



INTERAGENCY COORDINATING COUNCIL (ICC) ICC JANUARY 2020 MEETING MINUTES

MEMBERS PRESENT

Andrea Leon, Sophie Bertrand, Kathy Hughes, Janis Gonzales, Paula Sanes, Justina Stewart, Celina Waller, April Spaulding, Lula Brown, Camila Gutierrez, Naomi Sandweiss, Joanne Corwin, Dana Malone, Angelique Tafoya, Felicia Juarez, Khaki Cooper, Julie Maner, Carmen Armenta, Christie Guinn, Marc Kolman

MEMBERS ABSENT

Rebecca Dow, Catherine Quick

PROXIES PRESENT

Angelique Tafoya Proxy for Nikki Ornelas

OPENING

Rosemary Gallegos, Superintendent of NMSD welcomed ICC members and guests. Rosemary is a former ICC member. NMSD serves the entire state and it is wonderful to see so many ICC members and guests from across the state. Rosemary thanked the ICC and the FIT Program for the important and collaborative work accomplished on behalf of children and families. NMSD and the FIT Program work “from the heart”. Rosemary extended best wishes for a productive meeting.

April Spaulding, ICC Co-Chair asked for introductions. ICC members and guests introduced themselves. April asked for a motion to approve the Meeting Agenda. **MOTION: Kathy Hughes made a motion to approve the meeting agenda. Andrea Leon seconded the motion. There were no objections or abstentions. The motion passed.**

PRESENTATION BY NMSD EI PROGRAM

Joanne Corwin presented. She distributed copies of NMSD’s Annual Report. NMSD was founded in 1885 by a deaf man, Lars Larson, when New Mexico was still a territory. Lars Larson wanted educational services to be available for deaf and hard of hearing children. NMSD’s early intervention program works to assure that infants, toddlers and young children who are deaf or hard of hearing have access to the best services and supports in their local communities. NMSD early intervention staff live in the communities they serve. Services are available in Spanish, Tewa, sign language, and Navajo. In the 2018 – 2019 fiscal year, NMSD’s early intervention service providers drove 326,000 plus miles to provide home and community based services and supports.

295 children and their families received EI services. 5,340 total home visits were made in 24 counties. 2,000 hearing screenings were conducted. 2,700 EI staff received training and technical assistance. 22% of families participating in NMSD's early intervention services don't speak English as their primary language. 46% of families live in highly rural or isolated areas of the state. NMSD loves working with our early childhood partners. NMSD will be facilitating a panel discussion at the March national Early Hearing Detection & Intervention Conference as New Mexico is viewed at a leader in collaboration and other states want to hear about us. NMSD has an Intergovernmental Agreement with Navajo Nation and a Memorandum of Understanding with the Department of Health.

VOTING ON ICC PROVIDER REPRESENTATIVE

Five of the six interested candidates were able to come to the meeting to present their interest and qualifications in person. Paper ballots were distributed. The ICC voted and Autumn Bruton was selected. Autumn will complete the Governor's application process for official appointment to the ICC.

ICC CONSENT AGENDA

Camila Gutierrez asked for a motion to approve the Consent Agenda which consisted of the November Meeting Minutes and the ICC Financial Report.

MOTION: Kathy Hughes made a motion to approve the ICC Consent Agenda. Janis Gonzales seconded the motion. There were no objections or abstentions. The motion passed.

LEAD AGENCY REPORT

Deb Vering distributed a handout on FIT Program revenue and expenditures. She reviewed FIT revenue which consists of State General Funds, federal funds, and private insurance (e.g., Pres, Blue Cross, United). FIT expenditures are salaries and benefits, contracts, the operating budget and the State Medicaid Match. The FIT FY20 Operating Budget had a base increase of \$2,650,000 million for provider agreements. The FIT FY21 Projected expenditure growth is 5.7%. DDSD requested a rate increase of \$5.1 million for FY20 but received \$2,600,000. The FY20 projected growth in the Operating/Provider Agreements and in State Medicaid Match is based on invoices received through November FY19 compared through November FY20 and overall variance. FY20 projections include a 6.5% growth factor over FY19 projections which does not include recoupments. The LFC is recommending \$1,000,000 of the requested \$2,500,000 for rate increases.

Kathey Phoenix-Doyle, FIT Program Manager, thanked Jonetta Pacias and Jason Lavy for their years of work in the FIT Program. Jason and Jonetta have accepted other positions. Kathey presented Jason and Jonetta with gifts of appreciation.

Kathey Phoenix-Doyle and Jason Lavy discussed FIT Annual Performance Review (APR) targets and FIT data for SFY's 18 & 19. New Mexico's APR is due February 3, 2020. The last time the ICC was asked to set targets was in 2013. OSEP sets targets for Indicators 1, 7, and 8 at 100%. States are asked to set the other targets. The ICC

sets New Mexico's targets because ICC membership is representative of the state.

OSEP is now using a new data collection tool and is only requesting one year of targets. Jason reviewed the definition of slippage which is a worsening from the previous data AND a failure to meet the target. The worsening also needs to meet certain thresholds to be considered slippage:

- For a large percentage (10% or above), it is considered slippage if the worsening is more than 1%.
- For a small percentage (less than 10%), it is considered slippage if the worsening is more than 1%.

OSEP has recommended that states keep their targets the same.

New Mexico's current targets for the Indicators were reviewed as follows:

- Indicator 1: Timely provision of services. Children must enter services within 30 days of IFSP. The current target is 100%. In SFY 2018: 96.55%. In SFY 2019: 96.52%. There was no slippage.
- Indicator 2: Services in Natural Environments. Children that primarily receive EI services in the home or community-based setting. The target is 95%. In SFY 2017: 97.63% and in SFY 2018: 99.12%. There was no slippage.

The ICC was asked if they wanted to recommend a new target for Indicator 2. The target choices are to keep the same target or recommend a new target. ICC input was:

- Julie Maner – Suggested that we keep Indicator 2 target the same.
- Indicator 3: Early Childhood Outcomes.
Summary Statement 1: Of those infants and toddlers who entered early intervention below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. The target for Summary Statement A1 is 69%. In SFY 18: 71.34% and in SFY 19: 73.71%.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Indicator 3A: Positive Social Emotional Skills. The target for Summary Statement A2 is 63.50%. In SFY 18: 63.46% and in SFY 19: 56.27%. There was slippage.

Indicator 3B: Acquisition and use of knowledge and skills. Summary Statement B1. The target is 72.50%. In SFY 18: 75.21% and in SFY 19: 78.11%.

The target for Summary Statement B2 is 62.50%. In SFY 18: 65.15% and in SFY 19: 58.61%. There was slippage.

Indicator 3C: Use of appropriate behaviors to meet their needs. The target for Summary Statement C1 is 72.60%. In SFY 18: 75.82% and in SFY 19: 77.81%. The target for Summary Statement C2 is 62%. In SFY 18: 64.50% and in SFY 19: 57.63%. There was slippage. The FIT Program is trying to identify why there was slippage. FIT ECO data is not good. Staff turnover has had an impact. Children can move to different programs and each program can report different ECO data on the same child. FIT expected to trend down with the new IFSP but the slippage is greater than expected.

- Indicator 4: Family Involvement. A. EI services have helped families know their

rights. The target is 95%. In SFY 18: 98.99% and in SFY 19: 98.85%, There was no slippage.

Kathey Phoenix-Doyle reviewed the handout *IDEA Child Outcomes Highlights for FFY2017: I Over Time: Summary Statements by Program and Outcomes*. This handout can be used to compare New Mexico data to national data.

ICC members and guests made the following comments:

- Sophie Bertrand – FIT is moving to the new department and we don't know the impact of this so we may want to keep the same targets.
- Angelique Tafoya – How would OSEP view New Mexico if we keep the targets the same?

Jason Lavy – New Mexico is fairly aggressive with most of the targets.

Katie Wylie – Consider keeping all the targets the same except for the ECO targets which should be set lower. Agencies are no longer required to do an exit ECO and this may be causing a slip in the ECO scores.

Kathey Phoenix-Doyle – FIT would have to look at the number of kids being transferred to see if there is a true impact. We need to look at how we score the initial ECO as it may be scored too high and the exit ECO may be a more realistic score.

- Celina Waller – This is a training issue. Aprendamos took a side by side look at our entry and exit ECO scores. We had to redo our ECO training as our evaluators were scoring too on the initial ECO.
- Kathy Hughes – Transfers impact ECO ratings.
- Autumn Bruton – We are not achieving our target for Indicator 3 so we should keep the same target and determine how we can improve. Training should occur to ensure we are all capturing ECO data accurately.
- Andrea Leon – Today's ECO training is much different than the ECO training in the past.

Kathey Phoenix-Doyle – We did intensive ECO training when we saw the first dip. FIT is trying to analyze the 6% drop. There are a number of factors that impact each child's progress. FIT is looking at meaningful differences between New Mexico's ECO data and individual agency data. FIT has moved away from intensive training on the ECO but we are going to have to invest some training time on the ECO. No factor stands out as the cause for the drop. The child's length of time in service and established condition impact ECO scores. We are trying to set FY20 targets when we are 6 months into the fiscal year. We have started doing quarterly APR reports which will give us good data and help us analyze anomalies. Some provider agencies are piloting the form and the new process.

- Lula Brown – What is the national average for Indicator 5?

Jason Lavy – OSEP has a handout by percentage of delay or standard deviation. New Mexico was in the top 2.

- Lula Brown – Silence means agreement.
- Naomi Sandweiss – Suggested that the target for Indicator 4A be raised to 96% and the target for 4B be 97%.
- Lula Brown – Be mindful that raising targets adds additional stress to FIT provider agencies and their managers.
- Felicia Juarez – Agrees with Lula. 4A and 4B targets should be set at 96%,

not 97%.

MOTION: Kathy Hughes made a motion to keep Indicator 2, Indicator 4C, Indicator 5, and Indicator 6 targets the same and to set Indicator 4A and 4B targets at 96%. Julie Maner seconded the motion. There were no objections or abstentions. The motion passed.

Jason Lavy reported that we had no slippage in Indicator 6. We also had no slippage in Indicator 8B (LEA Notification) or 8C (90-day transition conference). We did have slippage in Indicator 8a (Timely transition plan). This was caused by four provider agencies experiencing a staff shortage.

Kathey Phoenix-Doyle – Early intervention staff are leaving the field. FIT needs to compare caseload sizes to FTEs. We may be asking provider agencies for turnover rates.

UPDATE ON THE EARLY CARE & EDUCATION DEPARTMENT

Kathey Phoenix-Doyle reported the organizational chart for the new department is close to completion. Elizabeth Groginsky is the department secretary. Matt Beaver is the director of communication. Claire Dudley will be the director of policy and research. Jennifer Solis is the new assistant secretary. There have been a lot of meetings and FIT has been at the table.

CHILDREN & YOUTH DAY

Camila Gutierrez, ICC Co-Chair, invited ICC members & guests to come to the FIT table at Children & Youth Day at the Legislature on Friday, January 25. Information packets and support will be provided for FIT parents who come to talk to their legislators about the value of FIT services. The ICC will provide a stipend and round trip mileage for FIT parents. April Spaulding emphasized the importance of reaching out to our legislators and asking for their support for the ICC Legislative Agenda. Constituent emails and phone calls are tallied.

ICC COMMITTEE REPORTS

Finance & Funding – Angelique Tafoya reported. The committee has not met since the last ICC meeting. Committee members have been active in contacting their legislators.

Legislative Advocacy – Angelique Tafoya reported for Nikki Ornelas. The committee is focusing on the ICC Legislative Agenda. Text alerts will be provided during the session.

Work Force – Julie Maner reported. The committee has not met since the last ICC meeting.

Quality – Lula Brown reported. The committee meets once or twice a month. The committee is working on documents to bring to the ICC for review and recommendations to FIT. The committee will provide input regarding FIT Service Definitions and Standards. The committee has discussed some of the challenges affecting children and families since the required use of the M-CHAT R/F. The committee has developed a form to help clarify the use of informed clinical opinion which will be piloted by a couple of FIT provider agencies. The committee will meet again on January 31, 2020.

Services for Native American Families – Joanne Corwin reported. – The committee will put together a report for the new Assistant Secretary of Native American Services. The

committee will bring the report to the ICC for input and recommendations. FIT will request more specific information on child find in Native American communities. Chris Vining, Cathy Riley, and Aiko Allen will present at the NAEYC Conference. The committee would like to move forward with a Tool Kit for review by the ICC.

MOTION: Carmen Armenta made a motion to approve ICC Committee Reports. Felicia Juarez seconded the motion. There were no objections or abstentions. The motion passed.

FIT LEAD AGENCY REPORT

Jason Lavy reviewed the monthly data in the report. FIT is seeing a decrease in the number of referrals. There was a 26% decrease in referrals in November when compared to November of the previous year. There was also a decrease in the children served each month in October, November and December 2019. There has been an increase in the cost per child per month due to the increase in rates. There was a 2nd quarter decrease in total children in services and children with an IFSP.

ICC PARENT PANEL

Three parents, Beth, Kristen and Erica were introduced.

Beth – Her son, Oliver, was born in 2017. He has had a number of health issues and had five surgeries during his first year. Oliver is hard of hearing in both ears. He has been intubated for most of his life. We are so appreciative of our early intervention services. Oliver has made so much progress.

Kristen – Her son River is two. He was identified at birth as needing hearing follow-up through the hospital newborn hearing screening. Diagnostics was a challenge and it took too much time to schedule his diagnostic ABR. Early intervention reached out immediately after River's birth and we scheduled our first home visit right away. Early intervention has provided so many resources and helped us navigate the service system. We didn't have to search and ask for services, they were offered to us. Without early intervention, we would not have known about available services and supports. Initially we were in a period of grief and it was so helpful to be contacted. Our local early intervention program's partnership with the early intervention services offered by the School for the Deaf has opened up a community for River and provided us with access to other parents. We have been going to events with River since he was six months old. As parents, we have been empowered to lead and direct our IFSP team of professionals. We set the goals for our services and they are not overwhelming. River started preschool at 18 months. He has blossomed and he has amazing confidence. As parents, we know how to support our son to go out into the hearing world without feeling different. Early intervention is integral to the supports that parents need. I have talked with parents in different states during NMSD's immersion week and other states do not have the same collaborative services and supports available through their state supported school and their local early intervention programs. I can't speak highly enough about our early intervention services.

Erica – Avalon will be 1 and ½ years old next week. I have been meeting with other families and don't feel alone as a parent. Avalon will go to preschool at NMSD when she is old enough. She did not pass her newborn hearing screening at the hospital. Avalon also has a syndrome that causes her to not gain weight or meet her developmental milestones. We were referred to NMSD's early intervention program in November and she had her evaluation in December. The IFSP process helps us set our service goals and we feel like we are experts in our child. We have PT, OT and nutritional services. Our services are flexible and we have been offered co-visits. Without early intervention, we would have had to wait until Avalon was school age and she would be so behind in her development. We would be lost without our services. As parents, we didn't know about early intervention services until the programs reached out to us.

Questions/Comments:

- Joanne Corwin – Asked if there was anything NMSD could do to improve their early intervention services or NMSD's collaboration with their local EI agency.

The parents on the panel responded to Joanne's question as follows:

Kristen – I could not recommend any more improvement in the integration of our services. We are super impressed with how proactive and diligent everyone has been. We sometimes get overwhelmed but our service providers offer us care and support as needed,

Beth – Oliver has had two heart surgeries and our service providers are so caring and took extra precautions before coming in the house to prevent his exposure to germs.

Erica – Love the team aspect of our services. NMSD and New Vistas work well together. Our providers from both programs text and call and make it work for us as a family. They take pictures and document progress. River has bilateral cochlear implants. We feel very reassured and supported as his parents.

- Sophie Bertrand – EI comes with a lot of paperwork. How did the paperwork feel for you?

Kristen – IFSP process was a bit overwhelming at first because I was told I was in charge. I always felt supported and never felt anything was pushed on us. The evaluation was a bit overwhelming. I never thought I needed to track my first child's developmental milestones and it is interesting to keep such a close watch on River's progress. Evaluations and assessments are sometimes speech focused and need to better reflect River's language progress in ASL. River has chosen ASL as his mode of communication. He talks in sentences and we have great conversations as a family.

Beth – Paperwork is a bit overwhelming but everything is explained.

Kristen – I taught for five years. At first it was a bit uncomfortable to be on the other side of the table as a parent instead of an educator. The amount of paperwork is not an issue. The IFSP was an interesting experience. At one meeting, there were nine

professionals in the room. This journey has been such a blessing for our family. Services support our child and family.

Beth – Let us know who we need to speak to in order to advocate for the importance of early intervention services. Thank you for inviting us to share our early intervention experiences with you.

ICC PARENT PANEL REFLECTION

- Stated they could not have participated in early intervention services if services were not available at no cost.
- Empowered so they knew how to advocate for their child.
- Supported in becoming the director/leader of their IFSP team.
- Access to other parents is so important and their EI programs offer ongoing opportunities to meet other parents.
- Work as a team with their service providers on behalf of their children.
- Supported in learning how to advocate for their child so even a nine member IFSP meeting was not intimidating.
- Partnership and joint services from NMSD's Early Intervention Program and the other early intervention programs in the community.
- Would be helpful for providers/others to have access to Parent Panel input. Can they be videotaped?
- Importance of statewide Child Find activities.
- Impact of supporting parents.
- Flexibility of service providers and programs enable services to work for children and their families.
- Recorded Parent Panels could be used in recruitment activities at universities/high schools to encourage students to make early intervention a career.
- Parents were active members of their IFSP teams.
- Some parents may want to serve on public awareness campaigns or make public service announcements about the benefits of early intervention services.
- Importance of marketing FIT services and effective use of FIT materials as parents may not have known about services if the EI programs had not contacted them.
- Newborn Hearing Screening is the first critical step in identifying infants in need of diagnostic hearing testing.
- FIT providers help identify infants and toddlers who need diagnostic hearing testing.

EDUCATION OF HOMELESS CHILDREN & YOUTH

Dana Malone, Student Success & Wellness Bureau at the Public Education Department (PED) presented. She distributed several handouts about homeless children and youth in New Mexico. New Mexico has a high poverty rate. The homeless people we may see on the street only represent a small portion of the homeless issue in our state.

Homelessness can be a result of:

- Unstable housing.
- Addiction - One fourth of homeless people have an identified addiction.
- Domestic violence.
- Being a migrant worker.
- Being an unaccompanied youth (birth through teen years). An unaccompanied youth is separated from parents because of pregnancy, abuse, sexual orientation, or family dysfunction. Unaccompanied youth do not have an adult to help them make good decisions.
- Lack of a fixed, regular, and physiologically and psychologically adequate nighttime residence.
- Being abandoned in a hospital.

Homeless children and families may share the housing of other persons. They may double-up in motels, hotels, trailer parks, or camp grounds. There may be no running water, electricity, or gas. There may be holes in the floor and windows. There may be 15 people living in a 2-bedroom home. There could be mold or vermin. The house may not be set up for a child or adult with a disability.

Some homeless people sleep in a bus station, outdoors, under a bridge, in a car or an abandoned building. They may live in emergency or transitional shelters. New Mexico does not have enough shelters. Shelters have time limits and other restrictions. There are limited to no safe living options for the homeless in many suburban and rural areas of New Mexico.

If children are living with grandparents, the grandparents need to obtain legal guardianship. They can access Pegasus Legal Services. Living doubled-up can be a safe cultural norm for some families but there are challenges. It can create a financial hardship and increased stress for the family they are living with. Landlords may prohibit several families living together.

Most homeless children are 5th grade level and younger. Education and personal routines are disrupted. There are frequent school changes, social stigma, disruption of relationships with peers and teachers, chronic absences, and under identification of student needs. Credits may not transfer, and changes in curriculum from school to school can lead to a student falling behind.

The McKinney-Vento Homeless Assistance Act is a federal law that requires each LEA and state Charter School to have a homeless liaison. The homeless liaison serves as a case manager and links students with resources both inside and outside the school system. Homeless students get immediate enrollment. Homeless students are identified through a housing questionnaire. Identification is a continual year round process. Every LEA has to use the enrollment form for every single student, not just the students they think may be homeless. Nurses, teachers, school bus drivers are all responsible to help identify students who may be homeless. Homeless students get the following services for the entire school year:

- Free meals
- Student fees/fines paid off
- Extracurricular activities/NMAA
- Transportation
- After school programs
- Tutors
- Credit for full or partial coursework satisfactorily completed/transfer of credits.

Impact of Homelessness – 50% of children who are homeless are under the age of 5 years. Homeless children may have attachment issues, lack access to food and health care, and lack a developmentally appropriate living space. Dana has a State Advisory Committee. If there are questions, contact Dana at 505-827-1810.

MEETING UPDATES

ACQ – April Spaulding presented – The ACQ met on 12/12/2019. There was discussion that children in “Child Pend” status are not receiving benefits but this is because they are in the eligibility determination process. Children will move more quickly out of Child Pend status. The Community Supports Waiver is expected to begin July 2020. The new eligibility category “Related Condition” allows individuals who may not have an IDD to still qualify for the waiver. A prime example of a related condition is autism. DDS is rewriting eligibility criteria which will go into effect in July 2020. Tell families to reapply now. There are a number of positive things happening in the waiver system.

Cerebral Palsy (CP) Task Force – Karen Lucero presented. New international guidelines were published at the end of 2017. The guidelines recommend that children be examined using MRIs and other testing before 6 months of age. The CP Task Force has been meeting for two years and trying to make this a standard of practice in New Mexico. This initiative fits in well with FIT. The CP Task Force is asking that this be incorporated into FIT’s processes and procedures. Last year, we had a House Memorial pass but it was unfunded. The IDA doesn’t always pick up the details so we can miss kids who have cerebral palsy. Half of the children identified with cerebral palsy had no risk factors.

Sandy Heimerl, physical therapist working at ECEP reported cerebral palsy is not diagnosed until age two years or older. We would like to see FIT trained in the Hammersmith Neurological Examination. We have great people in the FIT system. The new international guidelines include evidenced based practices. We are hoping to survey physical and occupational therapists working in FIT programs to help determine what they know about tools and evidenced based practices for infants and young children with cerebral palsy. We are asking the ICC to provide leadership to help us implement this.

Gigi – As a parent of an adult child with CP, we were very lucky to have our son at 5 months of age. At 2 years and younger, the plasticity of the brain allows children to learn so much. Professionals don’t want to label a child so we are losing the window of brain plasticity. We are asking the ICC to help us with this initiative.

- April Spaulding, ICC Co-Chair, asked how the ICC could support this effort.

Karen Lucero – We need a change in FIT Service Definitions & Standards.

- Autumn Bruton – Providers will need training.
- Angelique Tafoya – Would this issue be under the Quality Committee and would it then move to the Finance Committee?

Karen Lucero – It was included last year but it is was swallowed up by the need for rate increases. This is a matter of having a place to provide information and training.

- Lula Brown – Not opposed to adding a critical issue to the Quality Committee. An ad hoc work group could explore this and then give it to quality.
- Andrea Leon – Instead of creating an ad hoc work group, have the Executive Committee discuss it.
- Autumn Bruton – What is the CP Task Force asking for?

Karen Lucero – There were a number of recommendations in the memorial. We are asking FIT for a change in FIT Service Definitions & Standards.

Sandy Heimerl – We would like FIT PTs & OTs to administer the recommended tools and the FIT Developmental Specialists to look at development.

MOTION: Andrea Leon made a motion to have the ICC Executive Committee consider the CP Task Force request and make recommendations to the ICC. Autumn Bruton seconded the motion. There were no objections or abstentions. The motion passed.

ANNOUNCEMENTS

- Naomi Sandweiss – The 16th Annual PRO Family Leadership Conference is April 30th - May 1, 2020 in Albuquerque. PRO is looking for presenters.

Kathey Phoenix-Doyle – FIT is going to re-form the SSIP workgroup. It will be composed of parents and providers. Kathey will send out more information.

Karen Lucero – Inspirations is hosting a feeding conference on February 28-29, 2020 in Albuquerque. Electronic registration is on Inspirations website.

ICC FUNCTIONING

What Worked:

- Parent Panel was amazing!
- Presentation on homelessness
- New EI Provider, Autumn Bruton
- ICC APR input

- Location
- Cookies
- Getting out early
- Facilitation of Co-Chairs
- Receiving documents before meeting
- Kathey Phoenix-Doyle using past Parent Panel input to help demonstrate effectiveness of FIT services

What Could be Improved:

- More “heads-up” when an outside group is going to request ICC support
 - Parent Panel held in the morning
 - Videotape Parent Panel
- Note: Parents may not be comfortable being videotaped. FIT programs are using videotapes as a part of FIT services so some parents may be okay being videotaped.

MOTION: Autumn Bruton made a motion to adjourn the meeting. Andrea Leon seconded the motion. There were no objections or abstentions. The motion passed and the meeting was adjourned at 2:48 pm.

Follow-Up Meeting Tasks

RECOMMENDATIONS/TASKS FOR FIT PROGRAM	STATUS
No recommendations/tasks.	

RECOMMENDATIONS/TASKS FOR ICC COMMITTEES	STATUS
ICC Executive Committee to consider the request of the CP Task Force and make recommendations to the ICC.	