstentions. The motion passed.***

## **FIT FOCUS UPDATE**

Linda Askew & Thea Guerin presented a PowerPoint presentation. The FIT Program has just entered Phase 3 of the State Systematic Improvement Plan (SSIP). Linda highlighted the SSIP Theory of Action. FIT is moving forward with the IFSP Quality Rating Scale in the SSIP. There were two phases in the IFSP Quality Rating Scale Pilot and eight provider agencies participated in the pilot. Family Service Coordinators (FSCs) demonstrated improved practice. The data indicated the use of the IFSP Quality Rating Scale resulted in positive and immediate changes in the quality of IFSPs. The FIT Program collected qualitative data from the eight pilot agencies. Positive benefits and challenges reported include the following:

- IFSP Quality Rating Scale provides a standard of expectations for IFSPs;
- Lead Family Service Coordinators can use the scale to coach FSCs;
- New FSCs make quicker improvement than FSCs who have been doing the work for a long time as it can be difficult to change established practice;
- Programs have improved understanding of the importance of the Routines Based Interview (RBI);
- Challenging for therapists;
- Takes up to four (4) hours a week for a supervisor to use the scale to review IFSPs and give feedback to FSCs;
- Takes time to write quality IFSPs and review IFSPs.

Needs reported by eight pilot agencies;

- Changes in staffing patterns
- ECLN support to develop acceptable outcomes and strategies

The IFSP Quality Rating Scale is also a part of the FIT FOCUS document and one of the FIT FOCUS Essential Elements. FIT FOCUS has seven pilot agencies (two of these agencies were part of the eight initial pilot sites). Lead FSCs will use the

IFSP Quality Rating Scale and submit a percentage of data. Early intervention practices and transdisciplinary teaming approach will also be piloted this year. FIT will be looking at trends, training needs and collecting information through interviews.

FIT is evaluating the piloting of the three quality elements (IFSP, Early Intervention Practices, Transdisciplinary Teaming) to determine the following:

- Do the tools and processes work.?
- What are the successes and challenges?
- What ongoing support do the pilot sites need?
- Are we making a positive impact?

Assessment will be added as the fourth quality element. The Assessment Work Group has been researching tools for determining eligibility and for conducting ongoing assessment. A set of criteria is being used to rate the tools (i.e., easy to learn, cost effective, supports compliance, helps assess functional skills, etc.). The IDA will continue to be used. The AEPS and the HELP will be used as ongoing assessment tools. Other tools will be approved as they are available. Assessment falls under HIPAA.

## **PARENT PANEL**

First parent - Has had two children in early intervention. When her first son went through early intervention, she didn't understand the evaluation process. Goals were set for their son and therapists were working with him for four weeks before the parents knew what the goals were. The goals were not realistic for the first three months their son was in the program. However, transition was smooth and effective. Their second child started early intervention services with the same program at six months of age. With this son, the communication with the program was excellent. All his goals were connected. The team worked together and gave her ideas on how to help her child at home. All meetings were positive. We felt like our son was their only client and he had a bond with his service providers. It is important to keep the communication open. Parents need to understand the acronyms used in early intervention. All processes should be clearly explained. It can be difficult for a parent to ask questions because we feel we should already know what to do. Their kids were blessed to have early intervention services.

Second parent - She and two of her daughters are deaf. Her 4<sup>th</sup> daughter is in early intervention and wears two hearing aids. Their child and family have been receiving services from the program for over two years. The program gives me ideas on how to help our daughter. She receives occupational therapy, physical therapy and speech therapy. Our daughter has a flat head, and wore a helmet to help with this but the helmet affected her neck. The physical therapist has been working to help her neck. I am so impressed with services and love the three therapists. Our daughter also has vision mobility training once a month for a lazy eye. Once she received her glasses, she started learning more quickly and doesn't have to lick things to learn about them. Parents should have two pairs of glasses for their child. The glasses should be a bright color so they are easy to find. Hearing aids are very expensive. Perhaps early intervention could help with the cost of hearing aids and hearing aid insurance. Having a different colored hearing aid and ear mold for each ear is helpful when children take them apart. We love the program and are impressed with the services. I am happy to advocate in any way I can and want to support other families in taking advantage of these wonderful services.

#### *Questions for the Parent Panel*

Sophie Bertrand - How do you and your service providers work together to support your child?

Response - It was difficult at first because we had to write notes. I requested an interpreter. After the interpreter started attending the home visits, she was able to explain what was happening and how I could help my child.

Andy Gomm - How old is your daughter?

Response - She is 2½ and will soon transition to our local school. Transition is going smoothly. My 3<sup>rd</sup> child also has a hearing loss and she is receiving school services. I advocate for my children.

## **PARENT PANEL REFLECTION**

- Parents need support in understanding how their child qualifies for FIT services. Parents often say their child “qualifies for speech” or “qualifies for occupational therapy”.
- When provider agencies have to pay for interpreters, it causes a financial hardship. This issue should be considered in the FIT Rate Study.
- Interpreters are difficult to find especially in rural areas.
- IFSP teams’ understanding of eligibility is sometimes an issue.
- Importance of the RBI in helping families understand FIT services and helping to guide functional service outcomes.
- Parent perception that goals for their child were unrealistic.
- Importance of routines based services.
- Difference in family perception of the quality of their services from their first child to their second child as a result of a new director and the resulting changes in program policies and procedures.
- Need to help families know how to guide their services, be supported in using IFSP strategies during their routines and activities, and be supported in advocating for their children.
- Need to avoid acronyms when possible and explain acronyms when used.
- The ICC Executive Committee will discuss a protocol for videotaping parent panels and make a recommendation to the ICC.

## **ICC COMMITTEE REPORTS**

Quality Committee - Cindy Mantegna reported. The committee has several recommendations that were included in the committee’s written report. The committee has met twice since the last ICC meeting.

Critical Issue #1: The committee gave input to the parent survey which will be updated next fiscal year.

Critical Issue #2: The committee recommended the HELP and the AEPS as assessment tools. They recommended the use of tools specific to children with sensory impairments. The committee recommended that each child’s assessments be update twice a year or sooner if needed. If there is additional money, the committee recommended that it be used to purchase hearing screening equipment.

Roberta Martinez-Flores - Asked that the FIT Program define what the "ongoing" in ongoing assessment means so that all FIT providers have the same understanding. Difficult for programs to know what is actually required and where it is written (i.e., manual, guidance document, etc.)

Critical Issue #3: The committee recommended that less information be put in memos and guidance document and more information be put in standards. The committee is recommended that standards be updated yearly and FIT Rules be updated at least every three years.

Critical Issue #4: Assessing impact of M-CHAT. The committee met with Dara Zafran from the ECEP team. A score of 3 or above on the M-CHAT is the national standard for referral. ECEP needs proof that an M-CHAT was completed. Asking the M-CHAT follow-up questions is important because they are much more reliable in indicating a need for an autism evaluation. ECEP is working on technical assistance to help programs. Siblings of a child with autism get a faster diagnosis by going to the autism spectrum diagnosis clinic at the CDD. ECEP is now holding 2-person clinics instead of 4-person clinics so children are being seen quicker.

Jeanne Du Rivage sent out a memo to providers about the M-CHAT. There is over referral to ECEP especially referrals of children with sensory impairments. M-CHAT was not normed on children with sensory impairments. For children with sensory impairments, a representative from the state supported schools should be included on their teams.

The committee is recommending that providers be given the ability to use informed clinical opinion or professional judgment when making ECEP referrals. Providers should consult with NMSBVI and NMSD for children with sensory issues.

Comments and Questions for the Quality Committee:

- Sophie Bertrand - Ongoing assessment should not be a "stop and test". Providers should be capturing and tracking each child's development as it is happening. The HELP is set-up so providers can add developmental progress as they go along.
- Cindy Mantegna - Agrees with Sophie. However, it is a lot of work to get the developmental information into the official HELP. Documentation on the HELP should be done twice a year and providers can also do ongoing

assessment. There could be three or four providers working off the same HELP and they may not be allowed to take it out of the office.

- Lula Brown - Assessment tools have fidelity measures the authors have put into place. For example, the AEPS has a recommended number of times to assess. We have to assure that we are not recommending things that are not in accordance with the fidelity of an assessment tool.

Andy Gomm - There is a small amount of FIT FOCUS money to purchase assessment tools. FIT will require that each provider agency select either the HELP or the AEPS as their ongoing assessment tool. Then, FIT can purchase these tools in the next three to four months. If an agency already has one of these two tools, then the agency could use their money on items related to assessment.

Roberta Martinez-Flores - A parent who attended the Quality Committee meeting stated she wished service providers would focus on their child and less on the assessment protocols.

- Luanne Stordahl - Works with multiple agencies and some parents feel that there is too much focus on child assessment as opposed to relationship building and routines-based work.
- Lula Brown - Agrees with Luanne. We want a thoughtful process. We need to follow the protocols recommended in each assessment tool. The AEPS has an interactive part that is very expensive to update. A couple of years from now, it could cost ENMRSH up to \$15,000 to maintain the interactive piece. Lula asked FIT to let providers know about the AEPS interactive piece and the expense of maintaining that piece.
- Sophie Bertrand - Providers need enough copies of the guidance documents and sufficient manuals so there is sufficient access.
- Cindy Mantegna - Providers need current tools. The HELP has been revised numerous times.
- April Spaulding - The HELP is in a testing phase with no timeline as to when the final version will be available.

Andy Gomm - The HELP can provide ECO scores.

***MOTION: Luanne Stordahl made a motion that the ICC endorses the HELP and the AEPS as ongoing assessment tools and endorses the use of assessment tools standardized on children with sensory issues. The ICC endorses the use***

*of these tools at a minimum of twice a year or in accordance with the manufacturers' recommended periodicity. Karen Lucero seconded the motion. There were no objections or abstentions. The motion passed.*

*Luanne Stordahl made a motion that the FIT providers be given money to purchase assessment tools or hearing screening equipment. Karen Lucero seconded the motion. There were no objections or abstentions. The motion passed.*

There was discussion about FIT developing a table of contents as to where providers can find information (i.e., standards, memos, guidance documents, etc.). ICC comments included the following:

- Kathey Phoenix-Doyle - There will be a number of changes until FIT FOCUS is completed and providers need to know where to find the changes.
- Sophie Bertrand - All information should be aligned to make certain the same information is contained in memo, webinars, guidance documents, etc.
- Cindy Mantegna - Providers should know how many follow-up questions to ask on the M-CHAT. New agency directors may not know where to go for information or may be using outdated memos, etc.
- Lula Brown - FIT to assemble all information in one central location and keep it updated.

Andy Gomm - Need to distinguish between guidance and clarification as we don't want all of this in standards.

- Amanda Gibson-Smith - Head Start website has sections for standards, policy clarification, FAQs, etc., called EClick.
- Karen Lucero - ECN has made a great start on this. Just a few pieces that still need clarification.

***MOTION: Karen Lucero made a motion that the FIT Program will work on standardizing information on major topic areas to post on the ECN website. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.***

- Sophie Bertrand - The CDD has a portal for information documents. Planning to add an area for administrators. Standardization of the information will take time and will be worked on next year.

Celina Waller - When information is added, an email alert should be sent to the programs on a systematic basis.

Andy Gomm - The FIT Program has done a better job of cataloging English and Spanish forms on the FIT website. The FIT website should contain all the State issued documents including FIT Rules, Service Definitions and Standards, FIT Memos, etc.

ICC Comments on the Quality Committee's Recommendation on the M-CHAT:

- Kathey Phoenix-Doyle - Providers need to know when to make the referral to ECEP.

William Jones - We want to give parents time to process the need for the referral.

***MOTION: Luanne Stordahl made a motion that the FIT Program, ECN, State Supported Schools, Quality Committee, and the Autism Program will work together to clarify the correct protocol for M-CHAT administration and referral. Lula Brown seconded the motion. There were no objections or abstentions. The motion passed.***

*Communication Committee* - Marc Kolman reported. The committee has no recommendations for the ICC. The committee met once since the last ICC meeting and discussed outreach to the medical community. The committee needs provider representation.

*Work Force Committee* - Luanne Stordahl reported. The committee has met three times since the last ICC meeting.

Issue 1- Provider qualifications - The committee has been discussing how to recruit and retain staff and provide the training and support staff want and need. Yvette Dominguez has been reviewing IPDP competencies. Eastern is the only university that offers a degree in infant-toddler studies. The committee is discussing options for ready access to training such as providers being able to listen to podcasts while driving. Jeanne Du Rivage has been looking at telehealth options to help address staff shortages.

It was easier to provide FIT services twenty years ago. Family Service Coordinators are drowning in paper work. The committee will form three subgroups to develop survey questions and develop a survey for direct service providers.

## ICC Comments:

- Lula Brown - PR is important because early intervention as a field is not well known. Perhaps information could be added to the FIT website. Information could be sent to universities with a link to the FIT website

Andy Gomm - FIT is working with Larry Edelman to create videos. Larry could develop a video of providers discussing their excitement about working with families.

*Finance Committee - The Finance Committee has not met and needs a Chair. Karen Lucero offered to chair the committee until her term on the ICC ends in December. **MOTION: Amanda Gibson-Smith made a motion to have Karen Lucero chair the Finance Committee until the end of December 2017. Cindy Mantegna seconded the motion. There were no objections or abstentions. The motion passed.***

## VOTING ON ICC REPRESENTATIVE ON DOH ACQ

***MOTION: Amanda Gibson-Smith made a motion that April Spaulding will serve as the ICC representative on the ACQ. Luanne Stordahl seconded the motion. There were no objections or abstentions. The motion passed.***

## UPDATE ON OTHER EARLY CHILDHOOD COMMITTEES/TASK FORCES

Karen Lucero, chair of the Ad Hoc Committee on Early Childhood Legislation reported. Karen reviewed the information in a handout on the early childhood legislation introduced during the 2017 Legislative session. The committee recommends continuing to monitor the following bills, resolutions and memorials: SB 106, SB 289, SJR 17, SJM 5. The committee would like to work with the sponsors of these bills in the interim committees. Karen asked the ICC to develop a position on the bills. This could be discussed at the June meeting.

Andy Gomm reported the ELAC sunsets this June but the ELAC has a year to finish their work. The CYFD Secretary is asking the ELAC to continue to advise the three agencies even though they will not have a legislative mandate. Without a mandate, the make-up of the ELAC and how members will be appointed has not been decided.

***MOTION: Luanne made a motion to approve the ICC committee reports. Luanne Stordahl seconded the motion. There were no objections or abstentions. The motion passed.***

## **MEETING ANNOUNCEMENTS**

Kathey Phoenix-Doyle reported the J. Paul Taylor Task Force has been reconvened. The task force is working on an operational definition of neglect. Kathey asked if the Environmental Risk Assessment (ERA) is evidenced based. She needs this information in order to talk about at-risk services and the ERA. The task force has attorneys and physicians on the committee and a high level of information is shared during the meetings. Luanne Stordahl said Michele Staley has completed the revisions to the ERA terminology.

Andy Gomm - The ELAC met in Las Cruces two weeks ago. Andy Gomm suggested that Amanda Gibson-Smith give an ELAC update at ICC meetings.

Cathy Riley - She is a training and development consultants at ECN. Recently, some new transition resource information was posted on the ECN website including information about supporting tribal participation in transition meetings. There is also a listing of native languages in New Mexico, a list of the tribes, and the school districts that serve the tribes. The link went out on the ICC and FIT Coordinators websites. Cathy Riley and Jonetta Pacias met with the Indian education person on transition. Cathy is interested in being a tribal transition resource to early intervention providers.

The ICC will meet on May 31 and June 1, 2017 at the NMSBVI. The ICC will bring a brown bag lunch to the meeting on May 31 and lunch will be provided on June 1.

Luanne Stordahl - Linda Lyle is retiring.

## **ICC FUNCTIONING**

### **What worked:**

- Location;
- Cake;
- Co-Chair Elects "stepping up" to lead the meeting in the absence of the current Co-Chairs;
- Parent Panel;
- Parent Panel Reflection;

- Providers and parents are interested in the work of the ICC;
- Jeanne getting the Lead Agency Report out early and the Updates she provided;
- Had 4 excellent provider applicants to select from.

**Challenges:**

- Number of people going off the ICC this calendar year.

***MOTION: Amanda Gibson-Smith made a motion to adjourn the meeting. Luanne Stordahl seconded the motion. There were no objections or abstentions. The motion passed. The meeting was adjourned at 3:30 pm.***

**FOLLOW-UP MEETING RECOMMENDATIONS / TASKS**

Recommendations / Tasks for FIT	Status
FIT Program to take the lead on developing a forum to meet with tribal leaders.	
FIT to consider going back to the FIT Program Manager to continue providing <i>Program Manager FIT Updates</i> and the Lead Agency Report prior to ICC meetings.	
FIT to define "ongoing" in ongoing assessment.	
FIT Program, ECN, State Supported Schools, Quality Committee, and the Autism Program to work together to clarify the correct protocol for M-CHAT administration and referral.	
FIT to consider changing codes so therapists and developmental specialists are not using the same code.	
FIT to work on standardizing information on major topic areas to post on the ECN website.	

<p>Providers to receive funding to purchase the HELP or the AEPS or hearing screening equipment if they already sufficient copies of one of these assessment tools.</p>	
---	--