**ICC General Session Meeting**

**Approved Minutes**

**December 7, 2023**

Emily White (v), Chris Hunt (v), Dina Tedeschi (v), Michelle Grewal (v), Scott Geer (v), Johan de Besche (v), Anne Marsh, Karen Lopez, Liz Cox, Amy Capelle, Amy Muehlberger, Andrea Oiveira (v), Cambria Russell (v), Jheanell West, (v), Chrissy Kammel, Colleen O'Brien (v), Colleen Wellman (v), Corinna Rea (v), Edith Benisty, Elizabeth Small (v), Heather Biedrzycki, Heather Brankman, Kevin Beagan (v), Leah Smith, Lori Russell (v), Maura Murphy, Melissa Adams (v), Melissa Wenderoth, Rebecca Brink (v), Serra Acar (v), Tory Karlsen, Zulmira Allcock (v), Kathleen Amaral, Rosa Hsu (v), Jennifer Clark (v), Nicole Constantino (v), Shari Robinson, Kelly Petravicz, ; Voting members not present: Mallorie Brown, Casandra Greeno, Lindsay Rosenfeld, Sanya Agrawal, Asha Abdullahi, Juliane Nelson, Tonia Zarrella, Madi Wachman, Shirley Fan-Chan. Meeting was held virtually.

Dina welcomed all and requested roll Call to be conducted by Colleen O'Brien. Quorum met and meeting called to order 11:16am

Chris Hunt called for motion to approve minutes from June 1, 2023, August 31, 2023, and October 19, 2023, meetings/retreat. Colleen O'Brien roll call for June 1, 2023, Meeting Minutes approval. August 31, 2023, Meeting Minutes approval. October 19, 2023, Retreat Minutes approval. All in favor – approved.

Chris Hunt called for motion to approve ICC Membership Handbook. Michelle Grewal seconded. Colleen O'Brien led the roll call for approval. All in favor – motion approved.

Chris Hunt called for a motion on the Strategic Plan. Michelle Grewal moved; Cambria Russell seconded. Colleen O'Brien led roll call for approval of Strategic Plan. Two the remaining no – nays, and remaining voting members responded yes.

**State Performance Plan/Annual Performance Report presentation by Emily White. (PPT)**

Term defined: Slippage – performance is worse than the previous year and below the initial baseline target.

Targets = Indicators

* What happened in the field that created the improvement between July 1, 2022 – June 30, 2023?
	+ Beginning of coming out of the pandemic; staffing levels saw a slight improvement; and families more willing to receive services.
	+ Documentation
	+ Outcomes measurement
	+ Looking for targets; mask mandate lifted may align with families being more willing to have services resume in their home.
	+ Gray areas are in family outcomes – curious what the NCSEAM Impact Survey rates would tell us.

Federal regulation natural environment where children spend their time. A non-example would be center-based services. Housing situations have been impacted in 2021-2022 so center-based services have become more necessary.

* What are some ideas for outreach to families from birth – 1-year olds?
	+ Hospitals are less inclined to identify NAS families and have shifted from this, using a different approach. NAS is a 3-year diagnosis.
	+ FFY21 field was doing a lot of clinical judgements; resumed BDI which may have impacted the
	+ Decline in referrals from pediatricians’ offices; not sure how that moved the needle. Children may not have been seeing pediatricians during that time period.
	+ FFY18 at over 5%; ask Division to look at referral source data to determine if reeducation is needed.
* Referrals from pediatricians – seen more families who have been referred by pediatricians who have not received information.
* Are we using risk factors/eligibility to the full extent?
* Is outreach exclusive to traditional (I.e., pediatricians, etc.) or does it conclude non-traditional (I.e., urgent cares, etc.)
* Families with immunocompromised children not wanting providers to go from home to home; another challenge might be workforce/staffing issues and burnout challenges may be a reason.
* Difficult for pediatricians to find criteria on the website; also, a sense of hesitation because of field.
* Website more user friendly
* Reduction in childcare center staff access to EI
* Screenings
* Birth center access to information about EI services
* EI staffing – shifts in relationships in regard to referral sources.

* We served 10.4% of all children in MA ages birth to three. Is this the right size for our system? What makes you think that?
	+ Impact of late referrals; children 30 months and older.
	+ Difficult to put a number to this.
	+ Goal that every child eligible receives the services they have identified as needed.
	+ How many children coming in that continue to be eligible – data point how many children come into the system.
	+ Looking at national/state data at the number of people who have a disability to inform this question.
	+ Possibility that this number is larger now because of the pandemic. Effects of pandemic on infants and children. Will we see a decrease over time because the pandemic has shifted.
	+ Connection between
* What percentage of children who entered below age expectations exit early intervention with substantial improvements?

What made these improvements happen?

* Family gratitude for the services and the realization that EI does more than they thought – upswing in referrals, behavioral health referral uptick. Increase access to in-person services and knowledge of what EI does.
* Families that were remote habitually complained about child engagement via screen.
* Almost impossible for younger children to engage remotely, which is a big difference for children being able to engage with other children in in-person and community settings.

What ideas do you have for improving this result? What steps do you recommend we take at the state-level to improve this outcome?

* Would we be able to break it out by catchment areas to determine what programs are doing that are more successful.
* Initial tool used relies on parent input on how their child is doing > and once you know child better you capture the information differently; scores seen are not reflective; ASQ-SE is a good tool for measuring data and may give better more accurate picture of how child is improving.
* ASQ-SE is much more doable in a day-to-day (15 minutes); pandemic children look different – updated current practice social emotional materials for programs?
* The parents also went through the pandemic – stress, financial difficulties, etc. impacted parents in capacity/availability ways; relational piece of working with child and parent/caregiver. Would want to know more.
* EI providers have training to work on social emotional skills with children – not trained on how to work with parents/adults; provide more training to providers on working with families – build it into higher education programs.
* Use of BDI tool does not look at social emotional or functional. It is a standardized test and does not include the family; children with motor skills do not score well on BDI; the BDI is a detriment – standardized tools do not accurately depict.
* What are we doing to children and families with diverse backgrounds – BDI is not valid or reliable for families/children do not score accurately. Using home language surveys to work with families. Using universal screening (ASQ-SE) for every child. MA is one of the 3 states that is really working hard.
* CHAT – Autism impact on social emotional skills.
* Using BDI to measure these outcomes is a challenge; see discrepancies because of relationship building; high value in using a secondary tool overlapping areas missed. Children with complex medical needs – difficult to measure with standardized tool;
* Groups from 2 to 1 time a week – should be more individualized versus prescribed. Children having difficulty regrouping with reduced access to groups when they go to pre-school; has to be a family systems approach. Look at requirements for group frequency.
* Immigration populations – wonder how BDI testing/scoring of children will effect these results – especially because language effects BDI results; addressing and supporting families through more groups for parent and their child's wellness. Need to look at the group, testing and service delivery model. Maybe consider resetting baseline?
* Would love to see a more adaptive system. Pandemic impact, now migrant impact – working towards an adaptive system.
* What percentage of children who exited early intervention meet age expectations?
	+ These numbers do not reflect children who had one BDI, not two.
	+ Of the 3,372 children how many were eligible from because of risk factor/automatically eligible? How many were eligible for a secondary reason?
	+ May be an indicator of more face-to-face visits versus past years. Gains attributed to in-person visits.
	+ Increase in groups?

What do you see in the field that might be causing this decline? What ideas do you have for improvement? What can we at the state-level do to increase this performance?

* What happened in FY17?
* Families are at capacity and are still dealing with pandemic related impacts. These results could be a result of how the pandemic changed the landscape (i.e., SNAP benefits, housing security, etc.); shifting the thought from EI having done anything wrong to the struggles that continue to impact families. Things are still not back to normal.
* Shift in NCSEAM Impact Family Survey from paper to online – and may not be reflective. Response rates last year was 29% 46%
* New staffing impact on their understanding of the NCSEAM Impact Family Survey; demands on staff – things are being rushed and juggling a lot of demands. Time that it takes to train staff and build capacity.

What percentage of children are receiving an initial evaluation and IFSP meeting within 45 days?

* + Look at the programs that are not in compliance and learn why they aren't; staffing levels also may be an influence of this result.
	+ Salary implications,
	+ Ability to continue with telehealth for individualized situations.
* What percentage of children are receiving services within 30 days?

What occurred in the field that contributed to this decline?

What do you recommend we do at the state level to improve timely delivery of services?

* Groups and transportation may impact this slippage.
* Staffing challenges
* Transition Plan Requirements
	+ Put a hold on entering data because TPC; everything must be submitted in order to enter.

Rules and Responsibilities of Co-Chairs (PPT)

* Structure
* Co-Chairs and Steering Committee responsibilities
* Roles
	+ Subcommittee Chairs
* Proposed Annual ICC Working Calendar (PPT)
	+ Should it be a 2-year term?
* Subcommittees – Steering Committee to work on charges.
	+ Service Quality Committee
	+ Fiscal Committee
	+ Family, Equity, and Engagement Committee
	+ Membership Committee
* Action: Steering to talk about communicating meeting dates/times to community.

Chris Hunt requested motioned to adjourn at 1:55pm; Zulmira motioned; Nicole Constantino seconded the motion. The meeting was adjourned at 1:56pm.

Respectfully submitted,

Kris Martone-Levine