**ICC Retreat: Meeting Minutes**

Virtual Zoom Meeting

October 14, 2021

9am-2pm

**Welcome and land acknowledgment** (ICC Co-Chairs Michelle Grewal and Johan de Besche):

* It has been a challenging year for all of EI- parents, staff, children, but we are here to support each other and collaborate to advise and assist the DPH EI Division in running the work of EI for the coming year.
* Land Acknowledgment: as we celebrate Indigenous People Day, it is important to recognize the history in Massachusetts which has five tribal territories. Attendees encouraged to look at this website to see which land they are currently on. Here’s how to hold a land
* acknowledgement. [Link](https://nativegov.org/news/a-guide-to-indigenous-land-acknowledgment/)

**Early Intervention Division Director Update** (Dr. Emily White, Director of Early Intervention)

* Dr. White presented the Lead Agency report, and thanked the ICC members who had provided feedback via survey about the data elements to be included in said report. Overall, the size of the Early Intervention system has been on a steady decline during the pandemic, though referrals for new infants and toddlers to early intervention continues to be higher in FY22 than in prior years. Telehealth was the predominant mode of service delivery for general EI services until recently; by contrast, Autism Specialty Service Providers have predominantly delivered services in person since July 2020. Massachusetts lags behind other states’ early intervention programs in its performance on the federal indicators of child performance.

**COVID Community Impact Survey (CCIS)** (Kim Etingoff, Justine Egan, Lisa Potratz, Elizabeth Beatriz, Beatriz Pazos, DPH):

Presentation

* The CCIS is a collaborative effort to develop a survey to understand the specific needs of populations that have been disproportionately impacted by the pandemic to prioritize the pandemic response. The survey was open from September – November 2020. Full slides and more information can be found online here: <https://www.mass.gov/info-details/covid-19-community-impact-survey>
* Mass in Motion: How do we use these data moving forward? Breakout groups were used to discuss how data is already being used and how it can be used in the work moving forward.

Breakout groups

* Participants were sent to breakout groups for 45 minutes to discuss and apply these data.
* After the breakout groups, everyone came together to debrief the discussion. The following were the main themes:
	1. Every program should have a dedicated Resource Coordinator to support families. A potential ICC charge could be to investigate methods to make this fiscally possible and/or to provide a model for how this might work within the current billing system.
	2. Develop a language line to provide access to families in their native language. Translate IFSP and expand the use of the language line to increase these services.
	3. Stringent credentialling rules limit the ability to hire developmental specialists. This has been a recurring issue but it might be time it surfaces to the top.

**Retreat Process Mapping** (ICC Co-Chairs Michelle Grewal and Johan de Besche):

* The purpose is to come up with the charges for the year. The ICC is aimed at advising and assisting the EI Division to provide great operational services. All voices contribute to how these charge are established. The ICC must balance the group’s needs with the feasibility of what EI can actually implement. Jamboard will be used to facilitate process mapping. There are four slides in Jamboard slides: 1) fiscal, 3) reengagement 3) racial equity 4) family engagement 5) other. Attendees were asked to use “sticky notes” to note their ideas and suggestions for each of these topics.
* Attendees were given 10 minutes to post their ideas on these topics.

***Lunch break 11:40- 12:15***

**Reorientation to ICC** (ICC Co-Chairs Michelle Grewal and Johan de Besche):

* Co-chairs provided a summary of the ICC’s purpose, mission, processes, and structure.
* ICC Cycle: annual retreat, ICC meetings (x4), committee/task groups meetings, ICC input and consensus on committee/ task groups’ work, presentation to DPH.
* The ICC is collectively made up of ICC stakeholders (non-voting) and ICC voting members, and DPH representatives. If attendees are interested in becoming a voting member they should reach out to the co-chairs to express interest.
* All members (voting and non-voting) are encouraged to read the bylaws, attending meetings, join a committee or task group, prepare for meetings, represent your stakeholders, and participate (all voices are important!). There are many ways to be involved

**COVID Update from Dr. Madoff**

* Dr. Larry Madoff is the Medical Director within the DPH Bureau of Infectious Disease and Laboratory Sciences.
* Dr Madoff provided an update on COVID-19. Key takeaways include. He noted:
	+ The pandemic began almost two years ago in Wuhan, China. Within 1 month of beginning, Massachusetts had its first case from a traveler who returned from China.
	+ We are currently in the third or fourth surge in Massachusetts. The most recent surge started this summer and we are still seeing a considerable amount of cases (~1,200-1,500/ day)
	+ Vaccines are highly effective in preventing symptomatic COVID and are highly effective against the Delta variant. Vaccines are authorized to age 12 and will soon be approved for younger children.
	+ Breakthrough infections still occur so there is a role for mitigation (masks)
* Questions from the group:
	1. How can we ensure there is safety when providers go into family’s homes?
		+ Vaccines are the single most important thing that all of us can do! Other strategies include better masking, ventilation/airflow in the home, meeting outdoors if possible, hand hygiene and home tests.
	2. When the vaccine for younger children is available, what communication/ campaigns will be used to spread this information to improve confidence?
		+ Children are already vaccinated against ~15 different diseases as part of routine vaccine strategy
		+ DPH is working with primary care providers to give a strong recommendations to their patients
	3. Can you say more about anti-body tests?
		+ These tests tell you if you’ve been infected with COVID before but immunity fades to it may not be as strong anymore.
		+ We don’t know how good natural immunity is or how long it lasts, and it varies person to person.
		+ Getting vaccinated still helps even if you’ve had COVID.
	4. Are rapid home tests reliable?
		+ PCR tests are most sensitive to detecting viral load. The home antigen test is reliable but less sensitive than PCR. If it returns positive result it is a good indication that COVID is present. They are very good at detecting symptomatic COVID.

**ICC Charges** (ICC Co-Chairs Michelle Grewal and Johan de Besche):

* During the break, Johan synthesized the information from the Jamboard to determine themes and overlapping ideas.
* The group discussed ideas to determine which charges to move forward with as charges for the year. DPH Leadership has a say in the final recommendations. The goal is to have continuous feedback from Dr. Emily White into the feasibility of ideas.
* Ideas that seem salient from Jamboard:
	1. Racial equity task groups should continue its charge to provide ideas on how we can advance hiring practices to increase justice, equity, and inclusion so that staff look like and represent the people we serve.
	2. Create a new role for family partners.
* Group discussion on these ideas:
	+ There is a need for a data task force with a lens on disparities
	+ Diversity in hiring and retention of EI service providers is needed. We need to do more to recruit highly skilled, highly professional staff of different backgrounds. We lose a lot of these professionals to better paying jobs in schools, hospitals, clinics, etc.
	+ Is there a way to support staff that were trained outside the US who might not have a license here? Is there a way to draw on their skillset and support their path to licensure?
	+ Dr. White- There is interest to ensure that the workforce that provides EI and specialty services is representative of families. One approach could be for charge to look through workforce diversity data to make recommendations.
	+ Family Partners or a similar model could be a way to bridge the gap between staff shortages and meeting family needs. A taskforce could look at information about existing curricula and training for the family partner model.
	+ Fiscal could play a role in these ideas too. Consider hiring a former EI parent to support families to augment professional staff.
	+ Issues could be resolved if we looked at the whole funding basket to consider cross reimbursement structures to allow program to hire in categories that are most needed.
* Reengagement Committee:
	+ Re-engagement task group will work to create a resource for best practices for strategies to reduce gaps in service delivery, with input from EI division staff. (staffing is the issue - we cant keep bilingual bi cultural staff).
	+ Ch 257 rates were discussed. What strategies can be used? Can we create a community of practice? The ICC can assist in the process of providing data and written testimony at hearings.
* Fiscal Committee:
	+ The Fiscal Committee will work to increase funding for Interpreters and EI bi-lingual staff support, to improve diversity and inclusion, with input from EI division staff
	+ Further research into telehealth is needed.

**Wrap up**

* ICC will finish the charges at the November Meeting.