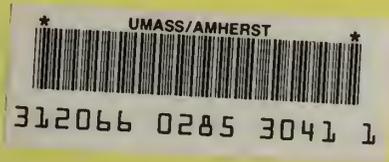


MASS Y3. EI 76. 1/91/92

ICC

INTERAGENCY COORDINATING COUNCIL  
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH



GOVERNMENT DOCUMENTS  
COLLECTION

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ANNUAL

SUMMARY

SEPTEMBER, 1991 THROUGH AUGUST, 1992

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, 1993



*Massachusetts has a longstanding tradition of support for early intervention services. State legislation in 1983 formalized an early intervention system under the administration of one lead agency . This was the pre-cursor for the model established by the 1986 federal legislation, Part H of the Individuals with Disabilities Education Act (IDEA).*

*The Interagency Coordinating Council (ICC) advises and assists the lead agency, the Department of Public Health, in the planning, development and implementation of a comprehensive statewide system of early intervention services. This interagency group comprised of 30 members represents the statewide early childhood services community by including state agency representatives, certified Early Intervention Program providers representing the state's five regions, parents representing the constituencies of these same regions, other early childhood service providers, a member of the State legislature, and others with an interest in and commitment to this system.*

*The ICC holds five day long meetings and a two day retreat each year. Much of the work of the ICC is accomplished in standing committee, sub-committee and task group meetings that study specific issues, develop short and long term plans, make recommendations and take appropriate actions. An effort is made to maintain diverse membership on all work groups and committees including parents, representatives from the provider community, state agencies and other interested parties. This broad representation allows vigorous discussion to take place and affords the opportunity for most issues to be resolved during the process.*

*The standing committees of the ICC are: Fiscal, Program Planning, Personnel Development, Membership and Standards. During this reporting period, sub-committees and task groups have been concerned with transportation, public awareness, low incidence services, by-laws, procedural safeguards and Individualized Family Service Plan (IFSP) issues. A Steering Committee sets agendas for the ICC meetings, assigns tasks to committees and task groups and initiates policy recommendations.*

*The demands of a burgeoning service system have increased the need for the ICC to be vigilant and responsive. It continues to be the dynamic arena for creating and maintaining these working relationships concerning policy development and program implementation.*



MASSACHUSETTS INTERAGENCY COORDINATING COUNCIL  
MEMBERSHIP 1991 - 1992

PROVIDERS

BETSY LEUTZ	DELINDA ANDERSON
ANN TAYLOR	LEAH CURTIS
JOANN OTLIN	PETER WOODBURY

PARENTS

LORINDA KATZ	CAROL LENNON
CHRIS MALFY	LINDA FOX
CHRISTINA BRAZELTON	ANTHONY THOMAS

MASSACHUSETTS EARLY INTERVENTION

CONSORTIUM REPRESENTATIVE LYNNE DESCHAMPS

PHYSICIAN

HARWOOD EGAN

LEGISLATOR

SENATOR RICHARD TISEI

CHAIRPERSON/PERSONNEL PREPARATION

EUNICE SHISHMANIAN

COLLECTIVE BARGAINING

BEVERLY LEVANGIE

MASS. DEVELOPMENTAL DISABILITIES COUNCIL

PEG FREEDMAN

WAMPANOAG TRIBE OF GAY HEAD (AQUINNAH)

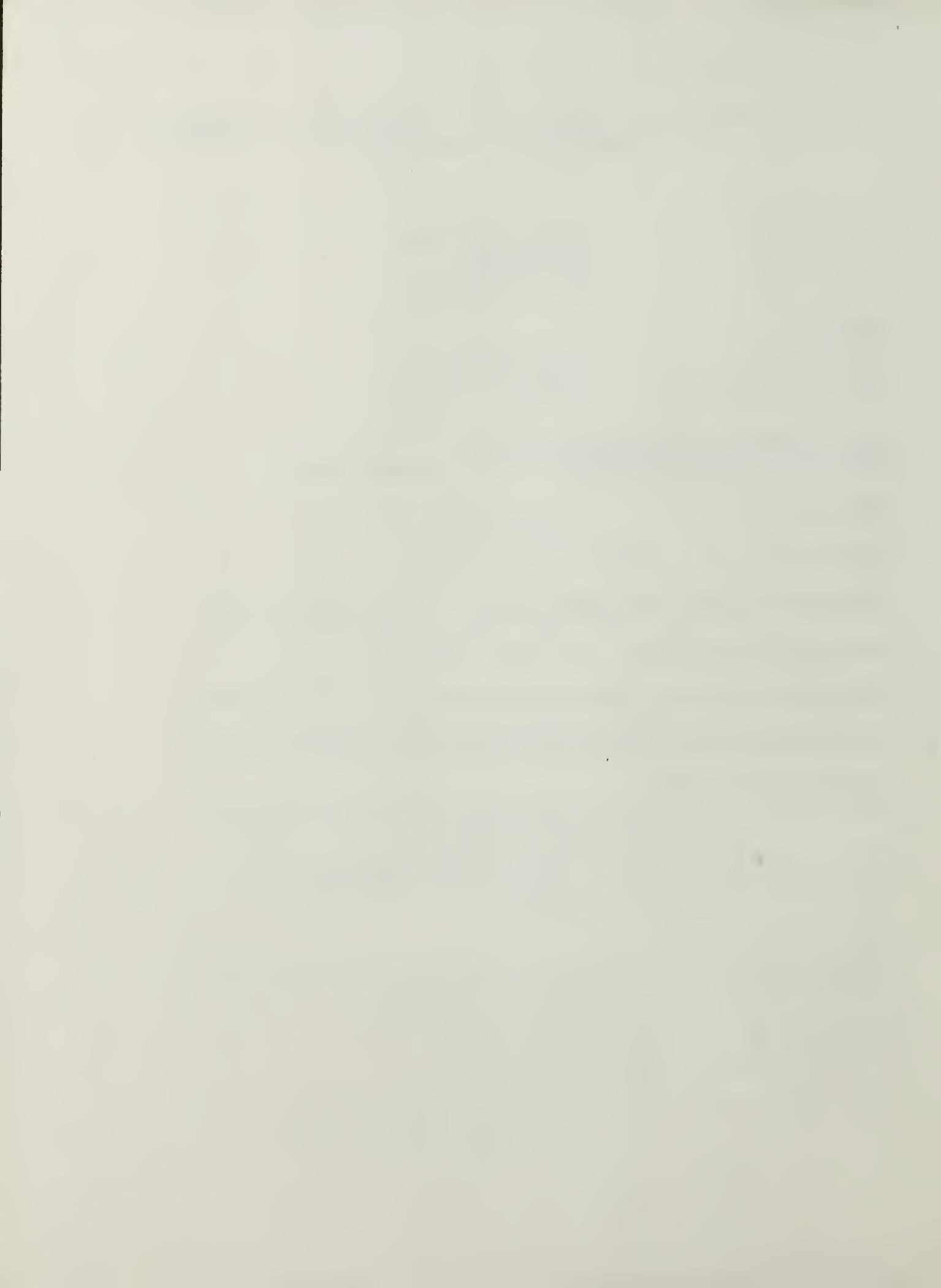
DEBORAH MEDDERS

OTHER ORGANIZATIONS

IRENE LONG	MASS. ASSOCIATION OF HEALTH MAINTENANCE ORGANIZATIONS (MAHMO)
MARIE ESPOSITO	HOME & HEALTH CARE ASSOC.OF MASS., INC..
CAROL DONNELLY	ASSOC.OF SPECIAL EDUCATORS (ASE)
LINDA BURKS-ADAMS	HEADSTART

STATE AGENCIES

ELIZABETH BANTA	COMM. FOR THE DEAF AND HARD OF HEARING
SANDRA DALEY	COMMISSION FOR THE BLIND
GRACE HEALEY	DEPT. OF MENTAL RETARDATION
LINDA MARTIN	DEPT. OF EDUCATION
ELIZABETH LIEBOW	DEPT. OF WELFARE
PAULA ARMS	DEPT. OF SOCIAL SERVICES
TERESA GALLINARO	EXEC. OFFICE OF CONSUMER AFFAIRS & BUSINESS REGULATIONS



## **EXECUTIVE SUMMARY**

*The ICC began this reporting period with an examination of the progress made on the implementation of the components of Part H. Areas that required further examination were identified and plans were established for ongoing monitoring of policy initiatives. During this process, it became clear that change does not occur easily and an effective, responsive system must continually re-examine and refine policies in order to improve the quality of services and promote active collaboration with consumers, state agency representatives, providers and others involved in the early intervention services system.*

### **FULL ENTITLEMENT....**

#### **THE CHALLENGES OF FIFTH YEAR IMPLEMENTATION.....**

*Between September 1991 and August 1992, the number of early intervention programs increased to fifty-one and there was a dramatic increase of 1400 children and families receiving services over one year. During this reporting period, services were provided to approximately 9500 children. It is anticipated that numbers will continue to surge as a result of entering the 5th year of implementation of Part H, which entitled all eligible children and families to early intervention services.*

### **HIGHLIGHTS AND ACCOMPLISHMENTS OF 1991-92**

#### **ENSURING QUALITY....WORKING TOGETHER....REACHING OUT....**

##### **STRENGTHENING THE COMMITMENT TO AN INTEGRATED SYSTEM OF FAMILY-CENTERED SERVICES:**

- Reaching consensus with diverse constituencies and developing a position statement on the philosophy and scope of the early intervention service system that was recommended to the Department of Public Health.*
- Developing strategies to improve communication among programs, specialty providers and families.*
- Conducting an assessment of the training needs of parents and providers concerning the IFSP process in order to develop strategies to maximize the potential of a system of family-centered care.*
- Investigation of the implications of the assistive technology requirements of Part H entitlement.*
- Re-affirmation of the stature of the IFSP as the driving force of the early intervention service delivery model.*



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### *STRENGTHENING THE FISCAL SUPPORTS FOR THE SERVICE SYSTEM:*

- Ongoing analysis of the early intervention rate structure, cost containment and the ability to expand to meet increasing service demands.*
- Consultation with the fiscal consultant studying current funding streams, rates, costs and the fiscal implications of entitlement.*
- Recommendations of appropriate strategies to balance the varied funding sources that support early intervention services.*
- Establishment of a dialogue with the Massachusetts Rate Setting Commission, re. EI rate structure, the impact of the rate on program implementation and staff shortage concerns.*
- Deliberations on the implication of selective contracting for EI services by HMOs.*

### *ORGANIZING ALL STRATEGIES RELATED TO PERSONNEL INTO A COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT:*

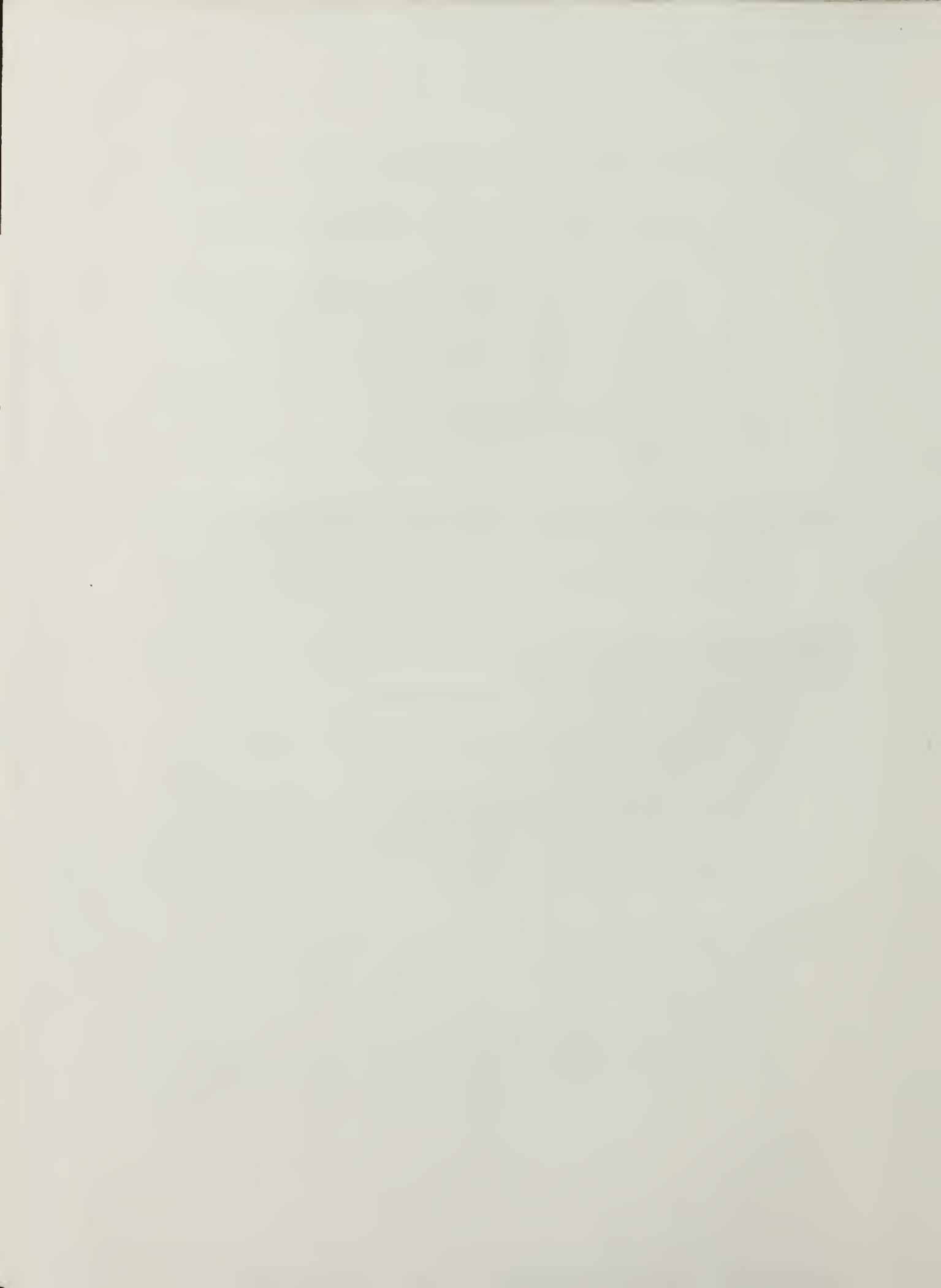
- Encouragement of inservice and pre-service training opportunities.*
- Development of working relationships with institutions of higher education to create collaborative approaches for pre-service training.*

### *ARTICULATING AND SUPPORTING THE ROLE OF FAMILIES IN THE EARLY INTERVENTION SYSTEM:*

- Establishment of procedures and publication of family rights materials.*
- Presentation of joint trainings for parents and providers on procedural safeguards issues.*
- Increased support of parent leadership activities through financial support for parent involvement in statewide and regional policy development and funding of a Parent Leadership Resources Project.*
- Cultivation of a statewide parent movement and increased outreach and support to minority communities.*

### *INCREASING COLLABORATION WITH EARLY INTERVENTION FUNDING SOURCES:*

- Advocacy to increase the financial support for early intervention in the state budget.*
- Participation in the planning and presentation of a joint training for third party insurance companies.*
- Work with the Department of Public Welfare on provider awareness of early intervention policies and clear mechanisms for reimbursement.*



*STRENGTHENING THE INTEGRATION AND COORDINATION OF  
INTRA-AGENCY LINKAGES:*

- *Information and education for members on the programs administered by the Bureau of Family & Community Health.*
- *Appointment of the ICC Vice Chairperson to the Bureau Advisory Council.*

*STRENGTHENING INTER-AGENCY COLLABORATION:*

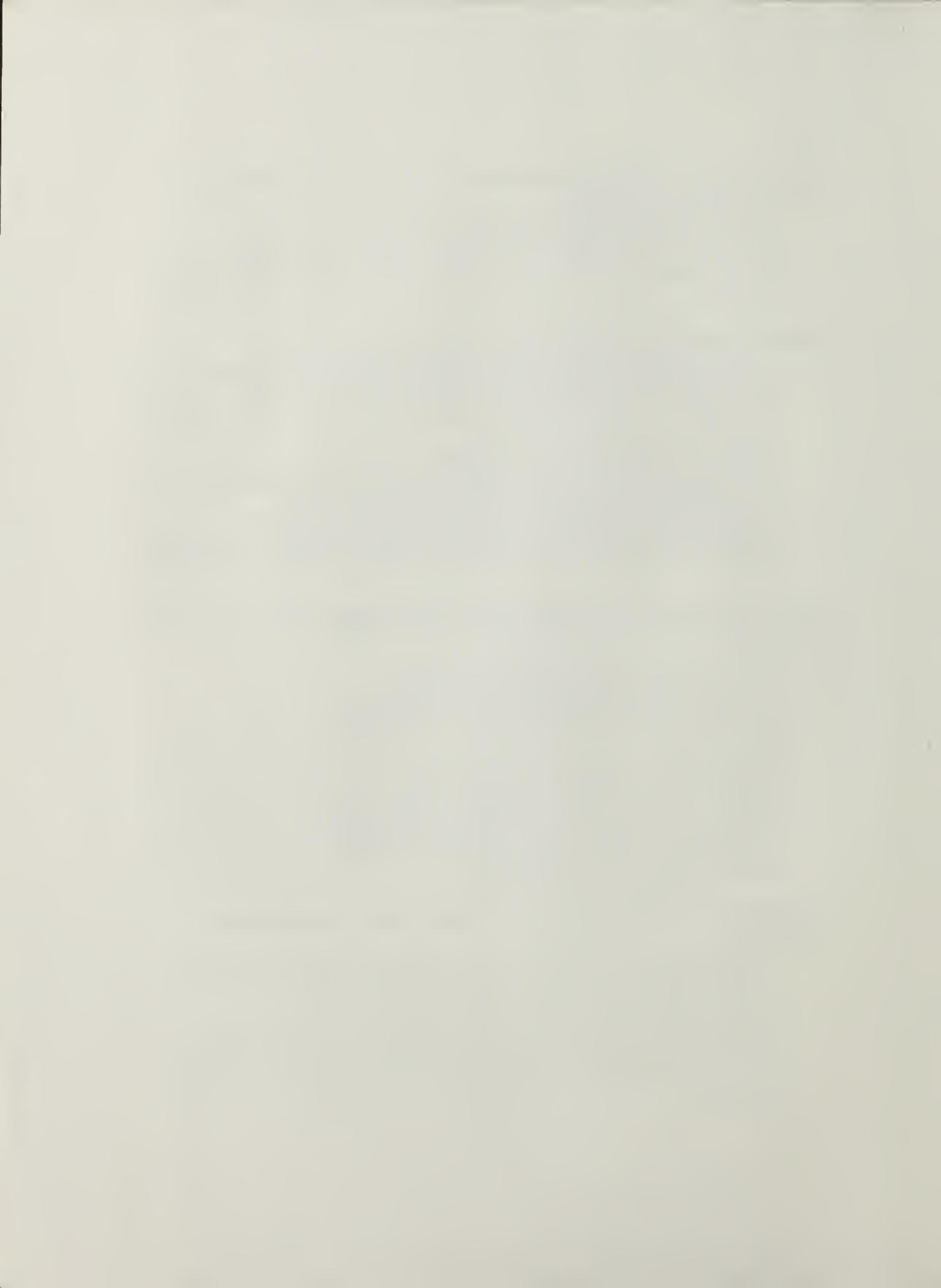
- *Increased collaboration with the Department of Social Services: appointment of a representative to the ICC and work on the development of a notification and appointment system for surrogate parents.*
- *Increased collaboration for transition planning between early intervention programs and Part B Pre-school programs: funding and participation in the Collaboration for Children Project.*
- *Advocacy to promote the assignment of day care slot priority and adjusted income eligibility limits for families of children with special needs.*

*SUPPORTING PRODUCTIVE WORKING RELATIONSHIPS AMONG ICC  
MEMBERS:*

- *Membership manuals for all members.*
- *Orientation program for all new members.*
- *Informal mentorship program for new members.*
- *Broadened the leadership structure through the election of a Vice Chairperson.*
- *Expanded the constituency representation through the appointment of representatives of organizations who have an interest in and a visible commitment to the early intervention system.*
- *Appointment of a representative of the Division of Insurance and a federally recognized tribal council.*

*DEVELOPING A COHESIVE, STATEWIDE PUBLIC AWARENESS  
CAMPAIGN:*

- *Appointment of a public awareness advisory committee to oversee the development and dissemination of materials.*
- *Increased awareness of available low incidence services through development of a brochure on services for parents and providers.*
- *Support for registration of low incidence service providers with a statewide data base to facilitate access by both consumers and EI Programs.*



*To facilitate the inception of the early intervention entitlement system, the following statement was formulated to enhance public awareness of the availability and scope of early intervention services, improve the referral process, promote interagency coordination and develop a shared set of expectations of the early intervention services system among consumers, providers and referral sources.*

## **MASSACHUSETTS EARLY INTERVENTION SERVICES**

*• The administration of the Early Intervention Services System in Massachusetts requires an interagency commitment to planning, investment of resources, and monitoring of programs and services in compliance with the fourteen components of Part H of the Individuals with Disabilities Education Act (IDEA). The statewide system therefore includes a procedure for contracting or otherwise arranging for Early Intervention Services.*

*• Family-centered, developmental early intervention services are provided to all eligible children and families. Early intervention services are:*

- designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development;*
- based upon collaboration with the family;- provided under public supervision;*
- in conformance with professional standards;*
- provided by qualified professionals;*
- based upon the Individualized Family Service Plan;*
- provided in the least restrictive environment;*
- provided at no direct cost to the family.*

*• Early Intervention Programs are community based and certified by the lead agency to meet the DPH Operational Standards. Early Intervention Programs in Massachusetts are responsible for:*

- determination of eligibility for early intervention services and ongoing developmental services;*
- development of Individualized Family Service Plan (IFSP) which encourage families to access both internal and community resources to address family needs;*
- provision of service coordination;*
- provision of family-centered developmental services;*
- collaboration with receiving agencies prior to age three to ensure continuity of services;*
- assisting parents in the transition from early intervention services.*



- *Massachusetts Early Intervention Programs provide evaluation services and on-going programming for infants and toddlers within the context of the family unit. Families served are representative of the diversity found in our communities including foster families, grandparents, and single parents (mothers and fathers) who provide primary care for eligible children.*

- *Recognizing the crucial influence of the child's daily environment on his or her growth and development and the importance of minimizing the intrusion on normal family life, Early Intervention programs work in partnership with the family in the process of assessment and service for the child. Early Intervention program service coordinators support and encourage the caregiver's growth toward independence in planning abilities to plan for the child's continuing and changing needs.*

- *Recognizing the importance of the family's natural ties in its community, the Early Intervention program seeks to mobilize these ties in support of family problem-solving. Early Intervention program services are sensitive to the varied cultural, linguistic, racial and ethnic diversity of the population served. Services for children and families are arranged to accommodate changes resulting from the child's growth and the family's preferences and developing strengths and/or needs.*

- *Early Intervention programs and service coordinators are committed to integration of the child and the family into their community with appreciation of individual differences and group diversity. In this regard, consultation may be available from the Early Intervention Program to child care providers in the community in order to enhance the individual child's ability to be integrated most fully in typical community activities.*



• Ideally, the need for Early Intervention services is identified early by community providers such as hospital personnel, primary care physicians, social service agencies, child care staff, and by parents. Public awareness efforts are aimed at helping the above mentioned identify potentially eligible children. Referrals are made directly to the Early Intervention Program, whose staff respond to the family's concerns in a timely and sensitive manner. Once eligibility is determined, an Individualized Family Service Plan (IFSP) is developed collaboratively by family members and program staff in accordance with federal and state requirements. The plan reflects the information gathered through the evaluation process regarding the child's developmental needs and the family's concerns, priorities and resources.

• Early Intervention programs deliver developmental and supportive services through a combination of center and home based interventions. This 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.

This model of service delivery works with the family to guide or re-direct and optimize the natural course of a child's growth, while respecting that child's place in a unique family context.

• The Individualized Family Service Plan (IFSP) is the organizing document of the service offered to a child and family eligible for early intervention. It is a uniquely individual and fluid document which changes in accordance with the evolving needs of the child and family.



- *The delivery of Early Intervention services by Massachusetts Early Intervention Programs utilizes a family-centered developmental model.*
- *The Early Intervention program may be the sole provider of services to a child/family or may provide services in conjunction with other social, medical, rehabilitation, or child care providers.*
- *Early Intervention program services are characterized by the following attributes:*
  - *The developmental approach synthesizes expertise from a range of disciplines required by standards to be represented on a certified Early Intervention program team. The number of service providers with whom children/families must interact is kept to minimum for the sake of both children and their families.*
  - *The developmental approach focuses on a child's strengths and helps the child to develop alternate or compensatory learning strategies.*
  - *The developmental approach seeks to transfer treatment strategies to the family so that these strategies become a natural part of the child's life.*
- *Early Intervention programs provide services by professionals trained in the areas of speech and language therapy, physical therapy, occupational therapy, early childhood and special education, social work, psychology, and nursing. These early interventionists are trained specifically to work with infants and toddlers and their families. Team members access consultation for themselves and participating families from a variety of other specialty services when needed to enhance team competencies or a particular child's growth and development. The expertise of each discipline represented on the Early Intervention program team is reflected in the collective knowledge of the team and in each member's role as service coordinator and developmental specialist.*



## ***FUTURE CHALLENGES....***

- *Adequately monitoring 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.*
- *Increasing the linkage with other programs within the Bureau of Family and Community Health to improve resource and referral networks for families.*
- *Refinement of implementation strategies outlined in the Comprehensive System of Personnel Development.*
- *Developing strategies that ensure the cultivation of a culturally sensitive system of services including the promotion of adequate representation of diverse populations the ICC and its committees.*
- *Encouraging more meaningful interagency collaboration for the planning and provision of services to eligible children and families.*
- *Developing service delivery guidelines that will enhance the quality and consistency of service delivery and establish a system for financial forecasting and accountability.*

