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**ICC**

**INTERAGENCY COORDINATING COUNCIL**  
**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**



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**ANNUAL**

**SUMMARY**

**FOR THE PERIOD JULY, 1990 THROUGH AUGUST, 1991**

**Report of the Chairperson  
Interagency Coordinating Council  
to the Governor of the  
Commonwealth of Massachusetts,  
to the Secretary of the  
U.S. Department of Education,  
to the Commissioner of the  
Massachusetts Department of Public Health**

**April, 1992**

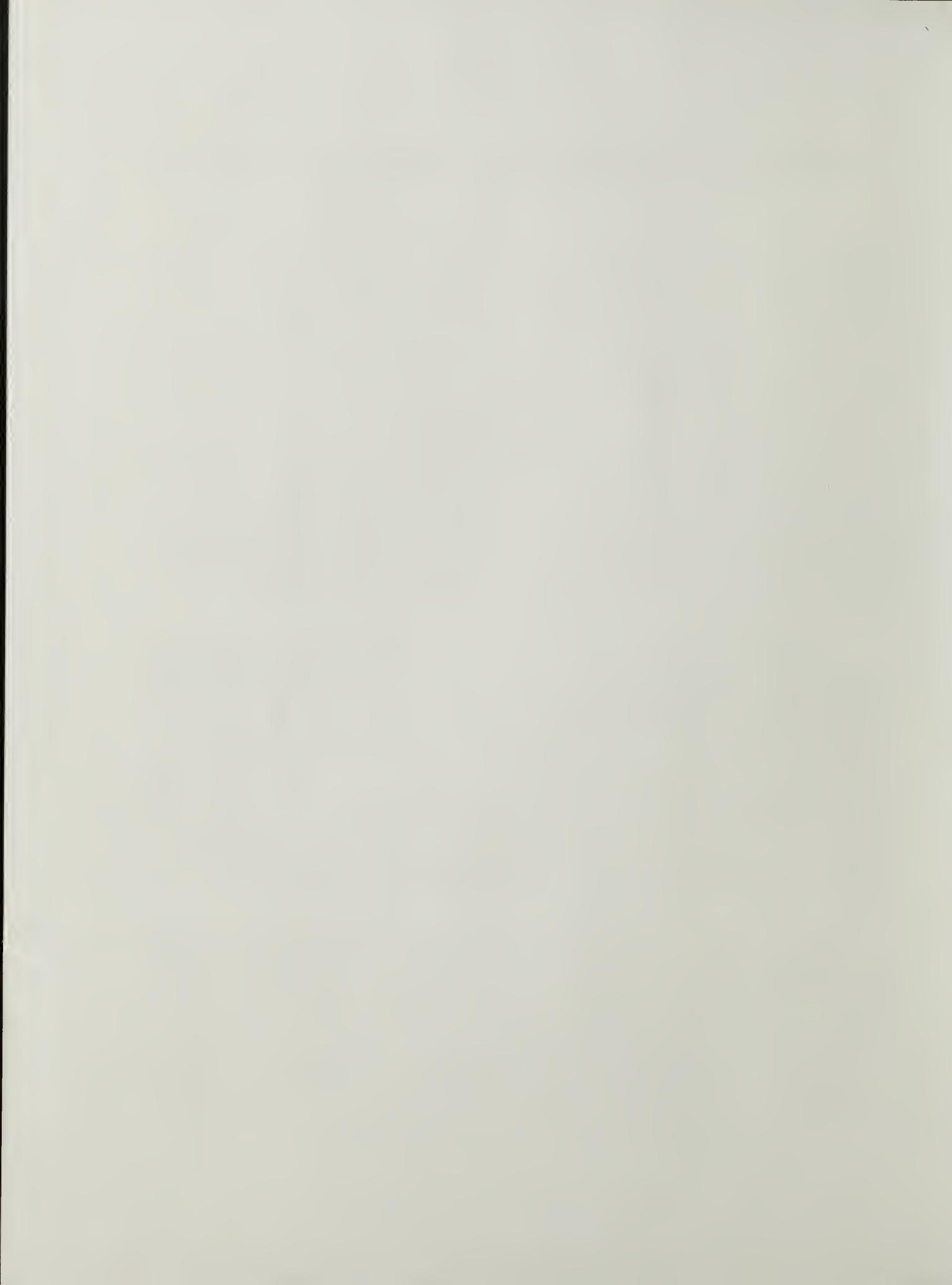


## THE ROLE OF THE INTERAGENCY COORDINATING COUNCIL AND THE EARLY INTERVENTION ADVISORY COMMITTEE

In 1983, the Massachusetts Legislature enacted M.G.L. Chapter 111G empowering the Commissioner of the Department of Public Health to appoint the Early Intervention Advisory Committee (EIADCOMM). This Committee was established to advise the Department relative to the development of program standards, the gathering of statistical and assessment data, the coordination of state agencies, the resolution of administrative and collective bargaining issues, the promotion of early intervention services, and coordination and planning to maximize resources. In 1986, Federal legislation (Part H of P.L. 99-457, Education of the Handicapped Amendments now known as Individuals with Disabilities Education Act, IDEA) enlarged the existing Advisory Committee's role by requiring that each state have an Interagency Coordinating Council (ICC). The Council was charged to advise and assist the Department in the development and implementation of a statewide, comprehensive, coordinated, multi-disciplinary, interagency system and facilitate the coordination of early intervention resources from federal, state, local and private sources.

In the fall of 1990, a central issue for the existing EIADCOMM was to address the transition from an Advisory Committee with a broad and diverse membership which included representatives stipulated by state law to an Interagency Council with a membership limited to fifteen and stipulated by Federal regulations. Even though there was overlap between the required members on the two groups, the additional representatives required under state law necessitated a number that exceeded the maximum allowed on the federally mandated ICC. This presented a predicament to the existing EIADCOMM which felt strongly that its broad membership was essential for the development of an effective interagency system of services.

The inability to mesh the incompatible membership requirements of the two legislations, the threat of having to decrease the number of ICC members to fifteen from an Early Intervention Advisory Committee of thirty-four, and the desire to maintain broad representation in this planning group engendered much debate and concern for the Committee throughout the year. While awaiting the final outcome of the Part H reauthorization legislation, a temporary compromise was reached in February 1991. A fifteen member ICC was appointed and the EIADCOMM was designated as the primary standing committee of the ICC.

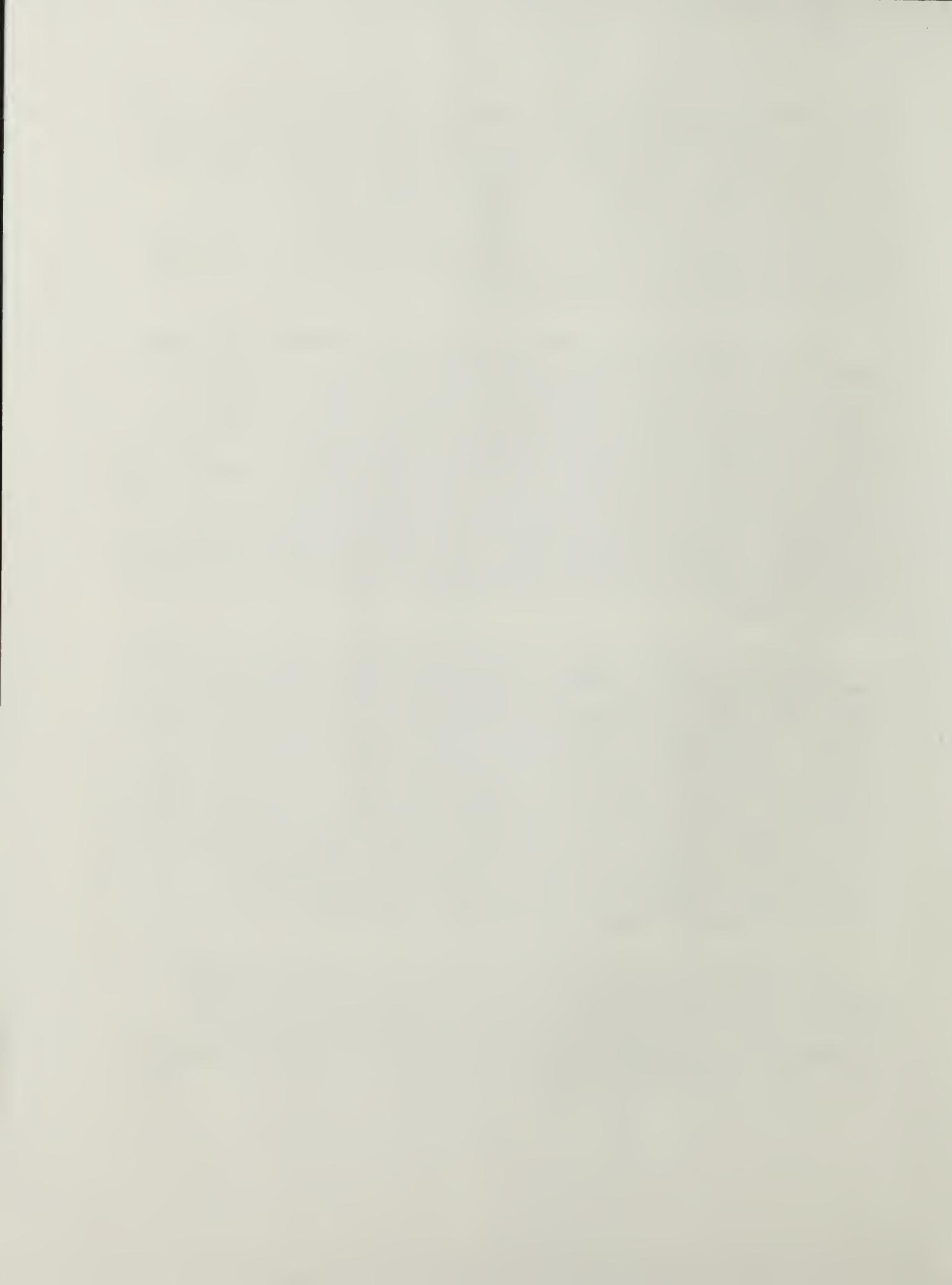


Since the ICC and the EIADCOMM shared the same purpose, these two groups worked in concert while awaiting final resolution of the membership question. The group agreed to operate under a joint title with the acknowledgement that this was not a totally satisfactory or realistic resolution of the issue. The ICC/EIADCOMM (also referred to as "the Council") welcomed the reauthorization legislation which increased the maximum limit of ICC members. Plans were then made to combine the membership of the two groups into one ICC and revise the Bylaws in the fall of 1991.

Much of the work of the ICC/EIADCOMM is accomplished in standing committee and task group meetings which perform long range planning, study specific issues and make recommendations to the larger body. Standing committees meet monthly and report regularly to the ICC/EIADCOMM; task groups meet as needed and report their activities when appropriate. Each committee is chaired by a member of the ICC/EIADCOMM and staffed by lead agency personnel. Much effort is made to maintain diverse membership on committees including parents, representatives from the provider community, state agencies and other interested parties. This broad representation allows for vigorous discussion and affords the opportunity for most issues to be resolved during the process.

During the year of transition, the ICC/EIADCOMM increased its number of standing committees from the three existing committees concerned with Fiscal Policy, Program Planning, and Operational Standards to five by adding Personnel Development and Membership. Task forces actively worked on issues concerning Low Incidence Services, Transportation, Public Awareness, ICC Bylaws, Procedural Safeguards, and Parent Advisory Council Guidelines. The Steering Committee, which sets agendas for the Council meetings, assigns tasks to committees and task groups and initiates policy recommendations, was also increased in size and diversity of representation by including the Chairpersons of each of the five standing committees, a parent representative and a Vice Chairperson elected by the ICC/EIADCOMM.

The Council's primary roles are to operate as an advisor, negotiator, capacity builder and advocate for children and families eligible for early intervention services. Through recommendations which impact policy development and implementation, the ICC/EIADCOMM continually refines the vision of the early intervention services system.



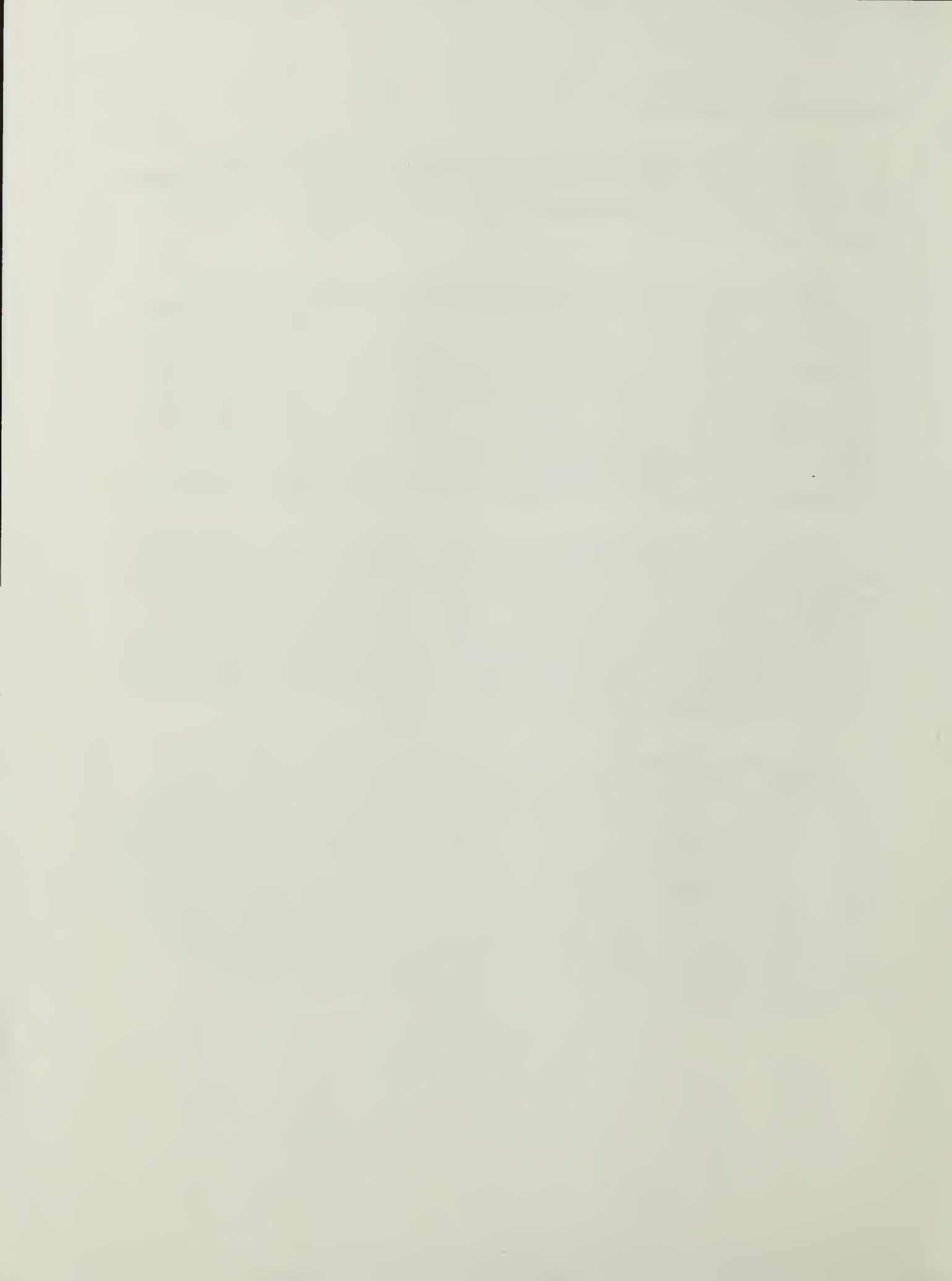
## EXECUTIVE SUMMARY

This report summarizes activities of the Massachusetts Interagency Coordinating Council/Early Intervention Advisory Committee of the Department of Public Health (ICC/EIADCOMM) for the Federal Fiscal Year 1990 (July 1, 1990 - August 31, 1991).

During this year, the Council labored intensely to finish the required components of the fourth year application for Part H. Concerns about readiness for expansion, the ability to attract and retain sufficient qualified personnel, and the uncertainties of being supported by adequate funding impacted the lengthy discussions. On the one hand, Council members acted as visionaries moving toward a goal and on the other, they reacted to the fiscal realities of an unstable economy as contracted programs and state agencies reeled from service cutbacks. Members called for re-examination of our broad eligibility criteria and questioned the wisdom of moving so rapidly into an entitlement system.

During this reporting period, the number of children served by the early intervention system grew by 9.4% from an annual number of 7,422 to 8,122. This was double the previous year's rate of growth and was further evidence of the anticipated expansion in the next few years. The Council attempted to foresee the realities of an evolving system and proactively develop new policies, while simultaneously reacting to the impact of state fiscal uncertainties and the demands of establishing a third party payment system.

The value and legitimacy of the interagency forum afforded by the ICC/EIADCOMM became increasingly obvious as we grappled with these complex issues. To adequately address these challenges, the original schedule of six Council meetings grew to eight. Planning and implementation were on the fast track. The state moved quickly from third year participation in Part H into fourth year, while seriously exploring whether the system had the momentum and resources to continue at this pace. At the close of this reporting period, it was decided to move ahead into fifth year and become the first state in the nation to offer Part H entitlement to all infants and toddlers at risk for developmental concerns.



## HIGHLIGHTS AND ACCOMPLISHMENTS OF 1990-91

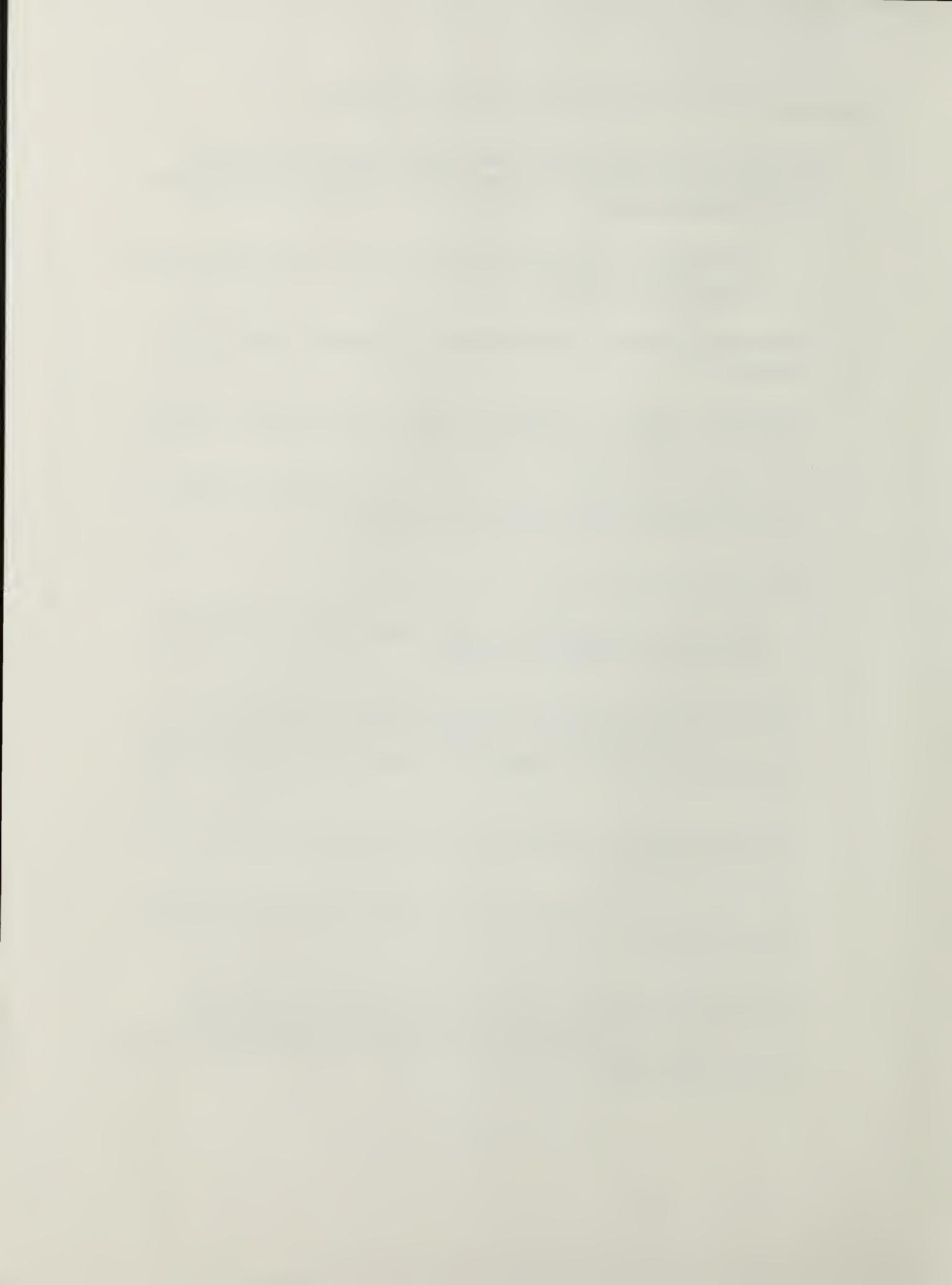
### I. ADVISING AND ASSISTING THE LEAD AGENCY IN THE PREPARATION OF THE COMPONENTS FOR THE FOURTH YEAR APPLICATION

#### 1. Establishing an Interagency Coordinating Council and a system to support its growth:

- \* Reviewed ICC membership and issues of compliance with Part H regulations;
- \* Developed handbook clarifying procedures and membership activities for use as an orientation and resource tool;
- \* Established mentorship program pairing new members with senior Council members to offer support and assistance;
- \* Hired half-time staff person for the Council.

#### 2. Reviewing and updating the Early Intervention Operational Standards and eligibility criteria:

- \* Completed review and revision of the standards which establish expected levels of performance by Early Intervention programs in the State and are used by the lead agency to determine qualifications for certification.
- \* Developed resource document on clinical implications of the Operational Standards;
- \* Reviewed universal screening system, eligibility criteria and entrance procedure policy;
- \* Deliberated the system's ability to meet the demands of entitling children in all three risk categories (biological, established and environmental) and reaffirmed the lead agency's commitment to serving children and families.



**3. Developing the Due Process Guidelines and procedures:**

- \* Established a Due Process Task Force to advise the lead agency in its procedures, policies and materials relating to procedural safeguards;
- \* Allotted significant time for public review and comment.

**4. Developing a statewide Public Awareness campaign:**

- \* Surveyed agencies within Massachusetts and other states to review approaches to a public awareness campaign;
- \* Established guidelines for a grant proposal.

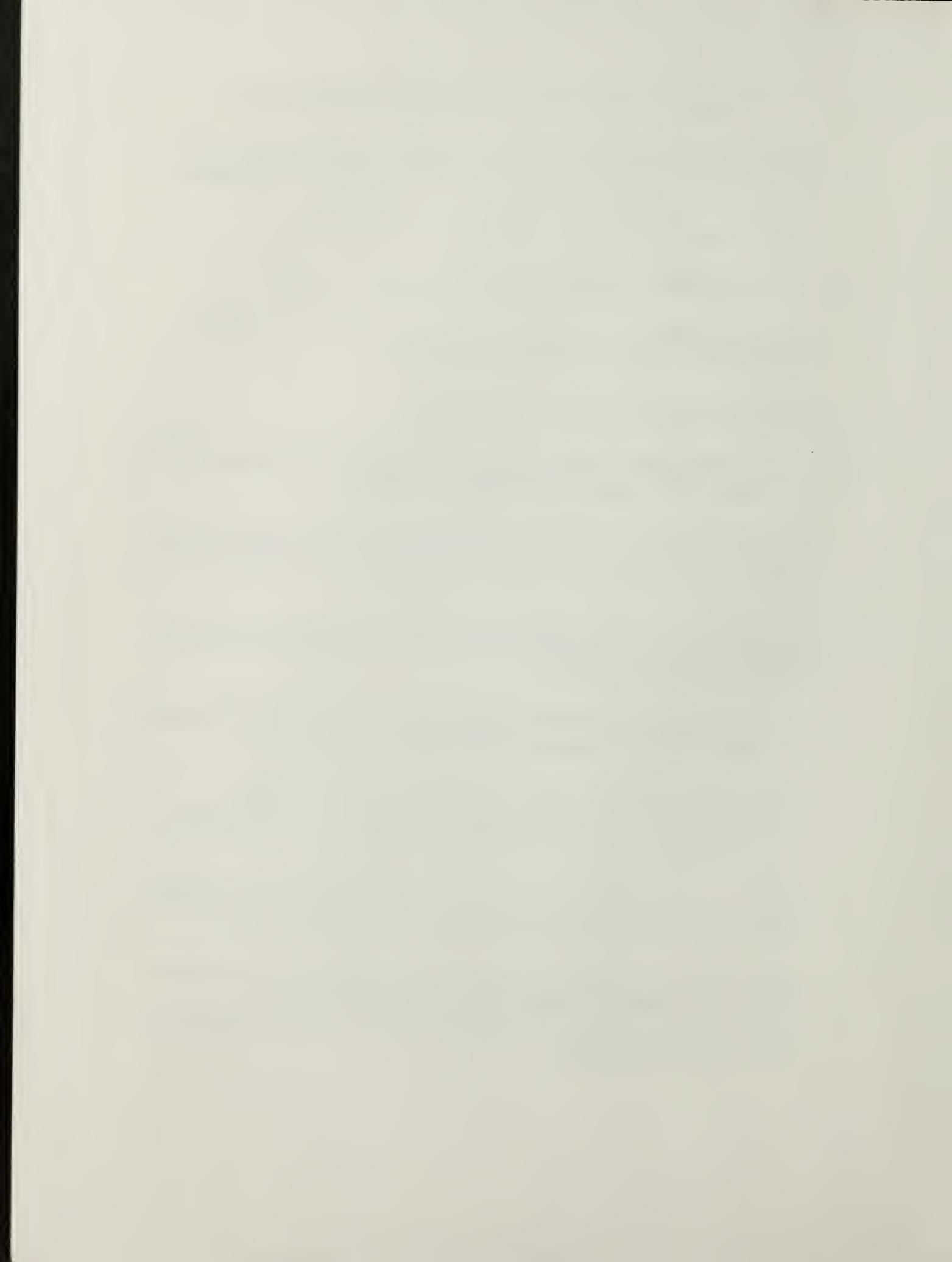
**5. Reviewing issues related to the development of a Comprehensive System of Personnel Development (CSPD):**

- \* Appointed Personnel Preparation Committee charged with developing and recommending a plan to address issues related to staff recruitment, training and retention.

**II. RESPONDING TO THE DEMANDS OF A BURGEONING EARLY INTERVENTION SYSTEM**

**1. Developing a collaborative approach to issues of mutual concern with other state agencies and constituency groups:**

- \* Broadened membership of the ICC/EIADCOMM by adding representatives from the Massachusetts Commission for the Blind and the Commission for the Deaf and Hard of Hearing;
- \* Approved recommendations to add representatives from the insurance industry, Head Start and the Association of Special Educators;
- \* Cultivated a relationship between the lead agency, Fiscal Committee and the Department of Public Welfare to develop a shared understanding of eligibility criteria and a rate for reimbursement for services under Medicaid;



- \* Recommended an increase in Part H funding for the ongoing transition institutes run by the Department of Education for parents and staff from local education agencies and early intervention programs.

**2. Overseeing programming issues and funding for low incidence services:**

- \* Reviewed universal screening system as to training of screeners on behavioral, medical, and/or developmental indicators of potential low incidence conditions;
- \* Surveyed early intervention and low incidence providers to assess the number of children needing service and the actual number being served;
- \* Assisted the lead agency in development of a proposal for a consultant to examine the low incidence funding system and issues related to its implementation;
- \* Monitored the operation of the Family Sign Language Project.

**3. Evaluating early intervention entrance policies and the implications of utilizing interim Individualized Family Service Plans (IFSP):**

- \* Assisted the lead agency in developing an Interim IFSP policy to insure that families would have a plan for services within 45 days from referral.

**4. Planning, implementing and responding quickly to evolving issues generated by the development of a third party payment system:**

- \* Advised on development of a policy for coverage of deductibles and co-payments by the lead agency and a family's right to waive access to their insurance coverage;



- \* Initiated discussions with individual Health Management Organizations as to referral policies, utilization of preferred providers, selective contracting across catchment areas;
- \* Formed a negotiating group to address expediting third party payments, the impact of medical necessity criteria on eligibility issues, and the effect of preferred provider agreements on programming.

### **III. RESPONDING TO COUNCIL MEMBERS' CONCERNS AND EARLY INTERVENTION PROVIDERS' CONFIDENCE IN THE SYSTEM AS THE RESULT OF STATE BUDGET CUTS**

#### **1. Reacting to budget cuts to direct services and transportation:**

- \* Monitored the fiscal implications of state budget cuts and advocated with the legislature on early intervention financing;
- \* Monitored the funding of transportation services and advocated for the need to keep pace with a growing system.

#### **2. Responding to reductions in the funding of other state agencies that impacted the services for children and families in the eligibility pool:**

- \* Worked with the Department of Public Welfare on anticipated Medicaid cuts and the impact of a managed care system on early intervention reimbursements.

#### **3. Advocating for sufficient funding in the succeeding year:**

- \* Deliberated the impact of three key fiscal issues: third party reimbursement, state appropriations and the fiscal implications of entitlement.
- \* Responded to the reduction in state funding by accelerating the pace of preparation of the fourth year Part H application, submitted in March, 1991.



#### **IV. PROVIDING SUPPORT, RESOURCES AND TECHNICAL ASSISTANCE AND INFLUENCING CHANGE ON LOCAL, STATE AND NATIONAL LEVELS**

##### **1. Providing educational and financial support to individual program's Parent Advisory Councils (PACs)**

- \* Developed guidelines for PACs which included the responsibilities of Early Intervention Programs and the ICC/EIADCOMM to promote and support viable parent organizations;
- \* Allocated Part H funds for a consultant from the Federation for Children with Special Needs to assist PACs in initial development and the enhancement of their collaborative role with the program

##### **2. Supporting local resource development grants with Part H funds:**

- \* Supported model programs that tapped community resources and encouraged increased interagency collaboration;
- \* Funded sign language training program for family members of infants and toddlers who are deaf or hearing impaired.

##### **3. Supporting the development of regional parent groups and parent involvement in ICC/EIADCOMM committees with Part H funds:**

- \* Provided for a consultant from the Federation for Children with Special Needs to facilitate the development of regional organizations of parents representing the local PACs;
- \* Provided funds to regional parent groups to be used at their discretion for the development of each respective region;
- \* Supported parents' participation on the ICC/EIADCOMM, its standing committees and task groups;



\* Provided for PAC representatives to meet at statewide conference of the Massachusetts Early Intervention Consortium.

**4. Supporting the continuing education of early intervention personnel with Part H funds:**

\* Continued support for the Continuing Education Consortium for Early Intervention Providers (CECEIP).

**5. Supporting the maintenance of a central directory of information with Part H funds:**

\* Continued funding for the Information Center, an information and referral source.

**6. Recommendations to the Congress on Part H reauthorization issues:**

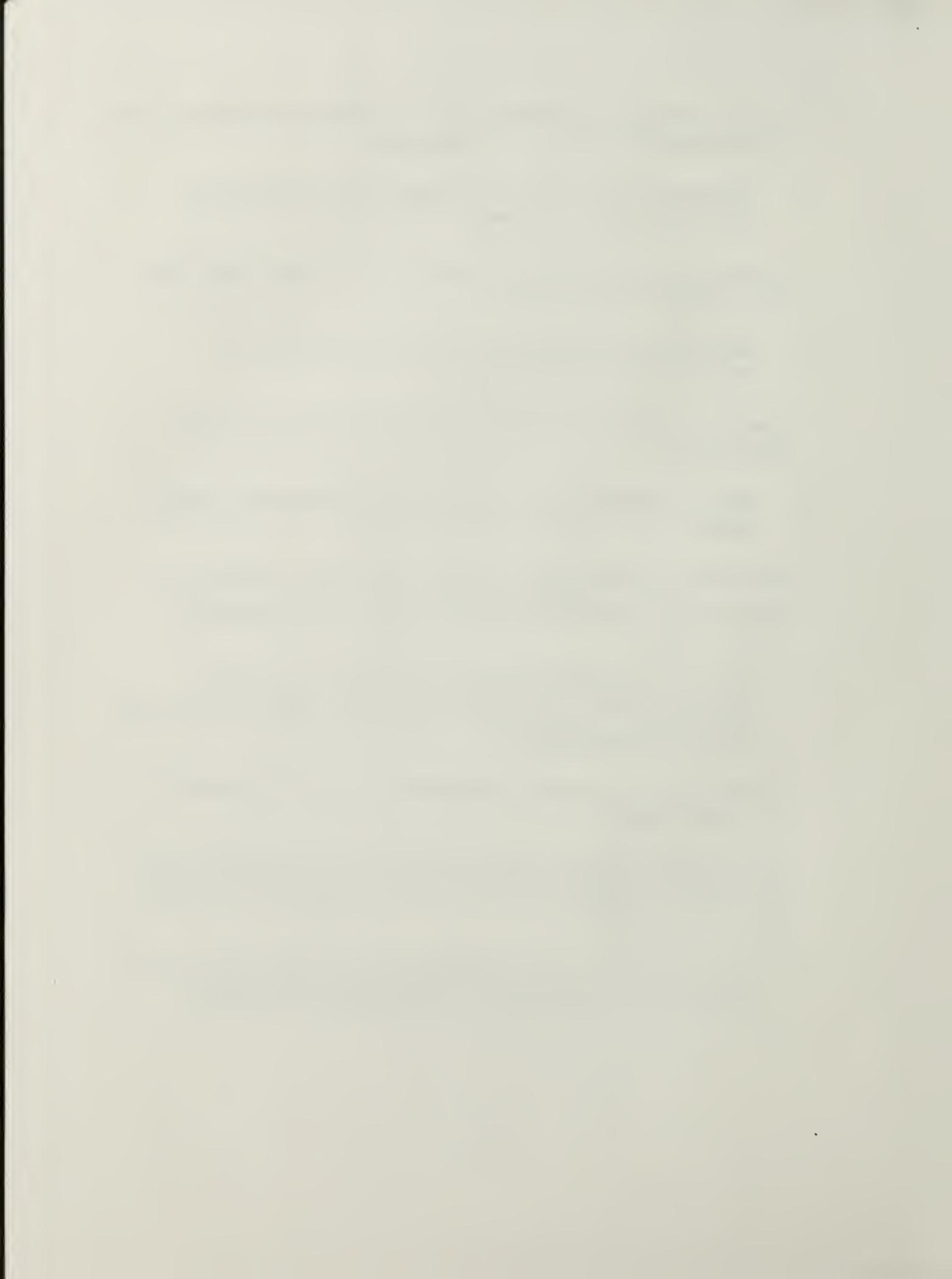
\* Determined key issues concerning the reauthorization of Part H and submitted these recommendations to pivotal federal legislators and advocacy groups.

**7. Participation of ICC/EIADCOMM members in national conferences both as participants and as presenters on programs, policies and innovations:**

\* Partnerships for Progress IV: presentations on Child Find, CECEIP, Financing Strategies;

\* NEC\*TAS ICC Parents meeting (Summer 1991): presentation on the implications of a third party system from the perspective of the lead agency and parents.

**8. The Chairperson of the ICC/EIADCOMM chaired the national Council of the Interagency Coordinating Council Chairs.**



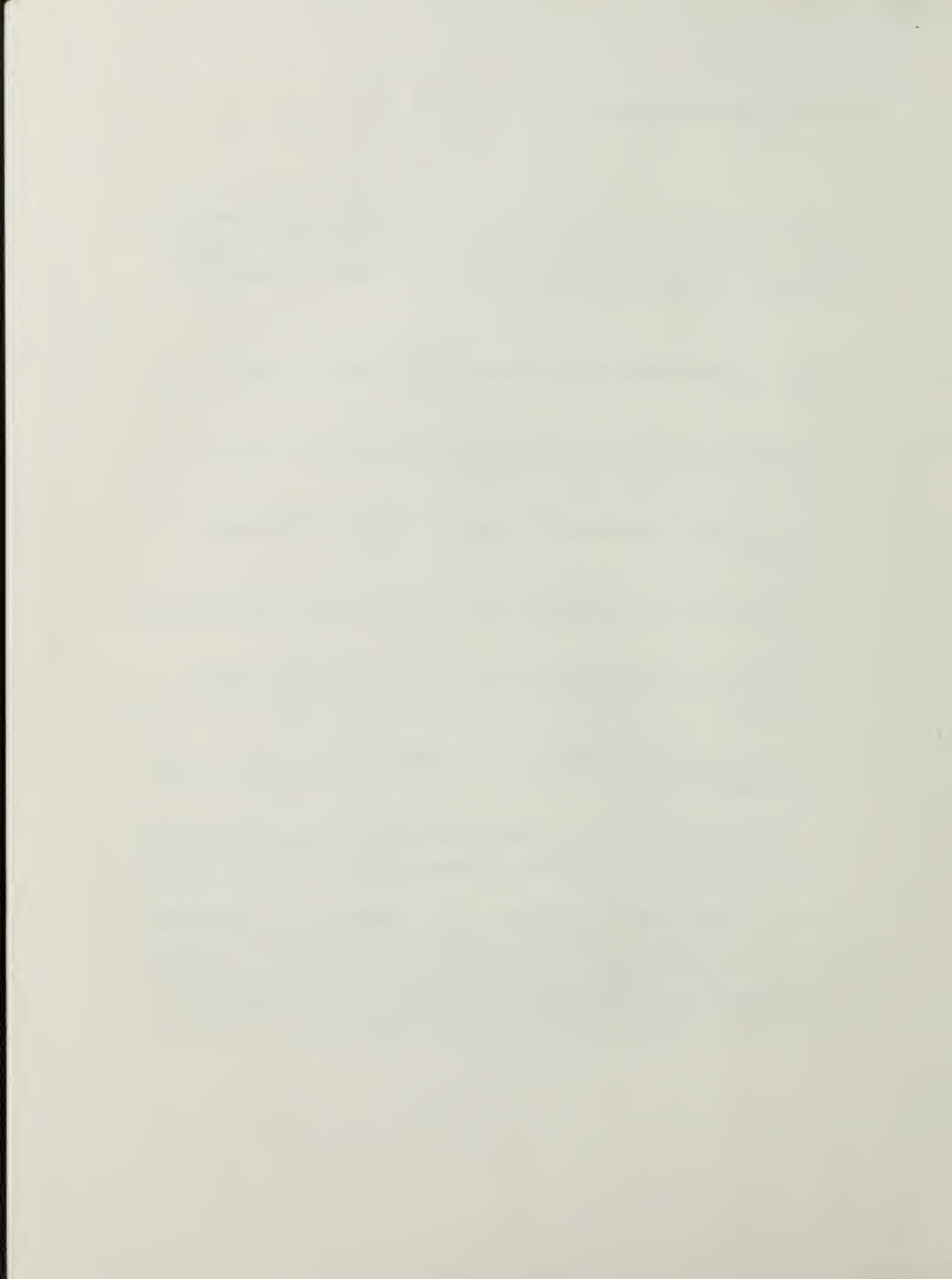
## FUTURE CHALLENGES...

As fifth year implementation draws near, Council members have identified the need to step back and re-examine the early intervention services system, reaffirm our philosophy of early intervention services delivery, and develop creative ways to implement our vision.

Key areas that will require investment of the Council's energies in the near future will be:

- \* assessing the needs of parents and professionals for training on Individualized Family Service Plan issues,
- \* cultivating the growth and development of the statewide parent movement,
- \* developing a set of shared expectations of the services provided by the system,
- \* insuring early identification and referral of all potentially eligible children,
- \* increasing public awareness of the availability and the scope of early intervention services,
- \* promoting integration and coordination of early intervention and other services for families of children with special needs.

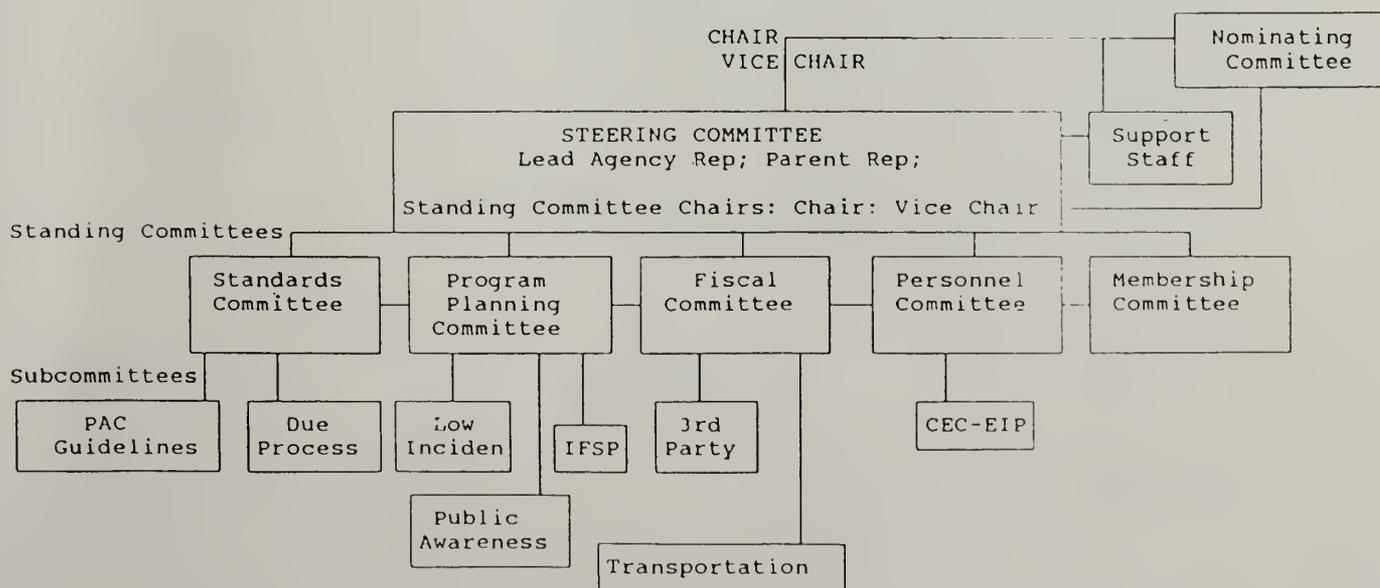
The ICC/EIADCOMM has worked hard to cultivate its role as the forum for creating and maintaining working relationships and productive interagency coordination and collaboration. As the system evolves, the need to increase the level of interagency policy development will become even more imperative in order to develop a responsive coordinated, family-centered system of services.

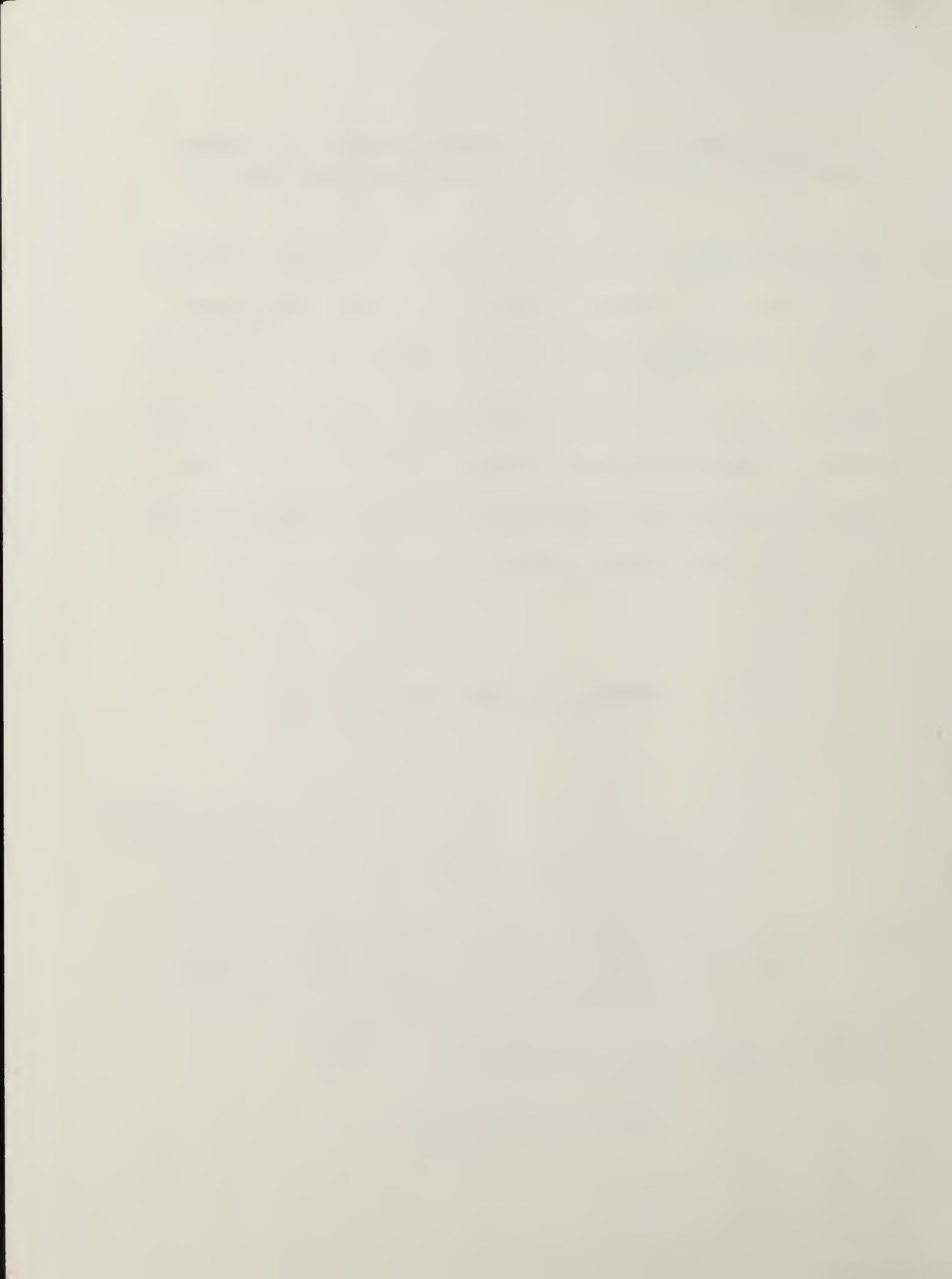


# MASSACHUSETTS EARLY INTERVENTION ADVISORY COMMITTEE/INTERAGENCY COORDINATING COUNCIL

The combined Early Intervention Advisory Committee/Interagency Coordinating Council consists of 23 members appointed by the Governor who represent the statewide early childhood services community. Six meetings of the Council are scheduled each year. Five Standing Committees and a Steering Committee meet monthly. In addition, task groups are formed as needed and meet on a time limited basis. Each Council member serves on one of the Standing Committees or task groups along with other members of the early childhood services community.

## ORGANIZATION CHART





# MASSACHUSETTS EARLY INTERVENTION ADVISORY COMMITTEE/INTERAGENCY COORDINATING COUNCIL

JULY, 1990 - AUGUST, 1991

## EARLY INTERVENTION PROVIDERS

Delinda Anderson  
Great Barrington, MA

Linda Edwards  
Fitchburg, MA

Ann Taylor  
Foxboro, MA

Beverly Levangie  
Local 509 Representative

Leah Curtis  
Winchester, MA

Betsy Leutz  
Tewksbury, MA

Karen Welford  
Mass. E.I. Consortium

## PARENTS

Rosalie Edes  
Concord, MA

Carol Lennon  
Ware, MA

Linda Fox  
Sandwich, MA

Chris Malfy  
Dracut, MA

## OTHER EARLY CHILDHOOD SERVICE PROVIDERS

Tom Miller  
Perkins School for the Blind

Amira Pellett  
Growth & Nutrition

Eunice Shishmanian  
UAP, Children's Hospital

Marie Esposito  
Cambridge, VNA

Martha Testa  
Brockton, VNA

## STATE AGENCY REPRESENTATIVES

Elizabeth Banta  
Comm. for Deaf & Hard of Hearing

Elizabeth Liebow  
Dept. of Public Welfare

Peggy Freedman  
Developmental Disabilities Council

Grace Healey  
Dept. of Mental Retardation

Susan Becker  
Comm. for the Blind

Karl Kastorf  
Dept. of Public Health

Elisabeth Schaefer  
Dept. of Education

