



## ICC June 2019 Meeting Minutes

### MEMBERS PRESENT

Kathey Phoenix-Doyle, Andrea Leon, Camila Gutierrez, April Spaulding, Kathy Hughes, Nikki Ornelas, Julie Maner, Celina Waller, Joanne Corwin, Marc Kolman, Justina Stewart, Carmen Armenta, Naomi Sandweiss, Sophie Bertrand, Amanda Gibson-Smith, Catherine Quick, Angelique Tafoya, Dana Malone

### PROXIES

Celina Waller Proxy for Lula Brown, Vanessa Skrehot Proxy for Christie Guinn, Marc Kolman Proxy for Janis Gonzales, Joanne Corwin Proxy for Paula Seanez

### WELCOME/INTRODUCTIONS/AGENDA APPROVAL

Kathey Phoenix-Doyle, ICC Co-Chair, thanked the New Mexico School for the Blind & Visually Impaired (NMSBVI) Preschool for hosting the ICC meeting. ICC members and guests introduced themselves. **MOTION: Marc Kolman made a motion to approve the ICC meeting agenda. Celina Waller seconded the motion. There were no objections or abstentions. The motion passed.** Patty Beecher, NMSBVI Acting Superintendent, welcomed ICC members and guests to the NMSBVI Preschool.

### NMSBVI EARLY INTERVENTION PROGRAM PRESENTATION

Cindy Faris reviewed the NMSBVI mission statement. NMSBVI, in Alamogordo, began providing services in 1903. The NMSBVI Preschool began providing services in 1974. Preschool staff provide statewide early intervention services to blind and visually impaired infants, toddlers, and their families. There are 17 early intervention staff across the state. Staff in the southern region cover a large area and can drive up to 4,000 miles a month to provide home based services. Early intervention staff work in partnership with other FIT early intervention programs and 75% of referrals come from FIT providers. NMSBVI receives up to 100 referrals a month and there are 330 children and families receiving NMSBVI early intervention services. Services focus on helping families support the development of independent skills in their infants and toddlers. Staff provide vision screenings at child finds and participate on IFSP teams. Vision screening is a required area of assessment and the goal is to identify children with vision issues as early as possible. NMSBVI is conducting research in-state and internationally on tools to identify vision issues in infants and toddlers. Cindy commended the FIT Program for the collaboration with NMSBVI. This collaboration does not happen in every state.

Andy Gomm – NMSBVI is approved as a FIT system Medicaid provider.

Julie Maner – Highlighted the Early Intervention Expanded Core Curriculum for children who are blind or visually impaired. NMSBVI was a part of the FIT video project. She showed a video of infants and toddlers engaged with their families and NMSBVI staff in daily activities that support the development of skills such as: self-determination, social and emotional development, concept development, visual motor, self-feeding, literacy, choice making, body and spatial awareness, orientation and mobility, and cane skills. The video is used in national and in-state training.

Patty Beecher – Suggested the same children be videoed to show how much progress they have made.

### **VOTING ON OPEN ICC PARENT REPRESENTATIVE POSITION**

Six parents applied for the open ICC parent representative position. Their resumes and letters of interest were emailed to the ICC prior to the meeting. Two parents were able to come to the meeting to express their interest in serving on the ICC.

Khaki Cooper is a Registered Nurse who works in the Mother-Baby-Unit, the NICU, and the Pediatrics Department at Plains Regional Hospital in Clovis. Her oldest daughter has Marfan Syndrome and goes to NMSBVI. Her son has Down Syndrome. Early intervention services were very beneficial to her children and family. Khaki has shared her experiences with other parents and referred some children to early intervention. Talking with other parents helps parents know they are not alone in their journey. She would like to serve as an ICC Parent Representative.

Nicole Martinez has three children. Two of her sons are receiving early intervention services. Early intervention services help her support the development of all three of her children. Service providers are encouraging and informative. Nicole is a “passionate advocate” for children with disabilities. She would like to represent parents as an ICC member.

Andrea Leon, ICC Parent Co-Chair thanked the parents and the early intervention providers who supported all the parent applicants in applying.

Andy Gomm, DDS Child and Family Support Bureau Chief, encouraged the parents to apply again if not selected, and to stay involved with the ICC by serving on an ICC Committee. Two of the parents on the initial ICC, Cathy Stevenson and Jennifer Lehman, were instrumental in helping start the FIT Program.

Paper ballots were distributed. Khaki Cooper was selected.

### **ICC PARENT PANEL**

Jessica Sanchez, from Parents Reaching Out (PRO), introduced Nicole and Kelsey.

Nicole's son, Jackson, was born completely blind. He is now 1 and ½ years old. He is making great progress. Although he had to spend time in the NICU, Jackson is now a strong little boy. Early intervention services are helping him achieve developmental milestones. Our team provides information and helps us develop and use strategies that support our son's development.

Kelsey's daughter, Phoebe, has complex medical issues. As a family, we had no idea of what she would be able to achieve. Early intervention services have helped Phoebe make amazing progress. As parents, our service providers have been our allies. They have helped me navigate the system and become the parent that Phoebe needs me to be. We were fortunate in that we were able to have the same early intervention team after Phoebe was referred from the NICU. Phoebe had two, six-month long, hospital stays before she was 14 months old. During Phoebe's time at Colorado Children's Hospital, I was able to call my New Mexico early intervention team and ask questions like: "What will a trach do for her communication?" When we came back to New Mexico, Phoebe was on a ventilator 24 hours a day. Home based services were critical as we did not take Phoebe out unless she had a doctor's appointment. Our early intervention team provided needed information and support as well as social interaction for me. Our team helped us include Phoebe in our everyday experiences as a family. Phoebe had 16 therapies a month and coordinating these services was logistically challenging. Phoebe's progress was amazing to both our family and our team. None of us expected that Phoebe would be walking, running and independent when she transitioned from early intervention services in February of this year. I can't adequately express how valuable early intervention was for all of us. Our family service coordinator (FSC) had the necessary medical background we needed and she was the linchpin for all of our services. We were well-prepared and informed for transition. Transition was emotional because we had to end the relationships we had with our team. We started doing the NMSBVI play group last September to help Phoebe prepare for transition to school. She was overwhelmed at first and didn't know how to interact with other children. Phoebe blossomed in play group. She is a social and a happy child. Phoebe rides the bus and she loves school. Getting her into community therapies was not smooth and we should have put her on the waiting list sooner. We wish we would have known earlier about the communication devices Phoebe would need to use. She now uses an iPad and sign language will be very important for her. My husband and I learned so many tools and advocacy skills as parents in early intervention. These tools and skills will continue to serve our child and family.

Andrea Leon, ICC Co-Chair thanked both parents for sharing their early intervention experiences with the ICC.

Questions for Parent Panel:

- Sophie Bertrand – How well did your service providers coordinate with each other?

Nicole – Our services were well-coordinated.

Kelsey – We were pleased with the coordination of our services. There was a lot of co-treatment. Our therapists coordinated well with our vision specialist. Our vision services had the most continuity. Our speech services did not have the best continuity. Overall, the coordination and collaboration were great.

- Kathy Hughes – Asked Kelsey if it was overwhelming to have 16 therapy services.

Kelsey - Yes, but we felt we had to do it. Our lives did revolve around our daughter and her services. Most things were overwhelming. It would have been helpful to have services fit more into our lives as parents. Our FSC was very supportive and she did remind us that we could scale back. She let us know that it was okay not to sign-up for everything. We had one day a week without therapy.

- Carmen Armenta – Did you have opportunities to interact with other parents?

Nicole – We are meeting other parents now who have children with visual impairments. We are connecting with other families across the country on Facebook.

Kelsey – Most of our parent relationships were with parents we met while Phoebe was in the hospital. I did not reach out to other moms 90% of the time. It would have been helpful to have parent connections made for us. We did do feeding co-treatment with another family. Coming to play group here at NMSBVI was very helpful and we were able to connect with other parents.

Alisia Johnson – How well did your FSC communicate with the rest of your team?

Nicole – Our FSC did a great job at communicating with the rest of our team. She helped pick team members that were beneficial for both of our children.

Kelsey – Our FSC was very supportive. She helped us obtain the best therapists who provided the services our child and family needed. We could ask our FSC to reschedule team appointments. She helped us obtain community therapy services for Phoebe. She made certain that Phoebe's equipment would be managed during her community therapy sessions.

## **CHILDREN'S CABINET/EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT**

Mariana Padilla, Director of the Children's Cabinet, thanked the ICC for the invitation to talk about the Children's Cabinet and the Early Childhood Education & Care Department. She expressed appreciation for the opportunity to hear the Parent Panel. The Children's Cabinet was established in 2005 under Governor Richardson. The cabinet is in statute. Membership, meeting frequency and reporting requirements are specified. The cabinet is comprised of 11 department secretaries, the Governor and the Lieutenant Governor. The Governor is the chair. The cabinet brings state government leadership together to work in partnership to improve child well-being in New Mexico. Collaboration is a commitment of our Governor. The Children's Cabinet focuses on

children and on listening to their families. The recent Kids Count placed New Mexico at 50<sup>th</sup> again. We are working strategically to change this rating. The Governor interviewed each of her cabinet secretaries and was very direct in communicating that she expected excellent collaboration. We have a number of challenges ahead of us. The Children's Cabinet held a retreat to outline how we will effectively collaborate. The Children's Cabinet and the Behavioral Health Collaborative meet formally and informally. 2019 was a busy and productive legislative session with a lot of legislation passed. The Children's Cabinet worked on changes to bills and a rocket docket. The Early Childhood Education and Care Department is one of the important things that came out of the legislative session. The Governor decided early on to endorse the bill on the new department. We worked diligently on the bill amendments to make the bill successful so we could create the new department. We were able to amend the bill and get sponsors to support a longer roll-out. We are able to utilize the Preschool Development Grant B-5 funding to help support the development of a strategic plan. We are taking the time and being purposeful in outreach across the state. We will be asking people what they need and what they care about. We hope to receive additional federal funding. CYFD's early childhood services division, the FIT Program and Families First will be moving to the new department. The new department will have a special relationship with PED Pre-K (2.5 FTE) and we are working on how we will collaborate. We will have to go back to the legislature and fight for the money to fund the new department. We welcome your voices in this fight because we need to be well-funded. We are working to better integrate early childhood data systems across departments. Head Start data and tribal data is needed to better understand what is happening in our state. We will need to find housing for the department. We want everyone to know the new department is happening for a good reason. We want families to feel confident that there is a continuum of services available across the state and that they will not be dropped. Please contact me if you have ideas or concerns. We are here to collaborate with you.

Andy Gomm – There will be opportunities for FIT families to advocate. FIT staff are a part of this planning process and we are discussing the FIT budget, FIT space, and FIT provider agreements. We want to assure you that it will be a smooth transition to the new department. FIT providers will have their same regional coordinators and their same UNM consultants. The new department will lead to good changes. There is great synergy in being together around the table. This will lead to improved coordination, more training opportunities, and better services for families. We need the ICC's strength and a strong parent voice.

Mariana Padilla – The bill specifically states that we will have an assistant secretary that will focus on early childhood and tribal communities. We met with the Pueblo Governors and we are working with the Indian Education Advisory Council. The Governor held a tribal summit a few weeks ago and early childhood was a major topic. We want a clear focus on working with families in culturally appropriate ways. We have started to interview for the cabinet secretary position. The people who are being interviewed have

committed their lives to early childhood. They are saying they will support the new department even if not selected for the cabinet secretary position.

- Marc Kolman – Hearing some concerns about logistical, administrative and operational issues. The new department's vision, intent, and focus on collaboration are what is important. Pleased to be part of this movement and opportunity. The FIT Program has 9 staff, 10 positions, that can be lost in a large department like DOH. Moving to the Early Childhood Education and Care Department will elevate FIT and increase FIT's ability to collaborate across early childhood programs. Years two through four of the Preschool Development Grant B-5 may provide additional funding for the new department. The ICC will be an important voice in this.

Andy Gomm – We have brought on a vendor to lead the effort in the statewide needs assessment and the strategic planning. The ICC, FIT parents, and FIT providers will be able to go to one of the ten forums/town hall meetings and provide input as to what is affecting families and what is needed in communities across New Mexico. The communities where the forums/town hall meetings will be held have not been chosen yet. There is outreach to Native American communities. One thing we heard from stakeholders at a meeting on May 1, children with special needs, immigrant and homeless families are vulnerable and underserved. There will be a forum for children birth to five and their families. The ICC may want a special meeting to state the top issues they have heard from ICC parent panels. All of this input, data and the experiences in other states will become part of the 3-Year Strategic Plan. Some of this will make its way into legislation, policy changes, etc. We need to hear the collective voice of the ICC, FIT parents, and FIT providers.

Questions/Comments for Mariana Padilla:

- Camila Gutierrez – Affordable, quality child care is huge priority for families.

Mariana Padilla – Child care is also a priority for the Governor. We are working on this. The new department will inherit the budgets submitted by the departments. Our current child care assistance and eligibility is tied to the last administration. The Legislative Finance Committee (LFC) will conduct their own research and analysis of child care. Child care assistance is about helping families out of poverty. Worked with the UNM Cradle to Career to further study advantages of child care assistance. We will have to fight for every bit of funding so how we tell the story is critically important.

- Camila Gutierrez – What about families who don't fall under federal poverty guidelines? They fall through the gap.

Mariana Padilla – We don't want to create a funding structure that is not doable for families. We don't want to price out private pay families. I have three young children and child care is very expensive. We do want to increase the wages for our early childhood providers. We are looking at ideas on how to work with employers on providing child

care for their employees. Child care should provide a safe, learning environment so their families can go to school and work.

- Felicia Juarez – When the 10 communities are selected, will there be representation for people who feel they are underserved?

Andy Gomm – We are working with the vendor and the leadership on how to process the information we learn. We will do our best to pick communities that are representative.

Mariana Padilla - We have eight months if we get the extension. If we don't get the extension, we have six months. This is not a lot of time. There may not be a town hall meeting in every community but we need to hear from as many people as we can in this limited amount of time.

- Justina Stewart – There is a lack of child care in rural and tribal communities and a lack of infrastructure for transportation. The ICC Committee on Services for Native American Families is collecting tribal data. Our committee would like to meet with you or Andy Gomm. Tribal and rural communities may not be able to attend a town hall and need other ways to communicate such as email or through a designated representative.

Mariana Padilla - A Family Survey is written into the grant. There will be a mechanism for us to get input through email and our website. We will be as flexible as we can within the time we have.

- Naomi Sandweiss – Parents Reaching Out (PRO) frequently hears from families that they don't have access to childcare when their children are medically complex or have a disability.

Mariana Padilla – We thought about this issue when we wrote the grant application. CYFD staff have also been thinking about this. UNM research has been very insightful. The grant will help us better address child care needs for these children.

Andy Gomm – With FIT being housed in the new department, we will be better able to address child care needs, training and support for inclusive child care settings.

Mariana Padilla – We are working with PED to share resources and information.

- April Spaulding – We have a CYFD opening on the ICC that we have struggled to fill. Would like to have a discussion on how we can fill this opening.
- Celina Waller – What will happen with infant mental health?

Mariana Padilla – We work at the secretary and the staff levels to raise concerns and address specific issues. We will have better collaboration in the new department.

- Catherine Quick – We offer Pre-K training and ask that child care, Head Start and kindergarten partners come to this training. It has been very successful. We want to work with our partners to make certain that families and children are ready.

Karen Lucero – Serves on the Early Identification of Cerebral Palsy Task Force. We would like this to be included in the planning. We have a task force meeting on July 11 and we need a representative. We want to train physicians and parents across the state on the importance of early identification.

- Andrea Leon – There will be a number of programs in the new department. FIT works with children with or at risk for delays and disabilities and their families. Please keep the unique needs of our children and their families front and center in the new department. PRO and EPICS know what is going on in the communities and will be a valuable information resource for you.

Mariana Padilla – Thank you for making this great point. It can be difficult for parents to go to one more thing or provide their input.

### **ICC PARENT PANEL REFLECTION**

- Moving to hear the parents' experiences. It is why we are here.
- Parent statement that she “had to learn to be the parent her child needs”.
- Family Service Coordinator (FSC) supported parents in obtaining therapy services.
- Parents may ask the FSC to “give their child everything”. FSCs need guidance on helping parents identify the services their child actually needs.
- How do we serve homeless families who don't have stable housing?
- Heard about the parts of the FIT system that are working: family service coordination, family education and support, transition. Also heard that too much intervention is overwhelming for families.
- FIT utilizes a coaching model of service delivery. *Welcome to EI* can help introduce families to the coaching philosophy. Families may not understand the term coaching or the importance of family use of strategies during routines and activities.
- Parent statement that they “wrapped their family life around their child's needs/therapies”. How might this have impacted the family and the relationships in the family?
- A warm hand off to help parents obtain parent-to-parent support is needed.
- Thankful to have our ICC representative for homeless children and youth!
- Need to thank our FSCs for their critically important role and share what we are hearing from the parent panels.
- New Mexico is not at the bottom of the list in terms of the positive impact of FIT services on children and their families.

- Need to remember the parent's statement about it being difficult to obtain community therapy services and that her child needed to have been put on the wait list earlier.
- Importance of social work and respite.
- It would be helpful to record parent panels so we can take it back to our service providers to help demonstrate the importance of the work and the impact of the work on children and their families.
- Transition is big. We are moving to the new department and we need to be prepared to share information and advocate for the FIT service system.
- Transition is emotional for children and families. They are having to say goodbye to their team and to a family focused service system.
- In thinking about the parent's hindsight about the amount of services their child and family received, it is important to acknowledge that some children with complex needs require an intense level of service to make progress.
- Heard about the importance of team collaboration and FSCs advocating for child and family needs in team meetings.

### **APPROVAL OF CONSENT AGENDA**

Kathey Phoenix-Doyle asked for a motion to approve the Consent Agenda which consisted of the ICC April meeting minutes and the ICC Financial Report. ***MOTION: Kathy Hughes made a motion to approve the Consent Agenda. Amanda Gibson-Smith seconded the motion. There were no objections or abstentions. The motion passed.***

### **LEAD AGENCY REPORTS**

#### ***FIT Program Manager Report***

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

- Karen Burrow provided a CBA presentation at the FIT Annual Meeting.
- The FSC list serve is in place. Guidance on how to use the list serve will be provided. Kathy Riley and Lisa Rohleder are working on improving the FSC training.
- Abel Covarrubias provided an inspiring keynote at the FIT Annual Meeting.
- Jason Cornwell is the new DDSD Director. He is supporting the move to the new department.
- Family Outcome Survey – FIT staff were thanked for adding the paper information into Survey Monkey.
- The one-page *Welcome to EI* was presented at the FIT Annual Meeting. FIT wants program feedback on its use and value. Andy Gomm will send it to ICC List Serve.
- The Transition Guidance Document is completed and it was presented at the FIT Annual Meeting.

- DS Manual – Hyacenth Sedillo is doing the DS certificates. She has joined the Work Force Committee.
- Getting good feedback on the Coaching training (a four-hour training with two follow-up Zoom sessions).
- FIT is working with the CDD on agency stipends which will be sent by June 30<sup>th</sup>. Took the total funding for the stipends and divided it by the number of people being trained. People are being asked to make their own baseline by video tapping their home visits.
- NM has a great EI system. A number of other states are struggling to implement family guided routines based intervention and coaching.
- The IDA 2 training will be updated. Evaluator competencies will be created.
- Telehealth guidelines from other states will be reviewed and a guidance document and webinar will be developed.
- The Developmental Specialist Manual and the IDPD form will be reviewed and updated.
- The CDD portal will be reviewed and updated.
- NM achieved a Meets Requirements rating from OSEP which is the highest rating.
- IFSP QRS sites will be expanded. Goal is to obtain family input on coaching and IFSPs.

On behalf of the ICC, Kathey Phoenix-Doyle thanked Jeanne Du Rivage for her work the past three years as the FIT Program Manager. Sara Einfalt was thanked for being a strong voice for parents and representing families across New Mexico.

### ***FIT Budget and Expenditure Report***

Deb Vering reported. It was a busy legislative session. A large FIT shortfall was projected for FY19. DDSD requested \$4.9 million to cover the projected FY19 shortfall but received \$2,641,000. DDSD will have to transfer funds from other DDSD programs to cover the FY19 projected shortfall of \$2 million.

For FY20, DDSD requested rate increases in the amount of \$5.1 million but received \$2,600,000. For FY 20, DDSD requested a base increase of \$6.3 million but received \$2,600,000.

DDSD has not yet completed the FY21 budget. There will be a \$28,750,000 flat budget but additional funding will be requested. There is a 5% projected increase in the number of children served and a 5.7% projected expenditure growth. For FY21, DDSD will ask for a base increase of \$2.5 million to cover rates and a base increase of \$3.6 million to cover growth.

Deb stated that it is bittersweet to have the FIT Program leaving DOH and moving to the new department. FIT is Deb's favorite DDSD Program. She expressed concern about

the new department being able to pull funding from their different programs if FIT experiences future shortfalls.

- Kathey Phoenix-Doyle – Asked if Deb could move to the new department.

Andy Gomm – Asked Deb which legislative committee would review the FY21 base increases for rates and growth.

Deb Vering – The FIT FY21 budget will be completed next week. Expansion forms will be finished in the last week in June. Deb commended Andy Gomm for his work on typing up the need for the rate and base increases. There was a lot of statistical analysis. The budget will go to DFA by mid-August and DFA will make the decision about giving FIT the increases. In October, the LFC will have one of their first hearings and this is the hearing in which the ICC needs to advocate for FIT funding. Andy will put together a PowerPoint and the ICC's Legislative Request will be needed.

***MOTION: April Spaulding made a motion that the ICC endorses the DOH request for the FIT FY20 supplemental and the FY21 rate increase and base increase; and the ICC gives the ICC Executive Committee and ADDCP and ADDCP lobbyists the authority to support these increases. Felicia Juarez seconded the motion. There were no objections or abstentions. The motion passed.***

### ***FIT Data Report***

Jason Lavy reported. Monthly changes are included on the first three pages of the report. The number of children referred has gone down. The number of children served each month has stayed flat. FIT served 15,302 children to date in this fiscal year. The monthly cost per child is roughly flat.

- Kathey Phoenix-Doyle – Asked Jason if FIT referrals are going to go down and if there is a decrease in CYFD referrals. The changes in the matrix are impacting FIT referrals. It would be helpful for FIT providers to know what is happening so we can support our communities.

Andy Gomm - The Child Abuse Prevention Treatment Act (CAPTA) has not changed.

- Kathey Phoenix-Doyle – Something is happening across the state. FIT providers need to know what is causing the decrease in referrals.
- Celina Waller – Kathey is correct. Aprendamos met with the CYFD office in Las Cruces. CYFD is providing training on the new safety tool. There is a different requirement for reporting.
- Naomi Sandweiss – The presentation later this afternoon may shed some light.
- Angelique Tafoya – Appreciated the numbers provided in the data report.

Deb Vering – There is a 5% growth rate which matches the data that Jason reported.

- Sophie Bertrand – How are FIT referrals being tracked?
- Kathey Phoenix-Doyle – What is CYFD doing? FIT providers need to know about changes before or when they are happening, not after they happen. FIT data can tell us a story when it is tracked correctly.

Katie Wiley - CYFD hosted a meeting in Albuquerque. CYFD is revamping their risk assessment and their Safety Plans. This should significantly increase CYFD caseloads.

Autumn Bruton - Amplified contacted the CYFD office. We were told CYFD would have more authority to require families to participate in an evaluation.

Alisia Johnson – Will scan the new risk assessment and send it to Kathey Phoenix-Doyle.

- Kathey Phoenix-Doyle – Providers in different counties are hearing different things.

Jonetta Pacias – Serves on the J Paul Taylor Task Force. The task force brought SB 230 forward.

## **LFC AUDIT/EXECUTIVE SUMMARY HIGHLIGHTS & RECOMMENDATIONS**

Andy Gomm presented. The LFC was looking for areas of improvement or saving money. The report did not have a lot of positive information regarding the NM FIT program. There appeared to be a misunderstanding of FIT Early Intervention services. The LFC gathered data from providers and the FIT staff. It does not appear that parent input was collected; however, FIT was not clear what the LFC was specifically looking to include in their research.

Andy highlighted FIT related recommendations in the report:

- ERA Tool would cost \$50,000 to \$60,000 to validate. FIT providers have been using the tool since 2004 and it is a good way to determine risk. OSEP does not require a tool. Some states utilize a list. The Adverse Childhood Experiences Questionnaire would not be a good tool because too many children would be eligible. The FIT Program did not agree with this recommendation.
- Use of data to show that the FIT Program is actually making a difference. FIT KIDS is a robust data system. FIT reports to OSEP on ten performance measures. FIT does not have a performance measure that gets reported to the State Legislature. FIT will report our good performance under the Accountability Act.
- Utilizing the Early Childhood Integrated Data System (ECIDS) – ECIDS is not fully operational and FIT will use the data when it becomes available.

- Early Childhood Outcome (ECO) data – Children served under the category of environmental risk may come in as typically developing and sometimes show some regression. FIT KIDS does not separate the at risk children. FIT was told it needed a way to report data on children at risk. FIT is open to exploring other tools for measuring at risk children and measuring positive parent and child interaction. The ICC can help with this exploration.
- Concern about duplication of services between FIT and home visiting. The LFC has wondered if CYFD grows its home visiting program does it make sense for FIT to serve these children. This discussion should be held in the new department and a decision made there. Home visiting is not available in every community and it is capped. Some models of home visiting, such as the First Born Program, requires that the child be under two months of age. If FIT is not going to serve children that are also being served by a home visiting program, it would require ICC input and a change in FIT policies. We need clearer and precise guidance when children are jointly eligible for FIT and home visiting. FIT might limit services to children at environmental risk if there is a home visiting program available.

**Questions/Comments:**

- Marc Kolman – Thanked Andy for the report on the DOH/FIT Program’s response to the LFC Audit recommendations. It is an extensive report that contains some good suggestions. The DOH Secretary’s approach is to be very cooperative. Some recommendations are not easy to respond to or implement. Recommendations will come back to the ICC at some point. The LFC does not do these evaluations very often. Andy Gomm, Jeanne Du Rivage, and Jason Lavy worked with the LFC to provide the required information. Some FIT providers hosted the LFC team.

Jeanne Du Rivage – There is a lack of understanding of how the FIT Program works.

- Kathey Phoenix-Doyle – April Spaulding and I went to the reading. As an ICC, do we need to address specific items in the report that are not accurate? The LFC was informed that when a child is eligible for more than one service (FIT, WIC, etc.), it does not mean that there is an overlap of services. Children and families need support and services provided by different programs can be complimentary.
- Celina Waller – Did the LFC interview families?

Andy Gomm – We offered to help arrange site visits to have families give input but DOH did not like the idea.

- Kathey Phoenix-Doyle – The LFC team said the January Parent Panel was enough. They asked for additional follow-up from programs that provided both FIT and home visiting services.

- Celina Waller – Certain statements in the report indicate a lack of understanding of how communities work and what families may need.
- Angelique Tafoya – The LFC team visited Alta Mira. The questions they asked were unexpected. We also directed them to other agencies.
- Naomi Sandweiss – The ICC should correct any factual errors. Our consumers were not part of the discussion.

Deb Vering – Some legislators think FIT should stop providing services when FIT is out of money. There is a lack of understanding that FIT is an entitlement program and cannot stop providing services. The report may hinder the request for base increases for rates and growth.

- April Spaulding – The example on page 30 of the report implies that it is not appropriate for a family to access needed services instead of commending the availability of wrap around service options.
- Naomi Sandweiss – Think of the family we heard from today who had to access some community therapy services outside of FIT. Their child needed all those services to make progress.
- Andrea Leon – New Mexico always has a low ranking. It is surprising that they would take issue with children and families accessing needed services.
- Julie Maner – There is a continuum of services that family access as needed.
- Nikki Ornelas – Did they propose a solution?
- Kathey Phoenix-Doyle – They suggested a resource and referral system. They could have pulled exact data from FIT KIDS. With FIT's help, we can use real data when providing correct information.

Cathy Salazar – Serves on the medically fragile advisory board. There are not enough nurses in New Mexico and we need up to 3,000 nurses. The medically fragile program does not take the place of the early intervention program. Not all services are accessed at the same time. Families access the services they need for their child and family when they need them.

***MOTION: Camilia Gutierrez made a motion that the ICC gives the Executive Committee the authority to respond to the LFC Report and provide correct information. Nikki Ornelas seconded the motion. There were no objections or abstentions. The motion passed.***

## **SENATE BILL 230 CARA SAFE PLANNING**

Cynthia Chavers presented. Cynthia is the Federal Reporting Bureau Chief and Tribal Liaison. She reports to federal government. Susan Merrill at Public Health is her co-presenter. They have been providing training on federal and state laws in response to the new requirements. The 2016 Comprehensive Addiction and Recovery Act (CARA) amended the Child Abuse Prevention and Treatment Act (CAPTA) to require that states identify and report annually on the number of substance-exposed infants born; the number of substance-exposed infants for whom a Plan of Care has been created, and the number of infants with a Plan of Care for whom referrals were made to appropriate services, including services for affected family members or caregivers. This was intended to address the opioid crisis. It does not include tobacco use in New Mexico. It is intended for families with substance use disorders. New Mexico would not receive \$250,000 a year of CAPTA money if we did not do this. An active work group met for 18 months before the legislation was proposed. CYFD is the lead. We now meet on the 3<sup>rd</sup> Tuesday of each month with 165 participants. HB 230 Plans of Care and requirements are in state statute. CYFD has until January 2020 to develop the rules. Plans of care have to be created for newborns. CYFD has received a lot of feedback about the removal of children from homes. This will give staff a consistent and different way to respond to families. CYFD is now trying to do more prevention work. Safety Organized Practice was introduced on April 15. These practice models will help support families with substance issues. There are two different routes for CYFD notification. The first route is abuse and neglect mandated reporting. The second route is notification. A hospital may create a Plan of Care and send to CYFD as a notification. When a report is called in, law enforcement must be sent. Some families will require both abuse and neglect reporting and notification. The notification process will require a separate data base so families are not targeted. The new portal is housed at CYFD. The two systems can communicate. The Plan of Care needs to be shared with multiple parties including the DOH. Susan Merrill is responsible for collecting information on birth defects, hearing, etc. If there are families without insurance, CMS will review and provide support. The Plan of Care is a two-page form that is filled out before discharge. It is created by the family and the health care professional. It includes demographic information, the name of the child, DOB, discharge dates, where child will live, substance use, housing plans, support services, prenatal and postnatal care, the PCP, and if CPS has been assigned to the case or not. Copies go to the family, CYFD, DOH, the PCP, and the Insurance Care Coordinator. The Insurance Care Coordinator has monitoring responsibilities and will report to CYFD if the family does not follow-through. Any providers working with the family will also get a copy of the Plan of Care.

A provider may do the CYFD referral and the notification. CYFD may be less involved with some families. This will help create more layers of support for families. It is a significant change to the Children's Code. We don't want to lose mothers who don't have prenatal care. We want to be able to offer supports.

Plan of Care triggers include:

- a positive screen for substance(s);
- a mother in medically assisted treatment;
- a relapse;
- the level of engagement of the parent;
- the ability of parent to meet the newborn's needs;
- a pregnant woman who uses opioids for pain.

A Safety Plan and a Plan of Care should dovetail. Kaiser in CA has lots of research as to the effectiveness of Plans of Care. The Plan of Care should start during the prenatal period. The best way to screen is through a patient questionnaire and an in person interview.

The main problem with the legislation is that it only requires a response from Medicaid providers, not private insurance companies. Next year, we will work on private insurance legislation.

Andy Gomm – Add FIT instead of EI. If the FIT provider receives the Plan of Care, and tries to do a home visit, but is not successful, what do we do? Is FIT obligated if the family doesn't engage with FIT?

Cynthia Chavez - Mandated reporting requirements are in place. The MCO Care Coordinator is required to report. HB376, complements HB 230. HB376 requires CYFD to create alternative response options such as when families run out of money before the end of the month and need food.

- Felicia Juarez – When families are not following through with early intervention services, can you mandate that a family participate in EI?

Cynthia Chavez – We can't through CARA but we are working on this in other ways. We are encouraging counties to have court mandated activities when the children are still living at home. Right now, families are either court mandated or they are not.

- Naomi Sandweiss – Concern about when a mother stops using but other family members are still using.

Cynthia Chavez – A Plan of Care is about the child being healthy and well in their place of residence. Ask yourself if the situation rises to the level of abuse and neglect.

- Dana Malone – Some families dodge for 30 days and then fall off the radar.

Cynthia Chavez – We are hoping to catch more families. There is a huge meth problem in Socorro. Providers from Socorro said 70-75% of babies born there are substance exposed.

## **PUBLIC COMMENT**

Karen Lucero – Will keep the ICC up to date on the work of the Cerebral Palsy Task Force. The Task Force is working with health providers around the state to identify children with cerebral palsy as early as possible. 55% of children later identified as having cerebral palsy didn't have risk factors. Tests should be done in the first 6 months of life. The Task Force wants the recommended treatment available throughout New Mexico. Children with cerebral palsy may need a combination of FIT services and community therapy services.

## **ICC COMMITTEE REPORTS**

### *Quality Committee*

Celina Waller, Co-Chair presented. The committee met last Friday to review the Service Definition and Standards that Jeanne Du Rivage presented at the FIT Annual Meeting. There were a few typos. The committee is recommending the following:

- On page 12, informed clinical opinion clarification, bullet number 3, remove "in conjunction with". Use ECEP's new name.
- On page 30, redesign the FIT rate table and include Transdisciplinary Consultation, Collaborative Consultation and telehealth.
- On page 32, provide more clarification for phone participation in an IFSP meeting. Add the rate that the phone participation should be billed at. Add HIPAA compliance information such as not using free Zoom which is not HIPAA compliant.
- Develop a process on how agencies can request the use of Informed Clinical Opinion over one year.

### *Workforce Committee*

Sophie Bertrand, Chair presented. Sophie thanked Hyacenth Sedillo for her work on the Developmental Specialist (DS) information. We have 362 Developmental Specialists. The DSs have more advanced degrees than we thought and 81% of DSs are either DS IIs or DS IIIs. The DS application process has been revised and streamlined. FIT is looking at the training needed for DSs with exemptions. IPDPs are in alignment with available training. Continue coaching training and training on EI practices in the hopes of increasing staff retention. April Spaulding and Autumn Bruton joined the committee.

### *Communication Committee*

Marc Kolman, Chair presented. The committee is working to improve communication and to identify barriers in the medical community's awareness of FIT. The committee brainstormed a list of organizations and individuals that need to come together. Committee members have assigned tasks to engage the medical community. Michelle Staley will form a work group to look at the ECN portal. The ICC article for the September DDS Quarterly Newsletter is due in August.

### *Finance & Funding*

April Spaulding, Chair presented. The committee did not meet but a lot was accomplished. There was a plea at the FIT Annual Meeting for providers to report real time FSC hours in FIT KIDS from August 1 – October 30. This data will assist FIT in making an informed decision regarding altering the FSC unit (1 hour vs. 15 minute units). We would like to have two new provider agencies from each region add this data.

Kathey Phoenix-Doyle – We don't know which agencies are entering real time FSC hours. Regional Coordinators were going to call the agencies in their regions to determine which agencies are doing this and which agencies are not.

Medicaid provided a ICD-10 presentation at the FIT Annual Meeting.

### *Services for Native American Families*

Joanne Corwin, Co-Chair reported. Committee has met three times since the last ICC meeting. Committee members presented at the FIT Annual Meeting. Valuable information was obtained from service providers. The feedback will be used to guide the committee's work. The same presentation will be given at the EPICS Conference in order to receive input from parents.

### *Legislative Advocacy Committee*

Nikki Ornelas, Chair reported. The committee is working to increase understanding of the DD Waiver process. The committee is also working to identify a legislator to serve on the ICC.

***MOTION: Amanda Gibson-Smith made a motion to accept ICC Committee Reports. Nikki Ornelas seconded the motion. There were no objections or abstentions. 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 meeting. Jason Cornwell, DDS Director, discussed the Support Waiver which is still in the planning stage. There are 330 new DD Waiver allocations. DDS was encouraged to reach out to FIT providers for guidance as to how to locate/contact families.

- Kathey Phoenix-Doyle – Put the allocation notice on your program's Facebook page.

Andy Gomm – 70% of the families are Medicaid eligible. Care Coordinators should connect with assigned families at least once a year.

Sophie Bertrand distributed copies of the 2018 CDD Annual Report.

## MEETING ANNOUNCEMENTS

- Nikki Ornelas – Elevate the Spectrum was formed to help with advocacy and inclusion of children with autism. It is under the umbrella of the CDD. We have grant writers on the board and we need information on fund raising.
- Marc Kolman – Need volunteers to review the CDD portal. The portal will be introduced in the next couple of weeks.

Jeanne Du Rivage – Thanked the ICC for the card and the cake. Appreciated the opportunity to serve as the FIT Program Manager. FIT services are top quality and provider agreements are a great method of providing services.

## MEETING FUNCTIONING

What Worked:

- Parent Panel
- Having the Parent Panel early in the meeting
- Hearing about the impact children with complex needs can have on their families
- Discussion about providing a variety of ways for parents to give input
- Guest presenters
- Host/facility
- Attendance
- NMSBVI video
- ICC Parents
- ICC as a professional, functional advisory council
- Andy Gomm's support and recognition of the purpose and work of the ICC
- Cakes
- Kelsey's story touched many layers in our service system
- Had a year of exceptional Parent Panels.

Cause for Pause:

- More input from CYFD/another presentation.

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: Angelique Tafoya made a motion to adjourn the ICC meeting. Celina Waller 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**

<b>RECOMMENDATIONS/TASKS for FIT PROGRAM</b>	<b>STATUS</b>
Andy Gomm to post the Welcome to EI on the ICC List Serve.	
FIT to review today's Quality Committees recommendations for changes to FIT Service Definitions and Standards.	
FIT to provide the ICC Executive Committee with the data needed to respond to the LFC Report.	

<b>RECOMMENDATIONS/TASKS for ICC MEMBERS or ICC COMMITTEES</b>	<b>STATUS</b>
ICC Executive Committee to respond to the LFC Report and provide correct information.	
ICC Executive Committee to complete an ICC article for the DDS September Newsletter by August.	Completed.
ICC Finance Committee to work with the ICC Executive Committee to complete the ICC Legislative Fact Sheet for use at the October LFC hearing.	