

The UPDATE

News and Information for Massachusetts EI Providers June 2021



Important Dates...Mark your Calendar!

June 15, 2021, 2pm—3pm: EI Division Webinar

June 22, 2021, 2pm—3pm: EICS Tips Webinar

July 6, 2021, 2pm—3pm: EI Division Webinar

July 13, 2021, 2pm—3pm: EICS Tips Webinar



Congratulations on Retirement

Marie Peirent

Marie Peirent, Program Director at Thom Springfield Infant Toddler Services, has moved onto a new chapter. Marie has served as the Program Director for 18 years, leading the program in unparalleled growth during that time. Vision, empathy, and great insight have always been key traits that contributed to Marie's success. In addition to Early Intervention services, Marie oversaw Early Intervention Parenting Partnerships (EIPP), Welcome Family and the Western Regional Consultation Program (WRCP) all out of the Springfield location. Marie is a passionate and dedicated leader and was certainly impactful to countless children, families, and staff over the years. **Please join us in wishing Marie well!**

Welcome

Allyson Wendy Lopez

Allyson Wendy Lopez is the new Program Director of Thom Springfield Infant Toddler Services. Allyson is an experienced non-profit leader who cares deeply about promoting a healthy and supportive environment for children, families, and staff. She is a dedicated early education and human service professional with 15 years of experience in family relations and childcare service and management. Earlier in her career, Allyson was a home visitor and group facilitator. She is a resident of Springfield and familiar with the uniqueness of leading an urban program. Her academic background in early childhood education, human services, psychology, and organization management makes her well suited to be an early intervention program director. Her dedication to children and families, as well as to staff and the larger community, align with Thom's mission and commitment to high-quality Early Intervention service delivery. **Please join us in welcoming Allyson to her new role!**



Early Intervention Division Updates

Last Chance! Looking for staff to participate in Onsite Monitoring Pilot!

We are still looking for staff, supervisors, program directors, and agencies to participate in an interview or survey in our pilot for the Onsite Monitoring Process. We want to make sure that the questions asked make sense, are clear, and are understood by all types of staff, families, as well as those in agency roles. All interviews should take 1 hour or less and will include time for feedback on the interview items.

In addition, we are also looking for supervisors who would be willing to use an observation tool during a home visit and answer a few questions about the tool.

If you or your staff are interested in participating please fill out the short survey with your contact email and how you would like to participate here <https://forms.gle/dgEyYF4CYeLYFvu27> by **June 16, 2021**. If you have questions please contact Faith Bombardier at faith.bombardier@mass.gov.

We truly appreciate your help and participation in this new process!



EICS User Manual and Quick Reference Card updated- Version 4.0!

Based on Help Desk ticket themes, SSG worked with the EI Division to update some sections of the user manual. These updated materials have been posted in EICS under the help tab.

There is a new version of the user manual, version 4.0. The main update to the manual include:

- Recent enhancements released is April (including new waiver search)
- List of all roles that can be assigned in EICS and access levels
- Expanded transfer section, including how to receive a transfer
- Personnel section, updating a record

Updated Quick Reference Card were also created on the following topics and added to the help tab in EICS:

- Roles and level of access
- Personnel
- Transferring an enrollment



Early Intervention Division Update



Have any EICS success stories?

Please join us for a
focus group!

Share your experiences with learning
and using EICS.

- Have you developed any new program systems as a result of EICS?
- Do you have staff who have taken on the role of learning EICS and teaching others?
- How will EICS make our work easier?

Two Opportunities:

Tuesday
June 29, 2021

9:30-10:30 or 2:00-3:00

Registration is
required and is
posted on the EI
Training Website

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CLAS Corner

The Office of Health Equity's Culturally and Linguistically Appropriate Services Initiative is designed to develop and implement the national CLAS Standards within the Department of Public Health's programs and vendor agencies. Their manual, [Making CLAS Happen: Six Areas for Action](#), offers practical supports to foster cultural competence, build community partnerships, collect and share diversity data, plan performance measures and evaluate progress, reflect and respect diversity, and ensure language access. The Early Intervention Division has recently completed a self-assessment evaluating its approach to delivering health services that are respectful of and responsive to cultural and language needs, and we look forward to sharing our progress with you periodically.



New podcasts will be featured in this section as they become available.

They are always available at <https://eionthefly.podbean.com/>.

This podcast is a collaborative effort of the Massachusetts Department of Public Health and the Virginia Department of Behavioral Health and Developmental Services (through a contract with the Partnership for People with Disabilities/VCU).



Professional Development for EI Providers

Racial Justice and Early Intervention: Professional Development Activities Spotlight

What is it? ([Click here for more information](#))

- Discusses historical racism, equity vs. equality, groundwater, and racial justice re-framing
- Offers content and discussion prompts
- Aligns with MA EI Mission, Key Principles, and Core Values

BDI-2 Supports

Trainings and Resources ([Click here for more details](#))

BDI-2 Fidelity checklist: EITC Grab and Go - BDI Fidelity

Training on Demands: Introduction to the BDI-2 in MA EI: A General Overview

BDI-2 Standardized Interview Procedure

BDI-2 Standardized Structured Procedure

Authentic Assessment

BDI Tip Evaluation Assessment

EITC Newsletters *Beyond Bubbles & Blocks

BDI-2 Examiners Manual- Manual for Completing the BDI-2

Articles Available: Match Between Licensing Boards and Mission and Key Principles



Resources & Events

Young Children with Combined Vision & Hearing Loss: Services Available from the New England Consortium on Deafblindness (NEC)

Children with combined vision and hearing loss also referred to as “deafblind”, represent a unique and diverse population with a wide range of sensory abilities. Although “deafblind” conjures up famous images of Helen Keller, the term is frequently misunderstood and can be overwhelming for families of young children. Note that 90% of children identified as “deafblind” in the United States have residual vision and hearing, with many sensory, communication, motor, and cognitive abilities.

For a young child, the impact of combined vision and hearing loss is unique and should be viewed as a *combined sensory disability* requiring tailored supports to maximize access to visual, auditory, and tactile information. The chart below shows potential configurations of vision and hearing.

The sensory abilities of children who are deafblind fall into general categories or degrees of deafblindness, such as (a) progressive conditions that are currently mild or less severe with the potential for change, (b) moderate or severe loss in one or both sensory modalities, (c) severe or profound loss in one or both sensory modalities, or (d) total lack of perception in both hearing and vision, the latter being less prevalent.

The Range of Sensory Abilities & Conditions		Classification of Vision					
		Normal 20/12-20/40	Near Normal 20/40-20/60	Low Vision 20/70-20/160 or field loss <20 degrees	Legally Blind 20/200 or less or field loss <20 degrees	Light Perception or No LP	*Cortical or Cerebral Vision Impairment (CVI)
Classification of Hearing	Normal -10 to 15 dB						
	Slight 16 to 25 dB						
	Mild 26 to 40 dB						*
	Moderate-Severe 41 to 70 dB						*
	Severe 71 to 90 dB						*
	Profound 91 dB or greater						*
	**Auditory Neuropathy		*	*	*	*	*
***Central Auditory Processing Disorder		*	*	*	*	*	

*Condition Impacting the Perception and Understanding of Visual Information
 **Condition Impacting the Transmission of Auditory Information to the Brain
 ***Condition Impacting the Processing of Auditory Information

Corn, A. & Erin, J. (Eds.) (2010). Foundations of Low Vision: Clinical and Functional Perspectives, 2nd Edition. American Foundation for the Blind Press. Retrieved from <http://www.cdc.gov/ncbddd/hearingloss/ehdi-data2012.html>

Young children who are deafblind are more frequently identified as having “multiple disabilities”. Identifying children under the larger category of “multiple disabilities” is problematic because this practice does not highlight the unique effect of combined sensory needs and often impedes the delivery of timely and appropriate intervention.

Looking for Services for a Child with Combined Vision and Hearing Loss? The New England Consortium on Deafblindness (NEC) offers FREE consultation and training to care providers serving children with combined vision and hearing loss or at risk (infants to age 22).

What is NEC? A federal grant funded by the Office of Special Education Programs (OSEP), serving the states of Connecticut, Maine, Massachusetts, New Hampshire, and Vermont.

What Does NEC Provide?

- Virtual and on-site consultation and training (home, classroom, work, and community)
- Information regarding evidence-based practices
- Family learning and networking activities

Who Qualifies?

- Ages birth to 21
- Documented hearing AND vision loss
- Vision loss and suspected hearing loss (or the reverse)
- Progressive hearing or vision loss OR those at risk
- Cortical/Cerebral Vision Impairment
- Auditory Neuropathy/Auditory Dyssschrony

What Services are Available? Virtual and/or onsite consultation and training addressing:

- Communication and language development
- Vision and hearing skills and related environmental arrangements
- Strategies to support successful early and later transitions
- Strategies to support access to the curriculum
- Strategies regarding home-based routines

Whom Should I Refer? Some potential risk factors include:

- CHARGE Syndrome, USHER Syndrome, Down Syndrome
- Cytomegalovirus, Hydrocephaly, Microcephaly
- Asphyxia, Severe Head Injury, Meningitis
- Global Developmental Delay
- Complications of Prematurity
- Frequent Ear Infections
- Trauma to the Ear or Eye

Still Not Sure? Questions? No Problem! Email NEC@Perkins.org or call (617) 972-7515
To Make a Referral Online – Visit the NEC Website: www.perkins.org/services/nec/registration

JOIN the June 15 EI Webinar to hear more about NEC from Tracy Evans Luiselli, Ed. D., Director, New England Consortium on Deafblindness (NEC).

June is CMV (cytomegalovirus) Awareness Month

CMV is common, serious, and preventable. Pregnant people including those with young children at home or those that work in an environment with young children are at risk for contracting CMV and passing it to their unborn child. Learn more at [Home - Massachusetts cCMV Coalition \(cmvmass.org\)](http://Home - Massachusetts cCMV Coalition (cmvmass.org)).



Comments, contributions or feedback, please contact:

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