



ICC January 2019 Meeting Minutes

MEMBERS PRESENT

Kathey Phoenix-Doyle, Sara Einfalt, April Spaulding, Kathy Hughes, Nikki Ornelas, Paula Seanez, Julie Maner, Celina Waller, Joanne Corwin, Marc Kolman, Christie Guinn, Lula Brown, Justina Stewart, Janis Gonzales, Carmen Armenta, Naomi Sandweiss, Sophie Bertrand, Camila Gutierrez, Amanda Gibson-Smith, Catherine Quick, Angelique Tafoya

PROXIES

Camila Gutierrez Proxy for Andrea Leon, Celina Waller Proxy for Lula Brown (PM), Vanessa Skrehot Proxy for Christie Guinn (PM)

WELCOME/INTRODUCTIONS/AGENDA APPROVAL

Rosemary Gallegos, NMSD Superintendent, welcomed ICC members and guests. NMSD was founded in 1885. The school provides statewide early intervention services for infants and toddlers who are deaf or hard of hearing and their families, and education and outreach services for deaf and hard of hearing children preschool through grade 12. NMSD's early intervention program works in collaboration with the FIT Program and FIT provider agencies to provide comprehensive services to families of infants and toddlers who are deaf or hard of hearing.

Emilie Wilding, Deaf Mentor Coordinator, talked briefly about the statewide Deaf Mentor Program for families of infants and toddlers who are deaf or hard of hearing. Deaf Mentor services are designed to help families support their children's communication and language development in daily routines and activities. Families learn about deafness and deaf people and they explore communication options. Emilie showed a PowerPoint of several families working with their deaf mentors. She pointed out how a mother using ASL to read to her child was adjusting the book and her seating position to help her child match what was being signed with the pictures on the page. Most of the NMSD's deaf mentors have a master's degree. Emilie became deaf at two years of age and she has four deaf children.

Kathey Phoenix-Doyle, ICC Co-Chair, thanked NMSD for hosting the ICC meeting. ICC members and guests introduced themselves. Kathey reviewed the ICC's Public Comment and Community Input processes. She distributed copies of the document *How to Make Motions During ICC Meetings* to ICC members. Kathey asked for a motion to amend the meeting agenda by moving the Parent Panel from 11:30 to 9:30.

MOTION: Sophie Bertrand made a motion to approve the ICC meeting agenda as amended. Kathy Hughes seconded the motion. There were no objections or abstentions. The motion passed.

NMSD EARLY INTERVENTION PROGRAM PRESENTATION

Joanne Corwin, Statewide Director of NMSD's Early Intervention Department, presented. Joanne highlighted the successful collaborative efforts between FIT provider agencies and NMSD's early intervention program. The provision of quality early intervention services is the best investment New Mexico can make. This work together changes lives. Joanne briefly reviewed the federal and state standards and requirements that FIT and NMSD must meet. Last year, NMSD went through the accreditation process. The accreditation team commended New Mexico for the statewide collaborative efforts to assure that children who are deaf or hard of hearing have access to quality services that meet their developmental and educational needs. The Department of Health and NMSD are in a Memorandum of Understanding that outlines the supports available to deaf and hard of hearing children and their families through the FIT Program, the Newborn Hearing Screening Program, and NMSD's Early Intervention Program. NMSD's early intervention services are provided by Developmental Specialists who are trained in both deaf education and early intervention. Services are provided in each family's native language. Services provide communication options and each family's communication choice for their child and family is honored and supported. 90% of New Mexico's infants and toddlers who are deaf or hard of hearing are jointly served by NMSD's EI Program and the local FIT provider agency. Joanne recognized Andy Gomm for New Mexico being the first state to include Deaf Mentor services as entitled services. NMSD's Early Intervention Program provides statewide consultation and hearing screening training to FIT provider agencies. Joanne distributed copies of NMSD's Annual Report.

Jeanne Du Rivage, FIT Program Manager, introduced two guest from the Legislative Finance Committee (LFC), Micaela Fischer and Brian Hoffmeister.

ICC PARENT PANEL

Kristi Halus, NMSD North Central/Northeast Regional Supervisor, introduced the six parents on the Panel. Kristi said parent voices guide our work. Several of the families are participating in early intervention services and some have families have transitioned. Kristi asked each parent to introduce themselves again when it was their turn to talk. Dee – Our child had transitioned from early intervention (EI) and she has since passed away. It is very exciting to hear that some children are referred right out of the hospital. Our IFSP team was "super fantastic". I now am back at NMSD as a parent advocate. Early intervention was critically important to my child and family. Parents may need continued support after their children transition from EI. Families are lifelong advocates for their children.

Lucy – Our daughter, Alexandria, was born at 30 weeks and weighed 2 lbs. We were referred from the hospital. Alexandria has auditory neuropathy and does not hear in her left ear. With auditory neuropathy, her hearing "comes and goes". The hardest thing is helping our extended family understand our daughter's hearing loss. They try talking loudly to her, or yelling, and they don't yet understand this does not help her hear them. The referral process was easy. Our daughter was discharged from the hospital in

December and we were contacted in January. We have a supportive IFSP team and our services are so helpful. We love our deaf mentor services.

Claudia – Our daughter, Angelique, will soon be 12. When she was born, we lived in a rural area. It took a year before a doctor would give me a referral to get her hearing checked. Our first experience with an audiologist was a “bad” experience as we knew our child could not hear. Our early intervention team helped me deal with that experience. In our first meeting with our IFSP team, they all came in and sat on the floor. This helped me feel comfortable with our economic situation as we did not have chairs for everyone. Our early intervention services were amazing. Our team helped our extended family understand our daughter’s hearing loss and her educational needs. Our daughter started attending the NMSD Preschool in Las Cruces at 18 months of age. Our team provided the services we wanted and supported our choices for our daughter. We did not want cochlear implants for our daughter and our team supported our decision. We were able to meet and talk with deaf adults. Our daughter is an “amazing diva”. She is self-confident and doing great in school. She now goes to school here at NMSD. I also work here.

Kristen – Newborn hearing screening is awesome. We were referred right from the hospital and early intervention service started right away. River and our family are receiving early intervention services from two agencies. We are truly blessed to have these resources in New Mexico. We have a community of other parents of deaf and hard of hearing children who we can talk with, make friends with, and practice our ASL skills together. We are learning about deaf culture and we can embrace all the cultures that our child is a member of. Our early intervention team supports us by providing information and support. We are able to consider options for our child, think about what our family priorities are and make good medical decisions based on what we think is best. The medical community can sometimes push information and procedures on parents that are confusing. We need to understand options without pressure so we can advocate for our child. Our team is spectacular and they have become part of our family.

Erminia, Juan & Juan Jr.– We were referred from the hospital. Our home visits started right away. We sometimes had ten family members at our home visits to learn sign language and they were all welcomed and supported by our service providers. Our team helped us when our child failed the M-CHAT so we could get the evaluation and the autism diagnosis. Our team supported us during appointments, evaluations and anything we needed along the way. We had a smooth transition to the public school. We were prepared for the IEP process and public school services.

Kristi Halus thanked the parents for sharing their journey. Kristi expressed appreciation for all the early intervention agencies that work so collaboratively with NMSD to provide joint services and supports to children and their families. Kristi said NMSD’s early intervention program only provides family services coordination for 10% of families who

have infants and toddlers who are deaf or hard of hearing. The other 90% of families have a Family Service Coordinator from their local early intervention program.

Questions for the Parent Panel:

- Sophie Bertrand – Asked the parents what it is like to have two different agencies providing home-based services.

Parent Panel Responses:

- It can be overwhelming to just have a new baby. Our IFSP team and service providers do a great job of coordinating our services. We are never given more than we can handle. As our child's parents, we have the leadership role. We help set our goals and the joint home visits work for us
- Our service providers come after 5:00 pm. They make it easy for us. Sometimes they bring pizza. We are not pushed to do anything.
- Having a premature child is overwhelming. There is so much to do. We were used to having a lot of people helping us because there were so many people providing care in the hospital. Our child receives hearing, vision, PT and OT services. We have co-visits. If we feel overwhelmed, we just let our Family Service Coordinator know.
- Our service providers empower us and encourage us to take breaks. We don't worry about how fast we get to a goal but how efficiently we get to a goal. It can be rough. It is hard when we don't have the support of our extended family. We also went through four speech therapists. We trust our parent voice because we have been empowered and encouraged by our team. We are provided with all the options and our decisions are supported. Our experience is lovely and we have been set up for success.

Jeanne Du Rivage – Asked Juan if he feels involved in his child's services

Juan replied that he is very involved. He was at every IFSP meeting with his wife. He worked with their Deaf Mentor. He is thankful for the program because it helped his son so much.

Kathey Phoenix-Doyle thanked the members of the Parent Panel for coming and sharing their experiences with the ICC.

ICC PARENT PANEL REFLECTION

- Commendation to the families' service providers for providing coordinated services and co-visits. Families reported being in charge of their IFSP process.
- Parents presented a broad perspective.
- Late referral resulted in the loss of valuable time.
- Father actively involved in IFSP meetings and services.
- Some families reported physician collaboration and support.
- Great to hear a parent report vision as a motivator for her child to move. Collaborative services from state supported schools and local early intervention programs are effective.
- Timely referral to early intervention services is not always occurring but we are making progress.
- Importance of connection/parent to parent support/strength in deaf community.
- Transition process is working/public schools providing needed supports.
- Parents were confident and articulate. They understood their leadership role.
- Parents reported options were discussed and supported by their IFSP teams.
- Difficult for families to have to travel to obtain diagnostic testing.
- When babies are discharged from the NICU, important that the family knows about their local early intervention program and how to contact the program.
- Important to meet families where they are and provide tools and strategies.
- Doctors need ongoing support and education about the importance of making referrals and listening to families.
- New Mexico has made great strides in the availability of services in rural areas but it is still an issue. Families should not have to move to access needed services.
- Thanks to the ICC for hosting Parent Panels.

APPROVAL OF CONSENT AGENDA

Kathey Phoenix-Doyle asked for a motion to approve the Consent Agenda which consisted of the ICC November meeting minutes and the ICC Financial Report.

MOTION: Amanda Gibson-Smith made a motion to approve the Consent Agenda. Paula Seanez seconded the motion. There were no objections or abstentions. The motion passed.

ADDCP REPRESENTATIVE

Kathey Phoenix-Doyle introduced Angelique Tafoya. Angelique is the ADDCP representative on the ICC.

LEGISLATIVE FINANCE COMMITTEE EVALUATION OF DOH EARLY CHILDHOOD PROGRAMS

The Legislative Finance Committee (LFC) is evaluating several DOH early childhood programs including the FIT Program, Maternal and Child Health, and WIC. They are looking at what is going well and how the programs might be strengthened. The end product will be an evaluation report that will be presented in the spring and available on the LFC website.

PRESCHOOL DEVELOPMENT GRANT BIRTH - FIVE

Andy Gomm, DDSD Child & Family Support Bureau Chief, distributed a handout and reported. New Mexico received \$5.4 million from the US Department of Health and Human Services to help build a quality early learning system for children birth to five and their families. Since New Mexico proposed \$7.5 million dollars, a revised budget must be submitted before grant funds can be accessed. The vision for the grant is: *Each and every child, prenatal to age five, and their families in New Mexico will have equitable access to quality early learning opportunities to support their development, health and well-being ensuring they are ready to succeed in kindergarten and beyond.* The DOH, CYFD and PED worked together to submit the grant proposal that includes FIT, home visiting and preschool services. The grant is a one year planning grant. Grant activities are:

- Activity 1 - Conduct a Statewide B-5 needs assessment by going to communities around the state to obtain input. We have built an early childhood integrated data system using Race to the Top monies. We have a unique identifier for children across programs and can track them longitudinally. Some of the needs assessment money will be used to add Head Start data and tribal data. The data will help us assess needs.
- Activity 2 – Build a statewide strategic plan based on the needs assessment. We will work with the Early Learning Advisory Council and the ICC to validate what we are finding and to develop a strategic plan. We will work with legislators and funding groups to develop funding mechanisms.
- Activity 3 - Maximize parent knowledge and choice through a statewide early learning media campaign with a website, PSAs, print and social media. We will expand the resource and referral system. We will pilot a parent engagement tool and provide parent leadership training. Families will be able to put in their zip code to find out all the things available in their community. PRO and EPICS will help support statewide parent leadership training.
- Activity 4 – Share best practices with early learning providers including training & workforce development. We will review national best practices. There are a variety of trainings available through FIT, PED and CYFD that can be opened to learners across our systems.

Activity 5 – We can only work on this activity in the last month or two of the first year. We have to spend all the money by the end of December. Activities 1 & 2 must be completed before the money for Activity 5 can be accessed. We can spend money for Activities 3 & 4 right from the beginning.

FIT will use some of the money to build our professional development system in the areas of practice based coaching, EI practices using Family Guided Routines Based Intervention (FGRBI), and Transdisciplinary Team Approach (TTA). There will be stipends for contractors to attend trainings, subscriptions for TORSH talent, and money to expand the purchase of video equipment (I-Pads and I-Pads minis).

PED is also using video for coaching. CYFD is using some of the money for the smaller child care programs to help them purchase instructional materials.

Questions/Comments:

- April Spaulding – How much money will be available? What about reimbursement for our employees? We will lose 430 reimbursable hours at our program.

Andy Gomm - Approximately \$330,000 will be available. There will be small stipends and CEUs for contractors. We may not be able to reimburse staff time. Four or five staff training days a year are built into the rate.

- April Spaulding – Please reconsider stipends for staff.
- Amanda Gibson-Smith – We have data sets for Head Start. What data markers are you looking for?

Andy Gomm – Data points have already been mapped to some extent. We will meet with all the grantees. There are 160 data points that we all need to map to. A data planner will be hired to work with Head Start and tribal folks.

- Catherine Quick – Who represented PED?

Andy Gomm - Brenda Kofahl represented PED. I will talk to Brenda about including Catherine on the planning team.

- Sophie Bertrand – Part B needs to be at the table. Head Start has developed a lot of things and needs to be at the table. We also need dialogue from Higher Education on early literacy.

Andy Gomm – The Higher Education Task Force meets on a regular basis. We want to include our partners so we can build an effective system.

Jeanne Du Rivage – Thanked April Spaulding for her input regarding a stipend for employees. Jeanne asked that provider agencies contact her with their recommendations.

- Marc Kolman – Andy Gomm was the primary author but this is not a DOH or a FIT grant. The grant was awarded to CYFD. The DOH is not handling any grant funding. The federal government designed this to be a collaborative approach. New Mexico wrote the proposal based on what we were already doing. 42 states were awarded. The grant has small and large projects that need to be managed. Most of the grant funding will go to contracts for managing the grant projects. The planning team can grow a bit. CYFD has a full-time project coordinator.
- Paula Seanez – Has no recommendation at this point. Please talk with her before talking with tribal communities about data. McKinley and San Juan counties have community councils and a health council. We advocate for early childhood services since First Born was established out there.
- Celina Waller – Most trainings are held in Albuquerque which adds an extra day away.

Jeanne Du Rivage – Trainings will be provided regionally.

- Justina Stewart –What about Tribal MIECHV (tribal home visiting) and privately funded child care programs? Most trainings don't include tribal programs and privately funded programs.

Andy Gomm – We are looking at comprehensive early learning services and equitable access for all New Mexicans. FIT trainings are for FIT providers. Some trainings will be specific to certain groups.

Rex Davidson – Every child should have access. Many rural and tribal areas don't have access. Migrant and immigrant children have many needs and are often affected by trauma.

Andy Gomm - This is a one-year planning grant. States can apply for funding for years two through four.

LEAD AGENCY REPORTS

Jeanne Du Rivage reported. A written copy of Jeanne's report was emailed to the ICC prior to the meeting. Some of report items that Jeanne highlighted included:

- We still have one vacancy, the NE Regional Coordinator position. We have interviewed and initiated the hiring process.
- Heidi Roybal will do a presentation at the SW Consortium. She is reaching out to tribal communities and will be joining the Native American Services Committee.
- Karen Burrow and Jonetta Pacias have been working to complete CBAs.
- Lisa Rohleder has helped launch the Family Service Coordinator (FSC) list serve.
- The FIT Annual Meeting is June 12-13 at Hotel Albuquerque. The focus is on leadership.
- The one-page *Welcome to EI for NM* is being printed by CWA.
- Ellen Pope conducted the webinar *Foundations of Coaching*.
- FIT/ECN have received training on Torsh Talent and will be making and uploading coaching videos.
- Larry Edelman will provide three, one-day video trainings in February. There will be funds to support travel and lodging.
- We are continuing to finalize EI practices and Cohort 1.
- A guidance document for non-Cohort 1 programs is being developed for FIT/ECN to use to support programs.
- We need to develop an evaluation plan to assess our practices and trainings.
- Agency leadership teams are to complete the self-assessment by 1/31/19.
- FIT programs will be able to take information from the self-assessment and develop a combined technical assistance/professional development plan.
- The APR is being reviewed by FIT's national TA consultants. We had slippage in Indicator 7 (45-day timeline) and Indicator 8 (Transition-timely notification to LEA and transition plans).

- The Part C Application is due May 3. It will be posted for public comment on the website by March 7.

Questions/Comments:

- Felicia Juarez – Who will develop the evaluation plan and the self-assessment? If they are developed by provider agencies, we would want input from our families to see how it is working for them and how we might improve.

Jeanne Du Rivage – During FIT FOCUS, there was lot of sharing and input from agencies. FIT will develop the evaluation plan. FIT will obtain family input on how coaching is working for them.

- Kathey Phoenix-Doyle – Staff turnover is big issue for all programs. How will we sustain training during lean years? Managers at FIT agencies need to be fully aware of the training requirements and be able to meet these requirements when they have high turnover.

Jeanne Du Rivage– This is why we are working to build agency capacity. We will list what people have to know on the IPDP plan.

FY20 FIT BUDGET REQUEST

Andy Gomm reported. There is good news and bad news about the FIT budget. The Department of Health has put in for expansion money for FIT FY20. \$1.4 million was put in but it will not be enough to accommodate FIT growth. \$6.3 million is needed. Deb Vering was successful in justifying the increase. The \$6.3 million made it into the Governor’s budget. DFA’s budget becomes HB2 in the legislature. The concern is that the LFC budget matches the \$1.4 million. HB2 will get changed and we hope the \$6.3 million will not change.

	DOH Request	DFA / Gov’s Budget / HB2	LFC Budget
FIT Base Increase	\$1.4 Million	\$6.3 Million	\$1.4 Million
FIT Rate Increase	\$5.1 Million	\$2.6 Million	\$2.6 Million

On February 5, the DOH will have a hearing with the Legislative Finance Committee. Hopefully, Deb Vering and Jim Copeland will be there to justify the \$6.3 million.

The FIT Rate study was completed in December of 2017. We need \$5.1 million to implement all the rates. If FIT receives this amount, it will generate \$10 million in revenue. DOH supported the rate increase and pushed forward with a budget request. \$2.6 million made it into both the LFC Budget and the DFA/ Governor’s Budget/HB2. It is likely that FIT might get the \$2.6 million but not the \$5.1 million. If FIT gets the \$6.3 million, it will bring FIT base budget up to \$30 million.

Kathey Phoenix-Doyle distributed copies of the Rate Study and the ICC’s Legislative Fact Sheet.

Dawnita Blackmon-Mosely, Life ROOTS – Expressed concern that parent training in group settings such as Love & Logic and Circle of Security is not billable unless the children are present.

- April Spaulding – This impacts families who have signed up for these trainings.
- Kathey Phoenix-Doyle – It is a Medicaid rule about the child being present as it has to be a direct service.
- Vanessa Skrehot – The rule has not changed and it has to be a direct service provided to the child.
- Sophie Bertrand – Home visiting programs provide these training for parents so partner with the local home visiting program.
- Nikki Ornelas – ABA services are provided to my child. While my child is in therapy, I have training with the ABA supervisor. You can occupy a child and provide training to the parent.
- Kathey Phoenix-Doyle – FIT services are in the home with the child present.
- Celina Waller – Circle of Security training promotes parent engagement and builds the social emotional bond between the parent and child. It can be provided with the child present.

FIT Lead Agency Report

The FIT Program used to publish a FIT Annual Report that included performance measures, number of children served, the budget and other data. FIT is thinking about doing this again. The report would be posted on the FIT website. It will include trends in growth over the year. It will be comprised of graphs and charts and narrative to explain the graphs and charts. The report would be completed after the end of the fiscal year. FIT may have CWA publish the report.

Most of the data reported to the ICC is annual data. Instead of the report FIT has been providing at each ICC meeting, we would like to provide a data dashboard that includes the data points that change from month to month, or quarter to quarter, such as expenditures, # of children served, trends, etc.

The FIT Annual Report would not replace the report cards. Early Childhood Outcome data may not make it into the FIT Annual Report but it could be summarized in the report.

Question:

- April Spaulding – Will the ICC still receive quarterly financial reports?

Andy Gomm – Yes. Deb Vering will continue to provide a comprehensive fiscal report to the ICC.

ICC COMMITTEE REPORTS

Quality Committee

Celina Waller, Co-Chair presented.

The committee met in January and focused on Goal #2 – Support FIT in providing all agencies with current and accurate information regarding FIT Service Standards, Regulations and Processes. The committee reviewed FIT standards in the areas of Child Find and Public Awareness and the Comprehensive Multidisciplinary Evaluation (CME) and began work on recommendations the committee will make to the full ICC at the April meeting. The next meeting is February 15.

Workforce Committee

Sophie Bertrand, Chair presented. The committee met in December. It was a dialogue and brainstorming meeting. Jen Brown provided a sampling of EI provider qualifications from other states. We hear a lot about provider agency staff leaving because of compensation. The committee will survey provider agencies to find out where this is happening.

Communication

Marc Kolman, Chair presented. The committee has not met since the last ICC meeting. The committee will meet at 9:00, next Wednesday, January 30th to discuss FIT branding materials. Contact Marc if you would like to work on the committee.

Finance & Funding

April Spaulding, Chair presented. The committee met on December 3 to develop the language for the 2019 Legislative Fact Sheet. Committee members will attend legislative committee meetings as needed to educate legislators and support appropriate bills that impact the financial health of FIT services. The committee is working closely with the ICC's Legislative Advocacy Committee.

Services for Native American Families

Paula Seanez, Co-Chair reported. The committee met once since the last ICC meeting. Chris Begay Vining has joined the committee. Marc Kolman is providing feedback on data gaps. The next meeting is February 13.

Legislative Advocacy Committee

Nikki Ornelas, Chair reported. The committee met in January to develop the committee's Action Plan. The committee has three critical issues. The first critical issue is to support ICC legislative priorities. The second critical issue is to support improved understanding of DD Waiver services and how to get on/stay on the waiting list. The third critical issue is to support ICC legislative priorities in the 2019 Legislative session. The committee would like the ICC legislator position filled. The committee has discussed asking FIT providers if they serve legislative families. The committee would like a one page DD Waiver fact sheet. The committee is monitoring several bills and would like to see them pass without changes that could have a negative impact on children and their families.

Comments/Questions:

- Naomi Sandweiss – PRO provides parent workshops on the waivers and information on the appeal process. PRO also provides one-on-one training for parents.
- Marc Kolman – To avoid violating HIPAA, FIT providers would not tell you if they serve legislative families. FIT providers could talk to their families and ask them to contact the Legislative Advocacy Committee if they are interested.
- April Spaulding – The DD Waiver training and the fact sheet would be for Family Service Coordinators (FSCs) so they would have the correct information to share with families.

MOTION: Amanda Gibson-Smith made a motion to approve the Legislative Advocacy Committee's Action Plan. Angelique Tafoya seconded the motion. There were no objections or abstentions. The motion passed.

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

ECEP FOLLOW-UP

Anilla Del Fabbro, CDD Medical Director and Jeanne Du Rivage presented. Anilla is in charge of the ECEP Program. She is a child and adolescent psychiatrist. ECEP has been looking at how they might serve more children. ECEP staff meet monthly and Jeanne attended the December 17 meeting. ECEP used to do four or five evaluations a week. Evaluations are now split with one being a developmental evaluation and the other being an autism (ASD 0-3) evaluation. Not all parents want an ASD 0-3 evaluation. ECEP is behind on the ASD 0-3 evaluations and there is a 6 month waiting list. ECEP receives eight referrals a day for ASD 0-3 evaluations. We have shortened the Intake Packet and the Intake Form. We are working to streamline the process to get children off the waiting list and scheduled. The Intake Packet will be on the website by February 1st. The report will be shortened to three to five pages. Developmental milestones will be added. Part of our contract with DOH is to have a CDD hub in Las Cruces. In reviewing the waiting list, there are 14 families in the SW and 13 families in the SE that can't travel. Our outreach team can't provide the ASD 0-3 but they can provide developmental evaluations. ECEP is sending out a team in February, March and April to evaluate all the children with developmental concerns. The plan is to evaluate all the children needing the ASD 0-3 evaluation within 6 months. There is a Birth to 5 Clinic at UNM if there are concerns about a child's behavior. We hold a weekly triage meeting to go through all the packets and decide where the children need to go. We check with the parents to make certain of the evaluation they want. If families need transportation support, there are some funds through DOH for families who don't have Medicaid. Safe Rides is also helpful. We are looking at ways to provide TA to early intervention staff including Zoom meetings and the ECHO model.

Comments/Questions

- Felicia Juarez –One of our families needed travel support and we had to cover their travel because they applied too late. Please include a time frame as to when travel support has to be requested.
- Camila Gutierrez – Do undocumented children qualify?

Anilla Del Fabbro – Yes they qualify. We get an interpreter for the developmental evaluation. We have a Spanish team member for the ASD 0-3 evaluation.

- Celina Waller – Talked with several EI agencies in Las Cruces and Silver City. Families and staff have to travel to Albuquerque for the first part and then go back about a month later for the second part (ASD 0-3). Parents who use Safe Rides can bring their child but no other family members. Email did not provide enough clarity.
- Kathey Phoenix-Doyle – What do you need to have a satellite clinic?

Anilla Del Fabbro – Team members have to be hired through UNM and the team has to have the right specialty members.

- Paula Seanez – Have you had conversations with GIMC? Can we develop a team in the Gallup area? There are a number of medical staff at GIMC who would support this including Pam Bell and Dr. Greenholtz.
- Naomi Sandweiss – Do the docs who participate on the ECEP teams receive CME credit?

Anilla Del Fabbro – Yes, they receive CMEs.

- Julie Maner – Some of the LEAs (APS and Bernalillo) are not accepting the evaluation results.

Anilla Del Fabbro - We will be meeting to discuss this issue.

- April Spaulding - Will send Anilla the contact people for the LEAs.
- Celina Waller – This is also happening with Las Cruces Public Schools.
- Sophie Bertrand – Public schools have educational diagnoses and they have different requirements for children to receive services through an IEP. We need to understand how kids are eligible for special education.
- Felicia Juarez – Undocumented parents are afraid.

Anilla Del Fabbro – Please email her when this is happening so we can work together to address their fears.

Jeanne Du Rivage – We are looking at the role of early intervention providers on ECEP teams. It can be a logistical nightmare. It is very difficult to have the ECN waiting room filled with people and there is no privacy for the family. It makes sense not to have early intervention staff present for the entire four hours. Only one early intervention provider should attend because of the space issue. When the family is getting a diagnosis, they

need their early intervention providers to be present. Zoom can be used to accommodate a family's early intervention team.

Andy Gomm – Video can be used for ECEP teams to see children in their typical settings. Telemedicine can be used in a HIPAA compliant way,

ICC LEGISLATIVE AGENDA & PLANNING

Andy Gomm – SB22 is Senator Padilla's bill. The bill is proposing an Early Childhood Education and Care Department. It is similar to a bill presented two years ago by Senator Morales. If it passes, the DOH programs that will move to the new department are FIT and Families First. The CYFD programs that will move to the new department are Child Care, Home Visiting, Pre-K, and Infant Mental Health. The PED program that will move to the new department is PED Pre-K. The bill does not include PED early childhood special education. It would be beneficial to have early childhood special education included. \$2.5 million is being proposed to set-up the new department. The 2019 Legislative Session ends mid-March and the governor has 30 days to sign the bill. If the bill passes, it would go into effect on July 1. This is a short amount of time to pull a new department together. It would likely start out as a virtual department with programs moving in together over a period of months. Contracts and agreements would go with the programs. The Governor spoke about the proposed department in her address. The FIT Program and the ICC need to be prepared because this looks like it will happen. The ICC would need to be a source of strength to help the FIT Program deal with the changes. The ICC could also help the FIT Program communicate with FIT provider agencies. There will be a lot to do.

Questions/Comments:

- Kathey Phoenix-Doyle – SB22 is now in Senate Rules Committee. It will go to education and then finance.
- Sophie Bertrand – What would it take for 619 to get embedded in this? We want Catherine Quick to continue working on inclusion.

Andy Gomm – It would take an amendment. Someone would need to work with the bill sponsor. PED should separate 619 out.

- Angelique Tafoya – We could ask Senator Padilla to come and give us more specifics.
- Kathey Phoenix-Doyle – We have requested a meeting with him.

Andy Gomm – The bill has a section that talks about transition but there is not much detail.

- April Spaulding – Providers are concerned that FIT will be lost in the new department. DDSD has covered FIT funding shortfalls a number of times. What would happen if FIT was in the new department and needed more funding?

Andy Gomm – FIT is larger than most DOH programs. FIT doesn't have a budget and is low in the DOH administrative structure. In the new department, FIT would have a

budget. If the FIT Program is in the new department and needs more funding, we would go to legislature and ask for what we need.

Karen Lucero – Will Deb Vering transfer to the new department?

Andy Gomm – We would encourage Deb to apply.

Karen Lucero – The ICC was neutral on the previous bill. The ICC may want to continue to be neutral on the new bill until there is more information.

Kathey Phoenix- Doyle – Does the ICC want to make a recommendation?

MOTION: Angelique Tafoya made a motion that the ICC will remain neutral on SB22 until more information is available. Amanda Gibson-Smith seconded the motion.

During discussion of the motion, the following comments were made:

- Nikki Ornelas – We don't know enough.

Andy Gomm – You may not learn any more other than what is written in the bill and if there are amendments to the bill.

- Kathey Phoenix-Doyle – We can listen to testimony even if we can't attend hearings in person.

Andy Gomm – By moving to the new department, the FIT Program would lose our DD Waiver, Respite and Autism partners. We would gain new partners and we would be at the table with the new partners.

Jeanne Du Rivage – Children are children first and then they have developmental needs and disabilities.

- April Spaulding – Some FIT agencies provide early intervention and home visiting services. What might this mean for the ICC as an advising body?
- Kathey Phoenix-Doyle – FIT agencies who provide early intervention and home visiting services have a clear understanding of the differences between the two programs.
- Marc Kolman – ICC members who represent state agencies can't take a position or vote. The new department has been proposed for several years. It is likely to happen now. Politics will make this happen. There are benefits and disadvantages. Some things will work better and other things may blow up. Change is challenging at best. This will be a rapid change with a lot of potential scenarios. It is not good or bad but it will be different. A neutral stance is not a bad thing.

There were no objections. The following ICC members abstained from voting on the motion: Joanne Corwin, Sophie Bertrand, Julie Maner, Nikki Ornelas, Felicia Juarez, and Marc Kolman. The motion passed.

The following bills were also discussed:

- SB96 – A child cannot be removed based on the parent’s level of sight.
- HB69 - \$200,000 to go to the FIT Program for the early detection of cerebral palsy. There may be a memorial to establish a task force.

Karen Lucero – If the bill passes, there will have to be a budget and we are hoping that FIT will use the money to contract with ECN.

- SB41 – Provider agencies accused of Medicaid fraud will have due process.
- HB161 – Tax credit for professionals serving in rural areas. Does not include SLPs.

- Kathey-Phoenix-Doyle – Why are SLPs being left out of bills?

Karen Lucero – There are questions about what it will cost to cover all the therapies.

- Kathey-Phoenix- Doyle – The ICC may want to take a position on several bills. Does an ICC member want to make a motion?

Need a motion for any of these bills.

MOTION: April Spaulding made a motion that the ICC supports SB96, HB69 and SB41 but does not support HB161. Celina Waller seconded the motion.

During discussion of the MOTION, the following comments were made:

- Janis Gonzales – The ICC Executive Committee could write a letter to the sponsor of HB161 and request that SLPs be added to the bill.
- Kathey Phoenix-Doyle – The ICC Legislative Action Committee will support the bills the ICC is in favor of.
- Sara Einfalt – There is a motion on the table to accept the bills discussed with the exception of HB161. We need a motion to send a letter to the sponsor of HB161.
- Paula Seanez – April could amend her motion.

MOTION: April Spaulding made a motion that the ICC supports SB96, HB69, and SB41 and will write a letter to the sponsor of HB161 asking that SLPs be included. Celina Waller seconded the motion. There was one objection: Sara Einfalt. There were seven abstentions: Catherine Quick, Naomi Sandweiss, Sophie Bertrand, Marc Kolman, Julie Maner, Vanessa Skrehot, and Joanne Corwin. There were ten ICC members in favor of the motion. The motion passed.

UPDATES ON OTHER EARLY CHILDHOOD COMMITTEE TASK FORCES

The Advisory Committee on Quality (ACQ). April Spaulding, ICC representative to the ACQ attended the 12/13/2018 meeting. The Lieutenant Governor, Howie Morales attended the meeting to express his support of services. He accepted April’s invitation to come to an ICC meeting after the session is over to learn more about FIT services. There was discussion regarding the upcoming DDSD rate study. FIT providers had a

positive experience and received support from DOH FIT during the FIT rate study. It is hoped that DD Waiver providers will receive the support they need and also have a positive experience. Working with PRO and FIT staff to create an online DD Waiver training for FSCs is still a priority. This task was given to the ICC Legislative Advocacy Committee to lead with support from April as the ACQ representative.

J Paul Taylor Task Force – Janis Gonzales, ICC representative to J Paul Taylor reported. J Paul Taylor is supporting HB230 to destigmatize substance use in pregnancy and eliminate automatic referrals to CYFD.

- Kathey Phoenix-Doyle – Substance use during pregnancy may not be the sole reason for the referral.

Amanda Gibson-Smith – Member of the ELAC. The ELAC met last week to review ten bills that impact early childhood. Voting on the ten bills was tabled. ELAC will meet on January 29 and vote on the bills.

Andy Gomm – The DOH hearing on the budget is January 31st.

ICC MENTORING

Earlier in the meeting, Kathey Phoenix-Doyle passed the Mentoring Sign-Up Sheet to the ICC. Seven ICC members signed up to be mentored. Two members, Kathey and Marc Kolman, signed up as mentors. After the ICC Zoom Orientation, members who would like mentoring will be surveyed as to the additional information and support they need. Kathey encouraged all ICC members to ask questions during the meeting and call or email the Executive Committee.

MEETING FUNCTIONING

What Worked:

- Having the PED guest attend the meeting.
- Guest attendance.
- Having the Parent Panel at 9:30.
- CDD ECEP presentation and action plan to address issues.
- Joanne's cookies.
- Hospitality of NMSD.
- ICC is a well-run council that is high-functioning and effective.

What Needs Improving:

- No improvements were identified as being needed.

Kathey Phoenix-Doyle asked ICC members and guests to fill out a meeting evaluation form. She asked for a motion to adjourn the meeting. ***MOTION: Joanne Corwin made a motion to adjourn the ICC meeting. Amanda Gibson-Smith 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 PROGRAM	STATUS
Reconsider stipend for agency staff to attend required training.	
Work with ECEP on having an ECEP team in the Gallup area.	

RECOMMENDATIONS/TASKS for ICC MEMBERS or ICC COMMITTEES	STATUS
Write a letter to the sponsor of HB161 asking that SLPs be added to the bill.	Addressed in meeting with bill sponsor.