

EICC/ECAC JOINT TASK FORCE ON SOCIAL EMOTIONAL DEVELOPMENT

Update

- ✚ The Guidance will reference regulatory requirements from the EIP Memorandum 2005-02 “Standards and Procedures for Evaluations, Evaluation Reimbursement, and Eligibility Requirements and Determinations for the Early Intervention Program” but will be specific to the domain of social-emotional development (SED). Regulatory guidance that specifically addresses SED (as in the Child Find outline) will be included.

The format of the more targeted “Group Developmental Intervention Services Standards” 2013 document will be used as a framework to shape the *Guidance on Social Emotional Development*. The Guidance document will articulate a public health approach (promotion, prevention and intervention) that aligns with the ECAC comprehensive system of care.

- ✚ Donna informed the Task Force that there is additional work to do to bring New York State regulations into compliance with new Federal regulations regarding evaluation in the year ahead. The Task Force will work with existing regulations for the Guidance.

Source documents can be found at:

- ♦ http://www.health.ny.gov/community/infants_children/early_intervention/memoranda/2005-02/
 - ♦ http://www.health.ny.gov/community/infants_children/early_intervention/docs/2013_11_grp_dev_inter_serv_standards.pdf
- ✚ Revised Working Outline to combine the Referral section with Child/Find/Prevention/Screening.

Task Force Considerations

- ✚ Need to address the **critical relationship between children and their parents/caregivers** specific to this domain. For example, reactive attachment disorder would warrant a relationship-based treatment. One of the challenges discussed is that the definition of service types does not neatly describe the appropriate intervention (example, definition of ‘family training’ does not state that the child is integrally involved in the treatment). Noted: Early Intervention (EI) must work within the regulations and develop an IFSP that reflects individual needs of family and child.
- ✚ The term “**Family Driven**” was recommended to best reflect the core principle of family voice and choice. A family driven approach implies that the family, primarily the adult members, is best able to determine the specific services as well as the combination, intensity and duration of services that make the most sense for them. Within the domain of social-emotional development, this is often information that is not familiar to caregivers

and in fact can be misunderstood if examples of how family-driven services are delivered are not given.

- ✚ **Trauma Informed Care**— Special consideration of parent's disability or trauma history as it impacts children's ability to develop in this domain was raised. Although children in the child welfare system are only a small subset of children served by EI, it is fair to assume that these families have experienced trauma and that there could be a history of family impairment. This brings to light the nature of this guidance and the importance of all system of care providers to intervene earlier when at risk 'red flags' are identified.

Next Steps

- ✚ **Writing teams** are actively involved in several key sections of the Guidance:
 - Lisa Chester submitted a draft on Child Find. A major focus in Child Find programs is on awareness. Information on public awareness campaigns, as indicated in the Memorandum 2005-02, is an opportunity to promote the importance of children's social-emotional development and such resources as USDOE/HHS's newly released website: Birth to Five: Watch Me Thrive (<http://www2.ed.gov/about/inits/list/watch-me-thrive/index.html>). Lisa also mentioned that a lot of referrals come from foster care. One common problem: evaluations with input from foster parents who do not have the depth of information needed. Input from case workers may be needed.
 - Evelyn Efinger submitted an outline on the Section for Early Care and Learning Providers, Child Care Providers.
 - Jim McGuirk will review the Memorandum 2005-02 specific to the referral section and requirements of CAPTA, related to foster care, and determine what needs to be augmented. Discussion on children in foster care prompted the reminder that EI has addressed foster care in a separate guidance document which will be referenced.
 - Faith Sheiber will draft the evaluation section. Her extensive experience in this area will inform the Guidance on ways to integrate observation and formal assessments.
 - Marcy Safyer, Evelyn Blanck and Roy Grant are drafting 'clinical clues/red flags' for social emotional delay.
 - Jack Levine, Rahil Briggs and Evelyn Blanck have drafted the primary care section.
 - Roy Grant is reviewing the section on evidence based/promising practices.
 - Gil Foley is drafting a conceptual framework for the Guidance.
 - Margaret Sampson is drafting 'parent interview' questions.
- ✚ **Coordination Team** (Mary, Andrea, Susan, Donna and Bob) are synthesizing draft documents, referencing materials and collaborating on a weekly basis.
- ✚ **Draft** to EICC by the end of December, 2014.