

# *The UPDATE*

## News and Information for Massachusetts EI Providers January 2017



**Happy New Year!**

### *Important Dates...Mark your Calendar!*

**January 12, 2017; 9:30am—1pm:** MA ICC Meeting: Best Western Royal Plaza Hotel, 181 Boston Post Road West, Marlborough, MA

**January 24, 2017:** EI Monthly Webinar

**February 1, 2017:** State Performance Plan/Annual Performance Report due to OSEP on State's progress in meeting targets on Federal Priority Indicators.

**March 2, 2017; 10am—noon:** EI Part C Public Hearing in Boston (Location TBD)

**March 9, 2017; 1pm:** EI Part C Public Hearing immediately following the ICC meeting in Marlborough, MA



### *DPH Updates*

#### **Integrating Social Emotional Wellness in Primary Care for Children Birth to Five in Massachusetts**

The DPH is pleased to share the attached [statement](#) on Integrating Social and Emotional Wellness in Primary Care for Children Birth to Five in Massachusetts, from the MA Maternal Child Health Transformation Coalition.

This [statement](#) is the result of collaborative work led by the Department of Public Health's Maternal Child Health (MCH) program. DPH and 13 state and community partners, with technical assistance from the HRSA-funded MCH Workforce Development Center, engaged in a project to foster systems integration across organizational sectors including public health, primary care, mental health, early intervention, and early education. To promote a culture of social-emotional health for young children in Massachusetts the MCH Transformation Coalition developed the attached statement, which describes the need for and strategies to promote social emotional wellness in primary care settings for young children and their families. Please share with staff and colleagues.

#### **Tele-practice Pilot**

The Department is excited to share the following news with the EI community regarding a pilot program for children who are deaf and hard of hearing and their families that are enrolled in EI.

The Clarke Schools for Hearing and Speech in Massachusetts have been approved by the MDPH to conduct a pilot program using tele-practice as one component in a service delivery model for infants and toddlers with hearing loss enrolled in the MDPH Early Intervention system. Clarke's tVISIT program will provide tele-practice early intervention services (tVISITs) to families of infants and toddlers with hearing loss over the Internet using a personal computer and videoconferencing technology (i.e., Skype). DPH will allow the provision of tVISIT programs to up to 20 families in any given month enrolled in the MA Early Intervention system over a one year period commencing on January 1, 2017 – December 31, 2017. Families will have the option of receiving some intervention through tVISITs but will not be required to do so if the methodology does not appeal to them.

## Responsibilities of the Clarke Schools for Hearing and Speech in MA

1. Comply with federal privacy regulations, specifically the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA) and Part C regulations of the Individuals with Disabilities Education Act (IDEA) which incorporates confidentiality provisions under FERPA.
2. Establish basic safeguards to protect patient information and comply with HIPAA Security Rule's requirements.
3. Ensure that the family has appropriate equipment and access to a high quality internet connection for tVISITs.
4. Provide technical support to families participating in tVISITs.
5. Ensure that service providers have sufficient skills with technology, with family centered intervention, and with coaching strategies to conduct effective tVISITs.
6. Combine tVISITs with face to face home visits to meet the needs of individual children and families.
7. Evaluate the tVISIT program to ensure that the desired outcomes are achieved, using a variety of family surveys, measurement tools, and data collection appropriate to the measurements of these constructs:
  - increased parent knowledge, skills/competence in fostering development, satisfaction with services and providers, increased competence with technology
  - increased child development/communication outcomes
  - improved parent-child interaction

We will invite representatives from Clarke School to share more information about the pilot through our ongoing communication mechanism such as the monthly newsletter, webinars, etc.

## Pyramid Model Update

The Massachusetts Pyramid Model State Leadership Team meets regularly with a membership that includes representatives from Department of Elementary and Secondary Education, Early Education and Care, Department of Public Health, Early Intervention, Connected Beginnings Institute and University of Massachusetts Boston.

In an effort to collaborate with the DESE initiative, embedding the Pyramid Model in a number of school districts across the state, the Pyramid SLT has introduced the Pyramid Model Learning Communities (PMLC). These regional meetings are intended to bring together stakeholders working with children to share information and learn more about the Pyramid Model. The plan for 2017 is to conduct PMLCs in 5 regions twice in the Spring. Established locations for Springfield, Worcester and Boston will continue with new locations for the Northeast and South-east to be identified. Look for more information in the coming months!

**Save the Date!**  




**Date: April 26, 2017**  
**Location: Westford**  
**Regency Inn**  
**219 Littleton Road**  
**Westford, MA 01886**

**2017 Fifth Annual**  
**Massachusetts Pyramid Model Partnership**  
**Summit**

**The Pyramid Model: Building an Inclusive Community to**  
**Support All Children and Families**

### Keynote Speaker: Rosemarie Allen, PhD

Dr. Rosemarie Allen has served as a leader in early childhood education for over 30 years. She currently teaches at Metro State University of Denver. Rosemarie served as a State Administrator from 2007 - 2013 as Director of the Division of Child Care in the Colorado Department of Human Services. Rosemarie has also served as Director of Programs at the Division of Youth Corrections where she was responsible for the education, health, and mental health of all adjudicated youth in the State. She currently serves on the National Pyramid Model Consortium team. Her research interests are related to addressing the disproportionate number of children of color expelled and suspended from early childhood programs through culturally responsive teaching.

Please look for upcoming registration information in early March or contact AdCare at [Denise@adcare-educational.org](mailto:Denise@adcare-educational.org)

**Save the Date** for the 2017 Fifth Annual Massachusetts Pyramid Model Partnership Summit, April 26, Westford, MA!

**The Pyramid Model: Building an Inclusive Community to Support all Children and Families – Keynote Speaker: Rosemarie Allen, PhD**

See and share the [attached Save the Date](#) flyer! Registration information will be forthcoming.

## Safe Sleep Materials

Recently the Institute for Health and Recovery learned about online resources that are part of the Middlesex County District Attorney's Office, Safe Sleep Campaign. These great resources may be helpful to EI Specialists in the field. Please feel free to share them with staff that may find them useful [middlesexda.com/prevention/safe-babies-safe-kids.php](http://middlesexda.com/prevention/safe-babies-safe-kids.php). As always, please contact [karenwelling@healthrecovery.org](mailto:karenwelling@healthrecovery.org) or [karengould@healthrecovery.org](mailto:karengould@healthrecovery.org) for any training and technical assistance needs, and to get your hand-delivered (brief training included) Trauma-Informed Tip sheets!

## Policy & Clarifications

Policy & Clarifications will be posted here when there are any.

## **Data Manager Updates**

### **Data Reports**

The Client and Transition Error Reports will not be generated this month. Instead, the Child Count report, based on the number of children active in your program as of October 1, 2016 will be generated and a preliminary report distributed to programs in January. The final Child Count report will be sent to providers in March. The following final fiscal year 2016 reports will be sent to programs in January as well:



- Timely IFSPs
- Timely Services
- Transition (Transition Plan, LEA Referral, Transition Planning Conference)

## **EITC Updates**



### **Certification**

The Certification Tracking Form with Susan Breen's signature is the documentation for EI Programs to be certain that candidates have been awarded Provisional Certification. Processing time for Certification Tracking forms may take up to two weeks from the time the tracking form and ALL required documentation are received by DPH in a readable format. EI and SSP staff members may not provide direct service or bill for any EI service until certification status has been granted by the Department (per MDPH Operational Standards). At the time of approval, the signed Tracking Form will be returned to the program for their personnel file.

### **Professional Development**

Check out what's new on the EITC training calendar! FULL details about our workshops and on-line trainings are available on our website at [www.eitrainingcenter.org](http://www.eitrainingcenter.org).

#### **Regional PIWI trainings for Program Directors and Cohort 2 PIWI Champions.**

This is an optional opportunity for Program Directors and PIWI Champions to experience the PIWI training prior to their full staff participating. It is intended to help in planning for PIWI implementation at programs.

1/25/17 (Milford)

1/26/17 (Taunton)

The Regional Consultation Programs are also scheduling trainings on the EITC calendar:

1/12/17 Infant Toddler Development (Mattapan)

3/29/17 The Preterm Infant (Milford)

#### **COMING SOON!**

#### **Communities of Practice for BDI-2 administration.**

The Communities of Practice are regional meetings that allow for EI specialists to come together to discuss specific topics and how things are going at the program level. Participants will be encouraged to share their successes and challenges. The BDI-2 COPs will be facilitated by an EITC staff member.

2/10/17 (Canton)

3/8/17 (West Boylston)

4/4/17 (Tewksbury)

5/4/17 (Northampton)

REGISTRATION for all of these opportunities and MORE is available on-line at [www.eitrainingcenter.org](http://www.eitrainingcenter.org).

## Website—Coming Soon!

The EITC is pleased to share that the website will have a new look starting in February! You will still be able to find us at [www.eitrainingcenter.org](http://www.eitrainingcenter.org). Here's a preview!



## SSIP Update

Thank you for all of your BDI-2 video submissions. We are beginning to review them in the order that they were received.

Using the fidelity checklist, reviewers will code:

- 3 domains of the BDI-2 administration: Cognition, Personal-Social and Motor. These domains were chosen because they have the most items that have the Structured and/or Interview procedure.
- Structured and Interview items only
- Items that can be seen and heard in full on the video submission

NOTE: all items administered may not be coded

Program Directors will receive a feedback form that will include:

- Cover sheet with an explanation of the process and the data table
- Data table: results of the review
- General feedback that will be related to the data from the fidelity checklist.

We will begin sending out feedback at the beginning of February. This will be a rolling process until all programs have been completed. We plan to complete all videos by mid-May (at the latest).

## **Specialty Services Updates**

### **MA Act Early Summit Scheduled for 2017**

With a new interim director at the helm, Dr. Roula Choueiri, the MA Learn the Signs Act Early State Leadership Team will begin the task of planning the annual summit.

**Save the Date – Friday, April 21, 2017** at UMass Medical School in Worcester. The team is adding some new members and will move forward with a number of initiatives. Look for more information and registration details in the coming months.

**Comments, contributions or feedback, please contact:**

**Patti Fougere**

**[Patti.fougere@state.ma.us](mailto:Patti.fougere@state.ma.us)**

**617-624-5975**

## Forms & Materials

### Social and Emotional Wellness in Primary Care for Children Birth to Five in MA

#### Integrating Social Emotional Wellness in Primary Care for Children Birth to Five in Massachusetts

Position statement from the Massachusetts Maternal Child Health Transformation Coalition



#### Vision and Goals.

Early childhood is a critical period to promote social emotional wellness across the lifespan and to prevent behavioral and mental health challenges. Our vision is that all families with children birth to five in Massachusetts will receive the social emotional health supports and services they need to thrive. The goal of this position statement is to describe the need for and offer strategies to promote social emotional wellness in primary care settings for young children and their families.

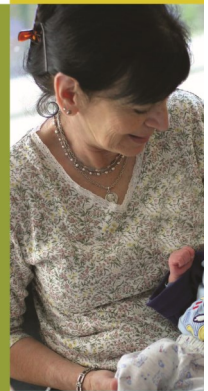
#### Need.

Primary care providers in Massachusetts and around the country report an increasing number of young children presenting with social emotional concerns. According to the National Survey of Children's Health<sup>1</sup>, 39.3% of parents had one or more concerns about their child's physical, behavioral, or social development, such as ability to get along with others. In addition, emerging research shows that mental health conditions have replaced physical health conditions as the top five disabilities for children under the age of 18 in the United States.<sup>2</sup>

Supporting the integration of social emotional wellness in primary care is challenging. Providers and practices serve families with diverse needs and many families face challenges such as poverty, racism, trauma, and violence, which impact their physical and mental health. Within the current medical system there can be limited time and resources to address these needs. Lastly, primary care providers cannot support families alone; collaboration with other providers and agencies is essential. This position statement will outline strategies to address these challenges and support the integration of social emotional wellness promotion into the continuum of care for children birth to five.

<sup>1</sup> National Survey of Children's Health (2011/2012)

<sup>2</sup> Halfon N, Houtrow A, Larson K, et al. The changing landscape of disability in childhood. *Future Child*. 2012;22(1):13-42. & Slomski, Anita. Chronic mental health conditions now loom larger than physical problems. *JAMA* 308.3 (2012):223 Cross ref. Web 19 June 2014



#### Importance.



Early childhood is an important and opportune time in a person's life to promote social emotional wellness. Strong social and emotional skills help children communicate, establish relationships with others, resolve conflicts, gain confidence, and handle stress better as an adult. Investing in early childhood provides a foundation for health across the lifespan. Primary care is an appropriate and essential setting to promote social emotional wellness in young children for the following reasons:

- Children are born with social emotional skills that are fostered by those around them including parents, caregivers, and teachers.
- Primary care is a non-stigmatizing

environment and a place of intersection with all children.

- Primary care supports the parent-child relationship, promotes early learning for parents, and provides an opportunity for providers to engage parents as partners in their child's health and development.
- Doctors, nurses, and the pediatric system are a trusted source of information for families.
- Primary care providers can offer a connection to other providers, such as mental health specialists, and a larger system of care for families with young children.

#### Strategies.

Tiered strategies, based on level of need, can be used in primary care to support children's social emotional development. Because the structure, resources, and needs of primary care practices vary, the following are examples of strategies that can be used.

##### Promotion

- Strengthen relationships with community agencies & resources including early childhood service providers, such as childcare, to support appropriate referrals & strengthen the continuum of care for families.
- Participate in community advisory committees or initiatives related to early childhood.
- Sign up for listservs or distribution lists from community groups to stay abreast of local events and services for families outside the primary care office.

- Provide culturally and linguistically appropriate services using the CLAS (culturally and linguistically appropriate services) standards for health care.
- Promote a culture of family partnership by maintaining opportunities for gathering feedback from parents/ caregivers, such as a parent advisory council.
- Provide family-centered care, including care coordination, with a focus on the parent-child relationships, family context, and the role of families in shared decision-making.

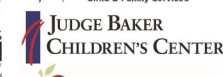
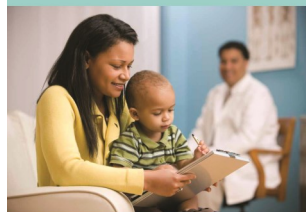
- Build parent-child interaction observation into well-child visits to better understand a client's social emotional wellness, assess the families' strengths, and make appropriate referrals and/or clinical recommendations.
- Engage parents in discussion about social emotional developmental indicators.
- Engage parents in supporting their child's social emotional development. For example, discuss with parents the role of unstructured play in children's social emotional well-being.
- Screen for family needs, such as housing or food insecurity, that can impact social emotional well-being.
- Include fathers in children's health and wellness starting prenatally

##### Prevention

- Provide generic or common-factor interventions with the child and family, such as reassurance, specific advice about lifestyle issues that affect mental health, anticipatory guidance, and parenting strategies.
- Use a multidisciplinary team approach in service provision.
- Conduct developmentally appropriate screening and assessment.
- Screen parents for postpartum depression at 1, 2, 4 and 6 months.
- Maintain a system for supported referrals to meet identified needs.
- Maximize technology to engage families and increase efficiency.

##### Intervention

- Conduct joint provider case reviews that are inclusive of parents.
- Embed mental health professionals (e.g. developmental specialists, social workers) in the primary care practice.
- Provide holistic and family centered care coordination to support the needs of the identified child and the family system.





*The Departments of **Early Education and Care** and **Elementary and Secondary Education** have collaborated to bring you:*

## ***Positive Solutions for Families: Supporting School, Community & Family Connections***

**Tuesday, March 28, 2017 (face to face)  
Tuesday, May 9, 2017 (face to face)**

This two-part professional development series on “Positive Solutions for Families”, will highlight content from each of its six modules, and will include information about resources to support educators working with families. In addition, this opportunity will allow community teams to develop plans and learn strategies on how to engage families utilizing these modules to support families, communities and school connections.

**Participants must be able to attend both sessions (March 28<sup>th</sup> & May 9<sup>th</sup>) as a team. If you would like to attend this professional development series you should work with your community partners to come as a team. The team should consist of up to 5 individuals from the list below. This opportunity is open to 15 teams.**

We strongly encourage Special Education Directors, Early Childhood Coordinators, Early Intervention provider’s community early care and education programs (i.e. Head Start, Family and center-based programs).

**Registration information is forthcoming.**

**9:00a.m.-3:00p.m.  
(Registration begins at 8:30 a.m.)**

**Best Western Royal Plaza Hotel & Trade Center, Marlborough, MA**

**Save the  
Date!**



**Date: April 26, 2017**

**Location: Westford  
Regency Inn  
219 Littleton Road  
Westford, MA 01886**

## **2017 Fifth Annual Massachusetts Pyramid Model Partnership Summit**

### **The Pyramid Model: Building an Inclusive Community to Support All Children and Families**

**Keynote Speaker; Rosemarie Allen, PhD**

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*Please look for upcoming registration information in early March or contact AdCare at [Denise@adcare-educational.org](mailto:Denise@adcare-educational.org)*