

INTERAGENCY COORDINATING COUNCIL (ICC)



DECEMBER 2008 MEETING MINUTES

MEMBERS/ APPOINTEES PRESENT

Rachel Porcher, Jim Copeland, Richard Barbaras, Karen Lucero, Kimberly Diaz, Tiffani Lovell, Monica Chlastawa, Jane Larson, Jaime Diaz, Maria Varela, Lisa Chavez, Senator Gerald Ortiz y Pino, Paula Seanez, Joseph Sanchez, Cathy Stevenson, Ida M. Tewa, Lawrence Shandler

PROXIES PRESENT

Lorraine Crespin Proxy for Rosemary Gallegos, Krista Scott Plionis Proxy for Lynn Christiansen, Lisa Chavez Proxy for Jyl Adair, Proxy for Cindy Faris, Sandy Heimerl Proxy for Mette Pedersen, Crystal Jackson Proxy for Ann Borrego

MEMBERS/APPOINTEES ABSENT

Denise Balderas, Ethel Davis, Wendy White

MEETING OVERVIEW

Rachel Porcher, ICC Chair, welcomed members and guests to the meeting and asked for introductions.

CONSENT AGENDA

Rachel stated the meeting agenda would be modified as follows: Legislative Planning moved to 11:00 and ICC Parent Panel moved to 12:45. **MOTION: Richard Barbaras moved to approve the meeting agenda as amended. Jane Larson seconded the motion. The motion passed. There were no objections or abstentions.** Sandy Heimerl presented the Developmental Screening posters and brochures and asked ICC members and guests to take and distribute them. Sandy also presented a telehealth information flyer. Andy Gomm informed the ICC that he and Dr. Alderman will be presenting framed posters to the Lt. Governor and to DOH Secretary Vigil. Richard Barbaras distributed copies of the ICC Financial Report and informed the ICC that \$19,929.13 remains in the budget. Andy Gomm stated the FIT Program had used \$150.00 of ICC funds to purchase an online survey tool called Zomarang. FIT will use the survey tool for the Family Outcome Survey and the ICC and ICC Committees can also utilize the survey tool as needed. Andy stated he did not do a FIT Lead Agency Report for this meeting but he will have one available for the ICC January 2009 meeting. **MOTION: Larry Shandler moved to accept the consent agenda. Kim Diaz seconded the motion. The motion passed. There were no objections or abstentions.** Jim Copeland asked if ICC funds could be moved into different line items within the ICC budget as needed. Answer: Yes.

VOTE ON ICC VICE-CHAIR POSITION

Rachel Porcher reviewed the ICC Chair and Vice-Chair positions. These positions are filled by either a parent or an early intervention service provider. It is a 4 year commitment as the selected person will serve two years as Vice-Chair and then two years as Chair. The current Vice-Chair, Jim Copeland, will become Chair in January 2009 leaving the Vice-Chair position open. Since Jim is an early intervention service provider representative, Vice-Chair candidates must be selected from experienced ICC parent representatives. Rachel asked for nominations. Richard Barbaras nominated Monica Chlastawa. Monica addressed the ICC. She stated she has been an ICC member for three years and it has been an honor and privilege to serve on the ICC. Monica expressed her appreciation for the work of the ICC on behalf of New Mexico children and their families and said she

views ICC members as “angels and heroes”. Monica stated she is ready for the challenge and opportunity of serving as the ICC Vice-Chair and then Chair. Andy Gomm said Monica is one of the ICC parents serving on the ICC Finance Committee and she has been a wonderful voice on that committee. Monica also made a presentation about the FIT Program at the recent Health and Human Services Committee meeting. Tiffani Lovell also expressed her interest in running for the Vice-Chair position. Tiffani addressed the ICC. She stated she has served on the ICC for four years and is the Chair of ICC Child Find/Developmental Screening Committee. Tiffani and her family participated in early intervention services and her first born daughter is now a healthy, vibrant first grader. Their second daughter has also gone through early intervention. Tiffani stated she believes strongly in the lifelong benefits of early intervention and will work hard to assure that all eligible New Mexico children and their families have access to early intervention. Kindergarten should not be the time when families learn their children have developmental delays. Tiffani stated that if elected as Vice-Chair, she will do everything possible to support the statewide availability of early intervention services. ICC members voted using a written ballot. Rachel Porcher and Andy Gomm stated how fortunate it is for the ICC to have two strong, capable parents interested in the Vice Chair position. Jane Larson and Jim Copeland tallied the votes. Rachel stated the votes were close. Monica Chlastawa was welcomed as the new ICC Vice-Chair.

ICC APPRECIATION FOR THE LEADERSHIP OF RACHEL PORCHER

Jim Copeland and Jane Larson, on behalf of the ICC, presented outgoing Chair, Rachel Porcher, with a clock plaque to express appreciation for Rachel’s commitment to the work of the ICC and to her years of service as ICC Vice-Chair and then Chair. Jim Copeland read the inscription on the plaque. Rachel will serve two years as the ICC Past Chair.

ICC COMMITTEE ACTION PLANS

Rachel Porcher reminded the ICC Committee Chairs that the each committee’s action plan should include at least one strategy that addresses homelessness and one strategy that addresses parent engagement.

Nancy Treat – Infant Mental Health Committee – Nancy stated the committee will add a strategy to address homelessness and a strategy to address parent engagement. The committee is developing a provider survey to determine if programs are using infant mental health professionals. Mary Zaremba from the CDD will use Survey Monkey to put the survey on line. The survey will go out in January 2009 and the committee will report survey results at the April 2009 ICC meeting. The committee is exploring the development of an infant mental health training module as well as exploring how to expand the availability of reflective supervision. The committee is also considering developing an infant mental health technical assistance document. Jane Larson suggested the committee might want to use the new survey tool just purchased by the ICC. Sandy Heimerl asked how the committee works with the New Mexico Infant Mental Health Association. Answer: Several members of committee are also members of the association.

Tiffani Lovell – Child Find/Public Awareness Committee – The committee has been very active and has had strong input regarding changes to the FIT website. Once all the changes are made, the FIT website will be more family friendly. The committee has been looking at increasing the availability of information about the FIT Program. The Babynet number is on all of the FIT public relations materials and research into last year’s call volume showed that only 158 calls were made to Babynet regarding early intervention. The committee is wondering how people are finding out about FIT since there is such a low volume of calls to Babynet about early intervention. Babynet may not be the most viable information source regarding FIT services. The committee has brainstormed ideas on how to reach a greater number of people. A rack card that includes a list of early intervention providers by region on

the back of the card has been developed. During discussion, the ICC asked if FIT pays for Babynet. Answer: No, the DDPC pays for it. The Babynet web page has been improved. Andy Gomm stated the FIT Program has explored developing a manned toll free line. The Committee will focus on outreach to hospital staff so families will leave hospital with information. Ideas explored include training for charge nurses and giveaways for families such as a refrigerator magnet with a number on it. The Committee is working with the Developmental Screening Initiative. Larry Shandler suggested that the Committee provide giveaways and training for home visiting staff. Sandy Heimerl stated a number of children are identified around 18 months of age and the committee should consider ways to reach parents of this age group. Suggestions included placing the rack cards at WIC offices, at child care centers, at Early Head Start and Head Start Programs. Jim Copeland suggested that CYFD contact all licensed and registered child care providers and send them information about FIT. Nancy Treat stated that FIT information can be included in the training that is provided to child care providers. She also suggested that information about FIT could be included insert with the checks that get distributed to families. Jim Copeland suggested that training about FIT be part of the certification and re-certification requirements for child care providers. Rachel Porcher commended the committee for including strategies to address homelessness and parent engagement in their action plan.

Work Force Committee – Jim Copeland – Jim stated the committee's action plan is self explanatory. Action plan strategies have been updated. The committee is working to increase the statewide availability of highly trained early intervention staff. The committee modified and used a survey developed by the University of Connecticut to assess New Mexico needs. The committee is working with staff at UNM to develop classes for students interested in early intervention coursework. They are also exploring the use of student loan forgiveness and student stipends in return for working in early intervention programs. Universities have been hesitant to put resources into early intervention coursework and practicum sites because of limited employment opportunities in New Mexico (only 35 early intervention programs). Sandy Heimerl stated therapists have different training requirements so it is difficult to put together a preservice model that fits everyone. Early intervention programs need to have the capacity to provide clinical preservice time for students. Karen Lucero stated it is difficult to have program staff available on site to supervise students. Jim Copeland said it is difficult for programs to find qualified individuals to work as developmental specialists and programs have to invest resources into training newly hired developmental specialists. Jane Larson asked if there are personnel grants available that could support early intervention providers to pay contract therapists to provide student supervision. Kim Diaz stated La Vida has established agreements with speech therapy students. La Vida provides supervision to support the students in getting their CCCs and the students agree to work for the program once they have their CCCs. APS has university funding to support internships in public school. Jim Copeland said the committee will add a strategy to address homelessness and a strategy to address parent engagement.

Finance Committee – Karen Lucero – The action plan addresses the following six (6) priorities:

1. Private insurance: the committee monitors the law and amount of income being generated. Eligible children are being enrolled and presumptive eligibility forms are being completed. Families can refuse to provide insurance information to their service coordinators.
2. Maximizing all funding opportunities. The committee has updated the FIT Sustainability Plan. There is ongoing discussing regarding the funding formula. The committee set the differential on the formula at 1.9. There will be a legislative request to increase state general funds for early intervention. March 9, 2009 is FIT Awareness Day at the Legislature. February 18 is ADDCP Day. FIT will have a display table on FIT Awareness Day. ADDCP has included a request for \$5.9 million dollars for FIT on the ADDCP Legislative Fact Sheet. The DOH Secretary presented a \$1.478 expansion request for FIT.

3. Accessing Value Options for infant mental health services.
4. Cost Saving Options: Monitoring spending and looking at a possible change to the 19 hour cap. Andy Gomm stated Duffy Rodriguez has asked FIT to look at the frequency of requests for services over the 19 hour cap. The committee will need to add a strategy to address homelessness. Rachel Porcher requested that the committee's meeting schedule be posted on the ICC List Serve.
5. Family cost saving: This is a completed issue. No families can be charged for early intervention services. This will become part of FIT regulations which will come out after IDEA regulations are finalized. The ban on family fees is in the current FIT service definitions.
6. ICC budget saving options – Expenditures are monitored.

Richard Barbaras asked if Medicaid was planning to reduce rates or change eligibility. Maria Varela stated that Medicaid is presently looking at cost saving options. The Medicaid Program generates federal dollars so it would hurt New Mexico to reduce eligibility and reduce rates. Jane Larson and Larry Shandler stated that there will be a public hearing on December 19 in Santa Fe from 10:00 am until 12:00 pm to discuss potential cuts to Medicaid. Maria Varela stated Medicaid is currently looking at non-essentials for adults.

MOTION: Monica Chlastawa moved to accept the committee action plans as edited. Paula Seanez seconded the motion. The motion passed. There were no objections or abstentions.

ICC LEGISLATIVE PLANNING

ICC Key Legislative Messages and Fact Sheet were distributed, discussed and edited. Anna Otero Hatanaka introduced herself. Anna is the Executive Director of the ADDCP. The ADDCP has lobbied for FIT for the past 18 years. Anna suggested that the ICC might want their key message to be "Maintain funding for the FIT Program without any cuts" as every department will have to make cuts to budgets. The cuts will be more than 5% for this coming fiscal year and may be even worse for the next fiscal year. Full funding of Medicaid is still on ADDCP agenda. The ADDCP Medicaid message will be "Maintain Medicaid funding". Medicaid is not fully funded for the current fiscal year as Medicaid has had higher usage than what was appropriated. Larry Shandler stated the federal stimulus package includes a change in the federal and state match. The DOH budget includes a request for an increase in FIT funding but it is not in the top four Department of Health funding priorities. ICC member, Cathy Stevenson, introduced herself. Cathy stated the Department of Health is not currently considering cutting DD services. However, the budget deficit is getting deeper each day. The Legislature cannot appropriate money that does not exist.

Anna stated that if the ICC has any dissatisfaction with the way the ADDCP is planning to advocate for FIT funding, than the ICC should think of additional strategies. ICC member, Senator Ortiz y Pino, stated funding is going to be tight. There is a possibility that some additional federal money (SCHIP) will be available and this could be a significant increase. Maintaining current levels of funding should be a priority. Anna stated we have a responsibility to present the entire funding need. The ICC key message will be to maintain current funding and implement the DOH FIT expansion request.

Andy Gomm and Karen Lucero reviewed the FIT Sustainability Plan including the funding formula and the legislative appropriation needed:

- ◇ PED Per Pupil Value – \$3,892 (2007 public education amount for general education)
- ◇ Differential – 1.92 (Derived number that is a multiplier) – our day count is 60th and 300th day. PED value includes improved salaries for their teachers.
- ◇ FIT Unit Value – \$7,457

- ◇ FIT CHILD Count – 5,929 (Using child count from two fiscal years. We are only 6 months behind in our count)
- ◇ FIT Program Costs – \$44,212,553
- ◇ Other revenues: (Medicaid, Insurance and Part C): \$24,826,436
- ◇ Legislative Appropriation needed: \$19,386,117

The goal is to put the FIT Sustainability Plan into statute. The plan was presented to the Health and Human Services Committee and there were no objections to the concept. The funding formula does not have any money attached to it. The formula is based on availability of funds. Every year the Legislature would be presented with an appropriation request. The Sustainability Plan will help the State understand their obligation for this entitlement program. The goal is to move forward with a bill to establish the Sustainability Plan and then move forward with a bill to fund it. The ICC is against doing a memorial because the plan has been studied and the conversations about the plan have been taking place. If the Sustainability Plan does not pass this year, we will continue to use it, go back to the Legislature next year and present it again. The Finance Committee requested a meeting with Senator Ortiz y Pino. **MOTION: Jane Larson made a motion to move forward with both a substantive bill and a money bill. Tiffani Lovell seconded the motion. There was 1 abstention. There were no objections. The motion passed.** Senator Ortiz y Pino stated he is impressed with the FIT Sustainability Plan. He will meet with Finance Committee in about 10 days to plan the legislative strategy.

FIT Awareness Day is March 9. The ICC will pay parents a \$50.00 stipend plus mileage to participate. Jane Larson stated that even though this will be a difficult year we should never underestimate the value of educating legislators. There are benefits over time even when we don't achieve our fiscal requests. Anna Otero Hatanaka stated that it is critically important to thank legislators because FIT has received at least a million a year in funding for the last several years. We should also thank the Department of Health for their support. Secretary Vigil understands the importance of the FIT Program and is committed to the program.

The ICC is represented on ECAN. Rachel Porcher is a member of ECAN and also serves on the ECAN Executive Committee. ECAN is tied to the Children's Cabinet and members have recently been appointed by the Lt. Governor. ECAN can no longer endorse bills that are not on the Children's Cabinet call. This year's Children's Cabinet call includes language about FIT in the second tier. ECAN wants to come with a uniform message from the early childhood community.

ICC PARENT PANEL

New ICC member, Andrea Leon, was the Parent Panel member for this meeting. Andrea stated her daughter, Analise, was born with no complications. When Analise was three months of age, Andrea noticed she was not developing at same rate as her friend's baby who was about the same age. Andrea discussed her concern with her daughter's pediatrician and was told babies develop at different rates. At her daughter's six month appointment, Andrea informed her child's pediatrician that she was very concerned about Analise and needed help. The pediatrician referred Analise to Carrie Tingley. Evaluation results indicated Analise was developmentally two months of age. Early intervention services started within a week and a half and services included case management, physical, occupational and speech therapy. At 11 months of age, Analise was admitted to the hospital with pneumonia. During this hospital stay, Analise was diagnosed with spinal muscular atrophy. The family was told that young children with this diagnosis had a life expectancy of one and one half years and that Analise should stay in the hospital. Analise had a very supportive early intervention team. Andrea and team members talked with the doctors about managing supports for Analise at home. Analise was released to go home after three a one-half months and left the hospital with a vent, a

trach, and a g tube. Andrea was connected with other parents who had children using these supports. Transition to Part B was difficult. The Medically Fragile Program was provided service coordination. Andrea recommended that Medically Fragile case managers receive training regarding the need for a 90 day conference and training on how to support a smooth transition and a timely start to public school services. Analise receives home bound services from the school district. She goes to school on Friday's for peer interaction. Analise is learning to read using the Wilson reading program. She will be 6 years old on December 18. The family now has a second daughter. Andrea self-referred her second daughter to early intervention and she will have her evaluation on Friday to determine if she is eligible for early intervention services.

LEAD AGENCY TOPICS

The FIT Program Annual Performance Report must be submitted to OSEP in February 2009. The FIT Program will look at statewide data from the Fiscal Year ending in June of 2008 and then report to OSEP on how the FIT Program will come into compliance. Compliance indicators have to be 100%. Andy presented where New Mexico falls in terms of meeting compliance indicators. New Mexico is currently under special conditions from OSEP for Indicators 1 and 7 because we fell so low. New Mexico has also experience slippage in transition. OSEP would be less concerned if New Mexico was at 95+%. Program APRs are showing the efforts programs are making to increase their percentages. Providers are using their APRs to identify issues and to make improvements. Data base changes and focus monitoring have also helped providers evaluate programmatic issues and make improvements.

Andy asked the ICC to consider if transition indicators 8a and 8c should be added to focus monitoring. If we begin to monitor transition, then FIT would most likely not continue to monitor the 45 day timeline. Andy recommended that transition be added as a focus monitoring area. Cathy Stevenson suggested that we wait six months until we have a whole year of data. Andy was asked how long it would take to add transition to focus monitoring. He stated it would take a couple of day to create the tool. The following transition initiatives were discussed: 1. Provision of yearly statewide training. 2. Development of a new transition technical assistance document. 3. More formalized collaboration between school districts and early intervention programs. 4. Looking at how PED and DOH data base items could be changed to better reflect what is happening. Rachel Porcher suggested that transition team coaches be surveyed as to what is working and what needs improvement.

Improvement strategies for Indicator 1 included the following: provision of state level training and technical assistance, focus monitoring, surveying providers who are doing well, provider use of APR to identify issues and make changes, FIT Sustainability Plan, Work Force Committee looking at increasing availability of qualified staff. Program issues that negatively impact percentages include having to complete evaluations within timeline and still manage current caseloads. Another issue impacting NM compliance is FIT looks at data from the second half of the year when providers have really heavy caseloads and struggle to meet timelines. Andy stated the FIT Program has a meeting with Abrazos in January 2009 to look at how their program is achieving 100% compliance.

Indicator 7 – FIT will utilize same improvement strategies used for Indicator 1. FIT regional managers will also be asked to help identify strategies on a regional level among service providers. Andy stated the 45 day timeline could change when the new federal regulations come out early in 2009. Andy stated he will have a draft APR for the ICC to endorse at the January 2009 ICC meeting.

Family Survey - Three family outcomes have to be reported to OSEP. OSEP does not specify how we have to collect family outcome data. FIT used another survey in the past but it was too complex.

Current survey being used is sent to eight (8) or nine (9) providers to give to families that have been in early intervention six (6) months or more. ICC recently voted to have every family complete the survey when they exit early intervention. FIT will be reporting on the state fiscal year so the survey has to be completed by June 2009. Andy informed the ICC that his staff suggested that we do the survey one more time using the current process and implement the new process starting in March 2009. FIT will use the new survey tool to put the survey on the FIT website. Another state doubled their response rate when they put their survey on their website. Families will also be given a hard copy of the survey that also offers the option of filling it out on line. Service coordinators will be trained through conference calls or web based training. Jane Larson expressed concern about timing and the addition to the FIT data base. Andy Gomm replied that if the response rate is good providers may not need to add it to the data base. Name of the agency will be on the survey. FIT currently gives the agency a list of families and sends the agency the required number of surveys plus self addressed stamped envelopes. Completion of the survey will be added to transition plans and packets. Andy asked the ICC if any questions should be added to the survey. Jane Larson suggested that a question be added that asked the following: "If you don't want to do survey, can you say why?" Jim Copeland asked why the survey included questions about family resources. Andy replied that FIT only report to OSEP on questions 16, 17, 18 and we can elect to take out other questions. Andy will email the survey to the ICC list serve. Andy asked if ICC members would be willing to meet in early January and work with Andy on modifying the survey. Andy will bring the revised survey back to the ICC at the April ICC meeting. ***MOTION: Jim Copeland moved that the Family Outcome Survey will be distributed yearly in mid January to all families whose children are approximately 30 months of age. Paula Seanez seconded the motion. The motion carried. There were no objections or abstentions.***

ANNOUNCEMENTS

RFP results will be announced on January 10, 2009. No decisions have been made on awards as yet. A grid of dollar amounts will be developed and then approved by the division director.

Jim Copeland announced that Alta Mira has an online auction at www.AltMiraNM.org which closes on December 15.

MEETING EVALUATION AND ADJOURMENT

Rachel Porcher distributed meeting evaluation forms. She adjourned the meeting at 3:35 pm.