

**MINUTES****June 12, 2008****Marlboro, Massachusetts**

**Members Present:** Robin Adair, Zulmira Allcock, Kim Amato, Pat Cameron, Darleen Corbett, Jen DerBogosian, Jen Greco, Jack Harris, Karin Lifter, Margaret Mahoney, Anne Marsh, Kimber O'Connell, Nancy Phillips, Kathie Rose, Ronna Schaffer, Arlene Tannenbaum, Pam Wildnauer, Joanne Williams, Amy Young.

**Members Absent:** Holly Boykin, Richard Breault, Kristin Britton, Sandra Daly, Leslie Gaffney, Pam Kuechler, Peggy Lee, Neal Michaels, Sara Miranda, Anita Moeller, Therese Murphy-Miller, Judith Nest-Pasierb, Nancy Schwartz.

**Non-Voting Committee Chairs in Attendance:** Rena Ginsberg, Tom Miller, Cindy Warren, Peter Woodbury.

**1. Welcome:** Co-Chairperson Amy Young welcomed the group. **Approval of Minutes:** The Minutes of the ICC meeting held March 13, 2008, were approved as written.

**2. Director's Report – Tracy Osbahr for Ron Benham:** Tracy reported on the submission of Massachusetts' 22<sup>nd</sup> Year Part C Application. Our OSEP (Office of Special Education Programs) federal Project Officer had concerns about changing eligibility for children with developmental delay but not for those at risk. The Department's wish to leave the application as is ultimately prevailed and the application was submitted. OSEP has general concerns about Transition Policies across all the states. It may be necessary to re-submit this section in next year's application after OSEP clarifies its expectations. Massachusetts is one of 22 states found to meet all IDEA criteria for compliance with requirements. Twenty-nine states need assistance, and four states need intervention. Massachusetts made progress in all the categories in which we needed to show improvement. We will receive an OSEP verification visit in October, 2008, simply because it is our turn in the rotation. OSEP's highest priorities agree with ours: Timely provision of services, and transition procedures. Department staff and Commissioner John Auerbach have met with the Division for Health Care Finance and Policy regarding a rate increase for Early Intervention. These points were made in discussion: Rising gas prices affect program budgets and their ability to retain and hire staff. However, this cannot be separated out in rate negotiations – DHCFP's position is that travel costs are already factored into all rate deliberations. Providers believe programs may be driven to provide a higher proportion of center-based services, noting that some families with high health care costs can deduct their travel costs.

**Other Department updates:** Stakeholders are meeting later in June to discuss the focused monitoring process for FY 09. The Massachusetts Commission for the Deaf and Hard of Hearing and the Department have completed a Memo of Understanding which offers families the opportunity to have client information shared, so that the Commission could offer support and services once a diagnosis of hearing impairment has been made.

Tracy noted the many accomplishments of the Early Intervention Training Center during the past three years. These functions will be moved into the Department in an effort to consolidate operations; Janet Price and Joanne Brady will be missed. Holly Newman will be Coordinator of the required CSPD (Comprehensive System of Personnel Development) which includes training and credentialing. A competency review process has taken place over the past six months. The product will be reviewed in the Department, posted on the website, and can be shared with the ICC in the fall. Jean Nigro is Acting Training Director until that position is filled.

**3. Presentation by Suchetta Doschi, MD:** Tracy introduced Suchetta Doschi, a pediatrician from the Centers for Disease Control who is working at the Department this year. One of her assignments is to evaluate EI Specialty Services with regard to growth in numbers of children served and the quantity of services they receive. Suchetta summarized: In 2005-2007, 2,217 children with autism spectrum diagnoses were served. Another 237 children in regular EI are not receiving specialty services. The age range is 7-36 months with the majority at least 19 months old. More than 90% received referrals to special education at age three. The majority scored age appropriate in assessment at entry and at discharge. However, the EIIS reflects only Michigan assessment results, whereas many more appropriate tools are actually being used. It is critical to capture all assessment data. Other critical questions: What happens to these children after referral to Special Education? How many service hours are provided to individual children? Is amount of service related to outcome? Suchetta recommends that the EIIS be revised to reflect all available data. Katee Duffy echoed this regarding all children in EI – Massachusetts cannot adequately report to the federal government because of limitations in the data we collect, and this could begin to affect funding.

**4. Presentation: Recommendations of the Program Planning Committee regarding social emotional wellbeing of EI children and families – Cindy Warren and Joanne Williams:** A handout titled Vision Statement/Recommendations was distributed. In 2004, the charge to the committee was to incorporate research and best practices in a vision statement and recommendations. Programs were surveyed in 2005 with a follow-up survey in 2007. The committee presented interim findings at the ICC Retreat in October, 2007. Today's recommendations are in three areas: Provision of additional training and support to the EI system; revision of EI Standards to embed language regarding best practices; and use of valid and reliable screening and assessment tools. **Discussion:** The following points were stressed: Regarding the ASQ-SE, community programs such as Early Head Start and many child care centers also use the ASQ. It is important to coordinate these efforts with EI so that parents are not bombarded with duplicative assessments. Robin Adair expressed concern about inconsistency in the way programs use ASQ age-level questionnaires and that none are available before six months of age. In addition, primary care clinicians are now required to do SE screening at every PC visit, and there are four well child visits between birth and six months of age. Mass Health is considering instituting universal maternal depression screening. EI needs to coordinate and collaborate with other groups. Program Directors stressed the need for additional staff training, and emphasized that frequent re-screening enables conversations to take place during which parents and staff develop a comfort level to discuss social emotional development. Robin stressed that pediatricians need to feel they can refer to EI and that children will not be screened out. It was clarified that a child is eligible for EI for six months' service, based on clinical judgment, if there are social emotional issues but no other findings. Margaret Mahoney summarized, stating that at its November meeting the ICC will vote on whether to support these recommendations, which would then be forwarded to the Department for decisions about implementation.

**5. Presentation: Hausslein Awards, 2007-2008:** Suzanne Gottlieb recapped the background of the Hausslein Parent Leadership Awards. In their ninth year, they are given in honor of Evelyn Hausslein, affirming that parents want to have a role in the evolution of the EI system, and they also want to give back. Small cash awards are given to parent teams to carry out projects of their own choosing and design. Darla Gundler introduced Ann Chetwynd, from Clinton, who has three children with special needs. Having stopped work when her second child was born, she heard about the Hausslein awards at a parent group. She was involved in the Clinton Early Childhood Resource Center, and there was interest in having a music class. Ann's project was to develop a free, 30-minute music class that ran for ten weeks. Ninety-four children participated, of whom 24 were from EI. The center went on to do some fundraising to support more music classes. Ann enjoyed the active challenge of accomplishing this, and

in the process she has developed skills in grant writing. She is already thinking about her next project, and says “Thank you. This has changed my life.”

Four other Parent Leadership projects were funded for 2007-2008. Suzanne and Darla explained that one parent on an applicant team must have a child currently enrolled in EI; the others may be parents whose children graduated from EI within the past five years or so. A project that adds a new component may be considered for a second award.

**6. Committee Reports. Standards Committee – Zulmira Allcock:** The committee is considering staff recruitment and retention needs in EI; it will look at how other systems of care approach certification requirements and credentialing, and how that is paid for. They will be looking at the mental health counseling field to see if its criteria match the needs of EI, and also at billing requirements for those with LMHC and LCSW licenses. The committee awaits federal regulations before tackling a comprehensive revision of EI Standards, which are due for revision in FY 2010.

**Personnel Preparation Committee – Rena Ginsburg:** The committee is working with Holly Newman regarding competency review, and reviewing mentorships that were conducted via the Early Intervention Training Center. It continues periodic meetings with representatives of higher education. The groups may develop a joint project – one possibility is to develop a handout for parents on the importance of play. Karin Lifter, who teaches at Northeastern, said that the committee would welcome faculty from other higher education institutions to participate in this project.

**Specialty Services – Tom Miller:** Tom reported on attendance at a seminar on the genetics of Usher Syndrome. The committee is also planning an Autism Forum to be held in June.

**Fiscal Committee – Peter Woodbury:** Peter updated the group on the status of claims payments for services already provided, and efforts under way to achieve a meaningful increase in EI reimbursement rates. Ron Benham and Commissioner John Auerbach have been working hard with the Division of Health Care Finance and Policy, and others, to ensure that EI’s need will be taken seriously. The committee is discussing ways to rebalance EI financing, e.g. costs would not be reduced overall, but distributed more equitably among all payers, thus shifting some costs away from DPH. Much of the recent 4% growth in EI enrollment is accounted for by families who receive Medicaid. Therefore, getting Medicaid to pay for services up front, rather than after the fact via Federal Financial Participation, may be a realistic goal. In addition, insurance companies may be asked to pay for therapies and specialized programming for children on the autism spectrum; currently much of that is only billable to DPH. It may become possible to bill for EI services provided by OT, PT and Speech Assistants; this is another way to relieve pressure on EI and the Legislature.

**7. Member Updates: Joanne Williams** reported that the LEND (Leadership Education in Neurodevelopmental Disabilities) program of Children’s Hospital is recruiting participants. The training helps parents understand more about neuro-developmental issues. Joanne is a recent graduate. **Zulmira Allcock** reported that the Massachusetts Early Intervention Consortium and Infant-Toddler Advocates are now required to have two separate boards, and the necessary reorganization is in process. **Pat Cameron** reported that – at the Division of Early Education and Care – Special Quest ([www.specialquest.org](http://www.specialquest.org)) is being expanded to promote cross-system planning for families with children age 0-5 who have special needs. Pat will be reporting on this at a future ICC meeting.

**8. Adjournment:** The ICC meeting adjourned at 12:30 p.m.