

MINUTES

November 18, 2004

Worcester, Massachusetts

Members Present: Linda Sagor, Lois Aldrich, Zulmira Allcock, Valerie Carbone, Hope Colen, Darleen Corbett, Maureen Flaherty, Valerie Gibbemeyer, Mary Jones, Julie Leahy, Karin Lifter, Margaret Mahoney, Sara Miranda, Therese Murphy-Miller, Kathy Patisteas, Roberta Perry, Nancy Phillips, Barbara Prindle-Eaton, Ronna Schaffer, Amy Young.

Non-voting committee chairs in attendance: Michelle Fagnano, Tom Miller, Alden Wood.

I. Welcome – Chairperson Barbara Prindle-Eaton welcomed members and introduced a group of graduate students studying Early Intervention at Wheelock College. Announcements: The Massachusetts Division of Health Care Finance and Policy will hold a Public Hearing on December 2 related to the proposed increase of 1.23% in Early Intervention reimbursement rates. There will be a Public Hearing of the Early Education and Care Advisory Council at the State House in Boston on December 9. The ICC By-Laws are being revised and will be presented at a future ICC meeting, after committees have had sufficient opportunity to propose revisions.

Minutes: The Minutes of the ICC meeting held September 23 were approved as written.

II. Director’s Report – Ron Benham: Ron reviewed two parallel processes regarding the formation of the new Department of Early Education and Care. The new department would be a separate entity with its own Board, not part of the Executive Office of Health and Human Services. An Advisory Committee, which is holding a series of hearings, is responsible for reporting back to the Education Committee of the Massachusetts Legislature by mid-December. There is also an Early Education and Care Council, consisting of the Departments of Public Health and Education and the Office of Child Care Services, which must submit a report soon. It is not yet clear to what extent the new Department will be primarily concerned with preschoolers or whether there will be a larger concept that easily encompasses birth to age six. It remains unclear where Early Intervention will be lodged. The Department of Public Health wants it to remain in DPH because it is a medically necessary service, part of the health care system; over 50% of all its funding comes from private insurance and Medicaid.

Reauthorization of IDEA – the Individuals with Disabilities Education Act: Votes on reauthorization in both the House and the Senate will take place this month; the process has been bipartisan. Following passage, revision of regulations could take as long as a year. The new Secretary of Education, Margaret Spelling, now on the short list of “most powerful women in Washington,” was a major player in bringing this reauthorization to a vote. **CAPTA – the Child Abuse Prevention and Treatment Act** – has moved toward nationwide implementation of the mandate to provide early intervention assessment for any child involved in the protective services system. Some disability advocacy groups are advocating for some form of prescreening to determine which children need referral to Part C programs for full assessment, because once children are referred to Part C, EI programs are obligated to provide comprehensive assessment, but with rare exceptions states are in no way prepared to implement that without a large infusion of new dollars. Massachusetts is in a very different situation because we already serve at risk children and perhaps as many as 75% of these

children may already known in EI. Conversations are ongoing with Neal Michaels about how local DSS offices will interact with nearby EI programs. Two pages of guidance to DSS personnel have been prepared. We can expect a lot of “buzz” in the next few months. It is helpful to clarify for everyone that EI remains a voluntary service; even if there is a substantiated protective services investigation, a parent can still refuse the service.

Rate increase: The insurance community probably will request a delay from January 1st to March 1st in implementation of the proposed 1.23% rate increase. Meanwhile, discussion is beginning regarding a strategy for achieving salary competitiveness. It is increasingly challenging to recruit, hire and retain qualified personnel in EI; some would call it a crisis. This initiative would require several years to build out; the challenge is not only to catch up, but to stay even with other industries that will also be advocating for their own salary needs. **Reorganization of the Division of Perinatal, Early Childhood and Special Health Needs:** In the new organization chart, *Specialty Services* (Tracy Osbahr and Janet Farrell) and *Procedural Safeguards* (Mary Dennehy-Colorusso) report directly to Ron. In addition, five management areas report to Ron: *Policy and Planning* (Katharine Thomas); *Perinatal Services* (Karin Downs); *Community Support* (Sandra Broughton); *Care Coordination* (Connie Carroll); *Administration and Finance* (Rob Seymour).

III. National Center on Special Education Accountability and Monitoring Update – Katharine Thomas: Katharine provided information to the ICC about the Focused Monitoring Workgroup and the Parent Survey Pilot Project. **Focused Monitoring:** A handout of the entire PowerPoint presentation was distributed. This information is being brought back to the ICC to follow up on prior discussion that took place here. The “Stakeholders Group” is now called the Focused Monitoring Workgroup; it met in June and October, 2004, and will convene again in February, 2005. ICC members who would like to receive information may contact Katharine Thomas or Darla Gundler. There are three phases in the focused monitoring process: Continuous improvement, verification, and focused intervention for low performing or high risk states. OSEP (Office of Special Education Programs) works with states in a way that mirrors the way Regional Specialists will proceed with EI programs in Massachusetts. Programs that are at high risk for being out of compliance will be identified, and most attention will be focused on assisting them to improve. Preparatory work is taking place this year, and Focused Monitoring will be fully implemented beginning in July, 2005.

Katharine also distributed a document called “*Bottom Line*” for *General Supervision (GS.I & II) Part C*. This is the first official clarification of what OSEP is looking for in each state’s APR – the Annual Performance Report that states must file. Specific areas on which to focus monitoring had to be selected. For Massachusetts, they are Transitions (OSEP had identified this as a weakness because in the last monitoring visit, 40% of children with IFSPs had Transition Plans in place) and Service Coordination. While other areas might be of great interest, this was the one where data currently exists that allows monitoring to move forward. Meanwhile, Massachusetts is expected to make continuing progress in all areas. In order to decide which programs in Massachusetts are “at risk,” programs were divided into five groups based on total children with IFSPs in FY 2004. Regarding Transition, a Transition Plan in place with “at least one documented referral” was the criteria for deciding how well programs are performing. In each group, the program that falls to the bottom will receive a Focused Monitoring visit. The same procedure will be followed for Service Coordination. OSEP wanted a level playing field; based on what other states had stressed, the only criteria for grouping was the number of IFSPs.

Katharine asked members of the ICC to list what they would want to know in order to decide whether Transition Planning and Service Coordination are in compliance. These suggestions came from the group:

Transition Planning:

- Is there documentation in the client record that families were active participants in the process? Are all the necessary releases in place and are they signed and dated?
- A Transition Plan should be on record for every child who had an IFSP and left the program, not just those turning three.
- Are staff roles regarding transition well defined for staff and for families?
- Are there designated people responsible for, and written procedures in place for transition to public schools other community resources?
- Is there documentation of transition plans when children move from one EI program to another?
- Does the program support parents in finding the “right match” for their own child?
- If the parent believes continuing services are still necessary, is that request honored?
- Is there training for staff and parents about what community resources exist?
- What benchmarks are there to document that each step in the transition process actually took place?

Service Coordination:

- Does the family know who their Service Coordinator is?
- When there are multiple service providers, is the Service Coordinator clearly identified? Are there regular team meetings on behalf of the individual child? Is the family connected to the whole team?
- Is there a clear training and supervision process for Service Coordinators?
- Are interagency agreements in place when children are served by more than one agency?
- Do families know what the complaint process is, the names of people to contact and how they can be helpful?
- Do IFSP review pages thoroughly document what happened at each family meeting?

Pilot Family Survey: Ten states are piloting the development of a Family Survey that will then be used nationwide. They are California, Florida, Georgia, Iowa, Louisiana, New Hampshire, Mississippi, New Mexico, New York; and Massachusetts, which stepped in after another state withdrew. A sampling plan includes collecting surveys from 750 families before the end of January. Department personnel in Massachusetts will collect but not review the anonymous surveys, and will send them to NCSEAM – the National Center for Special Education Accountability and Monitoring. The survey takes about 20 minutes to complete; it can be done on the phone or in person. Families receive a small token of appreciation.

IV. Committee Reports. Standards Committee – Alden Wood: Operational Standards will be reviewed over the next three years. The current Standards will be sent to all potential stakeholders, who will be invited to identify what needs revision. **Program Planning Committee – Hope Colen:** The EI brochure has been completed and is being mailed. Each program is receiving 10 brochures and five stickers to be placed on existing posters. Additional brochures can be downloaded from the website. Transition materials are being updated and Tip Sheets will be placed in the large transition manuals that each program receives. The committee is also discussing infant mental health and concepts of social wellbeing; Claire Brady has brought in Emily Roy from Early Learning Services at

the Department of Education because ELS also has been working on infant mental health. The committee continues to monitor outcomes development for early intervention as it unfolds on the national scene. Peggie O'Hare is now the Director of the Early Intervention Training Center which is subcontracted to the Federation for Children with special needs. Three workshops are being combined in a series that programs can choose singly or as a package. The three workshops are Continuing the Journey, Turning Three, and Let's Get Organized; materials will be combined in a document called *Continuing the Journey*. A meeting with the higher education community is scheduled in the near future.

Low Incidence Committee – Tom Miller: Tom distributed Minutes of the committee meeting held October 25. These were highlights: A guidance document on collaboration between community EI programs and specialty providers is in the final editing process. The committee was charged with responsibility to discuss a new more descriptive name for itself. It will be called the Specialty Services Committee. It will add children with multiple disabilities and/or complex medical needs to its sphere of responsibility. **Fiscal Committee – Michelle Fagnano:** The committee has finished revising its three year Strategic Plan; it could be emailed to interested ICC members. The committee continues monitoring child growth and overall expenditures in the EI system; both are running behind projections at least for the time being. Fee brochures, including translation into several other languages, should be available in a few weeks. **Membership – Amy Young:** The ICC has welcomed several new appointees; they are encouraged to be in touch with Amy or with Darla Gundler if they have questions about the ICC.

Fiscal Advocacy Subcommittee – Amy Young: The primary focus of the subcommittee is to help raise the profile of Early Intervention on the national scene. It seeks more members from all sectors; ICC membership is not required.

V. Member Updates: **Therese Murphy-Miller** reported that the Department of Mental Retardation has appointed Carianne Harsh as project manager for the new Autism Division. Focus groups and meetings of stakeholders will lead to decisions about structure; the Division will become operational on July 1, 2005. **Zulmira Allcock** reported that the Massachusetts Early Intervention Consortium is surveying program directors in order to help launch a Workforce Quality Campaign. **Tom Miller** announced that the Consortium has issued its Call for Papers for its Annual Conference to be held May 11 and 12, 2005. **Robert Perry** reported that the Massachusetts Commission for the Deaf and Hard of Hearing has three staff openings. **Karin Lifter** announced that the Division for Early Childhood of the Council for Exceptional Children will be held in Chicago, December 5-8. DEC is the only professional organization for staff working with young children with special needs. It has good information on IDEA on its website at www.dec-sped.org. Ron Benham introduced **Jim Flanagan**, who together with Ed Bailey is responsible for Early Intervention transportation. Jim and Ed are based at the Department of Transportation.

VI. Adjournment: 12:25 p.m.