

MINUTES**October 21, 2010 – Marlboro, Massachusetts**

Members Present: Tara Casanas, Jennifer Chabott, Kelly Ann Coyne, Jen DerBegosian, John Garcia, Janet George, Crystal Hebert, Peggy Lee, Madeline Levine, Karin Lifter, Margaret Mahoney, Anne Marsh, Paul Melville, Neal Michaels, Sara Miranda, Evelyn Nellum, Kathie Rose, Arlene Tannenbaum, Pam Wildnauer, Joanne Williams, Peggy Winsman, Alden Wood.

Members Absent: Jennifer Amaya-Thompson, Richard Breault, Kristin Britton, Sandra Daly, Jen Greco, Pam Kuechler, Therese Murphy-Miller, Jennifer O’Leary, Ronna Schaffer, Nancy Schwartz, Corey Zimmerman.

Non-Voting Committee Chairs in Attendance: Zulmira Allcock, Jack Harris, Tom Miller, Peter Woodbury.

1. Welcome: Margaret Mahoney opened the meeting and introduced Tri-Chair Joanne Williams.

Approval of Minutes: The Minutes of the meeting held May 20, 2010, were approved with the following correction: Page 1, second paragraph under FY 2011 Budget, the sentence should read “Ron extended his personal thanks to Mary Ann Mulligan, legislative advocate for Infant-Toddler Advocates, as well as to families and providers, for all their hard work on these budget initiatives.”

2. Director’s Report – Patti Fougere for Ron Benham: Patti explained that Ron is attending the 75th national Maternal Child Health Conference, where he is presenting on Health Care Reform in Massachusetts. Patti offered the following updates:

- The Massachusetts Early Intervention program is operating within its projected budget in the current fiscal year. However, for FY 2012, there is the potential for a \$3 million shortfall.
- Governor Patrick signed the supplementary budget which contains an additional \$2 million for EI as well as outside language enabling the integration of intensive services in certified EI programs. The latter provision allows for those services to be reimbursed by Medicaid.
- ARICA – the bill which requires insurance companies to pay for services for children with an autism spectrum diagnosis – was passed by the Massachusetts Legislature. DPH staff is meeting with the Division of Insurance and also with private insurance to plan for implementation, effective January 1, 2011.
- A teleconference regarding required data reports will be held November 9. Jean Shimer is creating additional report formats designed to provide information to individual programs on various demographic attributes; she welcomes input about what reports programs would like to receive.
- Our State Performance Plan is due February 1, 2011, when our current 6-year plan ends. Even though OSEP – the Office of Special Education Programs – plans to extend the current plan for two additional years, we must update our targets; this will be discussed at our January ICC meeting.
- Work is proceeding on the revision of the CEIS – Certified Early Intervention Specialist – process and requirements.
- The Department of Early Education and Care is providing training on administration of the Battelle; each program that sends a team to a training will receive a free Battelle kit.

3. Report on OSEP Conference: Patti Fougere, Margaret Mahoney and Joanne Williams reported on the OSEP Conference they recently attended. One focus was on child and family outcomes. Patti distributed a draft July 2010 document from the Early Childhood Outcomes Center: *Scale for Assessing State Implementation of a Child Outcomes Measurement System*. On one of the days, the OSEP conferees joined with a co-occurring Early Education and Head Start conference; this enhanced a growing spirit of collaboration that left our attendees feeling encouraged, and eager to continue the effort here in Massachusetts. Keynote speakers at the two conferences – Mathew Melmed from Zero to Three and Jack Shonkoff from Harvard’s Center for the Developing Child – dovetailed very well in creating a bridge from the latest research to policy and advocacy initiatives. A list of useful resources has been posted on the EI Parent Leadership website: www.eiplp.org. Another useful resource is the Division for Early Childhood website of the Council for Exceptional Children: www.dec-spec.org.

4. CBHI (Children’s Behavioral Health Initiative) Presentation – Jack Simons: Jack Simons, from the Interagency Unit of the Children’s Behavioral Health Initiative, described new services available for children and youth whose medical care is covered by MassHealth. Two handouts were distributed: a small regional brochure: *Worried about the way your child is acting or feeling?* and a comprehensive document: *Department of Public Health Guide to New and Current MassHealth Behavioral Health Services & Early Intervention Program Protocols*. “CBHI is an interagency initiative of the Commonwealth’s Office of Health and Human Services whose mission is to strengthen, expand and integrate Massachusetts state services” into a community-based system of care on behalf of children with significant behavioral, emotional and mental health needs. Core values are to provide services that are family driven, child-centered and youth-guided; strengths-based; culturally responsive; collaborative and integrated; and continuously improving. Information is available at www.mass.gov/masshealth/childbehavioralhealth.

New community based services include:

- Standardized behavioral health screening in primary care
- Standardized behavioral health assessment using the CANS – Child Adolescent Needs and Strengths tool
- Intensive care coordination, called “wraparound”
- In-home therapy
- In-home behavioral intervention
- Therapeutic mentoring
- Mobile crisis intervention

Twenty-nine Community Service Agencies (CSAs) that correspond to Department of Children and Families areas are spread across the state.

Points made during discussion:

- EI programs are actively working to connect enrolled children and families to their local CSA.
- EI program staff are participating in their local systems of care committees, and Katee Duffy is representing the Department at some of those meetings.
- In general, EI children do not have DSM-IV diagnoses but often do have behavioral health needs. Neal Michaels commented that the manual is being updated, and reflecting 0-3 issues is an acknowledged need. He also suggested that if screening in primary care raises a concern, the question “How can these needs best be met?” should immediately be raised by the various players including the family.
- For children with an autism spectrum diagnosis, it is necessary to establish medical necessity for a particular type of service.
- The needs of children with multiple severe disabilities must be considered.

- Concern was expressed that people administering the CANS generally do not have expertise in evaluating children under age four.
- The higher education community is eager to collaborate regarding workforce issues so that college preparation can be geared to help meet the projected need; it is especially critical to explore ways to prepare people for the less conventional roles included in much of the work of CBHI.

Jack Simons summarized, saying that we are in the early stages of a journey toward truly comprehensive services, in which Massachusetts plays a leadership role. It will take time to develop fidelity to a true wraparound model that is not expert- or medical-specialty driven. We start by listening to each individual family, helping them decide what they need, and acknowledging that it may take 6-18 months to develop and achieve goals. Providers tend to really like a wraparound model when it is done well.

5. Member updates: Alden Wood, Massachusetts Early Intervention Consortium: MEIC represents the 58 EI providers in Massachusetts. Its website is www.maeic.net. Its sister organization is Infant-Toddler Advocates. Together these organizations work with the legislature to help families and providers with funding and policy issues. The annual MEIC Conference will be held here at the Royal Plaza Hotel in Marlboro on May 4-5, 2011. A key issue for MEIC right now is to focus on employers whose insurance does not cover the EI mandate. A second major focus is the recent increase in participation fees that families with middle and higher incomes must pay. The general public does not understand that 50% of EI providers had operating losses last fiscal year and that programs are funded only by revenue they receive from actual billed services.

Neal Michaels – Director for Early Childhood Projects, Department of Children and Families: The Department is reducing from six to four Regional Offices, while maintaining its 29 Area Offices. **Karin Lifter:** Higher education representatives meet twice a year with the ICC’s Personnel Preparation Committee. In January, Northeastern University is providing an all-day workshop free of charge to EI staff on the administration of the Battelle. **Evelyn Nellum – Department of Early Education and Care:** Commissioner Sherri Killins is supporting the needs of infants and toddlers through various new initiatives. For example, a draft of the Infant-Toddler Guidelines is available on the website, and input is invited. There is special interest in new language learners. DEEC is offering Battelle training for EEC and EI personnel, an Introduction to Special Quest, various social-emotional and behavioral health initiatives, and a quality initiative around physical environments for infants and toddlers.

6. Moving Forward Work Groups – Margaret Mahoney: Many ICC members and attendees participated in the two-day ICC Retreat held September 22-23, 2010. Grids have been prepared that capture various challenges as perceived by the participants of each work group, with suggested strategies, ideas about who is responsible to address the challenge, and logical next steps. The five Work Groups were Fiscal Stability and Self-Insured Plans, Intensive Specialty Services, Programs and Services, Education and Advocacy, and Increased Collaboration.

The following points were made in discussion:

- Beginning in 2012, self-insured plans may no longer be exempt from providing coverage for all mandates, and there will also be greater emphasis on preventive services.
- The need for increased reimbursement rates must remain actively on the table.
- An EIS upgrade is needed in order to monitor the impact on the system of increased parent fees.
- Our industry needs an informative document that shows the true cost-effectiveness of EI services when compared to rehab and hospital clinic services; this might include a cost calculator that families and advocates could use.

- Integration of specialty services into EI programs will require time for implementation.
- Since outcomes are a focus, programs are encouraged to evaluate children when they leave their EI programs in order to obtain a true picture of their progress.
- The system has marketing challenges. For advocacy purposes we need an active public information campaign, but this is not a time to greatly increase child find efforts.

Margaret indicated that points made in today's discussion would be taken back to Steering Committee for further action.

7. Committee Reports: Fiscal Committee – Peter Woodbury: Goals that emerged from work groups will be added to the committee's Strategic Plan. **Standards Committee – Zulmira Allcock:** The committee has reviewed eight sections of the EI Operational Standards and has decided to extend the deadline to fall, 2011, because the Part C Regulations are expected to be available next spring. **Personnel Preparation – Arlene Tannenbaum:** The recently completed play brochure will be sent to programs. The committee is working on the CEIS crosswalk to assist people who are in the process of gaining certification. **Specialty Services – Tracy Osbahr for Tom Miller:** The committee is working on Starting Points for children with complex care needs. **Family Leadership Team – Crystal Hebert:** The group recently attended a legislative training which included a tour of the State House, and it has recently started a Face Book page. **Program Planning – Joanne Williams:** The group has been reviewing the outcomes of the ICC Retreat that are relevant to its work.

8. The ICC meeting adjourned at 1:30 P.M.