

Interagency Coordinating Council

August 9, 2004
9:00 a.m. – 1:00 p.m.

Infoline
1344 Silas Deane Highway
Fourth Floor Conference Room
Rocky Hill, CT

Approved Sept. 20, 2004

Minutes

Laurel Ross, ICC Acting Chair
ARC, Greenwich

Karen Biernat
Parent

Timothy Bowles, acting
Dept. of Social Services

Carmina Cirioli
Parent

Mary Ann Dayton-Fitzgerald
Dept. of Children and Families

Elizabeth Daly
Office of Protection and Advocacy

Mary Eberle, alternate
A.J. Papanikou Center for Excellence

Maria Engborg, alternate
Parent

Ann Gionet
Parent

Linda Goodman
Department of Mental Retardation

Mark A. Greenstein, M.D.
Pediatrician

Jeannette Haines, acting
BESB

Moira Herbert, acting
Dept. of Insurance

Melvette Hill, acting
Parent

Cynthia Jackson
Children's Therapy Services

Robert LaCamera, M.D.
American Academy of Pediatrics

Joe McLaughlin
McLaughlin and Associates

Amy Moncy acting
Easter Seals CT/RI, Inc.

Maria Synodi, alternate
State Dept. of Education

Robin Tousey-Ayers, acting
Dept. of Public Health

Myra Watnick
Rehabilitation Associates, Inc.

Diane Wixted
*Commission on the Deaf and
Hearing Impaired*

ICC Members Present: Tim Bowles, Mary Ann Dayton-Fitzgerald, Ann Gionet, Linda Goodman, Dr. Mark Greenstein, Jeannette Haines, Moira Herbert, Cindy Jackson, Dr. Robert LaCamera, Joe McLaughlin, Amy Moncy, Lolli Ross, Maria Synodi, Myra Watnick, Diane Wixted

ICC Members Absent: Karen Biernat, Carmina Cirioli, Elizabeth Daly, Maria Engborg, Mary Eberle, Melvette Hill, Rep. Denise Merrill, Robin Tousey-Ayers

The meeting began at 9:20 AM.

Introductions: Lolli Ross, Acting ICC Chair, welcomed everyone to the State ICC meeting. Council members and twelve members of the public introduced themselves.

Minutes

Lolli called for approval of the April meeting minutes. Dr. LaCamera made a Motion to accept the minutes as written. Cindy seconded the Motion. The minutes were unanimously accepted as written.

Public Comment

1) Joyce Lewis provided written (*att. 1*) and verbal commentary on the effect of changes made to the System including reimbursement procedures for provider programs and the collection of parent payments. Joyce is the Director of the Key Services Birth to Three program, a non-profit agency contracted to serve approximately sixty families in the North region. She feels strongly that charging

parent fees is incompatible with the Birth to Three System mission, and noted that her agency has established a scholarship program for families experiencing financial hardship due to the

required parent fees. Joyce also noted the negative impact on families, children, and local school districts when a family whose child is eligible declines early intervention due to the fees. Unfortunately, the fiscal situation for her program is such that they are on the brink of withdrawal, even after having made considerable program changes such as reducing the number of towns served, shifting staffing patterns, and omitting staff raises for the past two years. Joyce hoped that a rescinding of parent fees would reestablish the necessary mixture of children with high and low service needs that is critical for agency survival and for restoration of the Birth to Three mission. Key Services has a strong commitment to Birth to Three, participating families, and the children. Joyce then called for support from the Council to address this crisis.

Members of the Council expressed their appreciation of Joyce's succinct testimony and for taking the time to present this important issue to the Council. Further discussion was held until additional public commentary of a similar vein could be shared.

2. Vernice Jury, president of the Connecticut Speech and Hearing Association, expressed concerns on two fronts: parent fees and credentialing. She reported that parents of young children with speech and language issues are waiting, sometimes until school age, to enroll in intervention services. This increases the impact on the school district and often worsens the issues for the child. She then expressed the opinion that the credential in early intervention is unnecessary and that numerous speech and language pathologists who are currently involved only part-time in provision of services to children younger than three may choose to stop providing those services due to the credentialing requirements and the time necessary to fulfill them.
3. Nancy Canata, Director of the CREC Birth to Three program serving families in the North region added that her program has also been negatively impacted by the changes in reimbursement. They have had to decrease rates for consultant service providers to the extent that they may lose these important staff. They are also losing children who are no longer eligible, and have had to consider withdrawing as a Birth to Three provider.
4. Aggie Pont, Director of the Connecticut Children's Medical Center Birth to Three program serving families in the North region, voiced concern over fiscal issues that continue to challenge her agency. She reported that they struggle to reach full capacity due to eligibility changes and parents opting out of Birth to Three due to the required parent payments. The unpredictable nature of her caseload has led to flawed fiscal projections and instability which could have an unintended impact on quality.
5. Barbara Brown, Administrative Director at Connecticut Children's Medical Center added that CCMC is experiencing issue similar to those of Key Services despite the differences in their respective organizational structure. Birth to Three is not the central core of the CCMC mission, which has led to difficulties in justifying the continued drain on the larger agency's resources.

Dr. Bob LaCamera noted that the American Academy of Pediatrics Connecticut Chapter is a statewide organization, and asked for direction on how to best utilize their association as a voice to effect legislative change. He called for going outside of Birth to Three to raise public and legislative support. It was noted that there had been a successful fight in March, 2004 to keep the Birth to Three System viable. That rally addressed a crisis, but the subsequent fiscal interventions have resulted in serious challenges for programs and families and threaten the System.

Lolli distributed survey results received from 25 Birth to Three programs recently (*att. 2*) addressing four issues:

1. specific steps taken in response to recent changes in the Birth to Three System
2. impact of the changes on children and their families
3. program and staff impact
4. possible strategies and solutions

Programs reported having made reductions in professional staff and other personnel shifts as a direct result of fiscal constraints. Changes in policy and practice were also reported, including but not limited to:

- increased use of contracted professionals
- reduced flexibility in scheduling visits
- increased caseloads for staff
- reducing staff availability for PPT meetings or doctor's visits
- seeking scholarships and grant money
- scheduling shorter sessions with families.

Programs reported a range of negative effects on children and families, including:

- increased withdrawals by children of eligible families
- increased delays between a family learning their child is eligible and deciding to enroll
- families opting out before the last month of service
- families are embarrassed about not being able to afford the fee
- families are more demanding of receiving and rescheduling services
- families with higher incomes want more services and want to exit sooner.

Nine programs that serve 750 children reported giving consideration to leaving the System.

Possible strategies and solutions to these difficulties proposed by respondents included:

- eliminate or postpone credentialing
- pay programs and staff for the cost of credentialing
- increase provider rates
- DMR should assume responsibility for insurance billing
- Economics of sustaining b-3 should be separated from the home visitors
- Redesign reimbursement system so that programs are guaranteed the amount of an annual contract based on the number of children served
- Begin providing supplemental payment at fewer hours of service per month
- Allow for center-based evaluations
- Develop specialized E.I. programs for families with children with autism
- Design a pamphlet to explain family cost participation & where the money goes

The serious impact on many programs who responded and the families they serve were discussed at length. Tim Bowles reported a similar fiscal decision made by DSS to implement HUSKY co-pays that was initially designed to increase the solvency of the program, but was subsequently rescinded under pressure. He noted that the state fiscal climate improved last year and we now have a new Governor, which may lead to new opportunities. The idea of presenting concise, historical, contextual information to legislators was proposed, with an emphasis on the cost shift to towns created by beginning services to children with delays at an older age than when the delay is first recognized. Linda Goodman noted that Birth to Three could complete a rate study that would provide valuable information for re-examining and possibly revising provider

reimbursement rates. Joe stated that it may be appropriate to re-examine the rationale and underlying premises for the changes that were made including the intent, the compromises made by the System and the programs, and the outcomes thereof both planned and inadvertent.

Lolli summarized that the provider input had produced valuable insights into what has become an emergency situation. Discussion continued regarding next steps both short- and long-term.

A Motion was made by Bob and seconded by Myra that a letter be sent to the Commissioner of the Lead Agency detailing the fiscal crisis being experienced in the Birth to Three System and requesting a Budget Option to restore funding to FY03 spending levels in order to stabilize the System. There were several abstentions by state agency representatives, with the remaining members unanimously approving the Motion as recorded.

In the interest of dwindling time on the meeting agenda and as a reflection of the seriousness of the issues presented, the Council set an interim meeting on **September 20**. Additionally, four Executive Committee meeting dates were set for **September 1, October 6, November 3, and December 1**. Locations will be announced. All meetings are open to all Council members and members of the public.

Lolli reported that the State ICC listservs established on Topica and YahooGroups had become non-functional, possibly due to firewalls on the State server. Future communications will be exchanged via group e-mails.

Updated information on Council appointments was distributed and briefly discussed. Council members reaffirmed their commitment to continue to fulfill their statutory roles and responsibilities in the absence of actual appointment by the Governor's office. Appointments have not been made in over a year, but the official process will be pursued anew with the new Governor and her staff. There are currently two vacant Parent seats, one vacant Head Start seat, and one senator to be appointed by the Senate President Pro Tempore.

The idea of holding a State ICC Retreat was proposed. The group agreed that this would be a worthwhile activity to schedule for the Spring of 2005.

Lolli announced that the NEC-TAC conference will be held in Washington D.C. on February 7 through the 9th. A pre-conference meeting for ICCs will take place on Sunday, February 6. The ICC has supported the participation of two or three Council members in past years, and Lolli called for any Council members interested in representing Connecticut to speak with her about the details.

Lead Agency Update

Linda distributed the Lead Agency Update and detailed information on referrals (*atts. 3 and 4*). The FY05 budget includes \$22.6 million state funds and \$2.1 million in federal funds. The System hopes to stay within budget if enrollments are stable. Data were shared on the FY04 impact of no payments for months of no service on the 36 Birth to Three programs. The range was "less than \$6,000" (N= 6 programs) to "more than \$40,000" (N= 10 programs) with a midrange of \$15,000 - \$25,000 (N=5 programs).

Parent payment information included collections totaling \$196,245 (net \$170,215). Net collections are used by the DMR regions to pay contracted programs. As of August 5 there were 30 families whose services were suspended across 19 different programs. The new fee schedule began with July

services. Families who receive their first service visit on or after July 1 will not be billed until November for October services.

FY04 monthly enrollment counts were provided as was a summary of dispute resolution and quality assurance activities.

Focused Monitoring information included a brief report on the June 15th meeting. The on-site monitoring protocol is under development, while the indicators selected for FY05 measurement include (1) IFSPs within 45 days, (2) percent of families receiving all of their IFSP services, and (3) transition conferences at least 90 days prior to the third birthday as well as related quality issues. The RFP to identify parents interested and available to participate on monitoring teams has been drafted, with the final RFP to be issued in August.

Linda has continued to track timeline compliance for transition conferences. Of 349 conferences held in March, April and May, 2004, 90% were on time with another 5% attributed solely to family reasons.

Program review results were provided for FY04, FY03, and FY02, with nine, thirteen, and fifteen programs having participated respectively per fiscal year. Areas of weakness in FY04 included insurance billing, transitions, and compliance with federal and state laws and procedures. Two of the programs reviewed in FY04 are no longer providing Birth to Three services.

Preliminary FY04 data show a total of 9,454 referrals, an increase of 4.8% over FY03. Families who withdrew prior to IFSP totaled 287, while a total of 1,113 families withdrew during the past fiscal year. During June, 711 children were referred and 672 evaluations were completed, with 66% (N=399) of those children determined eligible and 3% (N=7) found not eligible but qualifying for follow-along visits. Withdrawals were analyzed according to age at exit, race/ethnicity, insurance type, household language, region, income (if available), reason for eligibility and hometown and region.

Alice Ridgway, Birth to Three System Data Manager, shared information from the ongoing Transfer surveys sent to families who have left one program and begun receiving services from another Birth to Three program (*att. 5*). One child's transfer was reported as related to DCF actions, which prompted Mary Ann Dayton-Fitzgerald to offer to facilitate communication between the 13 DCF regional offices and Birth to Three programs regarding transfers of infants and toddlers connected with both systems.

Linda reported that 15 children had their eligibility evaluations denied who had been referred by DCF under that agency's CAPTA protocol but without any reported developmental concerns. The Ages and Stages Questionnaire appropriate for the child's age was sent with the denial letter to help the case worker to possibly identify a developmental concern, or realize that there is no area of concern. Mary Ann reported that there is a proposal within DCF to establish training in developmental milestones for DCF staff.

Announcements

Tim Bowles, from the Department of Social Services announced that Kid Care is proposing creation of a carve out for all children enrolled in HUSKY. They are also experiencing increased requests from child mental health consumers for more services.

Jeannette Haines from the Board of Education and Service for the Blind announced that her agency is no longer providing Birth to Three services but is continuing to provide vision and mobility services to any infant or child statewide with a visual impairment.

Diane Wixted from the Commission on the Deaf and Hearing Impaired announced that her agency will be moving to a new office in September, address to be announced at a later date. They are continuing their focus on newborn hearing screening follow-up conducted by the Department of Public Health, which has been hampered by a lack of staff dedicated to this important task. Hospital screenings are continuing, but referrals to Birth to Three of infants identified with hearing loss have significantly decreased.

Mary Ann Dayton-Fitzgerald announced a mid-Fall event is being planned by the Connecticut Association for Infant Mental Health. Membership forms were distributed to attendees if they choose to join the Association.

Focused Monitoring

Alice Ridgway distributed the program groupings (small, medium and large) that will be used for Focused Monitoring activities (*att. 6*) and the Focused Monitoring Quality Services Grid that was developed at the June 15 meeting (*att. 7*). Additionally, a Family Survey under development by researchers at the University of Miami is expected to be released in October and may contribute to Connecticut's protocol.

Next Focused Monitoring Stakeholders' meeting is set for **October 18th** at Infoline. There will be no State ICC meeting in October.

Lolli then called for a motion to adjourn. Amy made the motion to adjourn; Mark seconded the motion, which passed unanimously. The meeting ended at 12:58 PM

NEXT SICC MEETING

Monday, September 20th at **DMR office, Third Floor, One Long Wharf, New Haven, Connecticut.**

Please RSVP to Kathy Granata at 860-418-6146 or via e-mail to Eileen at eileen.mcmurrer@po.state.ct.us.

Respectfully submitted by Diane Wixted, Recording Secretary
with the assistance of Eileen McMurrer, lead agency staff support to the State ICC

Save the Dates for future State ICC meetings:

Full Council

Sept. 20 – DMR Long Wharf, New Haven

Dec. 13 – Infoline, Rocky Hill

Feb. 7, 2005 – Infoline, Rocky Hill

- *all meetings begin at 9 AM*

Executive Committee

Oct. 18 – immediately following FM mtg.

Nov. 3

Dec. 1

- *10 AM – 12 noon*