

Infant and Early Childhood Mental Health Resources and Services

A Guide for Early Education and Care Professionals





Acknowledgments

The Children's Behavioral Health Initiative (CBHI) is an interagency initiative of the Massachusetts Executive Office of Health and Human Services (EOHHS). Our mission is to strengthen, expand, and integrate Massachusetts services into a comprehensive, community-based system of care so that families and their children with significant behavioral, emotional, or mental health needs can obtain the services necessary for success in home, school, and the community.

The Massachusetts Department of Early Education and Care (EEC) provides the foundation that supports all children in their development as lifelong learners and contributing members of the community, and supports families in their essential work as parents and caregivers.

The Massachusetts Department of Mental Health (DMH), as the state mental health authority, ensures and provides access to services and supports to meet the mental health needs of individuals of all ages, enabling them to live, work, and participate in their communities.

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Special Note on Terminology and Definitions

Throughout this guide we refer to “parent” and “caregiver” as any adult who is living with and caring for young children, such as grandparents, guardians, and biological, adoptive, and/or foster parents. In addition, we use the terms “early childhood educators” and “early childhood professionals” interchangeably for individuals working in early education and care settings.

Definitions of Key Terms

You will see these words and phrases throughout the guide.

Community Service Agency (CSA) – the regional provider of Intensive Care Coordination, a home- and community-based behavioral health service paid for by MassHealth, and convener of local System-of-Care Committees. There are 32 CSAs throughout Massachusetts.

Coordinated Family and Community Engagement (CFCE) Grantees – a statewide network comprising locally based programs serving families with children from birth through school age, funded by the Department of Early Education and Care (EEC). They provide a variety of services to families with young children and early education and care programs.



Early Childhood Mental Health (ECMH) Consultation – a service that involves a professional consultant with mental health expertise working collaboratively with early education and care programs, family child care providers, educators, and families to improve their ability to prevent, identify, and respond to mental health issues among children in their care.

Early Intervention (EI) – a statewide developmental service offered through the Department of Public Health (DPH), available to families of children between birth and three years of age. Children may be eligible for EI if they have developmental difficulties due to identified disabilities, or if typical development is at risk due to certain birth or environmental circumstances.

Family Partner – parents or caregivers who have experience caring for children with emotional/behavioral and special needs and who deliver the MassHealth service Family Support and Training. Family Partners help families and their children reach their treatment goals.

Hub Service – the primary behavioral health care provider for a child or youth receiving MassHealth home- and community-based behavioral health services. Hub services include outpatient therapy, In-Home Therapy (IHT), and Intensive Care Coordination. Hub providers assess the child's or youth's clinical need for various supports and services, including hub dependent services, and refer and link them to those services. Hubs collaborate with collateral supports and services to integrate interventions.

Hub-Dependent Service – a specialty service that supports the interventions of the Hub service provider. Hub services include Family Support and Training, In-Home Behavioral Services, and Therapeutic Mentoring. Referrals for Hub-Dependent Services are made by one of the Hub services to address goals set in a treatment plan developed through a Hub Service provider (Outpatient therapy, In-Home therapy, or Intensive Care Coordination). In general, to access these services, a MassHealth-enrolled child must first be enrolled in a Hub service.

Individualized Education Program (IEP) – the individualized educational objectives of a student who has been found to have a disability, as defined by federal regulations. The IEP is intended to help students reach educational goals and to determine the special education and related services necessary for the child to make progress toward those goals. In all cases the IEP must be tailored to the individual student's needs as identified by the IEP evaluation process, and must especially help teachers and related service providers (such as paraprofessional educators) understand the student's disability and the interventions necessary to help the student achieve his or her educational goals.

Individualized Family Service Plan (IFSP) – a plan for special services for young children and their families served by Early Intervention. An IFSP applies only to children from birth to three years of age. After age three, if a child is eligible for special education services, then an IEP is put into place. The IFSP is set up to identify individualized supports and services that will enhance the child's development.

Infant and Early Childhood Mental Health – the social-emotional development of young children, formed within the context of the child's relationships, most particularly with their primary caregivers. It is a child's ability to experience, regulate, and express emotions; to form close and secure interpersonal relationships; and to explore his or her environment and learn.

In-Home Therapy – a MassHealth service that provides intensive family therapy provided in home, school, or other community settings to a child or youth.

In-Home Behavioral Services – a MassHealth service to a child or youth who has challenging behaviors that interfere with everyday life. A clinician and a trained paraprofessional work closely with the child and family to create and implement treatment plans that diminish, extinguish, or improve specific behaviors.

Intensive Care Coordination – a MassHealth service that is an intensive, individualized care planning and management process for children and youth with serious emotional disturbance who require, or are involved with, multiple services and agencies.

Managed Care Entity (MCE) – a contracted health plan, through which most children and youth enrolled in MassHealth receive their health coverage.

MassHealth – the Massachusetts Medicaid program that provides health-care coverage to more than one million people.

Mobile Crisis Intervention (MCI) – a MassHealth short-term treatment service that is available 24 hours a day, seven days a week to children and youth under the age of 21 experiencing a behavioral health crisis. It is provided through MassHealth’s Emergency Service Program (ESP).

Outpatient Therapy – a service that provides therapeutic intervention to children and youth in need of mental health resources, and may include individual, family, and group therapies. Outpatient Therapy is usually delivered in a clinician’s office, although it may occur in other settings.

Self-Regulation – a child’s ability to gain control of bodily functions, manage powerful emotions, and maintain focus and attention.

Special Education – special education is specially designed instruction and related services that meet the unique needs of an eligible student with a disability or a specific service need that is necessary to allow the student with a disability to access the general curriculum. The purpose of special education is to allow the student to successfully develop his or her individual educational potential.

System-of-Care (SOC) Committee – typically convened monthly by a Community Service Agency (CSA), the SOC Committee is a forum of community stakeholders where the CSA can explain its work and get community feedback. This forum allows interested parties and organizations to work together, map community resources, identify service gaps, and address access barriers. Many SOC Committees include representatives from early childhood settings.

Therapeutic Mentoring – a MassHealth support service that pairs a child or youth with an adult mentor with the purpose of building and enhancing the child’s social, communication, and life skills.

Introduction

As an early childhood professional, you play an important role for the young children in your care. Your knowledge and experience make you a trusted resource for families. This guide was written to provide you with basic information on infant and early childhood mental health. You will find descriptions of services and supports for families with young children, as well as resources that can benefit your program, whether you work in an early education and care center or family child care setting. To support staff conversations with families about their children's social-emotional development, the guide also includes advice on how early childhood professionals can share their concerns with parents.

We encourage you to copy the resources in Appendix A and share them with your families. They include a worksheet to help parents prepare for a doctor or other provider appointment; referral information for Early Intervention and Special Education; and a guide on applying for health coverage to access the MassHealth home- and community-based behavioral health services.



A Note on Systems and Eligibility

Young children sit at the intersection of many service systems in Massachusetts:

- The Department of Public Health (DPH), which oversees Early Intervention (EI) and other early childhood programs;
- The Department of Early Education and Care (EEC), which oversees early education and care, out-of-school-time programs, and early childhood mental health consultation services;
- The Department of Elementary and Secondary Education (ESE), which oversees the school districts and charter schools across the state, as well as special education services; and
- MassHealth, the Massachusetts Medicaid program that pays for health care coverage for over a million residents

Eligibility varies for the services described in this guide. Most are available to families who have MassHealth, which covers an array of home- and community-based services (see Section 4) that can be delivered to the family in their own home, their early education and care setting, or other places within the community. If a child has commercial insurance through the parent's employer or some other group or individual insurance plan, the parent can talk to their health insurer for more information about coverage and for assistance in finding mental health providers who work with young children.

Some early education and care providers have relationships with clinicians whom they can recommend to parents; the pediatrician can also be a good source of referrals to clinicians. If a clinician is not in the family's health insurance network, he or she may be partly covered on an "out-of-network" basis. And some families will be able to pay out of pocket for clinical services.

Some services, such as Early Child Mental Health Consultation, are available to children enrolled in early education and care programs. Others are offered through EI and are available to any child up to age three, or through public schools for children three-to-five-years old who have an IEP. Services may be offered in a clinic, office, school, or home setting, depending on the service in question.

The array of service systems can be very confusing not only to families, but also to staff! We hope that this guide can provide some clarity as you help families navigate these systems.

1. What Is Infant and Early Childhood Mental Health?

Babies are born with emotions. Parents and other caregivers help children learn about their feelings and how to manage them. They cuddle a crying infant. They rock and calm a frightened toddler. They teach preschoolers how to wait their turn, share, express emotions, and handle fears. As parents and other caregivers provide love, affection, support, and opportunities for play, children will explore the world and feel competent and successful. This is the foundation of infant and early childhood mental health.

Infant and Early Childhood Mental Health is the social-emotional development of young children and is formed within the context of the child's relationships, most particularly with their primary caregivers. It is a child's ability to experience, regulate, and express emotions; to form close and secure interpersonal relationships; and to explore his or her environment and learn.¹

Secure attachment and **self-regulation** are the cornerstones of infant and early childhood mental health. **Attachment** is the emotional bond that connects children and their caregivers. A child who experiences responsive, nurturing, consistent caregiving is more likely to be securely attached and have a positive self-image. This view of self extends to other adults who are seen as trustworthy, caring, and protective.² **Self-regulation** is a child's ability to gain control of bodily functions, manage powerful emotions, and maintain focus and attention. It is visible in all areas of behavior.³

Early caregiving experiences matter. Through predictable and responsive relationships with primary caregivers, babies and young children learn to trust that the world is a safe place to explore. From this secure foundation, children learn and master the skills they need to be successful in school and throughout their lives. Children who have mastered these skills are better able to

- manage impulses and regulate their own behavior;
- maintain focus;
- learn to identify and begin to understand feelings;
- manage strong feelings and express them in appropriate ways;
- learn to recognize feelings and emotional cues in others;
- develop empathy;
- form trusting relationships; and
- cooperate and communicate.

1 Adapted from the Zero to Three Taskforce definition of infant and early childhood mental health.

2 Adapted from the System Changes for Successful Children Child Welfare Toolkit for Early Childhood Professionals (www.collaborative.org/sites/default/files/documents/SCSC-Toolkit_EC.pdf).

3 Adapted from Jack Shonkoff's definition of self-regulation in *From neurons to neighborhoods: The science of early childhood development*. A Report of the National Research Council. Washington D.C: National Academies Press.



Massachusetts Early Learning Guidelines for Infants and Toddlers

For more information on supporting social and emotional development in early education and care, Massachusetts Early Learning Guidelines for Infants and Toddlers provides a comprehensive view of the development of infants and toddlers while documenting the experiences that support this development. These early learning guidelines are organized by recognized developmental domains: Physical, Social/Emotional, Cognitive and Language, and Approaches to Learning.

- For infants and toddlers:
www.eec.state.ma.us/docs1/curriculum/20110519_infant_toddler_early_learning_guidelines.pdf
- For preschool learning experiences:
www.eec.state.ma.us/docs1/curriculum/20030401_preschool_early_learning_guidelines.pdf

To read more about infant and early childhood development and mental health, please see the resources listed in Section 7.

2. What Are Potential Signs That a Young Child May Need Help?

Each child is unique and will develop in his or her own way, so you can't know for sure when a certain skill will be developed, learned, or mastered. Developmental milestones give a general idea of the changes you can expect children to experience as they grow. For a quick reference to developmental milestones, you can refer to the U.S. Centers for Disease Control and Prevention website. (This resource is also included in Section 7 under Infant and Early Childhood Development and Mental Health.)

From your experience in early childhood settings, you know that young children communicate through their behavior. For example, a toddler who is cranky in the morning might be telling you that she slept poorly the night before or that she is hungry. While a child's challenging behavior—e.g., tantrums, biting, hitting, or withdrawing—is usually communicating a temporary emotional distress, for some children this behavior might communicate more persistent needs.

The following behaviors⁴ do not indicate a definite social and emotional health concern, but are listed here as potential “red flags” or warning signs that a child and family may need help.

Infant (birth through one year)

- Excessive fussiness—very difficult to soothe/console
- Limited or no interest in things or people
- Failure to gain weight
- Consistent strong reactions to touch, sounds, or movement
- Sleep problems
- Feeding problems

Toddler (one-to-three years)

(Includes the preceding issues in addition to the following)

- Displays very little emotion
- Unable to calm self
- Does not turn to adults for comfort or help
- Excessive fearfulness or excessive sadness
- Withdrawal or excessive clinging
- Aggression toward self or others
- Impulsiveness and hyperactivity
- Excessive tantrums or defiance
- Language delays
- Interference with typical developmental tasks

Preschool (three-to-five years)

(Includes the preceding issues in addition to the following)

- Consistently prefers not to play with others or with toys
- Overly familiar with strangers
- Destructive
- Hurts animals
- Limited use of words to express feelings
- Regressive behavior
- Changes in eating habits
- Irritability, uncontrollable crying

⁴ Adapted from *What is Early Childhood Mental Health?* Oklahoma Department of Mental Health (2011) (www.okdhs.org/NR/rdonlyres/E1C71983-237E-46D6-A2FD-E2D723EAFE3B/0/0656_WhatIsInfantandEarlyChildhoodMentalHealth_occ3_12012011.pdf).

Trauma⁵

Sometimes a child’s concerning behaviors may indicate that he or she is dealing with trauma, a lasting response to overwhelming events. Some trauma is acute—a single event that lasts for a limited time, such as a response to a painful medical procedure or the sudden loss of a parent or caregiver. Some trauma is historical/intergenerational, the accumulation of emotional and psychological pain over a lifespan or across generations, while other trauma is the result of massive group trauma, such as war or natural disasters.

Some kinds of trauma, such as child physical or sexual abuse, can be chronic and last over a long period of time. Difficult family stressors, such as a parent suffering from depression (including postpartum depression) or other mental health issues, substance use, domestic violence, or poverty, can also add up to chronic trauma exposure for young children. A parent who experiences these stressors may have difficulty providing predictable, responsive, and consistent care that is essential for the child’s healthy development, as well as for the parent-child relationship. These challenges can also affect how well a parent can protect the child from other life stressors, such as financial or housing instability.

Even though they may not understand the meaning of what they see or hear, children absorb the images that surround them, and the emotions of the people they rely on for love and security can have a deep impact on them. Young children can be affected by trauma. It can leave them with a highly active startle response; confusion over what is dangerous and whom to go to for help; avoidance of contact; and difficulty self-soothing, among other symptoms. Trauma can leave children feeling frightened and powerless. It can affect how they learn, play, and relate to others.

For more information, please refer to the resources on family stressors listed in Section 7. These materials can give you some background information and provide guidance on how you can support families experiencing these challenges. In particular, the toolkits created by Systems Changes for Successful Children (SCSC) contain a wealth of information on early childhood mental health and trauma-informed care. These toolkits also include several resources on supporting social and emotional development that you can share with parents.

In addition, pay attention to yourself and your own thoughts and feelings. Sometimes working with children and families experiencing trauma can affect you. See Section 5 for a discussion of self-care.

Child Abuse or Neglect

If you have reason to suspect possible child abuse or neglect, speak with your director or supervisor immediately. You can refer to the resources on suspected child abuse and/or neglect and mandated reporting located in the resource list in Section 7. They will provide guidance on your responsibilities as a mandated reporter.

5 This section is informed by the work on trauma-informed care of Dr. Marilyn Augustyn from the Boston University School of Medicine and Boston Medical Center, and the National Child Traumatic Stress Network (www.nctsn.org).

3. Talking with Parents about Concerns

Whenever you have any concerns about a child in your care, follow your organization's procedures for communicating concerns with families. In some settings, primary responsibility for this conversation belongs to a director, principal, or social worker. Your director or administration team can be your partner in gathering more information before you talk with the child's family and in developing a plan for working with a family.

When there are concerns, always consider the following.

- Is this a dramatic change in the child's behavior?
- How severe is the behavior?
- How long has it been occurring?
- Is the behavior happening at a particular time of day?
- How does it compare with other children of the same age?
- Is there a possible health or developmental issue that could cause this behavior?
- What events in the child's environment might make the behavior better or worse?

Keep track of your concerns by writing them down. This will help you prepare for your conversation with families by identifying more clearly what the specific behaviors are and when they occur during the day. This Functional Assessment Interview Form, created by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), is an example of how you might document your concerns. It is a lengthy document, so you may wish to adapt it to fit your program's needs. (You may also find the form at <http://csefel.vanderbilt.edu/modules-archive/module3a/4.pdf>.)



Preparing to talk with parents

There is often a lag from the time a worrisome behavior is noticed and when a child actually gets help. Supporting children with and without difficulties during the early years of life makes a critical difference in their overall health, happiness, and well-being. You can ensure that families in need get help sooner, which could mean better outcomes for children across all domains of development.

Talk with the parent if you have concerns about a child. However, it is crucial to understand that how you share your concerns is as important as what you say. Some parents may already be concerned about their children, while others worry that their children's challenging behavior may reflect poorly on them. Some parents may be worried that their children are at risk of expulsion from your program, or that they are being asked to "fix" their kids so that the behavior doesn't happen while they are at the program. They may see your comments as criticism of their parenting skills. Parents may also be dealing with challenges of their own, as described above in Section 2. Understandably, you may feel anxious about talking to a parent about the challenging behavior you have observed. You may fear approaching a parent because you worry that he or she will become defensive or angry, blame you for a child's challenging behavior, not take your concern seriously, or threaten and punish a child for his or her behavior.

It cannot be emphasized enough that this conversation will go best if you already have a positive relationship with the parent from the start. If a parent already trusts you, he or she will be more likely to listen to you. Therefore, strive to develop positive communication and relationships with all the families you serve.

It may take time for a parent to accept that his or her child needs help, so remember to be patient. When you are ready to start the conversation, remember that parents are experts on their children. They can be your best allies. As you prepare to talk to a parent, keep the following principles in mind.

- Families have many strengths.
- Parenting is a process built on trial and error.
- Parents are experts on their children—they love them, want to do their best by them, and want the best for them.
- Parents want you to like and appreciate their children.
- Parents have something critical to share at each developmental stage.
- Parents have ambivalent feelings.
- Parents want respect.
- Parents want to be heard.

Adapted from Brazelton Touchpoints Center, "Parent Assumptions"

Follow these steps.

1. Plan ahead. Think carefully about what you want to say and what you hope the conversation will accomplish.
2. Make yourself available. Find a good time with no distractions that works for both of you. Depending on the parent's availability, this can mean a face-to-face meeting or a phone call.
3. Start with the positive. You can share an observation about something you appreciate in the child, like his enthusiasm for a particular song or his interest in certain toys or activities, etc.
4. Let the parent know that your goal is to help the child be successful and that your program is doing everything it can to make that happen, but that you need help from the parent. Describe what you are seeing without attaching a meaning or judgment to the child's behavior. You can use this time to also describe the kinds of solutions you are trying. Here are some examples⁶.
 - "We're working with Abby to use her words to say 'my turn please' instead of hitting when she wants a toy."
 - "We're working with Brian to stay settled in a particular area of the classroom instead of trying to run around a lot."
 - "We're working with Keisha to rest by herself at naptime instead of having an adult by her side all the time."
 - "We're trying to help Marie connect better with other children in small groups instead of staying on the sidelines a lot."
 - "We're noticing that Joey seems very interested in what we're doing at circle time but he doesn't speak in the group discussion."
5. Ask the parent if he or she has similar concerns or has experienced similar situations and what solutions have worked at home. Parents often have ways of working with their children that can help in the classroom. Asking parents about their own methods at home qualifies them as "experts" and invites them to be part of a team, rather than making them feel guilty or ashamed about what they've done or not done. If they do not have solutions, this can be the opening they need to share their concerns.
6. Be ready with information and useful resources to share with the parent. Understand that a parent may not be ready to address a need immediately but they may appreciate being able to look into these resources later. Offer the parent a few options for moving forward and allow the parent to choose. You can always check in with the parent at a later time if he or she shows little interest at the moment.
7. Above all, listen to the parent. Keep your mind open for new information. Be mindful and respectful of cultural differences. Be sure to check your tone, body language, and facial expression, because your nonverbal communication can speak just as loudly as your words.

⁶ Special thanks to Paul Creelan, Director of Preschool Outreach at the Home for Little Wanderers, for supplying real-world examples of conversation starters.

Of course, a worried parent could come to you first. The same principles of good communication described above apply here as well. When a parent approaches you, set aside time without distraction so that you can really listen to his or her concerns. Parents who approach you first are demonstrating their trust in you, so it is important to honor that trust. Parents who approach you first are also being proactive. They may simply want your reassurance that their children are developing normally, or they may have serious concerns and are unsure what to do next. Make space for them to share their worries and ask them to share their observations.

You can ask them the same questions (see above in this section) that you would consider yourself if you were worried about a child. Asking parents these questions shows that you take their concerns seriously and that you are being systematic by considering all explanations for a behavior. You are also helping them to make concrete observations that could help them describe their concerns to a pediatrician (see *Next steps for families* below) if they decide to seek a more in-depth evaluation.

If you have concerns of your own, this can be your opportunity to share them. Even if you have no concerns of your own, you can support parents by providing information and resources (such as the materials included in Appendix A) and by encouraging them to talk with their pediatricians.



Next steps for families

The best place for a concerned parent to start is with the child's pediatrician or other primary care provider (PCP). Appendix A includes a worksheet that parents can use to help prepare for an appointment with the pediatrician (or other provider). The pediatrician can help determine if there is an underlying medical or developmental issue.

If the child receives MassHealth benefits (see Section 4 for more information on MassHealth), the pediatrician must offer to conduct a behavioral health screening during the yearly well-child visit, or when the parent requests it at any other office visit. If the child has private insurance, the parent can still ask the pediatrician about a behavioral health screening.

The pediatrician should follow up by making appropriate referrals, such as evaluations for EI, Early Childhood Special Education Services, or Special Education. Appendix A also explains the referral process for these services.

How can I support families in my program?

- Seek out training that will help your staff to develop skills for supporting the social and emotional development of all the children in your care and for engaging parents. See Section 6 for resources for early education and care professionals, in particular Educator and Provider Support (EPS), a service offered by the Department of Early Education and Care (EEC) that helps programs connect to training and other resources.
- Familiarize yourself with services that can help families. See Section 4 for MassHealth Home- and Community-Based Behavioral Services and Section 6 for resources that can support your program.
- Contact your local Coordinated Family and Community Engagement (CFCE) grantee. The CFCE statewide network comprises locally based programs serving families with children from birth through school age, funded by the Department of Early Education and Care (EEC). They provide a variety of services and early education and care programs to families with young children. You can search for your local CFCE on the EEC website at www.eec.state.ma.us/ChildCareSearch/CFCE.aspx.
- Share the materials in Appendix A, which includes resource sheets that you can copy and share with parents. For example, you can find information for concerned parents that describes behavioral health screening during well-child visits and provides referral information for both Early Intervention and Special Education. There is also a guide on applying for MassHealth coverage.
- Reach out to your Early Childhood Mental Health Consultation grantee (see Section 6 for more information). They can help programs, educators, and families address the particular needs of a child due to challenging behaviors or social-emotional difficulties. They can also help with specific referrals for families.

Strengthening Families

Massachusetts has adopted *Strengthening Families*⁷, an evidence-based approach that identifies protective factors that, when present and robust in families, help prevent child abuse and neglect, as well as support optimal healthy growth and development in children.

The Children's Trust offers training on the Strengthening Families Framework, which can help early education and care programs develop the skills they need for communicating with and supporting families. The information can be found at <http://childrenstrustma.org/training-center/training-topics/strengthening-families-framework>.

For additional guidance on talking with parents about your concerns, see *Strategies for Talking with Parents* (Appendix B).

⁷ The Strengthening Families framework was developed by the Center for the Study of Social Policy (www.cssp.org/reform/strengtheningfamilies).

4. What Mental Health Services Are There for Young Children?

After meeting with the pediatrician/PCP, the family may receive referrals for mental health services. Infant and early childhood mental health services focus on the relationship between the infant or very young child and his or her parent, as this relationship is the building block of social and emotional health. This means that therapy will involve the parent and other members of the family as needed in order to fully understand the context for the child's behavior and development.

Infant and early-childhood mental health therapists often use play as a way for toddlers and preschoolers to express their worries and fears. For infants, who cannot talk, the therapist can give them a "voice" in order to explain where infants are developmentally and what they need from their parents/caregivers. For some children, therapy will focus on helping the parents to develop positive parenting strategies to deal with difficult behavior. For other children, the therapist will help the parent to understand the pace and nature of his or her child's development by asking the parent to take the perspective of the child in understanding and responding to challenging behaviors.

In addition to working with the child and parent in treatment sessions, the therapist may need to consult with staff in the early education and care setting on how to make the environment more supportive for the child and to help teachers understand and manage the child's behavior.



MassHealth Home- and Community-Based Behavioral Health Services

MassHealth is our state's Medicaid program. It provides comprehensive health insurance to more than one million Massachusetts children, families, seniors, and people with disabilities. MassHealth offers several kinds of mental health services for children and youth under age 21. "Behavioral health" refers to mental health and substance abuse services.

In order to obtain the services described below, **the child must be enrolled in MassHealth and must have a medical need for the services.** There are various "coverage types" within MassHealth. Most MassHealth-enrolled children have either the Standard or CommonHealth coverage type. Generally, to be eligible for MassHealth Standard, a child's *family income must be at or below 150% of the federal poverty level*. A child under age one may be eligible with income at or below 200% of the federal poverty level. There are exceptions, so it is best to contact MassHealth directly.

Even when a family's income is above that, there is still an option, called **CommonHealth, which is MassHealth's coverage for disabled adults and children. CommonHealth is available regardless of family income, with a sliding fee for premiums.** A child may be eligible for CommonHealth based on a mental/behavioral health diagnosis. Children enrolled in CommonHealth may access medically necessary MassHealth behavioral health services. Finally, children and youth enrolled in MassHealth Family Assistance—a smaller program developed to expand health care to more individuals—may be able to access certain behavioral health services, if the service is medically necessary.

If the child is already on MassHealth, you can encourage the parent to call the MassHealth Customer Service Center to find out about their eligibility for the services described below. If a parent is unsure of the child's MassHealth coverage type, they can do one of the following.

- Call their health plan (the name will be on the insurance or MassHealth card he or she uses when going to the doctor).
- Call the MassHealth Customer Service Center at **1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled)**.

If a child is **not** already a MassHealth member, you can help by encouraging the family to apply. They can call the MassHealth Customer Service Center or visit www.mass.gov/masshealth for more information.

Appendix A, Helpful Resources for Parents, includes How to Apply for Health Coverage for Your Child, a brief guide for applying for MassHealth/CommonHealth benefits. A directory of customer service lines for MassHealth and MassHealth plans is also included in Appendix A.

Mental Health Service Providers

When looking for mental health service providers, parents should be sure to ask about the provider's experience and comfort working with young children and their families.

Hub Services

MassHealth home- and community-based behavioral health services are organized around three “Hub services”: Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination. Hub Service providers are the primary behavioral health care provider for a child or youth receiving MassHealth home- and community-based behavioral services. They are called Hubs because they are the center of activity in a child’s behavioral health care. Hub service providers are responsible for completing a comprehensive assessment in order to get to know the family, their needs and strengths, and their hopes for treatment. They are also responsible for coordinating and communicating with other service providers who may be involved with the child and family (for example, EI specialists and/or staff in the early education and care setting).

The Hub service provider and family work together in developing the treatment plan for the child, including additional services and supports if necessary. A family that is unsure which services would be appropriate can always seek guidance from a provider. Descriptions of these Hub services follow.

Outpatient Therapy

Outpatient Therapy may include individual, family, and group therapies. Outpatient Therapy is usually delivered in a clinician’s office, although it may occur in other settings. Generally, a family sees the outpatient therapist once a week or less. Outpatient Therapy is a good place to start for a parent who would like guidance and a better understanding of his or her child’s problems if those problems are not creating an urgent upset or crisis in the family’s life.

In-Home Therapy

In-Home Therapy is a flexible service that allows providers to deliver intensive family therapy to the child in the home, early childhood setting/school, or other community settings. *This service may be the most appropriate Hub service for young children experiencing serious difficulties because of its focus on strengthening family relationships and for its flexibility about where the service is provided.*

In-Home Therapy could benefit young children having trouble across settings and whose behavior is severe and disruptive (for example, a child experiencing prolonged and violent tantrums that threaten his or her school/child care placement). *In-Home Therapy teams can consult with the early education and care setting to help the staff better support the child and reinforce goals of the treatment plan.*

- In this service, a team staffed by a clinician and a trained paraprofessional works with the family to develop and implement a treatment plan, identify community resources, set limits on the child’s behavior, establish helpful routines, resolve difficult situations, or change problematic patterns that interfere with the child’s development.
- The team may help the family identify ways to manage the child’s behavior or help the child learn to self-regulate emotions.
- Families involved with this service can expect appointments once a week or more often.



Intensive Care Coordination (ICC)

ICC is an intensive, individualized care-planning and management process for children with serious emotional disturbance. ICC uses the Wraparound⁸ process. While there are young children enrolled in ICC, school-age children and youth are more likely to be involved in this service. A family unsure if this service is a good fit can always talk to an ICC provider.

ICC can be a good service for a child who needs or receives services from multiple providers, schools, or the state, because it ensures that interventions and services are effective and coordinated, prioritizes goals, and monitors progress. ICC can also address needs other than behavioral health, such as connecting families and/or children to a variety of sustainable supports, like recreational activities for the child, support groups for the parents/caregivers, faith communities, and community-based social events.

⁸ Wraparound has been most commonly conceived of as an *intensive, individualized care-planning and management process*. Wraparound aims to achieve positive outcomes by providing a structured, creative, and individualized team-planning process that results in plans that are more effective and more relevant to the child and family. For more information, visit <http://nwi.pdx.edu/wraparoundbasics.shtml>.

How can I help families obtain Hub Services (Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination)?

You can support families by helping them take the first step. Hub Services do not require a referral from a doctor or other “gatekeeper.” Families choose the Hub Service that they think may be best, and call the provider directly to learn more. The Hub Service provider will work with the family to see if their service is right for the child’s needs and the family’s situation. If not, the provider will help the family get a more appropriate service.

- To find **In-Home Therapy (IHT)** and **Intensive Care Coordination (ICC)**, parents can search providers by zip code on this website: www.mabhaccess.com. You can see a provider’s ability to accept new referrals, although it does not guarantee an appointment or placement.
- For **Intensive Care Coordination**, you can also refer to the directory in Appendix D of the 32 Community Service Agencies (CSAs) that provide this service. There are 29 CSAs that correspond to the catchment areas of the Department of Children and Families and three additional CSAs who specialize with specific linguistic/cultural groups. Families are not required to choose a CSA in their area or a culturally or linguistically specialized CSA, but may choose to work with any CSA.
- To find **Outpatient Therapy**, parents can call their MassHealth plan customer service line to find providers. See Appendix A for a directory of MassHealth and MassHealth plan customer service lines.
- Parents can also find Hub Service provider contact information through a MassHealth brochure, *Worried About the Way Your Child Is Acting or Feeling?* It describes MassHealth behavioral health services and lists local contact information for providers. It is available in English, Spanish, Portuguese, Haitian Creole, Chinese, and Vietnamese. **You can order free copies of the brochure** by calling the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or you can order online. Go to www.mass.gov/masshealth/cbhi and click on “CBHI Brochure and Companion Guide,” then scroll down until you come to the order form.
- You can also call Hub Service providers directly on behalf of a child **with a parent’s or guardian’s permission**. The providers will then contact the parent/guardian directly to complete the intake process and schedule an appointment. As a reminder, whenever a program intends to refer a child for social, mental health, or medical evaluations or services, the program must obtain written informed consent from the parent according to your program procedures and EEC licensing regulations before contacting any service provider. For more information on confidentiality, refer to this EEC policy statement (also included in Section 7 under Family Support and Engagement).

Hub-Dependent Services

MassHealth also pays for “Hub-dependent” services. These are specialty services that support the interventions of the Hub Service. They include Family Support and Training, In-Home Behavioral Services, and Therapeutic Mentoring. **Enrollment in these services usually requires a referral from a Hub Service provider** (Outpatient Therapy, In-Home Therapy, or ICC described above) because the services should address goals set in a treatment plan developed through a Hub Service. Together with the family, the Hub Service provider determines which of these Hub-dependent services should be included in the treatment plan.

If families are interested in the following services, direct them to first contact a Hub Service provider. Together they can discuss whether to include these Hub-dependent services in the child's treatment plan.

Family Support and Training (FS&T)

This service is provided by family partners, parents, or caregivers of children with special needs and/or emotional and behavioral needs. They have "lived experience," understand what families go through, and can share their experiences and knowledge. They work with families of children enrolled in ICC, In-Home Therapy, and Outpatient Therapy. The family partner provides emotional support for the caregiver and fosters empowerment and expression of family voice. The family partner models, trains, and coaches the caregiver in relevant skills.

FS&T may also include activities such as sharing information, providing assistance in navigating the child-serving systems, and assisting with linkages to parent-support and peer-support groups and formal and community resources, such as after-school programs, food assistance, and summer camps.

In-Home Behavioral Services

In-Home Behavioral Services offer valuable support to a child or youth who has challenging behaviors that interfere with everyday life. This service uses principles of Applied Behavioral Analysis (ABA) and Positive Behavioral Interventions and Supports (PBIS). This may be an appropriate service for a young child receiving (or who previously received) services through EI. It may be especially good for children who are nonverbal. A clinician and a trained paraprofessional work closely with the child and family to create and implement treatment plans that reduce or improve specific behaviors.

Therapeutic Mentoring Services

Therapeutic mentoring is a support service that pairs a child or youth with an adult mentor for the purpose of building and enhancing the child's social, communication, and life skills. This service is usually more suitable for a school-aged child, starting at around seven or eight years old, who needs coaching in social skills. However, a parent/caregiver of a young child can discuss with their child's Hub provider whether it is appropriate.





Emergency Services: Mobile Crisis Intervention

MassHealth also pays for an emergency behavioral health service called Mobile Crisis Intervention (MCI). MCI is a short-term treatment service that is available 24 hours a day, seven days a week, to children under the age of 21 and their families. MCI teams stabilize and resolve crisis situations to reduce the immediate risk of danger to the child or others. The team is mobile, travels to where the emergency is taking place, and intervenes within one hour of contact. MCI services can be provided nearly anywhere in the community, including school/early education and care settings, based on the preferences of the child and family, and in consideration of any coexisting medical conditions or safety needs of the child.

Following a crisis, MCI can provide up to seven days of crisis-stabilization services, which include face-to-face therapeutic response, psychiatric consultation, and urgent psychopharmacology intervention. The MCI team, as needed, makes referrals and builds linkages to all medically necessary behavioral health services and supports.

Calling the MCI

It is important to note that calling your local MCI is not the same as calling the other emergency services, which may arrive within minutes of a call. **An MCI team will arrive within 60 minutes of being called. If you feel there is an immediate risk to safety, call 911.**

MCI teams do not frequently receive requests from early childhood programs to provide crisis intervention, but they will respond if called. Contact the manager of your local MCI team if you would like more information about their services and how you may partner to better coordinate responses. It will be helpful to consider the following as they relate to your program.

Eligibility

MCI services are available to persons who are enrolled in any type of MassHealth plan, those who are uninsured, and many who contract with commercial insurance companies. Some providers offer mobile crisis services for all children, regardless of type of insurance. The best way to know is to contact the MCI manager for your local ESP. You can call your local ESP provider for more details about service eligibility for the children in your program.

Consent

While anyone can contact MCI for a child in crisis, it is recommended that programs contact a parent or legal guardian before requesting the MCI service, or at least before the team arrives at the program. Discussion can include the best setting for the intervention, availability of the parent to join the intervention, and whether the child already has a mental health provider who could do the crisis intervention. If the parent or guardian cannot be reached, an MCI team may start treatment services while continuing attempts to reach the parent/guardian based on the urgency of the situation.

Before enrolling in an early education or out-of-schooltime program, each child is required to have a signed parental authorization for medical treatment, including medical emergencies. Different programs may have different consent-form language. Your program may consider broadening the language of your consent form to include consent for crisis-response treatment.

See Appendix E for information on contacting your local ESP/MCI program. You can also call 1-877-382-1609 to find the closest ESP/MCI program by zip code.

5. Self-Care for Early Childhood Professionals⁹

Caring for and teaching infants and young children is wonderfully rewarding. It is also extremely challenging work that demands patience, empathy, and a lot of skill. If you want the children in your program to flourish, you have to take care of yourself. Self-care is not a one-day special event—it is an ongoing effort to nurture and protect yourself so that you can also nurture and protect the children you love and teach.

Compassion Fatigue

Early childhood professionals are at risk for developing **compassion fatigue**—the profound emotional and physical exhaustion that caregiving and helping professionals can develop over time. The qualities of early childhood staff that support social and emotional development, such as the ability to engage infants in sensitive interactions, and the ability to create a warm classroom and emotional climate, can be dampened by depression, chronic stress, and burnout. Depression among staff is linked to less sensitivity and responsiveness in caregiving.

Secondary Trauma

Educators working with children and families who have experienced trauma may develop **secondary traumatic stress**, also known as vicarious trauma, which is the stress resulting from helping or wanting to help a traumatized or suffering person. The current stressors that a staff member is experiencing, his or her own coping skills, and any trauma experienced in the past will affect how that staff member responds to a child's trauma or challenging behavior in the classroom setting.

Compassion fatigue and secondary trauma can add up over time and negatively affect how staff interact with children and their families.

How Can You Support Your Staff?

While a “Stress Busters 101” workshop can be helpful, self-care really has to be embedded in the work culture. Staff need to feel supported by their programs if they are going to prioritize their own self-care. So a workshop on stress reduction and self-care can be a good thing as long as it fits into an overall plan to prioritize self-care in your program.

Here are some suggestions for starting.

- Help staff identify their own self-care strategies—a warm bath or a yoga class is not everyone's cup of tea. Section 6 has several self-care resources, including workbooks that can help staff reflect on their own needs.
- Invest in training and education for your staff. When they have the tools to do their jobs well, staff will have a greater sense of autonomy, competence, and confidence, all of which are vital for preventing stress and burnout. You can search for training opportunities in Section 6 under Resources for Early Childhood Professionals.

⁹ This section is informed by training developed by Lizzie McEnany, PsyD of Jewish Family and Children's Service of Greater Boston.



- Create a work culture where staff are encouraged to reflect on their thoughts, feelings, and actions in the classroom. When they have time to reflect and be self-aware, staff will be better able to take care of themselves. Reflective practice can also support and improve their interactions with children and their families. You can learn more about reflective practice from the resources listed in Section 7 under Early Childhood Mental Health Consultation.
- Find ways to make positive feedback to and among your staff a normal part of the culture.
- Develop ways to gather staff input and suggestions for program improvements.
- Use peer support. Create opportunities for staff to help each other, such as peer support groups where staff can reflect on practice and openly discuss the challenges and stress they may be facing on the job or in their personal lives.
- Establish and follow safety protocols for managing crisis situations. Following safety protocols demonstrates an appreciation of risks that staff face and of staff's value to the program.

For a list of resources and further reading on self-care, please see the resources related to staff self-care at the end of this guide.

6. Resources for Early Childhood Professionals

There are several resources across the state that can help your program foster positive social and emotional development in young children. The resources listed below are in alphabetical order.

CSEFEL/Pyramid Model

The Center on Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social-emotional development and school readiness of young children from birth to age five. It is a national resource center funded by the Office of Head Start and the Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country. CSEFEL developed the Pyramid Model, a conceptual framework for supporting and teaching social and emotional competence in young children that also aims to reduce challenging behaviors. CSEFEL/Pyramid Model provides training and coaching that equips early education and care staff and programs with the skills to create supportive environments that promote social and emotional health in all children. The model also supports the development of skills to intervene with children who are at risk of social and emotional delays and children with persistent challenging behaviors.

For more information, resources, and handouts, be sure to visit csefel.vanderbilt.edu.

To locate CSEFEL trainers in Massachusetts, contact your local EPS grantee. (See the next page for more information on the Educator and Provider Support service offered by EEC.)

The Children's Trust

The Children's Trust is a family-support organization that offers training on a variety of topics. In particular, the Strengthening Families Framework promotes Protective Factors that, when present and robust in families, help prevent child abuse and neglect, as well as support optimal healthy growth and development in children. Families are your most important allies in helping the children in programs. Massachusetts has adopted the Strengthening Families framework, which promotes five crucial protective factors:

- parental resilience;
- social connections;
- knowledge of parenting and child development;
- concrete support in times of need; and
- social and emotional competence of children.

The presence of these factors helps promote the healthy development of young children and supports families. See childrenstrustma.org.

Coordinated Family and Community Engagement

The CFCE state-wide network, funded by EEC, is composed of locally based programs serving families with children from birth through school age. They provide a variety of services to families with young children, and also provide early education and care programs. Their four main priorities are listed here.

- **Universal and Targeted Outreach Strategies**—Reaching and meeting the needs of children, especially those with multiple risk factors who are hard to reach.
- **Linkages to Comprehensive Services**—Ensuring that families have access to services that support their family’s well-being and children’s optimal development.
- **Family Education**—Strengthening the capacity of families as their child’s first teacher through
 - child development education (all domains, including social-emotional); and
 - evidence-based early literacy and family literacy opportunities.
- **Transition Supports**—Coordinating activities and resources that maximize access to supports promoting successful transitions for children from birth to eight years old, with a specific focus on kindergarten transitions.

Embedded in the Family Education priority of the CFCE grant is the opportunity for parents to access the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaires: Social-Emotional (ASQ:SE) screenings for their children. Screening can enhance a family’s knowledge of child development and help to identify early concerns that might require further assessment. As part of the screening process, CFCE staff offer resources to families to promote their child’s development, and community-based referrals when screening results show that further assessment might be needed. In those cases, families are encouraged to take the results of their child’s screening to their pediatrician for follow-up.

To find a CFCE grantee near you, visit the EEC website at www.eec.state.ma.us/ChildCareSearch/CFCE.aspx.

Educator and Provider Support

EEC offers professional development opportunities for educators across the state through the Educator and Provider Support (EPS) Grant. EEC funds five EPS grantee organizations that support professional development for the early education and care and out-of-schooltime field. These grantees support the pathways that lead educators to attain degrees, increase competency, and support programs in attaining and maintaining accreditation and upward movement on the Quality Rating and Improvement System (QRIS).

For help in accessing training and professional development to support children’s healthy social-emotional development, contact your local EPS grantee, or search for your regional EPS grantee on the EEC website (www.mass.gov/edu/birth-grade-12/early-education-and-care/workforce-and-professional-development/educator-and-provider-support-eps-grant.html).

Early Childhood Mental Health (ECMH) Consultation Services

The early childhood mental health consultation services, funded through the EEC Mental Health Consultation Grant, are available to center-based programs and family child care providers within the early education and care mixed delivery system.

ECMH consultants are available to assist programs, families, child-care providers, and educators who are seeking ways to better support the healthy social and emotional development of all the children who are in their care, and provide support and guidance when there are concerns about specific children.

ECMH consultants can help educators address the developmental, emotional, and behavioral challenges of infants and young children and their families to ensure healthy social-emotional development, reduce the suspension and expulsion rate in early education and care settings, and promote school success. The service can also help your program to work in partnership with families in order to discuss concerning situations in the classroom and to work on ways to support the children in the classroom and in their homes.

These consultation services may include the following.

- Training and coaching to help educators identify risks to healthy social and emotional development, and to help prevent and reduce challenging behaviors.
- Helping programs engage with parents in order to discuss issues or situations in the classroom and/or offering training on how to engage families.
- Assessing children's physical environments.
- Consulting with educators about classroom management.
- Observing children in the classroom.
- Observing and assessing children's behavioral and emotional needs.
- Consulting with educators and parents about an individual child's strengths and needs, and how to respond to the child's emotional and behavioral needs.
- Designing and implementing program practices that are responsive to the identified needs of a child.
- Developing individualized behavioral plans for children with input from parents and educators.
- Referring to community-based services that meet the mental health, social welfare, and other basic needs of children and their family members.
- Helping programs to develop strategies for staff self-care.

To search for the ECMHC grantee serving your community, see Appendix C, Providers Offering Early Childhood Mental Health Consultation Services or visit www.mass.gov/eec/ecmh.



Massachusetts Association for Infant Mental Health (MAIMH)

MAIMH is an affiliate of the World Association for Infant Mental Health, an advocacy organization whose members come from diverse areas of practice, such as early care and education, pediatric health care, early intervention, home visiting, parent and family support, psychology, social work, psychiatry, research and policy, and parenting. Its mission is to promote family, infant, and early childhood social and emotional well-being as foundational to development. It does this by enhancing and linking specialized training, research, policy, advocacy, and preventive and therapeutic intervention through collaboration across systems, disciplines, and providers. For more information, go to <http://massaimh.org>.

Regional Consultation Programs

The RCPs provide consultation, resource and referral information, and family support for children from birth to three years with complex medical needs/multiple disabilities who are enrolled in Early Intervention. The RCPs also collaborate with EEC to provide

- resource and referral information to public preschool personnel and the community to ensure successful transition and preschool inclusion;
- trainings and workshops for families, EI staff, community providers, and educators;
- Medication Administration in Child Care (MACC) trainings for early education and care programs; and
- technical assistance to EI programs, families, and community providers.

You can find the contact information of your RCP at the Early Intervention Training Center website, www.eitrainingcenter.org.

Massachusetts Quality Rating and Improvement System (QRIS)

EEC implements QRIS, a method to assess, improve, and communicate the level of quality in early care and education and afterschool settings. Within the QRIS are several tools designed to help programs assess their practice in building the Strengthening Families Protective Factors in families. Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five protective factors:

- parental resilience;
- social connections;
- knowledge of parenting and child development;
- concrete support in times of need; and
- social and emotional competence of children.

MA QRIS supports include health advisors, based in each of the regional offices of EEC. They provide technical assistance on creating and sustaining safe environments in early care and education settings, as well as linkages to local health resources. You can find the contact information for your regional QRIS Program quality specialist or health advisor at www.mass.gov/edu/birth-grade-12/early-education-and-care/provider-and-program-administration/quality-rating-and-improvement-system-qris.html.

Self-Care Resources

The following list is by no means complete, but it offers a starting place for thinking about how you can build a culture of self-care in your program.

- ***Understanding Early Childhood Mental Health: A Practical Guide for Professionals***, by Susan Summers and Ruth Chazan-Cohen, is a comprehensive guide on the field of early childhood mental health with a chapter specifically on meeting the mental health needs of staff.
- ***The Compassion Fatigue Workbook: Creative Tools for Transforming Compassion Fatigue and Vicarious Traumatization***, by Francois Mathieu, addresses the stress that caregiving professionals experience, and provides tools and exercises to help workers stay engaged and well balanced.
- ***What About You? A Workbook for Those Who Work with Others*** was developed by the National Center on Family Homelessness, but it is relevant to any helping, caregiving profession. For more information, go to <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/center/family/Homelessness/hmls/partnering/docs/workbook.pdf>.
- **The Headington Institute** (www.headington-institute.org) provides psychological and spiritual support for humanitarian workers around the world. They have developed training and tools, all available free of charge online. When you visit the website, click on “Online Training” to access all the modules, particularly “Stress & Burnout” and “Resilience.”
- ***Developing a Culture of Learning through Reflective Practice*** is an article by the National Childcare Accreditation Council that describes reflective practice, in which practitioners critically examine what happens in the early education and care setting, and why it occurs. For more information, go to http://ncac.acecqa.gov.au/educator-resources/pcf-articles/Developing_a_culture_of_learning%20_through_reflective_practice_Jun09.pdf.



System-of-Care Committees

A System-of-Care Committee (SOC) is convened by the Community Service Agency (CSA). The CSA provides Intensive Care Coordination for children and youth who require or are already using multiple services, or are involved with multiple child-serving systems, such as child welfare, special education, juvenile justice, or mental health. There are 32 CSAs throughout the state (see Section 4 for more information on Intensive Care Coordination).

Each SOC committee includes community stakeholders (e.g., family members, providers, community organizations, school representatives, etc.). It brings interested parties and organizations together to map community resources, identify service gaps, and address barriers to accessing services and supports. It offers a venue for connecting with other service providers and resources that could benefit the families and young children you serve. However, **the SOC does not discuss individual families**. The SOC committees hold open meetings. Family members and representatives from state agencies, Early Child Mental Health Consultation Services, and the courts also are invited to attend. As a result, the SOC offers a unique opportunity to

- inform community stakeholders about your early education and care program;
- learn about other community resources;
- plan collaborative responses to community issues and needs affecting your program; and
- share feedback about how services are working, and collaborate with the CSA and other providers to solve problems and improve processes.

SOC committee meetings vary by CSA provider and generally occur on a monthly basis. Your program need not be represented at every meeting in order to participate. You can contact the CSAs in your area to get a meeting schedule. See Appendix D for a directory of CSAs.

7. Additional Resources and Further Reading by Topic

The following list does not claim to be exhaustive, but we hope the resources listed here can both help you and lead you to other useful resources.

Infant and Early Childhood Development and Mental Health

- **The Centers for Disease Control and Prevention (CDC)** has helpful, online developmental milestone checklists. See www.cdc.gov/NCBDDD/actearly/milestones/index.html.
- ***Understanding Early Childhood Mental Health: A Practical Guide for Professionals***, by Susan Summers and Ruth Chazan-Cohen, is a comprehensive guide on the field of early childhood mental health.
- **ZERO TO THREE** is a national nonprofit that provides parents, professionals, and policymakers the knowledge and resources to nurture early development. The website offers several free resources to parents and practitioners. For more information, go to www.zerotothree.org.
- **The Center for the Developing Child at Harvard University** generates and translates cutting-edge research on the science of childhood development and breaks it down into brief and informative reports. See <http://developingchild.harvard.edu>.
- ***What is Infant and Early Childhood Mental Health?*** was developed by the Oklahoma Department of Mental Health to provide an accessible, family-friendly description of early childhood mental health. See www.okdhs.org/NR/rdonlyres/E1C71983-237E-46D6-A2FD-E2D723EAFE3B/0/0656_WhatIsInfantandEarlyChildhoodMentalHealth_occs_12012011.pdf.
- ***Pathways to Prevention: A comprehensive guide for supporting infant and toddler mental health*** was prepared for the Head Start Bureau by the Early Head Start National Resources Center at ZERO TO THREE https://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/27B9EA2E8C611854D47E47984BF46274.pdf.
- ***Self-Regulation: A Cornerstone of Early Childhood Development*** is an introductory article published by the National Association for the Education of Young Children (NAEYC). It can be found at www.naeyc.org/files/yc/file/200607/Gillespie709BTJ.pdf.

Supporting Social and Emotional Development

- ***Massachusetts Early Learning Guidelines for Infants and Toddlers*** offers a comprehensive view of the critical importance of developmentally appropriate experiences to children, starting at birth. It was designed for educators and program administrators who are planning and evaluating curricula for infants and toddlers. An online companion training module is also available at www.eec.state.ma.us/docs1/curriculum/20110519_infant_toddler_early_learning_guidelines.pdf.
- ***Massachusetts Guidelines for Preschool Learning Experiences*** is designed for early educators and program administrators who are planning and evaluating a curriculum. The Guidelines are based on the standards for Pre-K to K (or Pre-K to grades 1-4) in the Massachusetts Curriculum Frameworks. You can find the Guidelines at www.eec.state.ma.us/docs1/curriculum/20030401_preschool_early_learning_guidelines.pdf. The Training Module can be found at www.mass.gov/edu/birth-grade-12/early-education-and-care/workforce-and-professional-development/training-and-orientation-resources/free-competency-based-training-online.html.

- **CSEFEL/Pyramid Model** is a framework for helping children to develop social and emotional skills. The model originated at Vanderbilt University through the Center for the Social and Emotional Foundations of Early Learning. The Center has developed helpful resources for educators and parents to support social and emotional development in early childhood settings and at home. See <http://csefel.vanderbilt.edu>.
- The **Technical Assistance Center on Social and Emotional Intervention in Young Children (TACSEI)** gathers the research that shows which practices improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities. With this information, TACSEI creates free products and resources to help decisionmakers, caregivers, and service providers apply these best practices in the work they do every day. Most of these free products are available on their website for you to immediately view, download, and use at <http://challengingbehavior.fmhi.usf.edu/index.htm>.

Early Childhood Mental Health Consultation

ECMHC involves a professional consultant with mental health expertise working collaboratively with early care and education staff, programs, and families to improve their ability to prevent, identify, and respond to mental health issues among children in their care. In contrast to direct therapeutic services, ECMHC offers an indirect approach to reducing problem behaviors in young children and, more broadly, promoting positive social and emotional development. Each of the sites below provides in-depth information and resources on ECMHC.

- **CSEFEL and Head Start Research Synthesis on Early Childhood Mental Health** describes ECMHC and the existing evidence base for its effectiveness in fostering healthy social and emotional development in young children. For more information, go to http://csefel.vanderbilt.edu/documents/rs_ecmhc.pdf.
- **The Center for Early Childhood Mental Health Consultation at the Georgetown University Center for Child and Human Development** was created through a grant from the Office of Head Start. Although their target audience is Head Start administrators, staff, and families, their materials and resources can be helpful for any early childhood setting. See www.ecmhc.org/index.html.
- **Head Start** is deeply focused on supporting the mental health of young children and their families. It has comprehensive information on mental health on its website (<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/mental-health.html>). Here you can find several resources on ECMHC by selecting it in the index of topics.
- **Developing a Culture of Learning through Reflective Practice** is an article by the National Childcare Accreditation Council that describes reflective practice, in which practitioners critically examine what happens in the early education and care setting and why it occurs. You can find it by going to http://ncac.acecqa.gov.au/educator-resources/pcf-articles/Developing_a_culture_of_learning%20through_reflective_practice_Jun09.pdf.

Early Childhood Screening

Screening can help programs identify the social and emotional strengths and needs of the children in their care and can promote and nurture interactions between infants and toddlers and their parents/caregivers. It may be helpful to be familiar with these tools in case your program chooses to implement screening.

In particular, Massachusetts EI providers use the ASQ:SE and Greenspan Social-Emotional Growth Chart screening tools to engage parents in conversations. These conversations will assist parents in better understanding their children's social-emotional development and will help providers gather information to help plan and implement IFSPs for their clients. CFCEs also provide screening with the ASQ:SE tool.

The following are descriptions of these screening tools and links to further screening resources.

- **The Ages and Stages Questionnaire: Social-Emotional** (ASQ:SE) is a parent-completed tool with a deep, exclusive focus on children's social and emotional development. It allows you to quickly pinpoint behaviors of concern and identify any need for further assessment or ongoing monitoring. You can find it at www.brookespublishing.com/resource-center/screening-and-assessment/asq/asq-se.
- **The Greenspan Social-Emotional Growth Chart** monitors the milestones of social-emotional development in infants and very young children. Note: The publisher recommends that individuals using this tool have a professional qualifications level of "B." Please see www.pearsonclinical.com/childhood/products/100000214/greenspan-social-emotional-growth-chart.html.
- **First Signs**, a developmental disabilities education and advocacy organization, has a list of other validated screening tools. You can find the list at www.firstsigns.org/screening/tools/rec.htm#dev_screens.
- MassHealth primary care providers are required to offer behavioral health screening as part of well-child visits. You can find the list of **MassHealth-approved screening tools** at www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/screening-for-behavioral-health-conditions/the-masshealth-approved-screening-tools.



Family Stressors

Although these resources will provide useful information, it's possible that you may need to seek further information or assistance. For example, if the resources don't quite match the resources in your immediate community, or are out of date or not specific enough for your concern, you may choose to speak to mental health consultants.

Depression and Mental Health

- **Family Connections: A Comprehensive Approach to Dealing with Parental Depression and Related Adversities**, developed by the Family Connections Project at Boston Children's Hospital, is a preventive, system-wide mental health consultation and training approach to strengthen the capacity of Early Head Start and Head Start staff. Educators can use these resources while working with families dealing with parental depression and related adversities, working with children in classrooms and in the home, and engaging and supporting parents struggling with adversities. For more information, go to <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/mental-health/adult-mental-health/FamilyConnection.html>.
- **DPH** developed a website that functions as a clearinghouse of resources related to postpartum depression around the state. It's available at www.mass.gov/eohhs/gov/departments/dph/programs/family-health/postpartum-depression.

Trauma

- **Systems Change for Successful Children (SCSC)**, a federally funded initiative coordinated by the Collaborative for Educational Services, in Northampton, MA, produced two toolkits to support trauma-informed practice with high-needs children from birth to age five and their families, and collaboration between early childhood and child welfare professionals. While the local resources referenced in the toolkits will be more relevant in the western region, the content on early childhood development and early childhood mental health and trauma-informed care will be useful to early childhood professionals in any part of the state. In addition, the toolkit includes several helpful resources for parents on supporting social and emotional development at home. The toolkits can be found at www.collaborative.org/programs/early-childhood/scsc/scsc-toolkits.
- The mission of the **National Child Traumatic Stress Network (NCTSN)** is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. You can learn more about the effects of early childhood trauma and find links to other resources from the NCTSN website at www.nctsn.org/trauma-types/early-childhood-trauma.
- The **"Defending Childhood" initiative** of the U.S. Department of Justice works on preventing, addressing, reducing, and more fully understanding childhood exposure to violence. It created a tip sheet for early-care and education professionals for how to work with children who have trauma exposure. You can find it at www.justice.gov/defendingchildhood/tips-early-childhood.pdf.
- **The ZERO to THREE Foundation** has several resources related to trauma and early childhood, found at www.zerotothree.org/maltreatment/trauma/trauma.html.

Domestic Violence and Other Exposure to Violence

- **Child Witness to Violence Program** is a therapeutic, advocacy, and outreach program based at Boston Medical Center. Its website, www.childwitnessstoviolence.org, provides resources related to early childhood exposure to violence.
- **Early Childhood, Domestic Violence and Poverty: Helping Young Children and Their Families** is a series of papers offering practical guidance to professionals working with young children. See Series Paper #2, *Young Children Living with Domestic Violence: The Role of Early Childhood Programs*, which can be found at www.ncdsv.org/images/UI-SSW_EarlyChildhoodDVandPoverty_1-2004.pdf.
- **Jane Doe Inc.** is the Massachusetts Coalition Against Sexual Assault and Domestic Violence. Learn more at www.janedoe.org.



Substance Abuse

- **Supporting Infants, Toddlers, and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma: A Community Action Guide** is a publication prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA). It presents resources that service providers, advocates, and practitioners can use to better understand and engage their communities in responding to children whose parents/caregivers are negatively impacted by mental illness, substance abuse, or trauma. You may find the publication at <http://store.samhsa.gov/shin/content/SMA12-4726/SMA12-4726.pdf>.
- **The Massachusetts Bureau of Substance Abuse Services (BSAS)** oversees substance abuse and gambling prevention and treatment services in the Commonwealth. You can connect to substance abuse resources through the contact information on the BSAS website, at www.mass.gov/dph/bsas.



Family Support and Engagement

- **Confidentiality of Family Information** is a policy statement for all licensed EEC programs. It describes the actions required by early education and care programs and staff to protect the privacy of children and families. You can find it at www.eec.state.ma.us/docs1/regs_policies/group_schoolage_policies/20100629_confidentiality_family_info.pdf.
- **Building Partnerships: Guide to Developing Relationships with Families**, developed by the Office of Head Start, is relevant to any early childhood setting. You can find it at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/building-partnerships-developing-relationships-families.pdf>.
- **Tips for Talking with Parents** was developed by the Centers for Disease Control and Prevention to provide guidance to early childhood professionals on how to discuss with families the possibility of developmental delays. The sample language for bringing up a difficult topic with a parent may be helpful. See www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/tipstalkingparents.pdf.
- **Talking with Parents about Problem Behaviors: Do's and Don'ts**, developed by CSEFEL/Pyramid Model, is a quick reference for the best ways to start difficult conversations. See <http://csefel.vanderbilt.edu/modules/module3a/handout2.pdf>.
- **Parents as Allies** is a blog posting by Cathi Cohen of In Step, a Washington DC area family therapy provider. It offers practical advice for talking with parents about challenging topics. See www.insteppc.com/can-we-talk-fellow-parents-are-your-allies.

Resources for Families

- **MCPAP for Moms** promotes maternal and child health by building the capacity of providers serving pregnant and postpartum women and their children up to one year after delivery to effectively prevent, identify, and manage depression. The MCPAP website (www.mcpapformoms.org) offers several resources for parents and caregivers, including contact information for local parenting support groups and links to other family and parenting supports.
- **Mass 2-1-1** (www.mass211.org) is an easy-to-remember telephone number that connects callers to information about critical health and human services available in their community. It serves as a resource for finding government benefits and services, nonprofit organizations, support groups, volunteer opportunities, donation programs, and other local resources. Always a confidential call, Mass 2-1-1 maintains the integrity of the 9-1-1 system, so that 9-1-1, a vital community resource, is reserved for life-and-death emergencies. Mass 2-1-1 is available 24 hours a day, seven days a week, and is an easy way to find or give help in your community.
- **The Early Childhood Mental Health Partnership** (www.ecmhatters.org) hosts resources for families on social and emotional health, as well as professional development resources for early educators. Families can find activities to support social and emotional health and a toolkit to guide conversations with their children's pediatricians. Visit www.ecmhatters.org and select "For Families and Friends."
- **The Daily Parent** is a newsletter produced by the National Association of Childcare Resource and Referral Agencies. This issue focuses on helping parents deal with challenging behaviors in their young children, and can be found at www.childcareresourcesinc.org/wp-content/uploads/2009/12/Issue-75-CHILDREN-WITH-CHALLENGING-BEHAVIOR-E1.pdf.



- **The Parent Line** is a newsletter produced by Oregon State University. Challenging behaviors is the focus of this issue, which can be found at http://extension.oregonstate.edu/lincoln/sites/default/files/family_care_docs/challenging_behaviors.pdf.
- **ZERO to THREE** is a national nonprofit that provides parents, professionals, and policymakers the knowledge and resources to nurture early development. The website offers several free resources to parents and practitioners. For more information, go to www.zerotothree.org/child-development.
- **Worried About the Way Your Child Is Acting or Feeling?** is a brochure developed by MassHealth, the state Medicaid program, to describe home- and community-based behavioral health services for children and youth under 21 years of age. You can order free copies of the brochure for your program to share with your families. To order, go to www.mass.gov/masshealth/cbhi and select “CBHI Brochures and Companion Guide.” Scroll down until you reach the online order form. You can also call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for those with partial or total hearing loss).
- **Continuing the Journey: Best Practices in Early Childhood Transitions—A Guide for Families** is the result of a collaborative effort between EEC, DPH, and Elementary and Secondary Education (ESE) that discusses the transition process from early intervention into preschool special education. The Guide is available as a PDF in Chinese, English, Portuguese, and Spanish, and can be found at www.mass.gov/edu/birth-grade-12/early-education-and-care/provider-and-program-administration/services-for-children-with-disabilities-and-special-needs/transitioning-from-early-intervention-into-preschool-special-education.
- **The Parent Guide to Special Education** was developed by the Federation for Children with Special Needs and ESE. It provides a detailed description of the whole special education process, from initial referral to the development of an IEP. Go to <http://fcsn.org/parents-guide> to download the guide in English, Spanish, and Portuguese.

Child Abuse and Neglect

- **The Role of Professional Childcare Providers in Preventing and Responding to Child Abuse**, prepared by the US Department of Health and Human Services’ Administration for Children and Families, provides information on how to spot concerns and what do to if you suspect abuse or neglect. You can find it at www.childwelfare.gov/pubs/usermanuals/childcare/childcare.pdf.
- **The Children’s Trust** leads statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. As an umbrella organization, the Children’s Trust funds, evaluates, and promotes the work of over 100 agencies that serve parents. For more information, see <http://childrenstrustma.org/our-programs>.
- Massachusetts early education and care, residential care, and placement-licensing regulations require that licensees have written plans for staff to file reports of abuse or neglect. These policies must comply with the requirements of the responsibilities of mandated reporters. For a **summary of the steps involved in filing 51A reports** as a mandated reporter, go to www.mass.gov/edu/birth-grade-12/early-education-and-care/laws-regulations-and-policies/background-records-check-regulations-and-policies/filing-51a-reports.html.



- Massachusetts early education and care staff are mandated reporters. They are required to immediately make an oral or written report to the Department of Children and Families when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 is suffering from abuse and/or neglect. For **more information on your responsibilities as a mandated reporter**, go to www.mass.gov/eohhs/docs/dcf/can-mandated-reporters-guide.pdf.
- The **51A Mandated Reporter Training Module** helps mandated reporters understand their legal obligations; recognize possible signs and symptoms of child abuse, neglect, and exploitation; know how to respond to a child who discloses abuse; know how to file a 51A Report; and understand what happens after a 51A Report is filed. You can find it at <http://middlesexcac.org/51A-reporter-training>.

Appendices

Appendix A: Helpful Resources for Parents

Appendix B: Strategies for Talking with Parents

Appendix C: Providers Offering Early Childhood Mental Health Consultation Services

Appendix D: Community Service Agency (CSA) Directory

Appendix E: Mobile Crisis Intervention (MCI)



Appendix A: Helpful Resources for Parents

Feel free to copy and share these materials with parents.

- [I'm Concerned About My Child. What Should I Do?](#)
- [Preparing for Your Appointment](#)
- [MassHealth Customer Service Lines](#)
- [How to Apply for Health Coverage for Your Child](#)

I'm Concerned About My Child. What Should I Do?

If you have concerns about how your child plays, learns, speaks, or acts, talk to your child's doctor.

If you see or hear something from your child that worries you, write it down. These notes can help when you call for an appointment and can describe your concerns. The notes will also help during your visit with the doctor.

When you call the doctor's office, you can ask for a checkup on your child's development. You can say, "I would like to see my child's doctor because I am concerned about how my child is developing."

If your child gets MassHealth benefits, his or her primary care provider (PCP) must ask if you'd like them to do a behavioral health screening during your child's yearly well-child visit, or whenever you request it at other office visits. This means that the PCP will give you a form with questions for you to answer about how your child plays, acts, and speaks. If your child has private insurance, you can still ask his or her PCP/pediatrician about behavioral health screening.

After the appointment, the PCP should follow up with you to talk about next steps. For example, the PCP might connect you to helpful services, or have you see a specialist—someone with advanced training—who can do a more in-depth check-up of your child. This checkup could be done by

- developmental pediatricians. These doctors have special training and understanding in how children grow and develop;
- child neurologists. These doctors are specialists in the care of the brain, spine, and nerves; and
- child psychologists, psychiatrists, or social workers. These providers have special training and experience to understand emotions and behaviors in young children.

You can also find out if your child meets the requirements for EI or special education.

Notes

For Children from Birth to Three Years Old: Early Intervention (EI)

EI is a statewide service for families of children from birth to three years old. Any Massachusetts child up to three years old, and his or her family, may be eligible for EI services if the child meets certain conditions. Call **1-800-905-TIES (1-800-905-8437)** and ask for a list of certified EI programs for your city or town.

- When you call, you can say, “I am concerned about how my child is developing and I would like an evaluation. Can you help me or let me speak with someone who can?”
- Be ready to talk about your specific concerns about your child. If you wrote down notes, you can share them here. You will also be asked for some general information about yourself and your child (your name, your child’s name and age, where you live, and more).
- Write down the name of the person to whom you speak, the date, and what was said. You might need this information later.

For more information on EI, including the referral process, visit the EI page on the DPH website at www.mass.gov/dph/earlyintervention.

For Children between the Ages of Three and Five: Early Childhood Special Education Services

Parents and caregivers can ask for a referral to Early Childhood Special Education Services for their children. This referral would be for a provider who can check if your child meets requirements for special education services. Your child may be eligible if

- you think your child has a disability (even if the child was not enrolled in early intervention services);
- your child has received early intervention services; or
- you think your child will need extra services when he or she turns three.

You can call the **school department in your town or district** to learn more about special education services for children between the ages of three and five. Ask to speak with the Administrator of Special Education at the town or district.

- You can find the contact information for your school district by going to <http://profiles.doe.mass.edu>. Under “Select Organization Type,” select “Public School District” and then pick your town name in the “City/Town” drop-down menu.
- If you need help in finding the director of special services, you can also call the Massachusetts Department of Early Education and Care (EEC) at 617-988-6600.
- When you call, say, “I am concerned about how my child is developing and I would like an evaluation for him/her. Can you help me or let me speak with someone who can?”
- Be ready to talk about your specific concerns about your child. If you wrote down notes, you can share them at this point. You will also be asked for some general information about yourself and your child (your name, your child’s name and age, where you live, and more).
- Write down the name of the person to whom you speak, the date, and what was said; you might need this information later.

Local School District Contact Information

For School-Aged Children: Special Education

Special education is teaching and related services that are specially designed to meet the specific needs of an eligible student. Eligibility in this case means that the student has a disability or a need for a specific service that is necessary for your child to participate in general classes. The school district provides special education at no cost to parents.

Even if your child is not old enough for kindergarten, call your local elementary school and speak with either the principal or the special education administrator to ask for an evaluation.

- You can also call the director for special education for your school district. To find the contact information for your school district, go to <http://profiles.doe.mass.edu>. Under “Select Organization Type,” pick “Public School District” and then pick your town name in the “City/Town” drop-down menu.
- When you call, say, “I am concerned about how my child is developing and I would like an evaluation. Can you help me or let me speak with someone who can?”
- Be ready to share your specific concerns about your child. If you wrote down notes, you can share them at this point. You will also be asked for some general information about yourself and your child (your name, your child’s name and age, where you live, and more).
- Write down the name of the person to whom you speak, the date, and what was said; you might need this information later.

Local Elementary School/School District Contact Information

Special Education Resources

Is your family transitioning from EI into special education? There’s a guide for you called *Continuing the Journey: Best Practices in Early Childhood Transitions, A Guide for Families*. EEC, ESE, and DPH and their partners developed this guide. You can download it at www.mass.gov/edu/docs/eec/2014/20140515-early-childhood-transition-english.pdf.

This guide is also available in Chinese, Portuguese, and Spanish. The direct link is www.mass.gov/edu/birth-grade-12/early-education-and-care/provider-and-program-administration/services-for-children-with-disabilities-and-special-needs/transitioning-from-early-intervention-into-preschool-special-education.

For information on special education, including the referral process, you can download a guide written by the Federation for Children with Special Needs and the Department of Elementary and Secondary Education (ESE). You can find the guide at <http://fcsn.org/parents-guide>. Please also see the ESE website for special education information for parents. Just go to www.doe.mass.edu/sped/parents.html.

MassHealth Customer Service Lines

MassHealth Customer Service Center 1-800-841-2900
TTY: 1-800-497-4648

MassHealth Website www.mass.gov/masshealth

MassHealth Managed Care Plans Customer Service Lines

Boston Medical Center (BMC) HealthNet Plan 1-888-566-0010
TTY: 1-781-994-7660

Fallon Community Health Plan 1-800-341-4848
888-421-8861
TTY: 1-877-608-7677

Health New England (HNE) 1-800-786-9999
TTY: 1-800-439-2370

Neighborhood Health Plan 1-800-462-5449
TTY: 1-800-655-1761

Tufts Health Plan-Network Health 1-888-257-1985
TTY: 1-888-391-5535

Primary Care Clinician (PCC) Plan 1-800-841-2900
TTY: 1-800-497-4648

Massachusetts Behavioral Health Partnership 1-800-495-0086
TTY: 1-877-509-6981

Massachusetts Behavioral Health Access
You can find available mental health service providers and their contact information by using the www.mabhaccess.com website, which allows anyone to search for available providers by zip code and service type. It also allows anyone to determine a provider's current capacity to accept new referrals, although *this does not guarantee* that a family will get an appointment or placement.



HOW TO APPLY FOR HEALTH COVERAGE FOR YOUR CHILD

MassHealth is the Massachusetts Medicaid program. More than 1 million people in the state get health care services with help from MassHealth.

This guide explains options you have in applying for health coverage for your child.

If you are a parent or caregiver who wants your child to get MassHealth Standard or CommonHealth for behavioral health services, this guide will help you. The guide also may be useful for anyone else who would like to apply for coverage under MassHealth.

MassHealth Standard

MassHealth Standard offers a full range of health care benefits. To obtain MassHealth Standard for your child aged 0-18 years, your family's income must be less than or equal to 150% of the federal poverty level.

As of March 1, 2015, 150% of the federal poverty level for a family of four is \$36,372. If you are not sure if your household income meets this requirement, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

MassHealth CommonHealth

MassHealth CommonHealth offers health care benefits similar to MassHealth Standard to disabled adults and disabled children who cannot get MassHealth Standard.

- There is no income limit for CommonHealth.
- There is a sliding-scale premium based on family income, and some adults may have to meet a one-time deductible.

For more detailed information on MassHealth, please see the [Member Booklet for Health and Dental Coverage and Help Paying Costs \(ACA-1\)](#), available at www.mass.gov/masshealth under Applications and Member Forms.

How do I apply for MassHealth Standard or CommonHealth for my child?


1. You must fill out the [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) form. You can get the ACA-3 form in a several ways.
 - ◆ Go online and create an account at www.MAhealthconnector.org. Applying online may be a faster way for you to get coverage than mailing a paper application.
 - ◆ Go to www.mass.gov/masshealth and click on [Applications and Member Forms](#) in the lower right corner. You can print out the [ACA-3](#) form and fill it out by hand.
 - ◆ Call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648). They can mail you an [ACA-3](#) form.
 - ◆ Visit a MassHealth Enrollment Center (MEC) to apply in person. See the [Member Booklet for Health and Dental Coverage and Help Paying Costs](#) for a list of MEC addresses.

2. When you fill out the [ACA-3](#) form

- ◆ You will need to include all household members on the application. Tell us about all the household members who live with you. If you file taxes, we need to know about everyone on your tax return. You do not need to file taxes to get MassHealth.
- ◆ Be sure to answer all questions on the application.
- ◆ Be sure to answer YES to question 12 about injury, illness, or disability in Step 2 of the paper application for each person with a disability. If you complete your application by telephone or online, you will also be asked this question.

Navigators and Certified Application Counselors can help you apply for MassHealth. These trained individuals can help you from application through enrollment and answer your questions. To find a Navigator or Certified Application Counselor organization near you, go to www.betterMAhealthconnector.org/get-help.

3. You can submit your completed application in any of the following ways.

- ◆ **Go online** and sign in to your account at www.MAhealthconnector.org.
- ◆ **Mail** your filled-out, signed [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) form to
 **Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780**
- ◆ **Fax** your filled-out, signed ACA-3 application to 1-857-323-8300.
- ◆ **Call** the MassHealth Customer Service Center at 1-800-841-2900 and apply over the phone (TTY: 1-800-497-4648).

If you mail your application at the post office, make sure to ask for a return receipt. This way you have proof that MassHealth got your application.

- ◆ The date MassHealth gets your application affects the date that MassHealth can pay for medical services if you are found eligible.
- ◆ Do not send more than one copy of your application. An application review can take up to 45 days. The extra paperwork will delay review.
- ◆ Keep a copy of everything you send for your records.

What happens after I submit the application?

MassHealth will try to verify the information on the application. If additional information (such as proof of income, citizenship, or immigration status) is needed, we will send you a Request for Information notice that will list all the required documents and the deadline for submitting them.

MassHealth works with UMass/Disability Evaluation Services (DES) to look at disability requests. DES will follow up with you and may send you more paperwork to complete. The paperwork DES sends you helps them review your child's disability request for MassHealth. This process can take up to 90 days.

You can speed up the disability review process by following the three steps below. (To download the forms described below from a computer, go to www.mass.gov/masshealth. In the lower right corner, click on **Applications and Member Forms**.)

1. When you get the **ACA-3** form, also get one of the two forms below. (You can download them or ask for them if you call the MassHealth Customer Service Center.)

- ▶ **MassHealth Child Disability Supplement Form**

Fill out this form if your child is age 17 or younger. It tells MassHealth about your child's medical and mental health providers, daily activities, and educational background.

- ▶ **MassHealth Adult Disability Supplement Form**

If your child is age 18 or older, you or your child needs to fill out this form.

Some work requirements may apply to youths between the ages of 18 and 21.

2. Be sure to sign the **Medical Records Release** forms at the end of the disability supplement forms (above). Sometimes MassHealth needs more information about your child's medical conditions. When you fill out the MassHealth Medical Release form, you give DES permission to contact your child's providers for such information.

- ◆ The information helps DES decide if your child is disabled under state and federal law. Fill out one form for each provider by name.
- ◆ If your child is in an Early Intervention Program or has an IEP or 504 Plan at school, you will need to fill out a release form for these providers/teachers.
- ◆ Five blank copies of this form are also included in the Disability Supplement Form.

3. Send the completed Disability Supplement and signed Medical Records Release forms to



Disability Evaluation Services, P.O. Box 2796, Worcester, MA 01613-2796

If you have any of the following, send copies with the Medical Records Release and Disability Supplement forms. Sending the documents below can help speed up the review process.

- ◆ Your child's medical records
 - ◆ Individualized Family Services Plan (IFSP)
- or
- ◆ Individualized Educational Plan (IEP), testing results, or other records that describe your child's condition(s).

After you have mailed this information, a staff member from the UMass/Disability Evaluation Services may contact you if MassHealth needs more information.

- ◆ Keep a copy of everything you send for your records.
- ◆ If you mail your application at the post office, make sure to ask for a return receipt. This way you have proof that DES got your forms.
- ◆ Check with all your child's providers to make sure they sent the requested information to the UMass/Disability Evaluation Services.

My child already has MassHealth Family Assistance. How do I apply for CommonHealth?

If your child has a disability, he or she may be eligible for CommonHealth. You will need to fill out the [MassHealth Child Disability Supplement](#), including the MassHealth Medical Records Release forms. (Five of these forms are included in the supplement.)

You can get these forms by

calling the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648); or **visiting** www.mass.gov/masshealth and clicking on [Applications and Member Forms](#). Scroll down the screen until you get to Member Forms. Fill out the forms and send them to

 **Disability Evaluation Services (DES), P.O. Box 2796, Worcester, MA 01613-2796**

- ◆ If you mail these forms at the post office, make sure to ask for a return receipt. This way you have proof that DES got your forms.
- ◆ If you need help filling out these forms, you can call the UMass/Disability Evaluation Services Help Line at 1-888-497-9890.
- ◆ Keep a copy of everything for your records.

Reminder: required documents to apply for MassHealth/CommonHealth

If you want to apply for MassHealth/CommonHealth, you will need to mail or submit two separate sets of documents.

1. Send your Application for [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) form by **Mail** to

 **Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780**

Fax: 857-323-8300, or

Go Online and sign into your account at www.MAhealthconnector.org.

2. The following documents also are required for MassHealth CommonHealth.
 - Completed MassHealth Child Disability Supplement or Adult Disability Supplement form for children aged 19 years and older
 - Completed MassHealth Medical Records Release form(s)
 - Copies of records that describe your child's condition. Examples include medical records, an Individualized Educational Plan (IEP), an Individualized Family Services Plan (IFSP), and psychological testing results.

Send these documents to

 **Disability Evaluation Services, P.O. Box 2796, Worcester, MA 01613-2796**

Where can I get additional help? If you have questions or need help completing the ACA-3 form, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648). You can also find help located near you by visiting <https://betterhealthconnector.com/enrollment-assisters>.

Appendix B:

Strategies for Talking with Parents

Start with parents' perspectives.

- "I wanted to tell you about your child's progress in learning to get along with the other kids, but first I wanted to know if this is something you've been wondering about."
- Ask family members what they would like to share, what they would be interested in knowing, and what it would mean to them.
- You can adjust the information you share accordingly. As you proceed, ask them how they understand it, what they think it means, and what conclusions they may be drawing about the child, the program, and themselves.
- Be an active listener. Summarize what the parent is saying and reflect it back to the parent in your own words.

Be positive and specific by choosing positive information to share about the child's unique qualities.

- Parents are usually more open to program staff's concerns about a child's behavior or academic performance when they know that the child's strengths are recognized and appreciated.
- Children's strengths are important to understand in detail since a child's challenges can often be overcome by building on the strengths.

Be descriptive.

- Simple, clear descriptions of a child's behavior—without judgments—help identify common ground and differences.
- Parents know their children best, and their observations and interpretations often provide critical information.
- Program staff can respond first by appreciating parents' perspectives. Then they can adjust their own perspectives so that they can meet the parents'. This does not mean that upsetting assessment results aren't shared. Instead, results are communicated within a respectful and honest relationship that makes them a little easier to hear and respond to.
- If staff observations or interpretations are very different from parents', these different perspectives can be openly acknowledged.

Focus on the parent-child relationship.

- Research shows that strong parent-child relationships link with positive cognitive and social emotional outcomes for children.
- Staff efforts to strengthen these relationships can help achieve such outcomes.
- Parents need to know that their relationship with their child is valued and supported by program staff.

Support parental competence.

- A child's success can often be credited to parents' efforts, so point out these successes to parents as you see them.
- Information that parents offer about their child can be used in planning the child's program.
- You reinforce parents' sense of competence by acknowledging and treating parents as experts on their child, recognizing parents as knowledgeable partners in decisionmaking, and attributing a child's progress to parents' efforts as you observe them.

Open up to parents' emotions.

- Whether parents celebrate a child's successes, worry about developmental challenges, show interest in test results, or express anger at the child's behavior, emotions are always involved in parents' understandings of their children.
- Emotions are part of program staff's understandings of children, too. It can be challenging for parents and program staff to make room for each others' emotions in their interactions with each other. Sometimes, these may seem to get in the way of sharing information, and interfere with arriving at a common understanding of the child.
- Even when parents and staff have very different ideas about what a child needs, they almost always all "want to do well by the child." When parents' emotions are difficult for program staff to face and to understand, it may help to remember this. Staff members can build strong partnerships with parents by listening for these emotions and working with parents to understand them.
- Consider saying something like, "It is so important to you to be sure your child succeeds. All of these small successes just may not seem to be enough. I want your child to succeed too, and we can work together to make sure it happens!"

Adapted from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, by the National Center on Parent, Family and Community Engagement.

Appendix C: Providers Offering Early Childhood Mental Health Consultation Services

Early childhood mental health consultation services are available to help programs and educators to address challenging behaviors and support young children's social-emotional development in early education and care settings. Mental health consultants can also assist programs with referrals for children and families when additional therapeutic supports and services may be needed. These consultation services are available statewide.

Boston

The Home for Little Wanderers Preschool Outreach Program

Paul Creelan
780 American Legion Highway
Roslindale, MA 02131
617-264-5305
pcreelan@thehome.org

Metro Boston

Enable, Inc. Consultation Services for Children

Gail Brown
605 Neponset Street
Canton, MA 02021
781-821-4422, ext. 300
ghbrown@enableinc.org

West

Behavioral Health Network

Alice Barber
110 Maple Street
Springfield, MA 01105
413-304-2867
Alice.Barber@bhinc.org

Collaborative for Educational Services

Carolyn Mazel
413-586-4998, ext. 5568
earlychildhood@collaborative.org

Central

Community Healthlink, Inc. Together for Kids (TFK) Program

Beth Ciavattone
275 Belmont Street
Worcester, MA 01604
508-791-3261 (ask for Together for Kids)
ciavattone@communityhealthlink.org

Northeast

Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) Mental Health Consultation Program

Stephanie Gabriel
439 South Union Street
Lawrence, MA 01843
978-681-9579
sgabriel@mspcc.org

Southeast

Justice Resource Institute, Inc.

Kelly Rodriguez
Early Childhood Training & Consultation
70 Main Street
Taunton, MA 02780
508-821-7777, ext. 705
krodriguez@jri.org

Appendix D: Community Service Agency (CSA) Directory

CSAs provide Intensive Care Coordination for children and youth who require or are already using multiple services, or are involved with multiple child-serving systems, such as child welfare, special education, juvenile justice, or mental health. There are 32 CSAs throughout the state.

One of the things that CSAs do is to convene local System-of-Care (SOC) Committee meetings. Contact your local CSA to find out the schedule for these meetings.

Metro Boston

Bay State Community Services (Coastal)	617-471-8400, Ext. 163
Children's Services of Roxbury (Boston)	617-989-9499
Justice Resource Institute (Jamaica Plain)	617-522-0650
The Guidance Center (Cambridge)	617-354-1519, Ext. 114
Home for Little Wanderers (Boston)	1-855-240-4663
The Learning Center for the Deaf, Walden School (Statewide) Videophone	1-508-875-9529 1-774-999-0949 and 1-774-406-3723
North Suffolk Mental Health Association (Harbor)	617-912-7792
Riverside Community Care (Arlington)	1-877-869-3016

West

Behavioral Health Network (Chicopee, Springfield, Ware)	1-413-737-0960/1-866-577-8860
Brien Center for Mental Health and Substance Abuse Services (Pittsfield)	1-413-499-0412
Carson Center for Human Services (Holyoke)	1-888 877-6346/1-413-572-4111
Clinical & Support Options	
Athol, Orange	1-978-249-9490
Greenfield	1-413-774-1000
Northampton	1-413-582-0471
Gandara Center	1-413-846-0445 or
Springfield, Holyoke	1-413-846-0446
The Learning Center for the Deaf, Walden School (statewide) Videophone	1-508-875-9529 1-774-999-0949 and 1-774-406-3723

Central

Community Healthlink	
North Central	1-877-240-2755
Worcester	1-877-778-5030
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949 and 1-774-406-3723
Wayside Youth & Family Support Network (Framingham)	1-508-309-0369
Y.O.U., Inc.	1-855-4YOUINC (1-855-496-8462)

Northeast

Children's Friend and Family Services	
Lawrence	1-978-682-7289
Lynn	1-781-593-7676
Eliot Community Human Services (Malden)	1-781-395-0457
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949 and 1-774-406-3723
Lahey/Northeast Behavioral Health Corporation (formerly HES)	
Cape Ann	1-978-922-0025
Haverhill	1-978-374-0414
Wayside Youth & Family Support Network (Lowell)	1-978 460-8712

Southeast

BAMSI (Brockton)	1-508-587-2579, Ext. 30
Bay State Community Services (Plymouth)	1-508-830-3444, Ext. 321
Child & Family Services (New Bedford)	1-508-990-0894
Community Counseling of Bristol County, Inc. (Attleboro)	1-508-977-8185
Family Service Association (Fall River)	1-508-730-1138
Justice Resource Institute (Cape Cod)	1-508-771-3156
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949 and 1-774-406-3723

Appendix E: Mobile Crisis Intervention (MCI)

Emergency Services Programs (ESP)

Emergency mental health and/or substance abuse services are available
in your community!

Who Can Receive ESP Services?

- All MassHealth (Medicaid) plans
- Medicare

Operating Hours

Every ESP has its own toll-free number.
ESPs are open and ready to provide services 24 hours a day, 365 days a year.

**To get the toll-free number for your ESP,
see the listing on the next page.**

You can also call the free statewide number (1-877-382-1609).
Just enter your zip code to get the phone number.

There *are* alternatives to hospital emergency departments!

Please go to www.masspartnership.com/member/esp
for more details and an electronic version of this flyer.

BOSTON		
Boston	Boston (Dorchester, South Boston, Roxbury, West Roxbury, Jamaica Plain, Mattapan, Roslindale, Hyde Park, Lower Mills), Brighton, Brookline, Charlestown, Chelsea, East Boston, Revere, Winthrop	Boston Medical Center/Boston Emergency Services Team (B.E.S.T.) 24-hour access number: 1-800-981-4357
METRO BOSTON		
Cambridge, Somerville	Cambridge, Somerville	Boston Medical Center/Cambridge Somerville Emergency Services Team (C.S.E.S.T.) 24-hour access number: 1-800-981-4357
Norwood	Canton, Dedham, Dover, Foxboro, Medfield, Millis, Needham, Newton, Norfolk, Norwood, Plainville, Sharon, Walpole, Wellesley, Weston, Westwood, Wrentham	Riverside Community Care 24-hour access number: 1-800-529-5077
South Shore	Braintree, Cohasset, Hingham, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth	South Shore Mental Health (SSMH) 24-hour access number: 1-800-528-4890
WEST		
The Berkshires	Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesboro, Lee, Lenox, Monroe, Monterey, Mount Washington, New Ashford, New Marlboro, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor	The Brien Center for Mental Health and Substance Abuse 24-hour access number: 1-800-252-0227
Greenfield	Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Millers Falls, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburne, Shutesbury, Sunderland, Turners Falls, Warwick, Wendell, Whately	Clinical & Support Options 24-hour access number: 1-800-562-0112
Northampton	Amherst, Chesterfield, Cummington, Easthampton, Florence, Goshen, Hadley, Hatfield, Middlefield, Northampton, Pelham, Plainfield, Westhampton, Williamsburg, Worthington	Clinical & Support Options 24-hour access number: 1-800-322-0424
Southern Pioneer Valley	Agawam, Belchertown, Blandford, Bondsville, Chester, Chicopee, East Longmeadow, Granby, Granville, Hampden, Holyoke, Huntington, Indian Orchard, Longmeadow, Ludlow, Monson, Montgomery, Palmer, Russell, South Hadley, Southampton, Southwick, Springfield, Thorndike, Three Rivers, Tolland, Ware, Westfield, West Springfield, Wilbraham	Behavioral Health Network 24-hour access number: 1-800-437-5922
CENTRAL		
MetroWest	Acton, Ashland, Arlington, Bedford, Belmont, Boxborough, Burlington, Carlisle, Concord, Framingham, Holliston, Hopkinton, Hudson, Lexington, Lincoln, Littleton, Maynard, Marlborough, Natick, Northborough, Sherborn, Southborough, Stow, Sudbury, Waltham, Watertown, Wayland, Westborough, Wilmington, Winchester, Woburn	Advocates 24-hour access number: 1-800-640-5432
North County	Ashburnham, Ashby, Ayer, Barre, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hardwick, Harvard, Hubbardston, Lancaster, Leominster, Lunenburg, New Braintree, Oakham, Pepperell, Princeton, Rutland, Shirley, Sterling, Templeton, Townsend, Westminster, Winchendon	Community HealthLink, Inc. 24-hour access number: 1-800-977-5555
South County	Bellingham, Blackstone, Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Franklin, Holland, Hopedale, Medway, Mendon, Milford, Millville, Northbridge, North Brookfield, Oxford, Southbridge, Sturbridge, Sutton, Upton, Uxbridge, Wales, Warren, Webster, West Brookfield	Riverside Community Care 24-hour access number: 1-800-294-4665
Worcester	Auburn, Boylston, Grafton, Holden, Leicester, Millbury, Paxton, Shrewsbury, Spencer, West Boylston, Worcester	Community HealthLink, Inc. 24-hour access number: 1-866-549-2142
NORTHEAST		
North Essex	Amesbury, Beverly, Boxford, Danvers, Essex, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Ipswich, Manchester by the Sea, Marblehead, Merrimac, Middleton, Newbury, Newburyport, Peabody, Rockport, Rowley, Salem, Salisbury, Topsfield, Wenham, West Newbury	Northeast Behavioral Health 24-hour access number: 1-866-523-1216
Lawrence	Andover, Lawrence, Methuen, North Andover	Northeast Behavioral Health 24-hour access number: 1-877-255-1261
Lowell	Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, Westford	Northeast Behavioral Health 24-hour access number: 1-800-830-5177
Tri-City	Everett, Lynn, Lynnfield, Malden, Medford, Melrose, Nahant, North Reading, Reading, Saugus, Stoneham, Swampscott, Wakefield	Eliot Community Services 24-hour access number: 1-800-988-1111
SOUTHEAST		
Southern Coast	Acushnet, Carver, Dartmouth, Duxbury, Fairhaven, Halifax, Hanover, Hanson, Kingston, Marion, Marshfield, Mattapoisett, New Bedford, Pembroke, Plymouth, Plympton, Rochester, Wareham	Child and Family Services of New Bedford 24-hour access number: 1-877-996-3154
Brockton	Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Rockland, Stoughton, West Bridgewater, Whitman	Brockton Multi-Service Center 24-hour access number: 1-877-670-9957
Cape Cod and The Islands	Aquinnah, Barnstable, Bourne, Brewster, Chatham, Chilmark, Cotuit, Dennis, Eastham, Edgartown, Falmouth, Gosnold, Harwich, Hyannis, Mashpee, Nantucket, Oak Bluffs, Orleans, Osterville, Provincetown, Sandwich, Tisbury, Truro, Wellfleet, West Tisbury, Woods Hole, Yarmouth	Cape & Islands Emergency Services 24-hour access number: 1-800-322-1356
Fall River	Fall River, Freetown, Somerset, Swansea, Westport	Corrigan Mental Health Center 24-hour access number: 1-877-425-0048
Taunton, Attleboro	Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleborough, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, Taunton	Norton Emergency Services 24-hour access number: 1-800-660-4300

