

INTERAGENCY COORDINATING COUNCIL (ICC)

JANUARY 17, 2018 MEETING MINUTES



MEMBERS/APPOINTEES PRESENT

Andrea Leon, Peggy O'Neill, Samantha Yancey, Sophie Bertrand, Sara Einfalt, Marc Kolman, Kathey Phoenix-Doyle, Naomi Sandweiss, Janis Gonzales, Paula Seanez, Celina Waller, April Spaulding, Lula Brown, Nikki Ornelas, Luanne Stordahl, Catherine Quick, Joanne Corwin, Amanda Gibson-Smith, Andrea Segura, Kathy Hughes, Camila Gutierrez

MEMBERS ABSENT

Justina Stewart

OVERVIEW

Kathey Phoenix-Doyle, ICC Co-Chair, thanked Superintendent Rosemary Gallegos and NMSD for hosting the January ICC meeting. Kathey asked ICC members and guests to introduce themselves. She asked for a motion to approve the meeting agenda. **MOTION: Amanda Gibson-Smith made a motion to approve the meeting agenda. Peggy O'Neill seconded the motion. There were no objections or abstentions. The motion passed.**

WELCOME

Rosemary Gallegos, Superintendent, welcomed ICC members and guests to NMSD. Rosemary thanked the ICC for providing advice and assistance to the FIT Program. As a former ICC member, Rosemary said she is well-aware of the importance of the work and mission of the ICC. She commended the FIT Program and the FIT provider agencies for the quality early intervention supports and services available statewide to eligible children and their families.

PRESENTATION BY NMSD EARLY INTERVENTION PROGRAM

Joanne Corwin, Director of NMSD's Early Intervention Division, presented. NMSD's Early Intervention Program works collaboratively with families and partner agencies to support an abundant environment for children who are

deaf or hard of hearing so each child can thrive and reach his/her potential. NMSD serves 700 children statewide. 160 of these children and their families are participating in Part C services. Joanne highlighted the services available through the five NMSD preschool that are located in the larger populated areas of New Mexico. NMSD preschools are state and nationally accredited; families partner with teachers in the classrooms; onsite audiological services are provided; staff are licensed and certified; and bilingual or trilingual. At the Santa Fe preschool, families who want their young children to attend have the option of campus housing provided at no cost. Communication options for all children served by NMSD are based on the needs of the child and include American Sign Language, fingerspelling, and Listening and Spoken Language. Joanne showed several video clips of children in the preschools.

APPROVAL OF CONSENT AGENDA

Samantha Yancey, ICC Co-Chair, asked for a motion to approve the Consent Agenda which consisted of the November Meeting Minutes and the ICC Financial Report. ***MOTION: Amanda Gibson-Smith made a motion to approve the Consent Agenda. Sara Einfalt seconded the motion. There were no objections or abstentions. The motion passed.***

RATE STUDY RESULTS

Andy Gomm gave a PowerPoint presentation. The Rate Study Report was previously emailed to the ICC. The Public Consulting Group (PCG) out of Boston did the Rate Study. PCG has stated New Mexico's rate study process was one of the best. Andy highlighted the Rate Study methodology, the data collected, the validity of the process, and the results and recommendations. Andy said the FIT Program would be asking for support from the ICC Finance and Funding Committee chair/members to help the DOH in making decisions about alternative rate structures.

Andy stated the ICC might want to either make a Rate Study recommendation or ask the ICC Finance and Funding Committee to work on recommendations on the ICC's behalf. Andy introduced Jim Copeland, the DDS Director. Jim said this was an excellent Rate Study. Andy discussed the FIT Rate Study Recommendations table which includes the Services, Units, 2004 Final Recommended Rates, the Current Rates, the Preliminary Calculated Rates and the

Variance in both dollars and percentages. Andy said he didn't feel as confident with the 2004 recommended rates but he is very confident about the rates recommended in this rate study because a sound methodology was used and the recommended rates reflect the cost of doing business today.

24 provider agencies participated in the time study, cost report and/or personnel roster data collection process. 618 time-studies were submitted. 22 agencies submitted cost reports. There was a good mix of providers serving rural and urban counties. There are 1200 personnel working in FIT provider agencies.

Rate Methodology - A Bottom-Up methodology was used. Rates were calculated using service personnel as the base and adding rate components for other associated expenses. PCG collected the same categories of costs and services as the 2004 study along with additional information.

Market Salaries - Market salaries by discipline were calculated using the following: National Average Salary; Southwest Average (AR, LA, OK, NM, TX), Peer State Average (AZ, CO, NM, TX), Benchmark (NM Bureau of Labor Statistics) and Employee Salary Reported on Roster. Early Childhood Special Educator was used for Developmental Specialists. Bachelor level Social Worker was used for Family Service Coordinators. One option to consider is to pay a different rate per discipline. Developmental Specialists are earning around \$50,000. Physical Therapists are earning around \$89,000.

Fringe is what agencies are paying for retirement and health benefits. Contractors are 28% of the work force. Administrative costs (space, equipment, etc.) were calculated from the cost report. How much of the work week should be billable time, how much was spent in travel, report writing, vacation, sick time, training, etc., had to be determined. The average percentage of billable time each week for home-based services is 50%. The percentage of billable time for center-based services is 58%.

Andy discussed the calculations for recommended rates as follows:

- **Comprehensive Multidisciplinary Evaluation (CME) -** The CME is billed on a Unit basis. It is generally with two practitioners. FIT KIDS doesn't collect all the data for this. Four agencies went back and calculated averages for two team members. The average time across the four agencies was 7.69

hours with 7 hours as the recommended amount of time. The Preliminary CME Calculated Rate is \$781.50

- Family Service Coordination - The rate is based on the same personnel/administrative costs as other early intervention rates but calculated case by case. In a number of agencies, there are dual role Family Service Coordinator/Developmental Specialist. On average, Family Service Coordinators visit families once a month. The Calculated Service Coordination Rate (rounded) is \$194.50.
- Alternative Rate Calculations: Rates by Discipline. Medicaid has encouraged FIT to consider paying per discipline to avoid what looks like duplicate billing. For example, a rate by discipline might show a billing for an OT and a billing for a DS on the same day instead of just early intervention billed twice on the same day. If this change was made, there would have to be additional funds to pay for this change in FIT KIDS. Disciplines get paid on average differently. If 80% of the work force is comprised of Developmental Specialists, it is less of an incentive to bill by discipline. There is no consensus on rates by discipline.

Andy asked what the ICC thought of rates by discipline and if the ICC wanted to make a recommendation or give the charge to the ICC Finance and Funding Committee.

ICC members made the following bulleted comments:

- Peggy O'Neill - Would like to hear from the providers in the room.
- Sara Einfalt - Asked if either rate option would impact the likelihood of getting additional funding.

Andy Gomm - We are asking for an increase in dollars so it wouldn't matter.

- Andrea Leon - If paying by discipline, each agency would have to maintain the certification/license requirements for all early intervention staff. Each individual provider would have to be credentialed by Medicaid. If their certificate or license has expired, payment would be denied. It is cleaner billing when billing by discipline.
- April Spaulding - New Mexico has a critical shortage of therapists.
- Kathy Hughes - It is very difficult to find therapists in Carlsbad.

- Kathey Phoenix-Doyle - Need to be careful because the Transdisciplinary Team Approach (TTA) is emphasized. If we pay one provider more than another, it seems to indicate we value one more the other.
- Joanne Corwin - Each provider agency is billing for the services they are providing. Provider agencies can choose to pay their therapists more.

Andy Gomm - Suggested that the ICC Finance and Funding Committee work on this issue.

Jeanne Du Rivage - Everyone's work is valuable. If we pay different rates to different people, we are not sending this message.

Andy discussed the Alternative Rate Calculation: Service Coordination as a 15-Minute Unit - The 15-minute unit was calculated by taking the total minutes of Family Service Coordination provided per child for the month and then dividing by 15. The Proposed Alternative Rate for Service Coordination as a 15-Minute Unit is \$21.50. DOH may need to set a cap. Abrazos enters all the Family Service Coordination units they provide and Abrazos supplied calculations over a five-month period and calculated the current rate of \$160 compared to the new recommended rate and to the 15-minute rate. The new recommended monthly rate would generate more income for Abrazos than the 15-minute rate.

Andy Gomm - Suggested that the ICC Finance & Funding Committee do the research and present recommendations to the full ICC at the April 2018 ICC meeting.

Andy discussed the Alternative Rate Calculations: Geographical Analysis. There was no material difference in travel time among noted metropolitan areas and the rest of New Mexico's counties. Travel time in Dona Ana is higher than other counties.

Andy discussed Alternative Rate Calculations: Group Rates. This is based on an average number of 2.5 kids in each group. If a provider only serves two children in a group, the provider agency would lose money. If the provider serves three or four children in a group, there would be more revenue coming in.

- Kathey Phoenix-Doyle - Providers form a group based on what is needed.

With a higher group size there is more paperwork and more administrative time.

Andy said there could be a rate for 1-2 kids, 1-3 kids, and 1-4 kids. FIT would have to reprogram FIT KIDS and would need funding for the reprogramming.

Impact analysis: What will it cost? Factors to consider are:

- If Rate Study is funded, new rates would not be in place until SFY20 (starts July 1, 2019).
 - The Department of Health would present these rates to the legislative committees starting in the summer of 2018.
 - FIT would need a 17% increase and a total amount of \$10,280,680.
 - 70% of FIT children are Medicaid eligible. DOH has to cover the Medicaid match.
 - 30% of FIT children are not eligible for Medicaid.
 - The state cost would be \$5,081,907. DOH would ask for \$5.5 million dollars to fund the Rate Study).
- Samantha Yancey, ICC Co-Chair, reminded guests that they didn't have to be an ICC member to serve on an ICC committee.
 - Kathey Phoenix-Doyle, ICC Co-Chair, asked the ICC if they were ready to make recommendations on the FIT Rate Study Report as a whole, or make recommendations on any of the proposed rates.

Karen Lucero - As the recent past Chair of the Finance and Funding Committee, she was asked to present the today's committee report. The report contains some recommendations to the ICC regarding the Rate Study. The committee wants input from the ICC.

Andy Gomm - The ICC could make a motion to accept the report and accept the recommendations on the rates.

- Kathey Phoenix-Doyle - This is a lot of information and the ICC needs to hear the Finance and Funding Committee report/recommendations.
- Sophie Bertrand - Asked if it would be possible to amend the meeting agenda and move the Finance and Funding Committee Report before lunch.

MOTION: Nikki Ornelas made a motion to amend the agenda to move the Finance and Funding Committee Report before lunch in order to coordinate with the FIT funding and legislative request. Kathy Hughes seconded the motion. There were no objections or abstentions. The motion passed.

Jeanne Du Rivage - Asked if the ICC Finance and Funding Committee should work with the ICC Quality Committee to make recommendations to the ICC on the rate for Family Service Coordinators.

FIT FUNDING & LEGISLATIVE REQUEST

Deb Vering distributed a four-page handout and reported. The first page of the handout contained the amount of money in FIT provider agreements and specified the original operating budget and the expenditures for FY16, FY17, and FY18. In FY16 there was a shortfall of \$644,400. In FY 17, there was a shortfall of \$949,400. In FY18 there was a shortfall of \$1,528,400. In FY19, the budget request was flat (as requested by DFA) and there is a projected \$1,946,400 shortfall. There is a supplemental legislative request of \$1.3 million and the DDS D will have to cover the rest of the shortfall. The shortfall in these fiscal years is based on growth in the FIT Program. Since FIT is an entitlement program, it is not possible for the Department of Health (DOH) to control expenditures.

The second page of the handout contained the Medicaid match information. The last two pages of the handout contained the DOH current legislative request to cover shortfalls. The DOH will need to have a recurring special request. Jim Copeland, DDS D Director, has supported the special requests for FY18 and FY19. The DOH will support the special request for FY19. The special request for FY19 will show up in HB2. The Rate Study recommendations may also show up. The FY20 special request is due at DFA on June 15, 2018.

Jim Copeland stated it would take \$5.5 million dollars to implement the Rate Study.

ICC Comments:

- April Spaulding - ADDCP is supporting rate increases for the FIT Program.
- Peggy O'Neill - ADDCP is composed of a group of Stage General Fund, DD Waiver and FIT providers. ADDCP has a lobbyist and is a very active group.

Jim Copeland - New Mexico will have a new Governor for the second half of FY19 and there may also be a new DOH Secretary.

Deb Vering - The supplemental request for the current fiscal year was due June 15, 2017. At that time, we were not far enough along in the Rate Study to be able to justify asking for additional money.

Andy Gomm - It is unprecedented for the DOH to support a special request to cover the shortfall. The special request for FIT is part of the DOH's request.

ICC FINANCE & FUNDING COMMITTEE REPORT

Karen Lucero, past Committee Chair, reported. Karen distributed the Finance and Funding Committee Report. The committee is recommending the following:

- Support for the DOH recommended supplemental funding of \$1.3 million for FY18 to cover the shortfall.
- Support for the DOH recommended base increase in funding for FY19 based on projected growth. Average cost per child for the last three years is stable at approximately \$3500 per year.
- Implement the rates recommended by the Rate Study. It would take \$5.1 million dollars to implement the Rate Study and this could not happen until 2020. Further discussion of the Family Service Coordinator rate is needed regarding a monthly versus a 15-minute unit.

The Finance and Funding Committee discussed the possibility of implementing rates by specific discipline which would decrease the problem of duplicate billing. Medicaid may require this in the future. This would require each individual therapist, family service coordinator and developmental specialist to be enrolled with an NPI in Medicaid. The committee also discussed the possibility of a new early childhood department and will continue to monitor this. The committee needs input from the ICC regarding FIT moving to the new department.

MOTION: Peggy O'Neill made a motion to accept the DOH Rate Study Report and recommendations. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.

MOTION: Lula Brown made a motion to have the ICC Finance and Funding Committee and the ICC Quality Committee explore and report at the April ICC meeting their recommendations regarding a rate differential by discipline and a

rate differential by group size, and a 15-minute family service coordination unit versus a monthly rate. Kathy Hughes seconded the motion. There were no objections or abstentions. The motion passed.

ICC discussion on the 15-minute family service coordination unit versus a monthly rate included the following:

- Kathey Phoenix-Doyle - Provider agencies are penalized if we are under, or over, the 60-minute limit. Programs give families what they need. The 15-minute unit will help. The initial IFSP and the transition IFSP can each take up to three hours.
- Janis Gonzales - Wouldn't the 15-minute unit take care of this?
- Kathey Phoenix-Doyle - There will be a point when DOH caps the amount.
- Sophie Bertrand - The 15-minute unit is more reflective of the work.
- Nikki Ornelas - As a parent, even if we think we only need 30 minutes, we still have to have the full hour so the provider agency can be paid.
- April Spaulding - If we go with the 15-minute unit, it drops the hourly rate down. We would have to do two hours of service to make what we would be paid for one hour.
- Kathey Phoenix-Doyle - Agrees with April and Nikki. Unfortunately, some agencies do require the full hour each month. Perhaps Medicaid and DOH could do a hybrid rate so agencies can bill for one hour and also bill the 15-minute until under special circumstances. The cap may be important for DOH so they can budget. With a hybrid rate, agencies could exceed the cap when families have a serious issue and need more support.

Jeanne Du Rivage - The DOH has to be good stewards of the money and still provide quality services. If we want to keep our current eligibility, we have to find the balance among all of these issues. Any change in family service coordinator rates should be made now because so the change can be added to other needed changes in FIT KIDS.

Andy Gomm - FIT would have to think about a hybrid rate. It would be difficult, affect FIT KIDS and also impact the validity of the rates from the Rate Study.

- Kathey Phoenix-Doyle - The Rate Study didn't take into account TQRIS. If we are billing for an IFSP meeting and it is two hours long, can we bill for the full amount?

Andy Gomm - This is a good conversation which will help inform the Finance and Funding Committee discussion.

- Celina Waller - There are pros and cons to a hybrid rate. Each family deserve the time needed. Our intake coordinators can spend up to five hours for the initial IFSP. If we go with implementing rates by discipline, it increases administrative costs and could result in the need for one to two full-time positions. The first year would be difficult.
- Kathy Hughes - Also concerned about implementing rates by discipline as CARC uses COTAs as it is very difficult to find therapists in our rural area of the state.
- Luanne Stordahl - Implementing rates by discipline may be something we will have to do anyway.
- Andrea Segura - The goal is for all FIT agencies to have all their providers under Medicaid. This will provide much cleaner billing.
- Andrea Leon - Could the cost for billing by discipline be paid under administrative claiming?
- Andrea Segura - Medicaid would have to create a provider type for Developmental Specialists. They would have to bill under a licensed provider.
- Kathey Phoenix-Doyle - I have an MPI number as a DSIII working with at-risk children. The biggest issue is we want all service providers to feel they are a team with no team member any higher in status than another team member.

Andy Gomm - The Finance and Funding Committee should consider if there is a way to bill by discipline but still have the same rate.

Cindy Faris - An agency could elect to pay their therapists more no matter what the rate is.

- Kathey Phoenix-Doyle - Agencies that don't have a lot of therapists will be hurt by this. We all struggle to find and keep therapists.

Cindy Faris - We do administrative claiming at NMSBVI. It is not that much trouble and it brings in extra money.

MOTION: Amanda Gibson-Smith made a motion to recommend a FY19 increase for FIT in the amount of \$5.5 million based on Rate Study Results

and to work with other champions for children to find a sponsor to carry the bill. Kathy Hughes seconded the motion. There were no objections. Marc Kolman abstained. The motion passed.

Deb Vering - If we get the \$5 million to implement rates on July 1, do we have the money to modify FIT KIDS and how long would it take to make the modifications? It might take three or four months before we could start. Bills for the DD Waiver are deemed non-recurring. If the ICC does reach out to a sponsor, the bill has to be recurring. Most bills don't specify this so they are automatically recurring.

LEAD AGENCY REPORT

Jeanne Du Rivage highlighted the information in the Lead Agency report as follows:

p.3 - Insurance Revenue - We have been noticing a decline in revenue. This was caused by deposits coming in to the DOH not being credited to FIT. We worked with the insurance companies to put an identifier on the insurance revenues so they would be credited correctly.

p.4 - Number of Referrals - Referrals are going up. There are two new FIT provider agencies and we may serve even more children.

p.6 - Monthly Expenditures and Cost Per Child - Cost per child is not increasing.

p.7 - Total Children Served - May decide to eliminate this chart in future reports.

p.8 - Number of Children Served/Annual Growth in Children Served - See growth over the last two years.

p.9 - Number and Percentage of Children Served by County (December 1 Count) - This data is used for child find plans and reports. OSEP also uses these percentages.

p.10 - Children served by Race/Ethnicity.

p.11 - Tribal Report - Numbers are not running correctly in the data base.

Jason Lavy - FIT is serving so many children that larger reports are more difficult to run. There will be updated numbers for the next ICC meeting.

- Joanne Corwin - The Native Services Ad Hoc Work Group is using the data in the tribal report. Is the data accurate?

Jason Lavy - Reports crash but thinks the data is accurate.

- Sophie Bertrand - Concerned about San Miguel county results on page 9.

Jeanne Du Rivage - It does look like some areas are underserved.

Jason Lavy - This report is a 1-day count on December 1 of children under an IFSP. The number is always a bit low.

- Samantha Yancey - Asked for an explanation of the categories (200, 300, 400, 500) on page 1.

Deb Vering - FY17 & FY18 - Page 1 provides a full picture of the FIT budget. FIT starts out with an operating budget, but we may need to pull in more funds from other programs. We can charge off to another program, such as the DD Waiver, to make certain that FIT provider agencies are paid.

- 200 - Salaries and benefits. Had vacancy savings.
- 300 - Contractual services. Spent more than the budgeted amount. ZIA, as the ICC Fiscal Agent is paid through this line item.
- 400 - Operating expenditures for FIT: supplies, travel, provider agreements, furniture.
- 500 - State Medicaid match.

ICC Comments:

- Kathey Phoenix-Doyle - If you see an anomaly such as in San Miguel County, do you check to see if children are being served in a following month or in a quarter?

Jason Lavy - Checks with FIT Provider Managers.

Andy Gomm - We determine if there is an anomaly by looking at the data over a 5-year period. Provider managers work with the provider agencies serving a county if numbers are low.

Jeanne Du Rivage - The Child Find reports submitted by FIT providers are much more reflective of work being done.

FIT Program Manager Report

Jeanne Du Rivage provided a written report that included the roles and responsibilities of FIT staff. She briefly highlighted the current FIT Program

Projects. The FIT Annual Meeting will be held on June 13-14, 2018.

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

ANNUAL PERFORMANCE REPORT (APR)

Jason Lavy, FIT Data Manager, reported using a PowerPoint presentation. Slippage is either a decrease in FIT indicator numbers, or the established target is not met.

SFY17 APR data was as follows:

- Indicator 1: Timely Provision of Services - no slippage
- Indicator 2: Services in Natural Environments - no slippage
- Indicator 3: Early Childhood Outcomes:
 - A1 - No slippage.
 - A2 - No slippage.
 - B1 - No slippage
 - B2 - No slippage
 - C1- No slippage
 - C2 - No slippage
- Indicator 4: Family Outcomes Survey:
 - No slippage
 - No slippage
 - No slippage
- Indicator 5: Child Find (Birth to One) - no slippage.
- Indicator 6: Child Find (Birth to Three) - no slippage
- Indicator 7: 45-day timeline - Slippage.

Slippage in Indicator 7 due to:

 - Personnel changes - staff illnesses, extended leave, staff turnover
 - Increase in referrals - 6% increase over last year
 - Lack of qualified personnel needed to provide the second discipline for evaluations (OT, PT, SLP).
- 8A: Early Childhood Transition - Transition Plan - No Slippage
- 8B: LEA Notification - No slippage. Next year, FIT is planning to send out the Audit Summary tool in July to facilitate earlier analysis.
- 8C: Transition conference - No Slippage

FIT Provider Agencies:

- Meets requirements: 20
- Needs Assistance: 4
- Needs Intervention: 5
- Needs substantial interventions: 2

State schools are exempt because of the service coordinator function. FIT will meet with the OSEP Program Officer on Friday, January 18, 2018. OSEP will provide new guidelines.

Jason Lavy's Updated timeline for the Next APR:

- June 2018 - Start date for providers to clean data.
- July 1, 2018 - Jason will send out cleaned APR data to programs for verification, child find and audit summary sheets.
- July 30, 2018 - Audit summary and child find sheets due.
- August 15, 2018 - Narratives sent to providers for completion.
- September 15, 2018 - Narratives due back to the state for analysis.
- October 1, 2018 - Determination letters sent to providers.
- November 2018 - APR results presented to the ICC.
- January 2019 - ICC to review any changes to APR and provide sign off.

ICC Comments/Questions:

- Kathy Hughes - Requested determination letters be sent to the programs that did well in addition to the programs that need improvement.
- Naomi Sandweiss - Asked how were the targets set initially.

Andy Gomm - Indicators 1, 7, 8 are federally set. Patti Ramsey, the former FIT Quality Assurance Manager, worked with the ICC to come up with the other numbers.

- Andrea Leon - Is the FIT Program looking at the areas where there was a 3%, 4% or 6% decrease, even if it was not considered slippage? The ICC would like to know why there was a decrease in these areas.

Andy Gomm - We do need to pay attention to decreases. We have to use very complex computation. All the raw data goes into a calculator. The Quality Committee may want to look at this. It is very difficult to try to tease out what might be causing a decrease.

- Andrea Leon - 3%, 4% or 6% decreases are significant.
- Kathey Phoenix-Doyle - We were expecting the decreases as the ECO was changed to help provide more accurate data. We knew it would take three to five years to have accurate ECO data. We should begin to see these go up.
- Peggy O'Neill - Zia is marked down in natural environments because we have a child care facility at Zia.

Andy Gomm - We added inclusive provider location to address this issue. The Zia staff member who reports this should talk with Jason Lavy.

Andy Gomm - FIT will be doing an annual report using the APR data.

MOTION: Amanda Gibson-Smith made a motion to approve the APR Report. Celina Waller seconded the motion. There were no objections or abstentions. The motion passed.

ICC COMMITTEE REPORTS

ICC Committee Chairs highlighted their work since the last ICC meeting as follows:

1. *Quality Committee* - Lula Brown, Committee Chair, reported. A February meeting with the Quality Committee has been scheduled to discuss ways to provide current and correct information on FIT standards, regulations and processes to all FIT provider agencies.
MOTION: Lula Brown made a motion to add another critical issue to the Quality Committee's Action Plan. Andrea Leon seconded the motion. There was no objections or abstentions. The motion passed.
2. *Workforce Development & Support* - Luanne Stordahl, Committee Chair reported. The committee has met once since the last ICC meeting. They discussed changes to the face to face and online service coordination training. FIT is working on an orientation program that will be called *Welcome to Early Intervention in New Mexico*. The committee is developing a survey for FIT provider agencies to help identify provider training needs.
3. *Native Services Ad Hoc Work Group* - Paula Seanez, Committee Co-Chair reported. The Work Group is gathering information and looking at ways to help

increase the number of eligible Native American children in FIT services. The expected percentage had decreased since 2012. The committee is working with the Center for Development and Disability to obtain the recommendations from a Native American symposium that was held several years ago.

4. *Communication Committee* - Marc Kolman, Committee Chair, reported. The committee is considering ways to improve the effective use of outreach funds especially in communities with more than one provider. The committee has identified several strategies including having the FIT Program provide support to providers that don't have Provider Managers. The committee made the following recommendation to the ICC: Require provider agencies to use standardized FIT print materials in their child find and public awareness standards by adding language to their Provider Agreements.

MOTION: Nikki Ornelas made a motion to recommend language in Provider Agreements that requires FIT provider agencies to use the FIT standardized print materials in their marketing and outreach activities. Peggy O'Neill seconded the motion. There were no objections or abstentions. The motion passed.

- Celina Waller - Our agency's brochure was approved by our FIT Provider Manager.
- Sophie Bertrand - It is a good idea to have standardized, statewide public awareness language in marketing materials.

MOTION: Sara Einfalt made a motion to approve the 2018 Committee Reports Luanne Stordahl seconded the motion. There were no objections or abstentions. The motion passed.

ICC LEGISLATIVE PLANNING

- April Spaulding - Senator Rodriguez has agreed to work with ADDCP to sponsor increases for the FIT Program.
- Andrea Leon - Passed around the cards that families gave to their legislators to show the benefits of FIT services.

Andy Gomm - SB 74 sponsored by Senator Howie Morales is for a new early childhood department. It includes CYFD, PreK from the Public Education Department, FIT and WIC. It does not include early childhood special education.

SB 74 is comprehensive bill that looks at all the statues for these programs. The bill was tabled last year and it may not pass this year. If it doesn't pass, it will be introduced again next year under a new administration. There is also a resolution that is less than a page. The resolution doesn't name all the programs and if passed, it would go into effect July 1, 2018.

- Andrea Leon - How would SB 74 or the resolution be funded? The FIT Program is operating under a deficit.

Andy Gomm - SB 74 has language regarding the funding for all the early childhood programs. The new department, if passed, would use the combined funding, plus receive \$1 million in new money, and \$500,000 for a new data base. The DOH has covered FIT shortfalls and we don't know if the new department would have the funds to continue doing this.

Karen Lucero - The FIT Program has had very good support from the Department of Health. FIT may not be an important program under the new department. FIT would also lose the support of the disabilities continuum. If the ICC is in support of moving the FIT Program, it might be beneficial to request that implementation be delayed for a year.

- Kathey Phoenix-Doyle - Asked if the ICC wanted to form an ad hoc committee to look at the challenges and benefits of moving FIT. The support for the new department is gaining momentum. ADDCP representatives have met with Senator Morales.
- Sophie Bertrand - It does sound like the ICC needs to study this. Can the FIT Program ask the ECTA Center for information from other states that have done this?
- Kathey Phoenix-Doyle - Kathey, Karen Lucero and any other interested ICC members will work together via email and Zoom meetings and keep the ICC informed.

Andy Gomm - FIT will contact the ECTA center. It is difficult to make radical changes to state government without adequate study. It might be better to have a memorial to study the issue for one year.

- Janis Gonzales - The suggestion to delay and study this for one year could be put into the bill analysis alternative section.

- Andrea Leon - The ICC's stand on moving the FIT Program should be on future November meeting agendas so the ICC can advise the DOH.

MOTION: April Spaulding made a motion to create an Ad Hoc Committee to address SB 74. Peggy O'Neill seconded the motion. There were no objections or abstentions. The motion passed.

MOTION: Joanne Corwin made a motion that the ICC recommends that SB 74 needs more study and that a memorial would provide needed time for analysis. Paula Seanez seconded the motion. There were no objections or abstentions. The motion passed.

- Janis Gonzales asked the Ad Hoc Committee to meet with Senator Morales.

UPDATES ON OTHER EARLY CHILDHOOD COMMITTEES/TASK FORCES

- Janis Gonzales - There is a bill to reauthorize ELAC.

ICC FUNCTIONING

What worked:

- ICC functioned effectively as a working body
- Deb Vering's attendance and participation
- Good discussion of issues
- NMSD hospitality
- Documents were emailed prior to meeting
- Andy Gomm attendance and participation
- ICC ability to manage a large volume of information
- Co-Chairs did a good job facilitating the agenda and discussion

What can we improve:

- Bring chocolate
- Better acoustics

MOITON: April Spaulding made a motion to adjourn the meeting. Sara Einfalt seconded the motion. There were no objections or abstentions. The motion passed. The meeting was adjourned at 4:30 pm.

FOLLOW-UP MEETING RECOMMENDATIONS / TASKS

RECOMMENDATIONS/TASKS for FIT PROGRAM	STATUS
Contact ECTA to obtain information from the states that have housed all early childhood programs under one department.	
Add language in Provider Agreements that requires FIT Provider agencies to use FIT standardized print materials in their marketing and outreach activities.	

RECOMMENDATIONS/TASKS for ICC COMMITTEES or ICC Members	STATUS
SB 74 Ad Hoc Committee to meet with Senator Howie Morales.	