

# INTERAGENCY COORDINATING COUNCIL (ICC)



## April 14, 2010 Meeting Minutes

### MEMBERS/ APPOINTEES PRESENT

Jim Copeland, Monica Chlastawa, Rachel Porcher, Richard Barbaras, Jyl Adair, Jaime Diaz, Jane Larson, Andrea Leon, Karen Lucero, Mette Pedersen, Joseph Sanchez, Paula Seanez, Cathy Stevenson, Ida M. Tewa, Nancy Treat, Arlene Waters, Robin Wells, Lynn Christiansen

### PROXIES PRESENT

Ana Torres Proxy for Rosemary Gallegos, Paula Seanez Proxy for Ethel Davis, Tiffani Lovell Proxy for Lourdes Vizcarra.

### MEMBERS/APPOINTEES ABSENT

Denise Balderas, Senator Gerald Ortiz y Pino, Laurence Shandler, Mo Chavez, Cindy Faris, Maria Varela, Lisa Chavez

### OVERVIEW

Jim Copeland, ICC Chair, welcomed members and guests to the meeting. Jim thanked Zia Therapy Center for the wonderful reception last night and for the opportunity to talk with some of Zia's parents. Jim shared some of the benefits of Zia's early intervention services reported by the parents attending the reception. Jim asked for introductions.

Richard Barbaras, Zia's Executive Director, welcomed the ICC. Richard introduced one of his child care providers, Annabel. Annabel greeted the ICC in German. There is a large population of German families in Alamogordo who are with the German air force. German is the second most common language in Alamogordo. Up to one third of the children enrolled in Zia's early intervention program or child care program can be from German families. Peggy Denson provided a PowerPoint presentation about Zia's history. This is Zia's 50<sup>th</sup> year of providing services. Zia was started by eight Alamogordo mothers who needed services for their children and did not want their children placed in an institution. OCARC was Zia's first name. Zia's property was purchased in 1962 and the local Lions Club provided funds for Zia's first building. Zia currently provides a variety of services that range from early intervention and child care to public transportation. Zia's child care center has a four star rating and is awaiting national accreditation. Gloria Barnes, lead early interventionist, was introduced. One of Zia's two year old classes came with their teacher, Miss Ruthie, to sing two songs of welcome to the ICC.

### CONSENT AGENDA

Jim Copeland presented the meeting agenda for approval. **MOTION: Rachel Porcher made a motion to approve the meeting agenda. Joseph Sanchez asked if an update on the homeless program could be added to the agenda. Andy Gomm requested that his 2:20 presentation be included as part of the FIT Annual Report. Rachel Porcher amended her motion to include the requested changes to the agenda. Robin Wells seconded the motion. There were no objections or abstentions. The motion passed. MOTION: Rachel Porcher made a motion to approve the January ICC meeting minutes. Lynn Christiansen seconded the motion. There were no objections or abstentions. The motion passed.**

### ICC FINANCIAL REPORT

Richard Barbaras distributed the ICC financial report. Richard stated the ICC has \$14,788.64 remaining in the ICC budget for this fiscal year. **MOTION: Robin Wells made a motion to accept**

***the ICC financial report. Paula Seanez seconded the motion. There were no objections or abstentions. The motion passed.***

### **FIT LEAD AGENCY REPORT**

Andy Gomm distributed copies and reviewed the report. The Lead Agency Report provides a snapshot of the early intervention system. The report compares this year's data to last year's data. FIT Program expenditures and revenues were reviewed. Andy discussed Medicaid expenditures to date. The DOH has two ARRA grants. The DOH is hoping the federal government will continue ARRA funding for three year olds after 2011. The DOH anticipates that the \$1.4 million will be spent by the end of this fiscal year. So far, we have only spent \$35,000 of ARRA State Incentive Grant (SIG). The Presumptive Eligibility Process will help to speed up transition to Part B and more of the ARRA State Incentive Grant funding will be utilized. Monica Chlastawa stated \$5.8 million seems like a lot of money and asked Andy if this amount of money can be spent within the mandated time frame. Andy replied FIT has put together a *Spend It All Plan* to assure that all of the funding is utilized. The FIT Program can spend 10 percent of the ARRA SIG funds on other system improvements and will issue mini-grants in April. This ARRA money will free up funding to serve infants and toddlers. Arlene Waters reported that more CARC families have received bills from insurance companies. Andy stated the FIT Program has an agreement with the three large companies. Smaller insurance companies and out of state companies are not part of the agreement. Mette Pedersen requested that numbers of children served per eligibility category be added to future reports. ***MOTION: Mette Pedersen made a motion to accept the FIT Lead Agency Report. Karen Lucero seconded the motion. There were no objections or abstentions. The motion passed.***

### **UPDATE ON IDEA PANEL AND MCKINNEY-VENTO EDUCATION FOR HOMELESS CHILDREN AND YOUTH**

Joseph Sanchez reported. Joseph reviewed the current work of the IDEA Panel using recent IDEA Panel meeting minutes. Andy Gomm asked Joseph when the LEA Annual Performance Report would be posted on PED's website. Joseph stated he did not know but he would email the ICC to let them know when the report has been posted. Joseph presented an update on the McKinney-Vento Education for Homeless Children and Youth Program. Joseph stated there has been a 91% increase in homeless children and youth enrolled in NM Schools from 2006 to 2009. There are depressed communities in NM where jobs have been lost and families are facing economic hardship. Families are more willing to accept help than in the past. The program has received some ARRA funding. The program is funded by federal Title I funds. The current level of funding is not sufficient to serve the number of students identified. Program funds are mainly used to meet basic student needs such as hygiene products, school supplies, transportation to school, and family food packets. Families do not receive any money from the program. The money goes to the school and the school provides the products, supplies, food packets, etc. A local LEA liaison from a school may also go with a family to purchase needed items. Most public schools use a student residency form that includes questions that help identify children who are homeless. School personnel make referrals to the McKinney-Vento Education for Homeless Children and Youth Program. Some families come forward and request assistance from their community. The community may then refer the family to the school. Joseph stated he is the only person working in this statewide program. The program works with the national "Feed the Children" organization and provides backpacks with food inside. Every effort is made to have the support be non-stigmatizing to the students receiving it. Mette Pedersen asked if Joseph had numbers on homeless infants, toddlers and three and four year olds. Joseph replied work is being done to better identify homeless children of these ages. Joseph stated APS does the best job of identification. Joseph stated the best estimate of homeless infants, toddlers and three and four year olds in New Mexico is approximately 300 to 400 children. Paula Seanez stated the school districts in the northwest region are asking Growing in Beauty staff how they know a family in the district is homeless. Families in the northwest region are being bounced back and forth. It is very

difficult for mobile families to provide proof of residency. Joseph stated he will talk with Paula regarding this issue as it should not be happening. School districts have homeless liaisons to investigate and identify homeless children. Joseph stated approximately 10% of a school district's population falls under the homeless definition. Jane Larson asked Joseph what should be done when a program knows someone is homeless. Joseph replied that either he or the school district should be called. Mette Pedersen asked Joseph if it is realistic for school districts to respond. Joseph stated every school district has a homeless liaison and is required by law to set aside some of their Title 1 funds to serve the homeless children in their district. Families can sue a school district if the district does not comply with the law. 49 districts are reporting data to Joseph and New Mexico is improving in the identification of homeless children and youth. Joseph stated if a child is enrolled in a district, the law is designed to protect that child so we want to get the child enrolled in a district. BIE schools have a person like Joseph to oversee services to their homeless children and youth. Jaime Diaz stated homelessness is an automatic qualifier for Early Head Start/Head Start services. Joseph offered to provide a more in depth presentation at a future ICC meeting.

### **ICC COMMITTEE ACTION PLAN REPORTS**

Jim Copeland requested that ICC members look at the Committee Action Plans during the Committee Chair reports. Jim stated every ICC member should participate on one ICC committee. ICC Committee Chairs were encouraged to use their assigned FIT staff person and to adjust their timelines when needed. Richard Barbaras suggested the ICC Strategic Plan be looked at in terms of addressing the current economic situation.

***Child Find/Public Awareness/Advocacy*** – Tiffani Lovell reported. The committee has not met since the last ICC meeting.

***Professional Development and Support*** – Robin Wells reported. Higher Ed Task Force has approved two new teacher licenses. There is a pathway for program administration, a pathway for education, and a pathway for family studies. Central NM community college is beginning some core AA courses in family studies. The Higher Education Task Force is developing indicators as to how competencies are met and will continue to develop syllabi. Course work will embed information on children with delays or disabilities. It takes much less time for a community college to accept and approve coursework than it does for a four year college. CNM courses will be online courses. There is a big push to provide online courses at the higher education level. Field experience will require better partnerships with community early intervention programs. CNM is considering the provision of CEUs for folks who want to take online course work but who are not on an AA track. Committee has conducted several surveys about professional development at the four year level. Money is an issue in obtaining infant mental health training and endorsement. Mette Pedersen stated early interventionists can receive loan forgiveness through Perkins and the NM Higher Ed Department. Mette stated we also need to pursue Rural Health Providers as a resource for loan forgiveness. Robin Wells said there is a real need for cross disciplinary opportunities for inservice training. Andy Gomm asked the committee to let the FIT Training and Technical Assistance Team know about inservice needs. Andy said early intervention training opportunities should be posted on the ECN website. Jaime Diaz stated the Head Start website, when it is completed, will post a number of training opportunities.

**Quality Assurance / Accountability Committee** – Rachel Porcher reported. Rachel added the following status update: the committee has received requested information from the FITKIDS User Group and will meet to review the information. Andy Gomm stated ARRA funds will be used to increase ability to use FIT KIDS at the program/service coordinator level and to do tasks such as designing spread sheets.

**Finance Committee** – Karen Lucero reported. The task force that combined with the Quality Assurance Committee has met and looked at eligibility and services models.

## **ICC PARENT PANEL**

Andrea Leon introduced Amanda and her son Max. Amanda and her family live in Alamogordo. Max will turn 2 years old in a couple of weeks. Max has seizures and several genetic disorders. His seizure medication and a special diet help control the seizures. Max is part of a research study. Amanda stated she is very optimistic about Max's future even though his prognosis is not good. Max's wheelchair has been redesigned and the new version works very well. Max's birth has given the family an appreciation for life and Max is a blessing. Amanda fights insurance companies for the things Max needs. She stays at home to be there for Max's services and appreciates that she is now better able to meet the rest of the family's needs. The family works together to help Max. Max receives four early intervention therapies and has really benefited from them. Service providers are respectful and explain things as needed. Max will be transitioning from early intervention and his IEP meeting is being scheduled. Monica Chlastawa commended Amanda for her courage. Monica stated the Down Syndrome News had surveyed a number of parents of children with Down Syndrome about whether they would want a cure for Down Syndrome. 60% of the parents surveyed answered no. Amanda replied that she would not choose to have Max be different but she would choose that he live a long life. Monica thanked Amanda for sharing her story and for being a great advocate for her child. Mette Pedersen asked Amanda about her experiences in working with insurance companies. Amanda replied the family's early intervention team has helped Amanda develop advocacy skills. Dealing with insurance companies is a continuous fight. Amanda has applied for the DD Waiver as well as the D&E Waiver and the Medically Fragile Waiver. They anticipate that Max will be on the DD Waiver when he is 7.

Erica was introduced. Erica has a four year old daughter, Alisa, who has Down Syndrome. Erica stated Alisa's diagnosis of Down Syndrome was difficult because she and her husband did not know what to expect even though the hospital overloaded them with information. Erica's sister gave her information about early intervention services. Erica contacted the early intervention program in Belen and they started receiving services when Alisa was two months of age. The therapists were phenomenal and provided Erica with tools she could use with Alisa during routines. The SLP services were "hands on" and very helpful. Erica's goal for Alisa was that she would be walking by 19 months of age and Alisa did achieve this goal. Erica stated she continues to set high goals for Alisa. Alisa is strong, independent and stubborn. Erica's issue with early intervention was she did not fully understanding the role of the family's DS/SC. Their DS/SC did coordinate their IFSPs and Alisa's transition to the public school. Erica stated she also did not understand the difference between Part B and Part C services. Erica now serves as a board member for the early intervention program they participated in. Alisa will be in an inclusive kindergarten this year. Rachel Porcher asked if Alisa transitioned from early intervention to Head Start or to the DD Preschool. Erica said Alisa transitioned to the DD Preschool and she has an awesome teacher. Alisa's development has really been supported by having typically developing peers in her class. The therapists at Alisa's school are wonderful and everyone is working together to support her progress. Andy Gomm asked Erica if it is better to receive information one on one or to receive information through a class with other parents attending. Erica replied both would be helpful. Cindy Mantegna asked Erica to describe the benefits of "hands

on" speech therapy. Erica stated the SLP would provide Erica with information and strategies that Erica could implement throughout the day. The SLP would model how to do the strategies to assure that Erica understood how to implement them.

Richard Barbaras introduced two of his staff members, Tabitha and Gloria, whose children had received early intervention services from Zia prior to these staff members being hired by Zia. Tabitha has two children who participated in early intervention. Tabitha's daughter started services at 18 months because she was not talking. The family had weekly services from a developmental specialist and an SLP. The family stayed the extra year in early intervention under the parent choice option. Tabitha's second child, her son, also had an articulation delay. Tabitha stated early intervention paperwork and timeline requirements were very different with their second child. Tabitha stated she needed help in supporting her son's development and support for their daily life as a family and the paperwork and timelines interfered at times. Tabitha's son continues to receive Part B services. Mette Pedersen asked Tabitha how her experience with early intervention services has helped her work with other parents. Tabitha replied that her experiences help her be more sensitive and they also help her in assuring parents that labels will not follow their children.

Gloria's second son, Zachary, was diagnosed at birth with a number of very serious conditions including spina bifida, subaortic stenosis, and a mitral valve issue. Zachary was airlifted to Lubbock and Gloria and her husband were told he would not make through the night. Zachary was in the Lubbock NICU for 9 days. Parents were told they would be lucky if Zachary ever walked and talked. Family was referred to Pat A Cake Program in Hobbs. Early intervention services started when Zachary was two months old. Gloria said she began to understand the purpose of early intervention as time passed. Zachary was diagnosed with cerebral palsy when he was nine months old. Early intervention services providers gave needed information and wonderful services. Zachary developed a seizure disorder and sensory issues. Gloria's husband put in a hardship transfer to Alamogordo when Zachary was two and a half years old so they could be close to extended family. The family started receiving early intervention services from Zia and the staff provided wonderful services. Zachary transitioned to Alamogordo Public Schools when he was three and one-half years old. The transition was smooth. Zia's early intervention providers prepared the parents and they were able to advocate for Zachary in Part B. Gloria agreed with Tabitha about the impact of paperwork and timelines. Parents do need to understand rights and safeguards but it is important to remember that early intervention services occur during what can be an overwhelming time for families. The transition process is one more huge change for families and we need to do everything we can to help families feel supported during transition. Early intervention makes such a positive difference during such an overwhelming time for families. Early intervention helped Zachary lead a full, rich life. Zachary did learn to walk. He passed away in 2006.

Monica Chlastawa thanked Gloria for reminding us how overwhelming early intervention can be for parents. Jane Larson stated we all understand how the system has changed. Jane asked Andy Gomm if OSEP ever takes testimony from parents as to how these changes have impacted them. Andy replied that OSEP holds public hearings when regulations are being changed but these public hearings are held in different states. Andy stated service coordination is an art and service coordinators have to present information, timelines, and forms to sign in creative ways that support parent understanding. Cathy Stevenson stated we are seeing a pushing down of federal regulations from Part B to Part C. Cathy stated Part C is a family service system and OSEP will accept letters from families. Jane Larson suggested that the ICC videotape parent panels and use these to provide testimony to OSEP as well as to train staff. Rachel Porcher stated it is not any easier or less intimidating to have more than one child in a family receive early intervention services. It can actually be harder because now you have two children at home with special needs. Gloria stated it is discouraging to measure the quality of a program by whether or not the program met a required

timeline. Jane Larson suggested that FIT use some of the ARRA monies to host a public forum to obtain a statewide parent perspective regarding Part C changes as well as identify family friendly ways to meet timelines. Jane stated she had just read the ITCA newsletter and would like to see New Mexico consider how to achieve accountability in a relationship based manner. Cathy Stevenson wondered what had happened to the OSEP work from 10 years ago about what was needed to provide a quality early intervention service system.

### **MENTORING OF ICC MEMBERS**

Monica Chlastawa facilitated the discussion. All ICC members need to have mentoring available as needed, especially when first appointed to the ICC. New ICC members have a huge learning curve. Rachel Porcher described the mentoring she had received from Richard Barbaras and Matthew Nelson. Monica stated it can take an ICC parent up to two years of meetings to understand the acronyms and how the early intervention system works.

Mentor expectations could include the following:

- Contacting mentee via a phone call or email when the minutes are posted, when a meeting agenda is posted and a week after a meeting to answer questions, etc.;
- Sitting next to mentee during ICC meetings.

Monica distributed two lists and requested that ICC members who wished to serve as a mentor and members who wished to be mentored sign on the appropriate list. The ICC Executive Committee will develop mentoring guidelines and present them to the ICC at the June meeting.

### **SERVICE MODELS AND ELIGIBILITY CHANGES**

Andy Gomm distributed copies of the draft *April 2010 ICC Finance and Accountability Committees FIT Service Models and Eligibility Changes*. Andy stated that ICC members and guests are not to make copies or distribute copies of the document as it is in draft format and no decisions have been made regarding the content. Andy stated we are in a difficult place in terms of financing the early intervention system. We are facing a funding "flip" meaning that ARRA funds will end in September 2011, New Mexico will continue to experience funding issues for a number of years, and the federal Medicaid match rate may swing back to the rate it was prior to ARRA funding. We are looking at a \$3 to \$6 million dollar shortfall. Secretary Vigil has stated the DOH FIT Program has to live within its budget. Our challenge is to look at cost savings and prevent a shortfall. Cathy Stevenson stated the State of NM has to balance its budget as no new funding will be available. Jane Larson stated the Legislature could increase revenues by increasing taxes.

Andy stated the FIT Program has to look at changes in the system or efficiencies in the system so FIT can run in the black in fiscal year 2012. Three ways to make changes to our system are to cut rates, to serve fewer children, or serve children in a different way. A work group met on January 5 to look at eligibility. Members of the ICC Finance and Accountability Committee met on March 4 and April 8 to look at changes in service models. The FIT Program has exceeded its budget most fiscal years and the DOH can no longer cover FIT Program shortfalls. Andy oriented the ICC to the draft document. Most states do not serve children at-risk. OSEP allows states to serve children at risk, limit services to children at-risk, etc. Andy stated he would like to go through all of the recommendations and then have the ICC vote. Andy will be meeting with Secretary Vigil at the end of April and Secretary Vigil expects to have a plan presented to him at that meeting. Cathy Stevenson stated FIT would need \$6 million dollars more to serve our current population at the current level plus estimated growth for 2012. Andy stated the FIT Program will be losing the following funding: \$1.4 million, \$1.7 million, and \$5.8 million. In addition to this loss of ARRA funds, the FMAP will increase. FIT will need up to \$6 million in SGFs to serve eligible children at the current rate. We do not have \$6 million in SGFs to make-up the loss of ARRA funding and cover the increase in our federal Medicaid match.

Andy reviewed Service Model changes for children at risk and Service Model changes for all children served (see handout). Mette Pedersen stated there may be a cost to PED if some changes are implemented. Cathy Stevenson stated FIT serves some children that PED will not serve. Cathy also stated early intervention programs serve some children longer than they need to. Mette Pedersen asked if there was data from other states available. Paula Seanez said Arizona is using the team based model. Jane Larson said NAPPR is considering moving to the primary provider model used by Alta Mira. Jane stated NAPPR currently provides an average of two and one half hours of services per month and Alta Mira provides a bit less than that.

Andy reviewed the eligibility recommendations (see handout). Andy stated Dr. Vigil has asked FIT to look at standardizing tools used to determine eligibility as some providers have been liberal in their use of informed clinical opinion. Dr. Vigil is considering the phasing in of some of the recommendations and seeing what the savings will be.

Andy reviewed the potential savings of the three levels proposed in the Service Models for children at risk which are:

Level 1 – Save \$1.6 million

Level 2 - Save \$2.9 million

Level 3 – Save \$9 million

Jane Larson stated it is hard to make a recommendation without needed data because we don't know if there will be a cost savings. We also don't know if OSEP will approve presumptive eligibility. Mette Pedersen agreed with Jane. Mette stated stopping FIT services at age two will cost PED \$10,000 per eligible child in the public school. The ICC agreed that standardization of eligibility determination was a good idea. Rachel Porcher asked if FIT eligibility could be changed to 30% in one area of development. Karen Lucero suggested that the ICC consider the recommendations that are the least harmful to children. Richard Barbaras suggested that the ICC recommend changes to at risk services model and wait to recommend changes to the percentage of eligibility. Richard stated there will also be consequences to early intervention providers and these providers have to remain viable.

***MOTION: Jane Larson made a motion that the ICC recommends that DOH implement a standardized eligibility determination process for all children using approved norm referenced tools, uses the ERAT for determination of eligibility under environmental risk, and promotes a Primary Service Provider / Primary Coach Model for all children. Robin Wells seconded the motion.***

Motion Discussion: Robin Wells described the difference among interdisciplinary, transdisciplinary, and multidisciplinary models. Cindy Mantegna expressed concern that the Primary Service Provider/ Primary Coach Model is not effective for all children such as children with autism. Arlene Waters stated the team model is very powerful and co-treatment is used effectively in rural areas. Arlene expressed concern about the training needed to learn to use a norm referenced test. Jyl Adair stated she does not want to see a cookie cutter model implemented statewide. Karen Lucero stated Service Model Option 1 for children at risk was the option most favored by the committees that had done the work. Jim Copeland called for a show of hand vote on the motion. The vote was as follows: 11 in favor; 4 opposed; 2 abstentions. ***The motion passed.***

***MOTION: Jane Larson made a motion that the DOH recommends to the Legislature that children will exit the FIT Program on or before their third birthday if no further money to serve three year olds past their third birthday is appropriated by the federal government. Mette Pedersen seconded the motion.***

Motion Discussion: Mette Pedersen stated this will save almost \$3 million per year. Jim Copeland called for a show of hand vote. The vote was as follows: 8 in favor; 5 abstentions; 0 Opposed. ***The motion passed.***

***MOTION: Rachel Porcher moved that the meeting be ended and that another date be selected for the ICC to meet in order to complete their recommendations regarding changes to the FIT Program. Jane Larson seconded the motion. 14 members voted in favor of the motion. The motion passed.*** Andy Gomm stated the Meeting Wizard will be used to identify a meeting date.

#### **FOLLOW-UP MEETING TASKS / PERSONS RESPONSIBLE**

- Use Meeting Wizard to identify date for ICC Special Meeting – Andy Gomm
- Add numbers of children served per eligibility category to FIT Lead Agency Reports – Andy Gomm
- Develop guidelines for Mentoring ICC members – ICC Executive Committee
- Notify ICC when LEA Annual Performance Report is posted on PED's website – Joseph Sanchez

#### **CLOSING**

Jim Copeland informed the ICC that this was Lynn Christiansen's last ICC meeting as Lynn is retiring at the end of April. The ICC wished Lynn much happiness in her retirement. Jim stated the ICC December meeting will be moved to November and ICC members will be emailed about the November date.

#### **MEETING EVALUATION**

Jim Copeland distributed meeting evaluations and adjourned the meeting at 4:30 pm.