

THE MASSACHUSETTS INTERAGENCY COORDINATING COUNCIL BY-LAWS

Article I. NAME

The name of this organization is the Massachusetts Interagency Coordinating Council, hereinafter referred to as the Council.

Article II. AUTHORIZATION

This organization is authorized as the Interagency Coordinating Council under Part C of P.L. 105-17 the Individuals with Disabilities Education Act and Section 3 of M.G.L. Chapter 111G.

Article III. PURPOSE AND FUNCTION

Section 1: The purpose of the Council is to advise and assist in the planning, development and implementation of activities necessary to operate the statewide system of early intervention services for infants and toddlers under 3 years of age with disabilities or those who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided.

Section 2: The functions of the Council shall include:

- a. Advise and assist the lead agency in the development and implementation of the standards and policies that constitute the statewide system
- b. Assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the state
- c. Assist the lead agency in the effective implementation of the statewide system, by establishing a process that includes:
 1. Seeking information from service providers, parents, and others about any Federal, State, or local policies that impede timely service delivery
 2. Taking steps to ensure that any policy problems identified under paragraph (c) (1) of this section are resolved
 3. Gathering of statistical and assessment data.
- d. To the extent appropriate, assist the lead agency in the resolution of disputes including procedural safeguards, administrative disputes
- e. Advise and assist the lead agency in the:
 1. Identification of sources of fiscal and other support services across agencies for the early intervention service system
 2. Assignment of financial responsibility to the appropriate agency
 3. Promotion of interagency agreements
 4. Creation and promotion of opportunities for partnership development across agencies
- f. Advise and assist the lead agency in the preparation of applications under Part C and amendments to those applications
- g. Prepare an annual report to the Governor, the Secretary of Education and other interested parties on the status of the early intervention services system-highlighting accomplishments of the ICC, EI system, interagency agreements and other key issues

- h. To the extent appropriate, advise and assist the State Educational Agency regarding the transition of toddlers with disabilities to services provided under Part B
- i. Advise and assist the lead agency and the State Educational Agency regarding the provision of appropriate services for children aged birth to five, inclusive
- j. Advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State.

Article IV. MEMBERS

Section 1: As provided for in P.L. 105-17, the Council shall be composed of the following:

Parents: Seven parents from diverse cultural backgrounds including parents of infants and toddlers or children (aged 12 or younger) with disabilities or those who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided. All parent representatives should have knowledge of and/or experience with programs for infants and toddlers. At least one such member shall be a parent of an infant or toddler who is currently receiving early intervention services. One Parent Representative will be selected from each of the six Executive Office of Health and Human Services (EOHHS) regions of the state with an additional at large representative.

Providers: Seven public or private providers within the Early Intervention Services System. One Provider Representative will be selected from each of the six Executive Office of Health and Human Services (EOHHS) regions of the state with an additional from the Massachusetts Early Intervention Consortium.

State Agencies: Representatives of state agencies will have sufficient authority to engage in policy planning and implementation on behalf of these agencies.

One from the Division of Medical Assistance;
One from the Department of Social Services; (State Foster Care System)
One from the Commission for the Deaf and Hard of Hearing;
One from the Commission for the Blind;
One from the Department of Education;
One from the Department of Mental Retardation;
One from the Division of Insurance, Department of Consumer Affairs;
One from the Office for Child Care Services;
One from the Department of Mental Health;
One from the State Head Start Collaborative Project;
One from the Department of Early Education & Care

Others: One representative of the Massachusetts General Court;
One person involved in personnel preparation;
One physician;
One representative of a federally recognized tribal council;
One representative from the Massachusetts Developmental Disabilities Council;
Three representatives of organizations who have an expressed interest in and commitment to the early intervention service system.
Two-Chairpersons

Section 3: The Council and the Co-Chairpersons of the Council shall be appointed by the Commissioner of the Massachusetts Department of Public Health acting on behalf of the Governor. The Commissioner shall ensure that the membership of the Council reasonably represents the population of Massachusetts.

Section 4: Terms of Office

- a. State agency representatives and representatives of other groups stipulated by P.L. 105-17 and Ch. 111G shall serve at the pleasure of their appointing authority.
- b. All other terms of office shall be for a period of three years except those made to fill an un-expired term, which shall be for the remainder of that term.
- c. Effective September 1, 1991 appointments shall be staggered terms of office to insure that new appointments do

not exceed more than one-third of all members.

- d. All members may be re-appointed for one consecutive term.
- e. Terms will begin upon receipt of appointment from the Commissioner of the Massachusetts Department of Public Health.

Section 5: Termination, Resignation

- a. If a member is unable to attend two consecutive meetings, the matter will be referred to the Steering Committee. He or she will be offered assistance and support to ensure participation. If a member is not available, the matter will be referred to the Steering Committee.
- b. A Council member may resign, be removed from the Council, or become ineligible to serve due to her/his loss of qualification as set out in Section 1 of these bylaws.
- c. Resignations shall be submitted in writing to the Commissioner and the Co-Chairpersons.

Article V. OFFICERS AND DUTIES OF OFFICERS

Section 1: Officers

The Council shall have two regular officers, Co-Chairpersons. Comprised of one parent who has received Massachusetts EI services within the past 9 years and one provider from the EI system or its partnering agency. The Commissioner shall designate the Co-Chairpersons or shall require the Council to so designate such a member. Each member of the Council is eligible to serve as an officer.

As the ICC year beginning July 1, 2005, one co-chair shall be designated to serve for one year and the other for two years. Each year thereafter one position shall be designated for a two-year term. Co-Chairs shall serve for no more than two two-year terms.

If a vacancy occurs in either co-chair position that vacancy shall be filled immediately by an election among the voting members. The co-chair elected will complete the remaining term and no more than one additional two-year term.

Section 2: Chairperson

The duties of the Co-Chairpersons shall include the following:

- To call and preside over the Council meetings;
- To be a voting member of all Standing Committees, Subcommittees and Task Forces except any committee dealing with nominations;
- To appoint the chairperson and membership of all standing committees, subcommittees and task forces;
- To make recommendations to staff;
- To submit such reports as are necessary to appropriate state or federal agencies;
- To serve as the official spokesperson for the Council;
- To ensure that the functions of the Council as described in Part C of P.L. 105-17 are fulfilled;
- To sign all documents on behalf of the Council;
- To supervise all Council staff and represent other duties as may be assigned by the Council;
- To annually appoint and structure a Nominating Committee.
- To assist in the preparation of an Annual ICC Report.

Section 4: Absence of Officers

If neither the Co-Chairpersons is present to preside at a Council meeting, those members present shall elect a temporary Chairperson from among the members of the Steering Committee present for that meeting.

Section 5: Secretary

In place of an elected secretary, the Department of Public Health will provide secretarial and other staff supports to the Council, to include keeping records of proceedings (minutes) and the dissemination of proceedings and other information to Council members and others as may be appropriate.

Article VI. COMMITTEE STRUCTURE

Section 1: The Council shall have a Steering Committee and six Standing Committees.

The Chairperson of the Standing Committees does not need to be a member of the ICC but is responsible for submitting a committee report at the ICC meetings. In addition, the Co-Chairpersons may appoint and charge Subcommittees and Task Groups to work at the direction of the Council, to carry out its purposes and functions. Each committee shall work from a written charge.

Section 2: Steering Committee

- a. There shall be a Steering Committee composed of the Council Co-Chairpersons, Lead Agency representative, a parent appointed by the Chairperson, and the chairpersons of all Standing Committees.
- b. The Steering Committee shall:
 - Meet at the call of the Co-Chairpersons to discuss and conduct appropriate business for the Council;
 - Review all Standing Committee, Subcommittee and Task Group recommendations;
 - Act on behalf of the Council when the Council is not convened;
 - Plan the agenda for Council meetings;
 - Design and recommend long and short range planning strategies for the Council.

Section 3: Standing Committees

- a. Term of Standing Committee Chairperson
Committee Chairpersons are appointed by the ICC Co-Chairpersons and will serve a 3-year term as Chairperson of that committee
- b. Standing Committees of the Council shall be as follows:
 1. Fiscal Committee
 2. Standards Committee
 3. Program Planning Committee
 4. Personnel Committee
 5. Membership Committee
 6. Specialty Services Committee
- c. The charge of each of these standing committees is as follows:
 1. Fiscal: to assist the council to make recommendations to the Department of Public Health in advocating for increased resources to support statewide early intervention and infant-toddler services and to advise the Council and the Department in planning and monitoring for the efficient utilization of those funds.
 2. Standards: to assist the Council in developing and promulgating uniform rules and regulations for the provision of early intervention services.
 3. Program Planning: to assist the Council in developing a statewide system of early intervention services. The Program Planning Committee will assist in the monitoring and assessing of the effectiveness of the statewide system, to include a Public Awareness program that focuses on the identification of children who are eligible to receive early intervention services.
 4. Personnel: to assist the council to identify, review, and evaluate policy related to recruitment, retention, and personnel development, including pre-service & in-service training and the Certification of Early Intervention Specialists (CEIS) process for personnel working within the early intervention services system. This committee will also conduct an annual review and provide updates (as necessary) of the Comprehensive System of Professional Development (CSPD).
 5. Membership: to assist the council to develop recruitment & retention procedures to insure membership participation. To develop, implement, and evaluate a support system for Council members to include specifically a mentorship program designed to enhance participation in the Council.

6. Specialty Services: to assist the council in monitoring a statewide system for the provision of specialty services to families involved in the early intervention service system with children who are deaf, hard of hearing, blind, low vision, deaf blind, have Autism Spectrum Disorders complex medical needs, and/or multiple disabilities.

Section 4: Nominating Committee

- The Nominating Committee is appointed and structured by the Council Co-Chairpersons at the first meeting of the calendar year. The Nominating Committee will include the chair of the Membership Committee with remaining committee members reflecting the composition of the Council. The Nominating Committee reports directly to the Council Co-Chairpersons.
- The committee will make nominations to fill openings on the Council no later than July 1 of each year and bring these nominations to the Council Steering Committee and then forwarded to the Commissioner.

Section 5: Committee Membership

Overall membership of all Standing Committees, Subcommittees and Task Groups shall mirror the composition of the Council i.e.: parents, providers and representatives from agencies appropriate to the task and shall be appointed from among Council members and the general public.

Section 6: Subcommittees

The Co-Chairpersons may appoint and charge Subcommittee(s) to work under the direction of a Standing Committee. Subcommittees are of a durable nature and are formed to study issues of ongoing relevance and impact on the Early Intervention Service System. Each such Subcommittee shall work from a written charge. Subcommittee chairs shall be appointed by the Council Co-Chairpersons after consultation with the Standing Committee Chairperson and shall be selected from among any current member of a standing committee. Subcommittee chairs shall be appointed for a one-year term or for approved task timelines.

Section 7: Task Group

The Co-Chairpersons of the Council or Chairpersons of the Standing Committees may, from time to time, appoint and charges a Task Group for projects, which are task specific, and time limited. Each Task group shall work from a written charge. The Chair of the Task Group shall be selected from among the members of the relevant Standing Committee and/or Subcommittee. A final written report outlining the work of the Task Group shall be submitted to the appointing chair.

Article VII. MEETINGS

Section 1: Number of Meetings

The Council and all the Standing Committees shall meet at least four times annually and in such places, as the Council deems necessary.

Section 2: Announcement of Meetings

The meetings must:

1. Be publicly announced sufficiently in advance of the dates they are to be held to ensure that all interested parties have an opportunity to attend;
2. To the extent appropriate, be open and accessible to the general public.

Section 3: Council Year

The council year shall be from July 1 through June 30 with a retreat held at the once a year to summarize and set goals for the coming year.

Section 4: Meeting Dates, Locations

The Steering Committee shall develop a schedule at the spring meeting, a proposed list of dates and locations for Council meetings for that year. The schedule shall be distributed to all members and other interested parties during the summer.

Section 5: Minutes

The Council Staff will mail minutes of the previous meeting to all members with an agenda for the upcoming meeting at least 14 days prior to the upcoming meeting date.

Section 6: Public Access

Copies of minutes and agenda shall be made available by the Massachusetts Department of Public Health for public review at all Council meetings.

Article VIII. GENERAL PROVISIONS AND PROCEDURES

Section 1: Conflict of Interest

No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest.

Section 2: Parliamentary Procedure

- a. 50% of the current members shall constitute a quorum.
- b. Each member of the Council shall be entitled to one vote, in person or by proxy.
- c. The Co-Chairpersons may call a special meeting by providing five days notice in writing to all members.
- d. These by-laws shall be the authority on all matters addressed therein. On other matters not addressed herein, Robert's Rules of Order shall prevail.

Section 3: Funding Controls

- a. Parents who participate on the Council and/or on Council Subcommittees and Task Groups are eligible for reimbursement for travel and expenses as defined by the Council.
- b. The Council may use Part C funds to obtain the services of support personnel as necessary to carry out its functions.
- c. Other expenses to be incurred by members of the Council including compensation if a member is not employed or must forfeit wages from other employment when performing official council business, may be reimbursed upon recommendation of the Steering Committee, majority vote by the membership and in accordance with the laws of the Commonwealth of Massachusetts.

Section 4: Amendments

The Council at any regular meeting or special meeting may amend these by-laws by a vote of 2/3 of current members. Proposed by-law changes shall be submitted to Council members at least 15 calendar days prior to the scheduled meeting in which the action is taken.