

MINUTES**March 10, 2011 – Marlboro, Massachusetts**

Members Present: Faith Behum, Tara Casanas, Jennifer Chabott, Kelly Ann Coyne, John Garcia, Jen Greco, Crystal Hebert, Kate Hogan, Jennifer Jacobs, Karin Lifter, Margaret Mahoney, Paul Melville, Neal Michaels, Barbara Popper for Sara Miranda, Maura Murphy, Evelyn Nellum, Jennifer O’Leary, Kathie Rose, Arlene Tannenbaum, Peggy Winsman, Alden Wood.

Members Absent: Jennifer Amaya-Thompson, Richard Breault, Shawn Connelly, Sandra Daly, Jen DerBegosian, Janet George, Peggy Lee, Anne Marsh, Evelyn Nellum, Ronna Schaffer, Nancy Schwartz, Pam Wildnauer, Joanne Williams, Corey Zimmerman.

Non-Voting Committee Chairs in Attendance in addition to those listed above: Zulmira Allcock, Peter Woodbury.

1. Welcome: Margaret Mahoney opened the meeting and introduced Tri-Chair Jennifer O’Leary; Joanne Williams was unable to attend. Margaret introduced Telitha from the Early Intervention Practice Study at Brandeis University. She introduced a new ICC member, Jennifer Jacobs, who is now the Southeast Parent Representative.

Approval of Minutes: The Minutes of the meeting held January 13, 2011, were approved as written.

2. Director’s Report – Patti Fougere, Assistant Director of Early Childhood Programs: Patti gave the following updates and responses to members’ questions:

- Governor Deval Patrick has proposed a new children’s agency under Article 83, to be called the Department of Children, Youth and Families. It would consolidate the functions of several departments or divisions in order to create an integrated system that offers ease of access, optimal responsiveness, Continuity of care, service optimization, and resource maximization. It is not yet clear whether EI would be included in the new department or would remain where it is. There is as yet no set timeline. There will be stakeholder forums and an advisory committee; a Special Commission ultimately will decide what divisions and functions are to be included. ICC members commented on the importance to EI of remaining identified with health care services.
- The Department of Public Health is collaborating with the Department of Early Education and Care to offer joint Battelle training in Mid-May. There will be three trainings: an overview; two on the use of the screener; and three two-day train-the-trainers groups, all facilitated by Riverside Publishing. The goal is to provide a consistent framework. Participants will be required to certain activities that will include conducting Battelle training in their own program or area.
- Three departments – Public Health, Early Education and Care, and Elementary and Secondary Education – are providing webinars later in March about best practices in transitions.
- The Public Hearing on the Department’s 25th Year Part C Application will be held on March 29.

3. Director’s Report – Rob Seymour, Administration and Finance: Rob gave these updates and answers to members’ questions:

- It is too early to know the impact of ARICA – the autism insurance legislation – on savings in the Department’s EI budget because annual renewal dates vary by insurance company. In addition, DPH would not necessarily be aware of families who have chosen to take advantage of the new law outside of the EI system, and most families have a disincentive to make the change because they would become responsible for their own co-pays and deductibles. However, specialty providers do have an incentive because insurance reimbursement rates will still be better than the seventh rate that will be created.

- MassHealth continues to work on a CMS autism waiver so that it can begin to reimburse for services to children on the autism spectrum.
- To date, the Department's budget projections for implementation of first dollar coverage are right on target.
- For FY 2012, there is a projected \$11M shortfall and the Department has been instructed to implement a bifurcated model which allows the state to continue to participate in Part C for children with more substantial delays or established risk conditions.

4. Introduction of Shishmanian Fellows – Eunice Shishmanian: In 1994, when Eunice Shishmanian retired, the Shishmanian Fellowships were named in her honor. She had been the very first Chair of what was then called the EI Advisory Committee, later the ICC. Almost 100 EI graduate students have benefited from the fellowships, as well as many senior practitioners working in EI programs. Holly Newman now administers the program at DPH. Eunice introduced four students who received this year's fellowships: Jenna Grunes, whose placement is at Harbor Area EI; Dorothy Moerlein, Cambridge-Somerville EI; Niki Mirabela, Step One EI; Amanda Taylor, Springfield Child Guidance EI. Each briefly described the variety of hands-on and observational experiences they have enjoyed, along with the inspiration provided by the families they work with and the practicing EI clinicians they are learning from.

5. Child Abuse Prevention and Treatment Act (CAPTA) Presentation – Neal Michaels, Department of Children and Families: Neal is Director of Early Intervention/Special Projects. A handout, *Early Intervention Policy*, was distributed; this Power Point will also be available at www.eiplp.org. Neal gave a brief overview of CAPTA, first enacted in 1974. Two initiatives in 2003 are very relevant to the work of the ICC: The Keeping Children and Families Safe Act of 2003 requires states to develop policies and procedures for referral to EI of children under three who are involved in a substantiated case of child abuse or neglect. Also in 2003, policies and procedures were developed for the treatment of substance abused newborns. Massachusetts became one of four demonstration states. All 47 birth hospitals were expected to identify and follow up on such newborns. DCF and DPH – in association with Brandeis University – developed and studied a peer support model. More recently, DCF in association with EI says that, in addition to the required referrals. Every child under three, with or without a supported investigation, could benefit from an EI evaluation. Annually, DCF receives 15,000 reports of children under three. DCF is aware of 3,000 “newborns” – children under 90 days old, 70% of whom are less than 30 days old. These figures are especially important because of accumulating national data about the effect of trauma and stress in very young children and families on children's future development. Massachusetts had prior experience because of the MECLI Project (Massachusetts Early Childhood Linkage Initiative) developed at Brandeis in 2002-2004. “Linkage” was between what was then the Department of Social Services and the EI system at DPH.

Massachusetts is one of 28 states now doing Differential Response, in which timelines for completing investigation have changed from 10 calendar days to 15 working days. The goal is to achieve a partnership with each family, in which some families agree to voluntary referral to EI. Challenges: Though referral is mandatory, EI services after assessment are voluntary. A second challenge is to decide what should happen when a child is already two years nine months old. EI catchment areas that interact with more than one DCF office have an extra burden in figuring out how each system works; and families have a right to be informed if there is more than one EI program serving their area.

The following points were made in discussion:

- It might be useful to develop a scaled system for evaluating risk factors instead of four yes/no factors. DCF tries to distinguish between “safety” in which there may be immediate danger to the child and “risk” in which there is concern for the future.

- DCF staff are encouraged to do an initial family visit with an EI staff person in order to work out who will be responsible for what.
- During a screening or investigation, EI is required to provide information; after that EI needs the family's consent to divulge information.
- DCF social workers receive 16 days of core training, including one child development module. Since a third of all DCF referrals are of children under three, it would be advantageous to add a module on infancy and relationship-based practice. DCF may develop something on early brain research and perhaps an intranet page about the impact of stress on brain development.
- It would be useful to publicize the annual MEIC conference among DCF workers, and to encourage them to use the Early Intervention Training Center website.

6. Committee Reports. Standards Committee – Zulmira Allcock: All standards and edits to date are posted at www.eiplp.org. The committee is within its timeline and is now looking at the appendices.

Personnel Preparation – Arlene Tannenbaum: The committee has two new parent members. The play brochure has been posted at www.eiplp.org and a guidance document will be sent to program directors.

The committee is working on a standard template that could be used when hiring new EI staff, who generally have a lot of questions about the CEIS process. **Program Planning – Patti Fougere for**

Joanne Williams: The committee is working on a guidance document that both EI and EEC could use when working together collaboratively in child care centers.

Specialty Services – Jennifer O'Leary: The committee is discussing the implementation of ARICA, and working on Starting Points documents. There will be another Red Flags training this spring.

Fiscal Committee – Peter Woodbury: While a shortfall for FY 2011 was anticipated, EI received two supplemental budget allocations and now expects to end the year within budget. For FY 2012, EI received a 27% cut in the Governor's budget and is actively working with the legislature to close that gap. Some autism services that cost the EI system \$13M in FY 2011 may shift over under the ARICA legislation.

MassHealth will seek a CMS waiver in order to cover autism services in EI. Responsibility for transportation costs is expected to shift to MassHealth for those children who have it. Under a bifurcated system, 24,000 children would not be covered under Part C, and 6,500 of them might have no payment source because they are self-insured or uninsured. The Fiscal Committee is concerned that there would be significant waiting lists.

Membership Committee – Jennifer O'Leary: Materials that used to be in the ICC notebook are now available on line at www.eiplp.org. This includes all necessary information for the orientation of ICC members and committee members.

Family Leadership Team – Crystal Hebert: The team is working to build a group informed about and skilled in national advocacy. There is now a Face Book page for EI that is updated regularly.

7. Member Updates: MEIC – Alden Wood: The MEIC is the trade organization representing 58 EI programs in Massachusetts. MEIC holds its annual two-day conference in May. Infant-Toddler Advocates is the legislative lobbying arm of MEIC. MEIC does not support the concept of a bifurcated EI system and will not participate in advocacy for it. Providers receive no direct financial support other than billing for direct services after they have been provided. State appropriation represents about 20% of total funding, yet change in model and eligibility would impact all children in the system. **Karin Lifter,** representing higher education on the ICC, thanked the group for the warm reception Northeastern students have received in EI programs. She noted that the field of school psychology has a major influence on the integration of children coming from EI into school systems at age three. Northeastern offered a free workshop on the administration of the Battelle to over 50 providers in January. The program has also received a large five-year federal grant to evaluate children's play, and is recruiting children age 8 months to five years to participate.

8. The ICC meeting adjourned at 12 Noon.