**ICC Meeting Minutes**

Virtual Zoom Meeting

**June 10, 2021**

**12:00-2:00 p.m.**

**ICC Members Present:** Johan de Besche – Co-Chair, Helena Liedtke – Co-Chair, Pat Cameron, Lori Book, Pam Wildnauer, Alexandra Nano, Jennifer Clark, Nicole Constantino, Colleen O’Brien, Bob Gagnon, Yi-Juin Liu, Melissa Adams, Colleen Wellman, Liz Fancher, Maura Buglione, Dina Tedeschi, Vikki Anderson, Chris Pond, Elizabeth Small, Michael Hutton-Woodland, Andrea Oliviera-Goncalves, Bethanie Glass, Michelle Grewal

* The meeting was opened at 12:02 p.m. by the Co-ChairsJohan de Besche and Helena Liedtke
* The minutes from the March 11, 2021 ICC meeting were approved by electronic Zoom poll of the ICC Membership.

**Directors Report** – Emily White, Director, Division of Early Intervention/MDPH:

**Emily White** provided the following updates:

* As recommended by the Re-Engagement Task Group and Fiscal Committee, the Division of EI will submit an ad/notice related to the availability of EI services to the Massachusetts Chapter of the American Academy of Pediatrics.
* A review of referral data for 2021 by month reflects significant increase in referral rates (compared to 2019, 2020).
  + Referral data by region was reviewed. The Northeast and Western regions have the highest percentage rate of recent referrals.
* Service Data: Reviewed the percentage of services provided via telehealth.
* American Rescue Plan Act (ARPA) funds: Massachusetts EI will receive $3,632,484.00. The purpose of the funds is to create sustainable enhancements to the EI system. Funds are anticipated to be received by 7/21 and expended within 27 months. Emily referred the membership to a link for a jamboard to solicit ideas and suggestions for use of how ARPA funds could benefit the EI system.

**Announcements from Membership:**

**Chris Pond** announced that she would be leaving the Department of Early Education and Care (EEC) next week for a position at the Department of Elementary and Secondary Education (DESE). She thanked the Membership for their time and relationships.

**Helena Liedtke** is transitioning from her role as Co-Chair of the ICC. A motion was made to nominate Michelle Grewal, Central Region Parent Representative as new Co-Chair. A poll to support the motion to nominate Michelle Grewal by electronic poll was made and approved unanimously by the membership.

**Sub Committee, Task and Work Group Reports:**

**Racial Equity Work Group:** The Work Group continues its effort to provide a central repository of resources for the field. The Work Group continues to discuss how the ICC can focus specifically on recruitment efforts to ensure a diverse workforce.

**Family Engagement:** Summarized its activities this year to focus on the effects of the pandemic and the need to support the social-emotional health of families and make use of the resources. Work Group members also reviewed the Family Engagement Framework document developed by DESE.

**Fiscal Sub-Committee/Re-Engagement Work Group:** Members reported that a portion of their meeting time this morning was dedicated to brainstorming ideas for use of ARPA funds that Emily White reported in her Director’s Report. In collaboration with the Early Intervention Parent Leadership Project, family success stories related to resuming in-person services will be developed. EI programs will receive information during the week of June 15th to review with families who may be interested in sharing their experiences.

**Panel Presentation:** **Providing EI Services During the COVID Pandemic**

**Panelists:** Jack Witkowski, parent; Sue Homan, Kennedy Donovan Center; Lori Russell, Aspire Early Intervention; Johan de Besche, Eliot Early Intervention.

The presentation focused on the approaches, activities, and observations of providing EI services during the state of emergency and experiences of returning to in person services.

**Panelist Observations and Activities:**

Jack Witkowski:

* Parent of three young children, one of whom had received in-person services prior to the state of emergency.
* Received telehealth services for much of the state of emergency.
* Participated in individual and child group services via telehealth.
* Noted that while there was much that could be accomplished via telehealth, it did feel different from in-person services. Jack explained that telehealth does not offer the full effect of what’s going on beyond the screen. He did participate in both individual and group services. When in-person services resumed, the program initially took steps to ensure that both the staff and family were healthy and comfortable holding visits. The program initially limited the number of staff providing services at home.
* Accessed some additional services when telehealth services were the only option offered by his EI program.
* Clear communication was key to the success.
* Noted the impact of not having access to in-person child groups had for his child.

Sue Homan, Kennedy-Donovan Center:

* The agency prioritized that the determination about how services would be provided (telehealth or in-person) would be based on what would be best for the family (in conjunction with the family).
* Noted the many and diverse needs of families and how program staff began pulling resources together. Local community resources also stepped up and reached out to the program staff to let KDC know what they could offer.
* KDC programs did limit the number of staff going into an individual family’s home as a mitigation strategy.
* PPE was provided to staff.
* Some of the KDC EI programs completed some assessments in-person.
* One KDC EI program is providing 90% of services in person.
* Challenges for the program included families who had competing priorities and responsibilities.
* Program/agency’s response to changes in positivity rate at the community level was flexible
* Chief Operating Officer emphasized and actively engaged in a robust communication plan for consumer of all their programs. The agency set the communication tone and had a script available for staff related to mitigation strategies, PPE, social distancing
* Mental health staff were busy recognizing and responding to families who had difficulty expressing their needs.
* EI programs were resuming group services.

Lori Russell, Aspire Early Intervention:

* Determined that in-person services would be available for all enrolled families based on family preference.
* Completed telephone health screenings of staff and families prior to in-person services.
* Worked with their local Board of Health and Community Health Center to have all staff fully vaccinated by January 15th, 2021.
* Worked with local Boards of Health around community levels of transmission. A determination was made very early on that the availability of in person services would be made available for all enrolled families based on their interest.
* Some families had difficulty accessing telehealth for various reasons (availability, other family commitments, technology), so the program accommodated families as much as possible.
* Staff reported the needs and stress levels of families was significantly higher.
* Accessed some additional services when telehealth services were the only option offered by his EI program.
* Staff worked to link families back to their community, because in some instances, the EI staff/program was the only link with their community. Staff observed the isolation that families were experiencing.
* Anticipating being back to “business as usual” by August.

Johan Debesche, Eliot Early Intervention:

* Recently resumed in-person services - noted the challenge of providing both telehealth for some families and in-person for other families.
* Noted the emotional impact to staff who are resuming in-person services.
* Observed the amount of resource work that clinicians have provided to families (food, housing, income security) has significantly increased.

Johan thanks members and participants for their participation throughout the year and wished everyone a happy health summer.

The meeting was closed at 2:00.