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Annual Report



Massachusetts Early Intervention

Interagency Coordinating Council

1992-93



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Early Intervention Services are provided by certified Early Intervention Programs under the direction of the Massachusetts Department of Public Health. The Interagency Coordinating Council would like to express its appreciation to the Massachusetts Legislature and the following individuals for their leadership in implementing the current system of services.

William F. Weld, Governor

Charles D. Baker, Secretary of Health and Human Services

David H. Mulligan, Commissioner of Public Health

Deborah Klein Walker, Assistant Commissioner, Family & Community Health



Dear Friends,

The second year of implementation of the federal entitlement to early intervention services is now another piece of notable state history; I would be remiss if I didn't begin this report with a sincere expression of gratitude to someone who has made a significant impact on the early intervention system in Massachusetts. The Council is deeply indebted to the ten years of dedicated service which its former Chairperson, Eunice Shishmanian, devoted to ensuring the high level of quality of the current system. Her wisdom, commitment and energy provided the necessary leadership to meet the many challenges of establishing a coordinated, statewide system of early intervention services and then meshing the requirements of federal legislation into the existing state program.

The development of a quality system is a process however, and our challenges continue. Quality early intervention services emphasize prevention, maximize the abilities of each child and family, enhance family stability and provide long range cost savings to the Commonwealth. With a strong belief in the efficacy of early intervention and that **stronger families will build stronger communities**, the Council's members have worked diligently to preserve a broad definition of eligibility for these services.

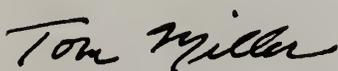
We need to work together to ensure the continued fiscal stability of the system and to have the state legislation match the federal mandate in its breadth of commitment to quality services for all eligible children. Through our joint efforts, our fiscal and legislative goals are nearing fruition; the Commonwealth has demonstrated its commitment to the expansion of these services and we are fast approaching the goal of reaching 85% of all eligible families. Our task as a Council is to continually monitor the expansion of the early intervention system to ensure fiscal stability and a high level of quality in the development of program goals and their implementation.

To continue our quest for quality, we must address the following challenges: improving resource and referral networks for families, improving staff recruitment, retention and training strategies through the implementation of a comprehensive system of personnel development, developing additional strategies to ensure the cultivation of a culturally sensitive system of services, and investigating the feasibility of service delivery guidelines to enhance the quality and consistency of service delivery and to establish a system for financial forecasting and accountability.

Though formidable, the members of the Council and all who work on its many committees are prepared and indeed have already begun to address these challenges. Their energy and dedication have been the building blocks of our current system, and their vision and commitment to children and families will be the catalyst to further our efforts to enrich the quality and comprehensiveness of the early intervention service system.

As the new Council Chairperson, I look forward to working with each of you as we continue toward our goal of furthering the development of a truly responsive and comprehensive system of early intervention services.

Sincerely,



Tom Miller, Chairperson



The Massachusetts Early Intervention Services System

An interagency commitment to planning, investment of resources, and monitoring of programs and services in accordance with federal and state requirements.

Early Intervention services are a combination of educational and therapeutic developmental services provided to children birth to three years of age and their families.

Early Intervention recognizes the crucial influence of the child's daily environment on his or her growth and development. Programs work in partnership with the family to guide and optimize the natural course of a child's growth.

Early Intervention Services are provided:

- to all children birth to three years of age with established diagnosed conditions or clusters of risk factors that cause them to exhibit developmental delays or put them at risk for delay.
- by community based programs that are certified by the Department of Public Health
- by qualified professionals who are trained to work with infants and toddlers and their families
- in the setting that is most natural for the child and family
- at no direct cost to the family

Early Intervention program services are characterized by a developmental approach which:

- synthesizes expertise from a range of disciplines
- keeps the number of service providers to a minimum
- focuses on a child's strengths and helps the child develop alternate or compensatory learning strategies
- seeks to transfer treatment strategies to the family so that they become a natural part of the child's life

The family-centered developmental intervention model addresses all areas of a child's development including:

- perceptual/fine motor including vision
- gross motor
- cognition including learning style
- language and communication including hearing
- self care/adaptive skills
- personal/social including affect and temperament

Family-centered, developmental early intervention services offer:

- evaluation services and ongoing programming for infants and toddlers within the context of the family unit
- developmental and supportive services through a combination of center and home based interventions
- an Individualized Family Service Plan which reflects the developmental needs of each child in collaboration with the family's expressed concerns, priorities and resources
- service coordination, home visits, toddler groups, parent child groups, parent support groups, parent training and education, group and individual sessions, and referral services
- consultation with community child care providers to enhance the individual child's ability to be integrated most fully in typical community activities
- assistance with transition to other services at age three to ensure continuity of services

Early Intervention recognizes the importance of the family's natural ties in its community and seeks to mobilize these ties in support of family problem-solving.

Early Intervention services are sensitive to the varied cultural, linguistic, racial and ethnic diversity of the population served.

Early Intervention programs and service coordinators are committed to integration of the child and the family into their community.



Families Tell Their Stories

After almost three months of every day visits to the hospital, I woke up one day, went to the hospital as usual, and was told that I had about three days to learn everything about taking care of my special babies, twins born prematurely at 25 weeks gestation....I tried very hard to learn and understand, but I was still very afraid. After I took the first baby home, the social worker from Early Intervention was one of the first people to visit and even accompanied me once to see the other baby in the hospital. This was the beginning of a great relationship between my family and Early Intervention. It was comforting to know there was someone who had seen similar cases; someone to give you an honest opinion on your children's problems or even better to discuss with you possible ways of doing things that can help your child. I can now identify immediate problems and the babies' needs more clearly. Working with Early Intervention helps me prioritize the problems and explore possible solutions.

The twins are now 15 months old and are still getting therapy twice a week from Early Intervention. Our home visitor, Kate, has become a real friend to my babies. Its a joy to my babies when she enters the apartment. They giggle, smile, crawl, walk, grab her and dive for her black bag of toys! I still get relevant reading material from them and I also get moral support and intelligent opinions and discussions on issues pertaining to the twins.

Disadvantaged families need all the help they can get, especially when the problem is compounded by lack or limited sources of funds. This program gives consistent professional services solely on the basis of individual needs and not on the basis of monetary affluence or medical insurance coverage.



My son's blindness was diagnosed when he was three months old and when he was 17 months old we immigrated from Russia to Malden. Very soon after our arrival, Anton started in the Early Intervention Program and also at the Perkins School for the Blind. Now he is over 2 1/2 and he goes to Early Intervention group twice a week and once a week I bring him to Perkins for parent group for me and toddler group for him. Once a week, my service coordinator from Early Intervention comes to my house. She has arranged for speech therapy and a Russian interpreter to be present so that we can figure out how good Anton's language is. The Perkins teacher comes to my house twice a month and to Anton's Early Intervention group once a month to help their staff understand the effects of blindness on Anton's development. Harriet has taught me a lot about how to understand his needs and activities.

I feel grateful to staff of both programs because they have tried so hard to help Anton learn things a blind child needs to learn and also feel comfortable in both languages.



Photograph by Bradford F. Herzog

Andrew was diagnosed at birth with Down Syndrome. As my husband and two older children began to adjust to having a new baby in the house, Andrew went into cardiac failure at 10 days of age. He recovered from that episode and four weeks later came down with such a severe pneumonia that he landed in intensive care with a ventilator doing his breathing for him for three weeks. By the time he was three months old, we were very weary parents who not only had to deal with a child with medical issues and a diagnosis of lifelong limitations, but also with the typical challenges of adjusting to a new baby. We had been fortunate enough to have the very best medical care, but no one had looked at us as a family until Early Intervention came into our lives.

Early Intervention provided support for Andrew and for my family; he received therapy to address his developmental delays, and we received support to cope with the unending challenges. Some of that support was through a responsive and understanding ear of a seasoned professional and some was through the introduction to other parents who were experiencing some of the same issues. We laughed together and we cried together. We shared our pride in every small accomplishment of our children and provided support for each other with every scary hospitalization or disappointment. We realized we weren't alone and we formed lasting friendships. Finally, our family could be just a family!



Our journey through the last four years has been tumultuous at best. My son, Clayton, was a difficult infant with a variety of problems. When he was ten months old and still not crawling or sitting, I called Early Intervention. The response was immediate; within a few days, the assessment was done and services begun. Clayton was determined to be delayed in almost all areas, but two months later, he was not only crawling and sitting up, but walking! It was not that he couldn't do these things before, but that he needed to be shown how. This has now developed as a regular pattern with him; he does not do things that come "naturally" until he is shown how to do them.

As Clayton got older, other services were provided to address speech and language and behavioral problems. He had no idea how to play with other children in the play group; he would either lash out at them aggressively, be forcefully affectionate, or shun them completely. There was no middle ground for Clay, everything was extremes.

When Clayton's younger sister, Amber, was born three months premature, his problems seemed to intensify. As he came closer to his third birthday, Early Intervention also served as a wonderful advocate for us in finding the right preschool program for Clayton and helping all of us with the transition and coping with the eventual diagnosis of Pervasive Developmental Delay.

At the same time, Early Intervention was also working with my daughter, Amber, who was very high risk because of her severe prematurity. She showed severe physical delays almost from the time she came home from the hospital. Although she did start doing all the things she should, she was very slow and awkward and had a lot of muscle tightness in her legs. She was diagnosed with Cerebral Palsy and I panicked. Again, the Early Intervention staff was there for me and my family. They quickly explained to me what Cerebral Palsy was and what it might mean for Amber. In the following months there were lots of tests done by neurologists and neurosurgeons and Amber was finally diagnosed with a rare brain malformation that can hopefully be corrected with surgery when she's older; until then we have to deal intensively with the physical symptoms of the disorder.

Throughout all of this, its hard to explain what the Early Intervention staff has meant to my family, because I feel they are an extension of my family. The progress my kids have made in the Early Intervention program has set valuable ground work toward my children's potential and I will be forever grateful.



Funding Sources and Children Served

Early Intervention Services are supported by a mixture of federal and state funds and third party insurance coverage. State appropriations and federal allocations from Part H of the Individuals with Disabilities Education Act and P.L. 89-313, Chapter 1 support direct service, planning and program development on both the state and local level. Medicaid covers therapeutic services for eligible children and families enrolled in Division of Medical Assistance programs and third party payors cover a maximum of \$2400/year per child for "medically necessary" early intervention services for their subscribers (M.G.L. Ch.721).

Funding Sources FY 92-95

	FY92	FY93	FY94**	FY95**
State Appropriation*	\$7.9 M	\$8.9 M	\$12.1 M	\$16.3 M
Federal Grants	\$5.0 M	\$9.9 M	\$ 7.8 M	\$ 8.4 M
Medicaid	\$6.8 M	\$8.0 M	\$ 9.7 M	\$11.0 M
Third Party Insurors	\$3.1 M	\$4.9 M	\$ 7.0 M	\$ 7.6 M
Total	\$22.8 M	\$31.7 M	\$36.6 M	\$43.3 M

Number of Children Served FY 92-95

FY92	FY93	FY94	FY95
9,830	12,052	13,400	14,586***

* Includes funding of Developmental Day Care Programs at \$200,000 per year ** Projected *** Represents 81% of total eligible



The Role of the Interagency Coordinating Council

Massachusetts has a longstanding tradition of support for early intervention services. State legislation in 1983 formalized an early intervention system under the administration of the Department of Public Health. This was a prototype for the 1986 federal legislation, Part H of the Individuals with Disabilities Education Act (IDEA), which provided incentives for states to establish a statewide, comprehensive, coordinated, family-centered, community-based system of developmental services that responds to the unique needs of infants and toddlers, birth to three years of age, who are developmentally delayed or at risk for developmental delay.

The Interagency Coordinating Council (ICC) advises and assists the Department of Public Health in the planning, development and implementation of the early intervention service system. This interagency group, represents the statewide early childhood services community by including state agency representatives, certified Early Intervention Program providers, parents, other early childhood service providers, a member of the state legislature, and others with a commitment to this system.

The functions of the ICC are authorized by state and federal statutes. Massachusetts General Laws Chapter 111G, enacted in 1983, established an advisory committee for the promotion of services as well as the coordination and planning of future resources. The federal legislation enhanced the original advisory committee's role by stipulating that the ICC should facilitate the coordination of early intervention resources from federal, state, local and private sources as well as enhance the state's capacity to provide high quality early intervention services.

In May 1992, Massachusetts entered the 5th year of implementation of Part H, which entitled all eligible children and families to early intervention services. During this first year (May 1992 through June 1993), the system has grown from approximately 9,800 children and families served to 12,000. To support this burgeoning service system, the ICC continues to promote productive interagency coordination and collaboration for policy development and program implementation.



**MASSACHUSETTS INTERAGENCY COORDINATING COUNCIL
MEMBERSHIP 1992-93**

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