MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of November 8, 2023

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Henry I. Bowditch Public Health Council Room, 2nd Floor 250 Washington Street, Boston MA**

**Docket: \*\*\*REMOTE MEETING\*\*\* Wednesday, November 8, 2023 – 9:00AM**

***Note: The November Public Health Council meeting will be held remotely as a video conference consistent with St. 2021, c. 20, s. 20, which provides for certain modifications to the Massachusetts Open Meeting Law.***

Members of the public may listen to the meeting proceedings by using the information below:

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Dial in Telephone Number: 929-436-2866 Webinar ID: 815 1640 8256

Passcode: 444699

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Robert Goldstein.
	3. Record of the Public Health Council Meeting held October 11, 2023 **(Vote)**.
2. **DETERMINATION OF NEED**
	1. Request by Beth Israel Lahey Health, Inc. for a substantial capital expenditure and required equipment **(Vote).**
3. **INFORMATIONAL PRESENTATIONS**
	1. An Update on the Massachusetts WIC Nutrition Program.
	2. An Overview of the Massachusetts IDEA Part C/Early Intervention System.

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council’s meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: November 8, 2023 - Start Time: 9:06 am. Ending Time: 11:24 am.

| **Board Member** | **Attended** |  **First Order:** **Approval of** **October 11, 2023** **Meeting Minutes** **(Vote)** | **Request by Beth Israel Lahey Health, Inc for a substantial Capital Expenditure and required equipment (Vote)** |
| --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes |
| **Kathleen Carey** | No | Absent | Absent |
| **Elizabeth Chen** | Yes | Yes | Yes |
| **Harold Cox** | Yes | Abstain | Yes |
| **Alba Cruz-Davis** | Yes | Abstain | Yes |
| **Michele David** | Yes | Yes | Yes |
| **Robert Engell** | Yes | Yes | Yes |
| **Elizabeth Evans** | Yes | Yes | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes |
| **Joanna Lambert** | No | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Yes | Yes |
| **Summary** | 13 Members Present;2 Members Absent | 11 Members Approved;2 Abstained2 Absent | 13 Members Approved;2 Members Absent |

**PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, November 8, 2023, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Lissette Blondet; Secretary Elizabeth Chen; Dean Harold Cox; Alba Cruz-Davis; Michelle David, MD; Robert Engell; Elizabeth Evans; Eduardo Haddad, MD; Stewart Landers; Mary Moscato, and Gregory Volturo, MD.

Dr. Michele David arrived at 9:15 am, and Mr. Stewart Landers left at 11:05 am.

Also in attendance was Beth McLaughlin, General Counsel at the Massachusetts Department of Public Health.

Commissioner Goldstein called the meeting to order at 9:06 am and made opening remarks before reviewing the docket.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

Commissioner Goldstein proceeded to update the council on the following:

**Veterans Month/Day**

Commissioner Goldstein acknowledged that November is Veterans and Military Families Month and November 11 marks Veterans Day. He recognized the service of all our DPH colleagues who are veterans, or who have veteran family members.

**Lung Cancer Awareness Month**

Commissioner Goldstein said November is also Lung Cancer Awareness Month, intended to raise awareness of lung cancer and to promote research. He said lung cancer is the leading cause of cancer deaths in the U.S. and in Massachusetts. To reduce risk, he encouraged everyone to avoid smoking, screening for high-risk individuals, and to test one’s home for radon.

**Workforce Development**

Commissioner Goldstein shared a few updates from the past month:

* He said he had joined the Healey-Driscoll Administration, as well as the STEM Advisory Council, to celebrate STEM Week.
* At Holyoke Community College Center for Health Education and Simulation, he said he spoke about the importance of joining the nursing workforce and emphasized the impacts on community and public health one can have by becoming a nurse. Nursing, along with behavioral health and direct care work, has been identified as priority careers for investment and intervention by the Healey-Driscoll Administration’s Workforce Skills Cabinet.
* He also said he moderated a panel of legislators and hospital and nursing leadership at the Western Mass Healthcare Summit, focused on how to build a better pipeline for all levels of careers in nursing.

**Youth Behavioral Health**

Commissioner Goldstein mentioned that he was in Amherst last month to participate in a symposium on youth behavioral health. He said the Public Health Institute has been gathering information and working on what they’ve called a “youth behavioral roadmap” to address pressing issues affecting young people. This Youth Roadmap is aligned with but separate from the statewide “Roadmap for Behavioral Health Reform.” He said in Western Mass, 45 percent of youth, ages 14 to 24, reported feeling sad or hopeless. Across the state, high rates of depression, anxiety, and suicidal ideation have been noted in high school students and young adults.

He explained that the Youth Behavioral Roadmap is a thoughtful plan to provide support and increase access to vital behavioral health services to youth in the region, particularly those who are the most vulnerable, which includes young people who are Black, Latine, and LGBTQ+. He said the increased rates of youth depression, anxiety, and suicidal ideation is a public health crisis exacerbated by the COVID-19 pandemic.

He said that DPH is working with the Department of Mental Health, the Department of Elementary and Secondary Education, local public health departments, and other stakeholders to provide a holistic approach to youth behavioral health.

**Tewksbury Visit**

Commissioner Goldstein said he visited the campus of Tewksbury Hospital, one of four public health hospitals, which serves adult patients with complex medical and chronic health needs, as well as those with mental health illness who require treatment and supervision within the security of a locked unit. He said he also visited the State Office of Pharmacy Services, or “SOPS,” which provides an integrated pharmaceutical care system, benefitting several agencies within the Executive Offices of Health and Human Services and the Executive Office of Public Safety and Security.

**ABH Awards**

Commissioner Goldstein said he recently spoke at the Association of Behavioral Healthcare’s Annual Salute to Excellence Awards, which recognizes individuals and groups who have made outstanding contributions to community-based substance use disorder and mental health care in Massachusetts. He said Deirdre Calvert, Director of the Bureau of Substance Addiction Services, also addressed and inspired the crowd.

**Talking About DPH**

Commissioner Goldstein said that one of his goals as Commissioner has been to be proactive in telling the story of the people, programs, and progress at DPH. He said he’s been fortunate to be able to participate in three recent interviews; a podcast hosted by John McDonough and Paul Hattis; a piece from WBUR in its CommonHealth newsletter focusing on the priorities for the Department and its future work; and a discussion with Massachusetts Health and Hospital Association President Steve Walsh in a webinar produced by the organization called “Executive Insight Series.”

**Essential Services and Maternal Health Access**

Commissioner Goldstein said in part in reaction to the closing of the maternity unit at the HealthAlliance-Clinton Hospital in Leominster, Governor Healey ordered two reviews to be led by the Executive Office of Health and Human Services and DPH.

First, a comprehensive review of statewide access to maternal health services, with a focus on health equity and health outcomes, including supports for nutrition, mental health and substance use, and the expansion of the maternal health workforce, including doulas and nurse midwives.

Second, an additional review focused on regional access to essential services in the Northern Worcester County area.

He said DPH has worked hard developing these reports and conducted listening sessions across the Commonwealth to engage the public on these critical matters and hear from people with lived experience as a set of policy recommendations are developed.

**Update on Emergency Assistance**

Commissioner Goldstein said that Governor Healey has announced that by the end of October, the state will no longer be able to add additional units to its emergency shelter system for families experiencing homelessness, which will be capped at 7,500 families. He said DPH continues to support the public health needs of families in the EA shelter system.

**Respiratory Illness Season**

Commissioner Goldstein reminded everyone that the Department is now maintaining a series of dashboards on viral respiratory illnesses, with a focus on influenza, COVID-19, and RSV. He said residents can stay up to date on the impact of respiratory illness in the state. The Commissioner reminded everyone of steps you can take to keep yourself healthy, emphasizing the importance of vaccination.

**GLBTQ Legal Advocates & Defenders (GLAD) – 20th Anniversary of Marriage Equality**

Commissioner Goldstein acknowledged the 20th anniversary of the landmark Massachusetts Supreme Judicial Court ruling on November 18, 2003, that made Massachusetts the first state to allow LGBTQ+ couples to legally marry. He reminded us that DPH was the defendant in this case, and although it’s stance was not a reflection of the Department’s values, DPH was the agency with the authority to grant or deny marriage licenses. He thanked the plaintiffs in this case, including GLAD, who took risks and made sacrifices to make marriage equality commonplace.

Commissioner Goldstein asked if there were any questions from the members.

Dean Cox mentioned the importance of school nurses and asked if an informational presentation could be given to the council regarding their work. He said that school nurses are on the forefront of all aspects of public health. He felt it is important to hear what the Department is doing to support school nurses and training activities that are provided.

Commissioner Goldstein said that he had spoken earlier of the behavioral roadmap and part of that investment is school nurses. He said a presentation would help the Council to see what the Department is doing to support school nurses and the investment that it is making in them.

Mr. Landers appreciated the recognition of the 20-year anniversary of marriage equality in Massachusetts. He said something we don’t hear a lot about is vital records and due to the importance and significance of vital records, he would like the Department to present an informational presentation.

Commissioner Goldstein said that vital records is undergoing a massive modernization, which is much needed. He said the Department is leaning into its responsibility to affirm everyone in the state. He felt it would be appropriate to bring to the Council an update on the progress being made.

Ms. Moscato asked if there was any update on the progress within the four state public health hospitals and asked if there was any help that the Council could offer.

Commissioner Goldstein agreed that it is also important to bring an update to the Council regarding the public health hospital systems. He mentioned that the Department has hired a new Deputy Commissioner for the Public Health Hospital System as well as the State Office of Pharmacy Service (SOPS), Ted Constan. He said he has hit the ground running and shares the collective vision of the public health hospitals, recognizing these are important institutions, providing a very important service to a vulnerable portion of our state. He said he would like to bring the Deputy Commissioner to address this group to talk about the collective vision for the public health hospitals.

With no further questions, Commissioner Goldstein turned to the docket.

**1****. ROUTINE ITEMS**

*c. October 11, 2023 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the October 11, 2023, minutes.

Mr. Landers requested a change. The minutes were modified per his request and finalized.

Commissioner Goldstein asked if there was a motion to approve the October 11, 2023 minutes, as amended.

Ms. Moscato made the motion, which was seconded by Dr. Haddad. Dr. Cruz-Davis and Dean Cox abstained. All other present members approved.

**2. DETERMINATION OF NEED**

*Request by Beth Israel Lahey Health, Inc. for a substantial capital expenditure and required equipment (Vote)*

Commissioner Goldstein invited Dennis Renaud, Director of Determination of Need Program, to review the staff recommendation of Beth Israel Lahey Health, Inc’s request for a substantial capital expenditure and required equipment. He was joined by Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality and Rebecca Kaye, Deputy General Counsel.

Upon the conclusion of the presentation, Commissioner Goldstein asked the members if there were any questions.

Dr. Haddad asked if an analysis had been done to determine alternate locations for patients in this region.

Val Baciarelli, Interim Chief Operating Officer, LHMC introduced Angela Tambini, Executive Director, LHMC to field Dr. Haddad’s question.

Ms. Tambini said they have looked at the market and determined that they could not take these patients at the Peabody location. There are only two linear accelerators and they treat over 10,000 patients a year. Mass General Brigham has a facility in Peabody, but they are also limited in their capacity. She said patients would have to go to Boston to receive the same care that they could receive in Burlington with this new project.

Dr. Haddad asked if there were any comparable facilities further north, like in Lowell.

Ms. Tambini said there are vaults in Lowell but there is a limit to how many patients can be seen at each facility, and it would be very difficult for any surrounding entity to be able to absorb the number of patients that they see in Burlington.

Dr. Haddad asked if it was the vision that those patients that would typically go to Anna Jacques hospital after its closure would now go to the new facility in Burlington.

Ms. Tambini said that they have been working with the leadership of Anna Jacques and they will certainly support their patients.

Ms. Moscato had two questions. The first was regarding workforce – she stated that the application mentioned 30 employees including 4 new employees, and asked what staffing currently is and if staffing in the technical radiology area will be met by this new addition. Her second question was about demand projection, which was stated to be 30%. She felt this projection was high and asked for it to be clarified.

Ms. Tambini said that they are currently staffed for the requirements that they have at their facility. She said bringing in replacement equipment, they don’t feel that they have to bring on many more staff. They continue to source the market for radiology therapists and expect with this new technology, there will be high demand for a therapist to join their team. They are also sourcing the market for new physicists due to the new technology of the equipment. In regard to nurses, she said these positions are very quickly filled as it is attractive to nurses as an outpatient facility that mixes tertiary care with technology.

Mr. Biacarelli asked Dr. Howard Hsu, Division Chief, Radiology and Oncology to follow up on the staffing question from a clinician viewpoint.

Dr. Hsu said that currently they have a very robust staff. Because the new machines will be more efficient in their treatment, they can treat more patients with the same staff, which limits the need to add much more staff. He said regarding growth projections, much of that growth is due to the increase in projected SBRT and SRS treatments, which are targeted, high dose treatments. The reason for the increase is the expansion of indications for using SBRT and SRS; clinical studies have shown efficacy for these treatments for a wide variety of patients, especially patients that have limited metastatic disease and are well controlled with systemic therapy, but may have limited spots that require additional local treatment. He said Lahey Medical Center Burlington is a site of excellence and will be able to offer patients services that otherwise would require travel to Boston.

Ms. Moscato asked Ms. Tambini to also address the demand analysis that she had reported.

Ms. Tambini said historical growth has been seen year after year – 16% growth at the two sites and 14% at Burlington – and this is with the current equipment with the challenges of downtime.

Ms. Blondet asked about the existing and potential populations being served. She said this is an area that is not easy to access without a car. She mentioned that the majority of patients currently served are white and wondered if there were plans to serve the large number of other ethnicities in the adjacent communities.

Mr. Biacarelli said they do outreach to a variety of different communities on the north side of the BILH system. They support these communities with their facilities and affiliations and associations with facilities like Winchester Hospital and Beverly Hospital. He said he sees their “reach” expanding because of these relationships and the type of patients and the frequency of getting patients from the north will grow.

Ms. Tambini said they also will have a social worker to connect with patients to help with things like transportation issues.

Dr. Hsu said with the expanded use of SBRT and SRS, the treatments are delivered in one to five treatments, compared with the current treatments that are up to 40 treatments. This is a significant help to those with transportation problems, or who need to take time off from work and family.

Ms. Blondet said that “outreach” is a broad term, and although she appreciates the benefit of the patient not having to travel to Boston, she wanted to know how non-English speaking communities are aware of these new services next to their communities.

Ms. Tambini said as they move forward promoting the new facilities and their capabilities, reaching out to these communities is part of the plan. Interpreter services will be provided from the time of consultation to the time of treatment.

Mr. Baciarelli said they have a very diverse staff who are key in their communication efforts around any new service that they can provide and in an informal way, this gets communicated to their communities.

Dr. Cruz-Davis asked if BILH would be proactive in mitigating needs like transportation.

Ms. Tambini said currently they do a complete social determinants of health assessment with every patient. The nurses are very engaged and work hand in hand with the social worker to support patient needs. They work with providers to make sure patients have nutritional support or if rides are needed, they work with the social worker. They have other groups that provide ride vouchers. These efforts to work with a patient’s social determinants of health will continue into the new space.

Ms. Blondet said that she would like to see a targeted outreach plan and asked what are the potential vehicles that the system will use to remedy the patient’s situations. She said she would like to see their outreach encompass the diverse communities surrounding them, and once their deterrents to access are understood, she wanted to know what will be put in place to remedy these deterrents.

Ms. Rebecca Kaye, Deputy General Counsel said within the “measures for annual reporting” there is a section with respect to treatment access. She said perhaps they could include a request for reporting details of an outreach plan.

Ms. Blondet said that she would like to see the outcomes of an outreach plan with the hope that the percentage of non-white patients will have increased.

Mr. Renaud said that this could be added in conditions, monitored and reported for progress.

Dr. Haddad added that because this is such a specialized service, he didn’t feel that advertising these new services to the general public made much difference. He felt the better connection was to health care in the communities. He said the patient will learn of these services from their general practitioner as well as their oncology/hematology consultants. He said this is what will reflect on the referral base to this center.

Ms. Moscato said that this referred to her original question about market demand analysis, regarding percentage of patient increase, this outreach through medical services is necessary.

Mr. Biacarelli said outreach is important and they can certainly accommodate the progress reporting request. One of the advantages that Lahey has is a multi-specialty physician group practice model. They have physicians from a variety of specialties that are integrated in their approach to care, so if a patient comes in through a primary care mechanism, they will get the necessary referrals to continue their care in their system. They will move naturally through the system in a way that they may not, if they go through a non-integrated group.

Mr. Engell said he was intrigued to learn more about Lahey’s integrated healthcare model that includes alternative therapies, social work, behavioral health and how this space both accommodates the needs of the patients and the receptivity of the physician workforce as it relates to some of the alternative therapies that have been beneficial for so many patients.

Ms. Tambini said they have dedicated program space for behavioral oncologists and social workers to meet with patients as their needs arise. They have discovered that patients are seeking these sorts of services more often and they look at this as a complement to the care that they’re receiving for their radiation treatment. Thay have also created a dedicated space for an acupuncturist as well as a massage therapist so patients can take advantage of those services.

Dr. Hsu spoke to the receptivity of the physicians, saying the providers are fully on board to have a holistic approach to patient care. Providers are encouraged to flag potential needs of patients through assessments.

Dr. Bernstein asked if they will be doing general marketing to the public when this is announced and if so, could you consider that as part of outreach in terms of direct marketing in different languages.

Mr. Baciarelli said they will have a significant communication plan around the opening of the new unit, which is being planned now.

Ms. Tambini added that they want to get the message out in any language, but as was mentioned earlier, the specialties of oncology and radiation are at the end of the messaging after being seen by other professionals. Lahey is committed, in general, to creating access to everyone who wants to go there. These are initiatives that are being worked on throughout the hospital and will make their way into radiation and oncology.

Commissioner Goldstein stepped in to clarify that some of the annual reporting will address the outcomes that Ms. Blondet was discussing. He asked if BILH may share what they may be able to provide around this outreach plan. A lot of these questions are specific to how they will do this outreach.

Mr. Biacarelli said he would welcome the opportunity to work with Mr. Renaud and the DoN program to craft documents they will have going forward.

Mr. Renaud said the DoN program would be happy to work with them, especially with the concerns that the PHC has, so the PHC can get the answers that they are looking for.

With no further questions, Commissioner Goldstein asked if there was a motion to approve the request by Beth Israel Health, Inc. for a substantial capital expenditure and required equipment.

Dr. Cruz-Davis made the motion which was seconded by Dr. Bernstein. All other present members approved.

1. **INFORMATIONAL PRESENTATION**
2. *Update on the Massachusetts WIC Program*

Commissioner Goldstein invited Rachel Colchamiro, Director of the Nutrition Division, to give an informational presentation on the Massachusetts WIC program.

Upon the conclusion of the presentation, Commissioner Goldstein asked the members if there were any questions.

Dean Cox said that detractors of the program may say that the requirements are too strict and exclude some people that are in need, and that the program needs to be modernized and streamlined. He heard the improvements spoken about in the presentation but asked Ms. Colchamiro if there were additional insights she may have to make the program more effective.

Ms. Colchamiro addressed the requirements question saying that the flexibility that they’ve received with the previous and current waivers embraced the concept of flexibility. She has seen improvement in show rates for appointments and caseload. People can access us by phone or video. There is more flexibility when required health information is required. She said they are not just a food program ,but are able to do nutrition health and care. Also, a requirement streamline has been the income eligibility with MassHealth. All local agencies can view the MassHealth portal and determine if a person has an income-eligible MassHealth type. This allows them not to have to collect other items of documentation. Over 90% of their participants are in an applicable MassHealth program, showing income eligibility without having to produce documentation. They do not screen for immigration status. In terms of leaving people out, there are advocates that want WIC until 6 years old. There are proposals to increase the length of the certification period for pregnant women after the baby turns one, to improve inter-conceptual nutrition to ensure food resources and nutritional care between pregnancies. She said in terms of people that may not be income-eligible for WIC but need the service, she agrees that there are families that fall outside the income regulations that may need WIC services. In terms of modernization efforts, she said there are immense federal efforts to modernize this program, grants around technology, farmers market, as well as more efficient certification flows.

Mr. Landers said he was appreciative of BFHN’s commitment to addressing structural racism in its mission statement, but he sees food deserts a structural deterrent to nutrition. He asked if there were strategies to address food deserts. Secondly, he asked if there are controls over what WIC pays for an item based on the price in the store.

Ms. Colchamiro said regarding food deserts, they are required to look at each of their service areas to ensure that there are sufficient locations that participants can use their benefits. It can be difficult to bring smaller stores on board, because the program requires a mandatory inventory to meet nutritional guidelines. She said they ensure that there are sufficient vendors in the community to serve them, and the online ordering program can address the lack of stores and transportation issues. She said they have different categories of retailers and they base pricing upon that category. Though there is a cap for a particular item, that cap may vary depending on the size of the market.

Dr. Evans said she is interested in women that misuse opioids and other substances, many of whom may also be involved in the justice system. How does substance use among mothers affect their eligibility for WIC benefits, and how do you educate and inform them about that so they know their rights and can make informed decisions while accessing treatment for addiction?

Ms. Colchamiro said this does not affect their eligibility. Eligibility is categorical. If they are pregnant, or post-partum, with income eligibility, and residence in Massachusetts, they are eligible. She said they work closely on a local level with all the organizations that may have relationships with women with substance use issues. WIC provides training around lactating and substance use.

Dr. Volturo asked when WIC ends after a child’s first year and there is a long bridge before they enter school, is there any linking to local food banks so they can continue to get some resources during that interim period?

Ms. Colchamiro said that WIC will serve them until they are 5 years old. There is sometimes a gap between 5 years old and when a child starts kindergarten. WIC is meant to be supplemental and not the primary source of food needs. They encourage families to engage with the SNAP program, They also do assessments, and when WIC and SNAP is not enough, they refer the family to local food banks and food services.

Dr. Bernstein asked if the population using WIC have the technical access to use the WIC technology.

Ms. Colchamiro said over 95% of their participants use their WIC shopper app, and therefore have access to some sort of smartphone. They constantly think of ways that technology can make access easier.

Dr. Bernstein asked if that applies also to non-English speakers.

Ms. Colchamiro said that the WIC shopper app is available in 12 different languages, text messages are automatically translated, and online nutrition education is in multiple languages. They also have interpreter services.

Dr. Haddad asked if WIC offers services for obesity.

Ms. Colchamiro says they do an annual nutrition assessment and follow up depending on the results. If they see that a child is struggling with obesity, they may see the child on a more frequent basis. They are very invested their participants maintaining healthy weights.

With no further questions, Commissioner Goldstein thanked Ms. Colchamiro for her presentation and discussion.

1. **INFORMATIONAL PRESENTATION**
2. *An Overview of the Massachusetts IDEA Part C/Early Intervention System.*

Commissioner Goldstein invited Emily White, Director of Early Intervention Division, to give an informational presentation on the Early Intervention System.

Upon the conclusion of the presentation, Commissioner Goldstein asked the members if there were any questions.

Dean Cox asked about the issue of eligibility. He said states define developmental delay, and asked how broad Massachusetts’ definition is.

Dr. White stated that Massachusetts is one of the few states and territories that operate part C programs and maintains a very broad definition of developmental delays. The eligibility assessment she spoke of in the presentation assesses where children’s skills are in relation to age expectations. Massachusetts defines that as 1.5 standard deviations away from their age expectations. Other Part C or early intervention programs define developmental delays as 2 or 2.5 standard deviations away. So, Massachusetts is notable in its broader definition. That is why in the Commonwealth we serve 10.45% of all children between the ages of birth and three.

Dean Cox asked when moving from Part C of the program to Part B, which is preschool, what are the issues to transition and meet eligibility?

Dr. White said she cannot say that all children transition without problems, but in FY23, over 95% of all the children that were enrolled and exited did have all their different transition steps and services in a timely manner, meaning in place at least three months before their 3rd birthday. For those that didn’t, DPH responded with their colleagues over at the Department of Elementary and Secondary Education (DESE), by providing coordinated, joint multi-year training and technical assistance for our early intervention providers as well as our local education agencies to target those that had less smooth experiences.

Dean Cox said parent participation must be difficult for parents that have multiple jobs and asked how they deal with overwhelmed parents.

Dr. White said she is humbled by the work that their early intervention providers do. They work carefully to support families and to meet them where they are. They have a lot of training and experience in trauma-informed care and make sure that families, because they are the partners, are the ones guiding every step of the early intervention process. They take great pains to schedule services when and where is most convenient for families. There are some services that take place very early in the morning because that is when families can participate. She said they are grateful that former Governor Baker allowed early intervention services to occur under Act 2020 chapter 260. This allows for tele health, which opens up a lot of opportunity for family participation.

With no further questions, Commissioner Goldstein stated that this concluded the final agenda item for the day and reminded the council that the next meeting is scheduled for Wednesday, December 13, 2023, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

Dr. Bernstein made the motion which was seconded by Dr. Volturo. All other present members approved.

The meeting was adjourned at 11:24 am.