

The UPDATE

News and Information for Massachusetts EI Providers

June 2017



Important Dates...Mark your Calendar!

June 27, 2017; 10—11am: Monthly Webinar— SSIP Data Collection; additional information regarding the BDI Report

July 25, 2017; 10—11am: Monthly Webinar—TBD

August 22, 2017: 10—11am: Monthly Webinar—TBD

Welcome New Staff

It is with great pleasure that I am writing to announce that Alison Mehlman is joining the Bureau of Family Health and Nutrition as the Deputy Bureau Director effective immediately. For a short period of time, she will also be assisting her replacement in the Department's Legal Office.

Alison will have broad management responsibilities for administrative, fiscal, and programmatic matters in the Bureau. She has spent the last six years as a Senior Deputy General Counsel in the Department's legal office and previously spent more than a decade working on HIV/AIDS policy advocacy in the Office of HIV/AIDS at MDPH and at the Center for HIV Law & Policy in New York. While in the Legal Office, Alison has worked on issues related to marijuana for medical use, and has advised several MDPH programs on legal issues involving controlled substances, substance abuse prevention and treatment, infectious disease, tobacco control policy, and several early childhood initiatives, including the early intervention program.

Alison brings a tremendous skill set to her new role and is a terrific addition to our Bureau.

DPH Updates

Universal IFSP Roll-out

The Department of Public Health would like to thank the following five EI programs that participated in the pilot of the universal IFSP between January – March 2017.

Child Guidance

Enable EIP

KDC – Attleboro

Northeast Arc – North Shore

Thom Mystic Valley

The pilot program provided feedback and guidance related to the form and training materials in multiple ways. Based on the feedback the Department is proposing the following "soft roll-out" timeline:

- Recommending a three month implementation timeline for programs
- Ensure resources are available to support programs, i.e. COP's
- Pare down essential documents
 - ⇒ Handbook – needs to be a more comprehensive tool
 - ⇒ Include training materials in the handbook

The IFSP Task Group will work on finalizing the training materials by August. The Department will respond to policy decisions raised related to the universal IFSP form. All materials and the policy document will be released to the field early fall. This will allow programs an opportunity to share materials with staff, discuss resources and guidance document and determine an implementation plan at the local program level.

Tentative required implementation date is January 1, 2018. The Department will reach out to MEIC to discuss developing a mechanism to post questions about IFSP, and learn from each other on approaches to successful implementation.

SSIP Update

The BDI-2 SSIP evaluation for FY17 is complete. DPH staff coded BDI-2 videos submitted by all 60 EI programs. The statewide average for BDI-2 fidelity of administration is: 19.94%. This baseline includes data from 59 programs. On the June webinar, we will review the SSIP reports that were sent out to each program, share additional data regarding this initiative, and will highlight the resources available to local programs. The 5 programs with the highest fidelity of administration for FY17 were:

- Aspire
- Baycove
- Eliot Cambridge Somerville
- First EIP
- Pernet


We will address frequently asked questions as part of the presentation, so please send additional questions to your regional specialist.

Early Childhood Administrative Leadership Institute and Community of Practice 2017/18

AnLar Incorporated, through a contract with the MA Department of Elementary and Secondary Education (ESE)'s Office of Special Education Planning and Policy Development, is offering a year-long, no cost, Early Childhood Coordinators Administrative Leadership Institute for individuals currently working as Early Childhood Coordinators in a Massachusetts public school. This Institute is designed to equip early childhood special educators with tools to improve student outcomes and foster family and community engagement while remaining compliant with regulations and aligning to best practices in the field. Course topics will include leadership and systems change; instructional leadership; management and operations; professional culture; and family and community engagement, in addition to other topics depending on the interest of participants.

Interested individuals should complete a [registration form](#) by **Thursday, June 15th**. Additional information about the Institute is included in the [attached PDF document](#). Acceptances will be decided by the ESE, and participants will be notified of acceptance to the Institute by June 22nd, and thereafter on a space-available basis. **The dates of the year-long Institute are: August 14 – 17, 2017; October 25, 2017; and March 7, 2018.**

We are looking forward to meeting many of you and providing you with the opportunity to engage together, learn from each other and the Institute faculty, and develop new collegial connections. If you have any questions about the institute or the registration process, please email me at kgillaspy@anlar.com.



MA EARLY CHILDHOOD LEADERSHIP INSTITUTE

INSTITUTE OVERVIEW

AnLar Incorporated, through a contract with the MA Department of Elementary and Secondary Education (ESE)'s Office of Special Education Planning and Policy Development, is offering a year-long, no cost, Early Childhood Coordinators Administrative Leadership Institute for individuals currently working as Early Childhood Coordinators in a Massachusetts public school. This Institute is designed to equip early childhood special educators with tools to improve student outcomes and foster family and community engagement while remaining compliant with regulations and aligning to best practices in the field.

Course topics will include:

- leadership and systems change;
- special education laws and regulations;
- results driven accountability;
- IEP development;
- effective transitions from early intervention;
- instructional leadership;
- management and operations;
- professional culture;
- family and community engagement;
- implementation sciences; and
- additional special topics depending on the interest of participants.

Course activities will include:

- a four-day interactive professional development session in August 2017;
- two full day face-to-face follow up sessions in October 2017 and March 2018;
- face-to-face and virtual community of practice meetings;
- one-on-one coaching;
- networking;
- self-directed study;
- on-line resources and discussions; and
- a year-long capstone project.

DATES AND LOCATIONS

Leadership Institute
Face-to-Face Sessions
The 4-day Leadership Institute will take place on August 14-17, 2017 from 8am-5pm.
The follow up full day face-to-face sessions will take place on October 25 from 8am-5pm and March 7 from 8am-5pm.
Face-to-face sessions will be held at the Sheraton Framingham (01717) Worcester Rd, Framingham, MA 01709.

LIMITED ENROLLMENT
Only 40 participants will be accepted, so it is important for people who are interested in attending to apply as soon as possible.

FREE Learning Opportunity—Please Share with Your Referral Sources

LURIE CENTER FOR AUTISM



MassGeneral Hospital
for Children

As you may know, it is critical for early screening and referral for diagnostic assessment for those children suspected of having Autism. The Lurie Center for Autism at Mass General is conducting a FREE educational program this summer for physicians to build capacity for identifying children for whom there is concern for an Autism diagnosis. Please forward this information on

to those referral sources in your programs that may be interested – primary care practices, pediatricians, community health centers.

You are invited to participate in a cost free lunchtime educational program in autism care. As you know, 1 in 68 children have autism, there are not enough physicians specializing in autism and you are likely frustrated by the long waits for specialists. The Lurie Center for Autism at Mass General Hospital for Children is involved in an educational initiative to help build capacity, through primary care physicians, nurse practitioners and physician assistants, across the US and Canada, in a study called ECHO Autism. Primary Care Providers participating in ECHO Autism will attend our on-line clinic every other week starting in June, over a six-month period, to learn how to identify children with autism and manage their comorbid conditions. Free CME's. For more information, please visit: thompsoncenter.missouri.edu/autism-training/echo-autism/locations/echo-autism-collaborative/lurie-center-autism/

We only have 4 openings left! If you are interested in participating or speaking to our study team, please contact Dema Hakim at dhakim@partners.org or 781-860-1715.

Resources



The following links provide parenting information about sleep for newborns through the teenage years. They also share parenting resources available on the web covering sleep disorders, nutrition, help for women and families during and after pregnancy, and information for increased understanding of the often confusing science behind sleep.

[tuck.com/parents-guide-healthy-sleep/](https://www.tuck.com/parents-guide-healthy-sleep/)
[tuck.com/pregnancy-and-sleep/](https://www.tuck.com/pregnancy-and-sleep/)

Research Study Opportunity

The Lurie Center of the Massachusetts General Hospital for Children is conducting a Research Study for children 18 months – 4 years old who may have an autism spectrum disorder or a developmental disorder. Link for flyer [here](#). The purpose of this study is to find out if a specific blood test is effective in the early detection of autism spectrum disorders. We are looking for families who have a child who is being evaluated for a developmental disorder. Participation requirements and risks involved in this study will be disclosed prior to enrollment.

If you are interested in participating or would like more information, please feel free to contact the Lurie Center's research team by calling 781-860-1711, or e-mailing LurieCenterResearch@partners.org.

Institute for Health & Recovery (IHR)—Smoking Cessation Resource

IHR just learned that The Smoking Cessation Leadership Center is providing access to a free webinar, “Healthy Baby, Healthy Mom: Smoking Cessation Interventions for All States of Motherhood.” Fathers aren’t in the title, but the webinar addressed all caregivers. It’s geared toward health care providers, but the information is useful to all who work with families. Here’s the link smokingcessationleadership.ucsf.edu/webinar/healthy-baby-healthy-mom-smoking-cessation-interventions-all-stages-motherhood.

As always, please contact karenwelling@healthrecovery.org or karengould@healthrecovery.org for any training and technical assistance needs, and to get your hand-delivered (training included) Trauma-Informed Tip sheets.

WANTED: Program Directors for Research Study

IDEA Transitions in Massachusetts: Part C to Part B for children with ASD

Please take a few minutes to consider participating in [this important study](#). The valuable information that you can provide to the study is critical. This is a great opportunity to be the voice of Early Intervention in this work!

The Department of Public Health is collaborating with researchers at Massachusetts General Hospital for Children and Harvard Medical School on a research project examining the transition from early intervention (EI) to preschool for children with autism spectrum disorders (ASD). The project seeks to interview early intervention coordinators, providers, specialty service providers and physicians who serve children with ASD in the EI and preschool special education systems as well as in the health care system. We are specifically interested in how the current service systems support or create challenges in providers' capacity to serve children with ASD, and what the barriers and facilitators of effective service coordination and relationship building during this transition period are. We hope that the information we collect will improve knowledge of how to best provide support for families of children with Autism Spectrum Disorder (ASD) who must make the transition from early intervention services to preschool-based services. We will be recruiting providers of children with ASD between the ages of 3-5 years old. If you're interested in participating in a brief 30-60 minute interview, please contact the Project Director, Morgan Crossman by email mcrossman@mqh.harvard.edu.

[illegible]

Children's Vision Massachusetts

Children's Vision Massachusetts is an eighty member coalition representing ophthalmology, optometry, nursing, pediatrics, public health, family practice, education, and parents. The coalition's mission is to create a systematic approach to children's vision services in Massachusetts to support early detection, diagnosis and treatment of vision problems in children. With good and timely care, most pediatric vision conditions respond to treatment. To learn more, [EI Resources Cover Letter](#), [Vision Guidelines for EI Specialists](#), and [CVMA 2017 Resource Guide](#).



Policy & Clarifications

Important Policy Reminder

The DPH reminds all EI programs that referrals for EI services must be accepted if minimally personally identifiable information is the only available information provided at the time a referral is made. Minimally personally identifiable information would include the child and parent's name(s), address, phone number, child's date of birth; essentially, information sufficient to allow the program to make contact with the parent(s) of the child referred to determine interest.

The Part C regulations require primary referral sources to make a referral if a child is potentially eligible for services "as soon as possible, but in no case more than seven days after the child has been identified" (34 CFR 303(a)(2)(i)). Neither the federal regulations nor the Operational Standards specify the elements required to make the referral. However, as part of the child find and referral procedures both for Part B and Part C of IDEA, disclosure of minimally personally identifiable information is permitted without parental consent under both IDEA and FERPA (see also "Letter to Redacted" at www2.ed.gov/policy/speced/guid/idea/letters/2004-1/redact021204cfind1q2004.doc). The EI program (or school district) would then be responsible for reaching out to the parent to determine interest in moving forward and gathering additional information related to the referral. Referral sources may be bound by other confidentiality or privacy requirements such as HIPAA from disclosing additional information including a child's diagnosis or insurance information.

While the Department recognizes that programs routinely gather additional information including, but not limited to, reason for referral, insurance information, other family/demographic information, a program **may not** decline accepting and acting on a referral if sufficient information to contact the parent is provided, regardless of what information the program routinely collects as part of their own internal referral process. DPH acknowledges the good faith efforts of EI providers related to accessing third party insurance with parental consent. Insurance information is not required as part of the referral process and may never be used as a reason for not accepting a referral. Given the different systems across programs, including accepting referrals online, DPH strongly encourages all programs to take an opportunity to review their referral procedures.



Data Manager Update

Annual Family Income Grid

The 2017 Annual Family Income Grid has finally been completed and is included as an [attachment](#).



Forms & Materials

Forms & Materials will be posted here when there are any.



PIWI Community of Practice

On Wednesday June 19th from 10:00-12:00 at Criterion Valley in Milford, Cohort 1 program directors and PIWI champions are invited to attend a Community of Practice. This will be an opportunity to come together to discuss, brainstorm, and learn what colleagues have done to support implementation program wide, what programs been successful with, found challenging, and how people have solved those challenges. Please see www.eitrainingcenter.org to register.

BDI—2 Materials

We have received the 2017 order form from Houghton Mifflin Harcourt for BDI-2 materials. This order form allows you to use the MA discount on your purchases. (Thank you Zulmira, for the reminder!) Here is the [link](#) and we will post it so you can more easily access it in the future.



Specialty Services Updates

Specialty Services Update/s will be posted here when there are any.



Comments, contributions or feedback, please contact:

Patti Fougere

Patti.fougere@state.ma.us

617-624-5975

May 23, 2017

Vision is a critical yet often overlooked component of a young child's development - physical, emotional and social. Parents, physicians, nurses, eye doctors and early intervention specialists have a role in assuring that all children are able to develop their optimal vision during the first three years of life. With the goal of improving developmental and educational outcomes for children through early detection, diagnosis and treatment of vision problems, the Children's Vision Massachusetts Coalition is pleased to provide the following resources.

1. Recommendations for When Early Intervention Specialists Should Refer Children to an Eye Doctor for a Comprehensive Eye Exam

Vision screening tools and protocols available to professionals other than pediatricians, nurse practitioners and family physicians to assess the vision and eye health of children below the age of three years are limited. This Fact Sheet lists signs, symptoms and risk factors known to be associated with vision problems, thereby identifying children who are at risk of a vision problem and who should be referred to a comprehensive eye exam performed by an ophthalmologist or optometrist as soon as possible.

2. Children's Vision Massachusetts 2017 Resource Guide

Common Vision Conditions; Risk Factors; Signs and Symptoms; Frequently Asked Questions; Insurance Benefits; List of MA Eye Doctors who Care for Young Children and Accept Mass Health and other Insurance Plans

To obtain paper copy of these materials:

Priscilla Kelangi pkelangi@preventblindness.org

Manager of Communications and Resource Development Prevent Blindness NE Region

For electronic version: childrensvision.preventblindness.org/cvma-resources

Thank you.

Children's Vision Massachusetts is an eighty member coalition representing ophthalmology, optometry, nursing, pediatrics, public health, family practice, education, and parents. The coalition's mission is to create a systematic approach to children's vision services in Massachusetts to support early detection, diagnosis and treatment of vision problems in children. With good and timely care, most pediatric vision conditions respond to treatment.



**Children's Vision
Massachusetts**

Open Eyes. Open Doors.

**Children's Vision Massachusetts
Coalition Co-Chairs**

Katherine Majzoub, RN, MBA
Director, Northeast Region
Prevent Blindness

Bruce Moore, OD
Marcus Professor of Pediatric Studies
New England College of Optometry

Jean Ramsey, MD, MPH
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- ABCD Head Start
- Benjamin Franklin Institute of Technology
- Boston Children's Hospital
- Boston Medical Center
- Boston Public Health Commission
- Boston Public Schools
- Boston University School of Medicine
- Community Catalyst
- Federation for Children with Special Needs
- Harvard Vanguard Medical Associates
- MA Association for Parents of Visually Impaired
- MA Ch of the American Academy of Pediatrics
- MA Coalition of Nurse Practitioners
- MA Dept. of Developmental Services
- Massachusetts Dept. of Early Education and Care
- MA Dept. of Elementary and Secondary Education
- Massachusetts Department of Public Health
- Massachusetts General Hospital
- MA League of Community Health Centers
- MA Society of Eye Physicians and Surgeons
- MA Society of Optometrists
- Medford Optical
- New England College of Optometry
- Northeastern University School Health Institute
- Northshore Education Cooperative
- Nurture
- Partners for a Healthier Community
- Perkins School for the Blind
- Prevent Blindness
- Reach Out and Read
- Tufts Medical Center

For more information: childrensvisionmassachusetts.org



Recommendations for When Early Intervention Specialists Should Refer Children to an Eye Doctor for a Comprehensive Eye Examination

Vision is a critical yet often overlooked component of a young child's development – physical, emotional and social. Parents, physicians, nurses, eye doctors and early intervention specialists have a role in assuring that all children are able to develop their optimal vision during the first three years of life. All children must have their vision and eye health assessed by their pediatrician, nurse practitioner, or family physician as part of their newborn physical examination and at every well child visit throughout childhood.

The purpose of vision screening is to identify children who are at risk of a vision problem so that they can be referred for a comprehensive eye exam as soon as possible. Vision screening tools and protocols available to professionals other than pediatricians, nurse practitioners and family physicians to assess the vision and eye health of children below the age of three years are limited. Young children at risk of a vision problem, and therefore requiring a comprehensive eye exam, can be identified by utilizing information about signs, symptoms, and risk factors known to be associated with vision problems.

Signs, symptoms, and risk factors requiring referral to a comprehensive eye exam:

1. Child has signs and symptoms of a vision problem (see other side)
2. Child has one or more of the following conditions:
 - Neurodevelopmental Disorders
 - Prematurity and/or Low Birth Weight
 - Motor abnormalities such as Cerebral Palsy
 - Juvenile Arthritis
 - Down Syndrome
 - Cognitive Impairment
 - Hearing Impairment
 - Speech and Language Delays
 - Autism Spectrum Disorders
 - Sibling with diagnosed vision condition as a young child
 - Parent with history of vision problem as a young child
 - High risk maternal behavior during pregnancy
3. Parent, Early Intervention Specialist, or other provider, is concerned that the child is having difficulty that may be related to vision

SIGNS AND SYMPTOMS OF A VISION PROBLEM:

- Eyelids are red-rimmed, crusted or swollen
- Eyes are watery or red (inflamed)
- Eyes don't line up, one eye appears crossed or looks out
- An eyelid that 'droops', covering the eye even when 'open'
- Rubs his/her eyes a lot
- Tilts his/her head or thrusts head forward
- Holds objects close to eyes
- Blinks more than usual
- Squints or frowns
- Does not maintain eye contact when awake and alert

Many young children with a vision problem have no signs or symptoms. Formal assessments of vision are important throughout a child's life.

COMMON EYE CONDITIONS IN CHILDREN

Lazy Eye/Amblyopia is a loss of vision **that cannot be corrected by glasses**. Eyes that don't line up, or having one eye that focuses better than the other, can cause amblyopia.

Strabismus is a word for eyes that are not straight or do not line up with each other. If the problem is not treated, it can cause amblyopia.

Refractive Error may create focusing problems at far, near or both and may also cause amblyopia. Refractive error conditions include hyperopia (far-sightedness), myopia (near-sightedness) and astigmatism.

PARENT STORY-[Developing Eyes](#)

Erin DiSanto: Impact of her child's eye exam and eyeglasses on Early Intervention

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