

ECI Connection



TEXAS
Health and Human
Services

Early Childhood
Intervention



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A MESSAGE FROM THE DIRECTOR



Here we are in a new year fiscal year. It has also been just over a year since the ECI program transited to the Health and Human Services Commission's new Health and Developmental Services Section. But before I move forward with acknowledging our accomplishments for Fiscal Year 2017 and sharing our goals for Fiscal Year 2018, I would like to recognize the determination and extraordinary displays of human kindness we've heard about

from local programs as they've worked to support their own ECI staff, families and fellow Texans following the aftermath of Hurricane Harvey.

Those of you who were impacted by this devastating event will continue to have our support as well. And in an effort to help centralize resources, we will be creating a Disaster Resource folder on the Extranet to share information that may be helpful as we receive it.

Looking back, the last year presented both challenges and opportunities for the ECI system. As some contractors left the system, others stepped forward to take on new areas and try to take them to new heights. Contractors voiced concerns about funding limitations that opened dialogue, generated ideas for change and helped in securing supplemental funding. And despite its funding constraints, the ECI system met its performance targets.

Looking ahead, the ECI state office will be focused on furthering our interagency collaboration to increase understanding of ECI and achieve better outcomes for the people we serve, supporting our contractors to be as successful as possible with the tools we have available or can create, and pursuing any additional opportunities we can identify to increase the efficiency and sustainability of our system.

I also would like to acknowledge that it has been 2 years since we launched our first edition of the ECI Connection Newsletter. Each issue has included a variety of topics, such as State Office news and updates, national and state trends, learning and networking opportunities, and much more! I hope you have found the ECI Connection helpful and informative.

Dana McGrath
ECI Director

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Tips & Resources on Inclusion for ECI Kids

The Head Start Early Childhood Learning and Knowledge Center has a section that focuses on [children with disabilities](#). If you want ideas on how to support inclusion for an ECI child in a child care setting, take a moment to look at this website, which includes information such as:

- Using children's Individualized Family Service Plan (IFSP) to create [inclusive environments](#) to support children's positive outcomes
- [Partnering with families](#) who have a child with a recently diagnosed disability
- [Strategies](#) for teaching children with special needs
- [Inclusion](#) planning checklist
- [Asking questions and engaging in conversations](#) to respond to challenges to inclusion

Debunking service delivery myths

During conversations with ECI program directors and staff members, the HHS ECI Quality Assurance (QA) team sometimes hears statements that are not accurate. Here are the top five myths about ECI service delivery.

MYTH
01

Co-visits in ECI should be very rare.

The QA team has visited some programs where service providers say they wish co-visits were allowed, or ask why HHS ECI discourages co-visits. In fact, co-visits are allowed and encouraged if the Individualized Family Service Plan (IFSP) team feels the child can benefit from two services provided at the same time, and a justification is documented in the IFSP. For children covered by Medicaid, both providers can bill the full time of the visit.

MYTH
02

If the program office doesn't have room, you can't provide group services.

Like all ECI services, groups should occur in natural environments, places where typically developing children spend time. Although there are exceptions, ECI programs aren't usually housed in natural environments. Some programs have successfully implemented group services at Head Start centers, libraries, churches and children's museums.

MYTH
03

Coaching usually happens at the end of a service delivery visit.

Effective coaching is not part of a service delivery visit. Coaching is an evidence-based approach to services that occurs throughout each visit. Effectively teaching a caregiver intervention strategies involves much more than providing "homework" activities at the end of the session. For more information, see the [Coaching Families](#) module.

MYTH
04

Modeling strategies is the best way to teach caregivers.

While modeling is an important coaching tool, it is not the only way to teach caregivers. Simply demonstrating once or even a few times may not be enough. Most caregivers need lots of practice and feedback from a provider before they feel comfortable implementing the activities ECI staff teach them. In some cases, demonstration is not needed at all. Simply observing a caregiver doing an activity, then talking them through some modifications as they practice can be effective. The techniques, parent response and provider feedback should all be documented.

MYTH
05

Specialized Skills Training (SST) services must be supervised by a Licensed Practitioner of the Healing Arts (LPHA).

The role of the LPHA on the IFSP team is not to supervise either the Early Intervention Specialist (EIS) or the service plan. IFSP services are monitored by the entire team, which must include an LPHA who either provides on-going services, or re-assesses needs and progress toward outcomes at least once every six months. When the LPHA signs the IFSP he/she is acknowledging the planned services are reasonable and necessary, not signing as a "supervisor."

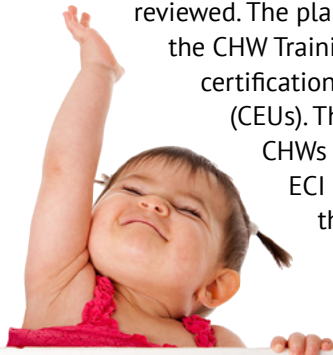
Improvement plan targets increased involvement

ECI conducted a survey of State Systemic Improvement Plan (SSIP) stakeholders to solicit their suggestions and ideas for involving parents in the SSIP project, as well as other state office work. The majority of respondents felt that parent involvement would enhance the work done at the state office. Specifically, the two activities receiving the most interest were:

- 1) providing input on the development of publications and
- 2) collaborating with staff to conduct presentations.

While more individuals noted participation would be best from parents with children from 1 to 2 years of age, it was also noted that the timeframe since the parent was involved with ECI should vary based on the types of opportunities. We are in agreement and have taken steps toward implementing a parent-stakeholder distribution list so we can begin engaging parents in activities and benefiting from their experience, knowledge and input.

The SSIP team also continues development of materials to share with referral sources to promote that children ages 0-3 with a developmental delay are appropriately referred to ECI. A training module for Community Health Workers (CHWs) has been developed and is currently being reviewed. The plan is to submit this module to the CHW Training and Certification program for certification of continuing education units (CEUs). This will not only allow us to provide CHWs an opportunity to learn about ECI services, but also help them meet their training requirements. That's a win-win situation!



Things to do for SSIP:

- ask stakeholders for feedback
- talk to parents
- train Community Health Workers
- educate physicians about ECI

We are also beginning the development of a module that will be directed at the medical profession. We are currently soliciting input on what our stakeholders believe the misconceptions are, what medical professionals need to know about ECI, and suggestions for the best methods for delivering this information. We look forward to receiving feedback and working with our contractors and stakeholders to develop this training.

Learning, Networking, and Recruitment Opportunities

Annual Conferences

Texas Association for the Education of Young Children
San Antonio, Texas
October 18-21, 2017
www.texasaeyc.org/conferences/annual_conference

Texas Physical Therapy Association
Corpus Christi, Texas
October 26-29, 2017
www.tpta.org

Strengthening Youth and Family Partnerships
Georgetown, Texas
October 30-November 2, 2017
www.cvent.com/events/13th-annual-strengthening-youth-families-conference/event-summary

College Career Fairs

Texas Tech University Health Sciences Center
Lubbock, Texas
October 17, 2017

Texas Woman's University School of Health
Dallas, Texas
November 8, 2017

We welcome your input!
Email your feedback, suggestions or questions related to the *ECI Connection* newsletter to eci.connection@hsc.state.tx.us. Messages to the *ECI Connection* mailbox should pertain only to the newsletter.

Focusing on Partner Programs — Case Management for Children and Pregnant Women

Case Management for Children and Pregnant Women is a Health and Human Service program that offers case management services for eligible individuals. This program serves children and families, and case managers can, when appropriate, make referrals to ECI.

Service coordinators should view this program not only as a referral source, but as a resource for them in their work with families. As ECI service coordinators engage with families, there are circumstances when making a referral to the Case Management for Children and Pregnant Women program may benefit families. Being familiar with what the Case Management for Children and Pregnant Women program provides can help ECI service coordinators know when to make a referral.

What is case management?

Case management is a Medicaid benefit that helps families get medical and dental services, school services, medical equipment and supplies, and other services that are medically necessary.

Who can get case management?

Children and young adults age 20 and younger who have a health condition or health risk, and women of any age with a high risk pregnancy and who are covered by Medicaid may be eligible for case management services. Individuals do not have to have a formal medical diagnosis to receive services. The person or family must need help getting services or they must be having trouble finding or connecting with the services that they need related to their health condition or health risk.

How do I make a referral?

A referral can be made by phone at 1-877-847-8377 or by faxing a completed Referral Form that can be found at [Make a Referral to Case Management](#). You can order referral pads and other information to share with families about the Case Management for Children and Pregnant Women program by visiting the [Texas Health Steps Catalog](#).

How can I coordinate with my local Case Management for Children and Pregnant women case managers?

Case managers are located statewide. You can locate a case manager in your area by going to the [Find a Case Manager](#) webpage. Your ECI program may want to invite case managers to a staff meeting so that all service coordinators can learn more about the program and identify how to coordinate referrals.

For more information visit the [Case Management for Children and Pregnant Women website](#).

Referral pad front

Medicaid Case Management Referral Guide

Case Management for Children and Pregnant Women
Case management services is a free Medicaid benefit that:
 • Helps eligible patients access medically related services.
 • Enables patients to follow through on medical recommendations.
 • Prevents new health problems or worsening of existing ones.
 • Optimizes health-care outcomes for your patients.

Eligibility Checklist
Is your patient?
 Eligible for Medicaid?
 A child birth through age 20 with a health condition or health risk?
 A woman with a high-risk pregnancy?
 In need of services related to the health condition/risk?
Note: You don't need to determine eligibility. If a patient appears to have a need for case management services and appears to be eligible, you should make a referral.

Examples of Patient Needs

- Medical or Dental Services
- Educational or Vocational Services
- Social Services

Examples of Case Management Services

- Finding and scheduling doctor or dentist visits.
- Finding and scheduling behavioral health specialists.
- Linking to developmental testing.
- Coordinating CME, home health nursing, or OT/PT/ST.
- Assisting with the special education process.
- Addressing school issues.
- Helping with transition planning.
- Addressing issues such as substance abuse, homelessness, or domestic violence.
- Linking to services for financial assistance or transportation.
- Finding other resources, such as respite.

Referrals
Anyone in your office can refer a patient for case management services. To make a referral, either:
 • Call 1-877-THSTEPS.
 • Fill out the Referral Form on the back and fax to Texas Health Steps.

Referral pad back

REQUEST FOR CASE MANAGEMENT INFORMING
FOR CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN

REFERRAL

Referral Date: _____ Name of Referral Source (List agency/company name): _____ Name of Person Making Referral: _____

Referral Source (Please check one):
 Health Care Provider Community Agency School ECI City or County Health Department
 Health Plan Individual State Agency Other

Phone Number for Person Making Referral: () - () - () Fax Number for Person Making Referral: () - () - ()

Do You Desire Information Regarding the Status of the Referral?
 YES NO

CLIENT INFORMATION

Client Name: _____ DOB: _____ Male Female
 Medicaid #: _____ Describe the Medical/Health Condition/Risk or High-Risk Pregnancy Condition: _____

Parent/Guardian Name (if client is under 18): _____ Language Preference: _____
 Residential Address: _____ City: _____ ZIP: _____ County: _____
 Phone Numbers: Home: () - () - () Work: () - () - () Cell: () - () - () Other: () - () - ()

ADDITIONAL INFORMATION

Reason for Referral/Need for Case Management: _____

Priority Status of Referral: Urgent (needs to be contacted within 2 working days) Standard (needs to be contacted within 7 working days)

FOR MORE INFORMATION ABOUT CASE MANAGEMENT, GO TO: <http://www.dhs.state.tx.us/caseman>
 FAX TO: THSTEPS SPECIAL SERVICES UNIT FAX # (512) 533-3867 409-0306_0310

Focusing on Partner Programs — Case Management for Children and Pregnant Women continued

When should ECI refer to Case Management for Children and Pregnant Women?

When working with Medicaid families, service coordinators will encounter some specific circumstances when it is appropriate to refer to Case Management for Children and Pregnant Women.

Circumstance Example 1:

ECI service coordinators are responsible for providing resources to families when their **child does not qualify for ECI**. Case Management for Children and Pregnant Women may be able to provide case management and help the child or family get connected to needed services.

Circumstance Example 2:

ECI service coordinators must develop a **transition plan for children** who are exiting ECI services. If the child continues to need services and will benefit from case management, the plan should include a referral to Case Management for Children and Pregnant Women.

A special circumstance sometimes occurs when a child turns three in the summer and has been referred to the local education agency. If the necessary meetings are delayed as a result of the summer school break, Case Management for Children and Pregnant Women can assist the family in this transition, including supporting them through the ARD process.

Circumstance Example 3:

Since families can sometimes share **other family concerns** with the service coordinator, Case Management for Children and Pregnant Women may be a resource for certain family needs.

For example, an older sibling as a result of a health condition or risk may be having trouble in school. The issue requires regular support, coordination and follow-up with the school system and other professionals. It is appropriate to make a referral to Case Management for Children and Pregnant Women who can work more closely with the family, school, and other professionals around this specific situation.

Important to remember:

It is not a duplication of services to make a referral for a need that can be more fully addressed by another professional. It is important to get parent consent to facilitate communication and to identify any issues that may require a modification to the ECI enrolled child's plan of service.

For more information visit the [Case Management for Children and Pregnant Women website](#).

Reminder-- New mailbox for requesting webinar surveys and certificates

An information alert, FY17-IA-035, was sent on June 13, 2017 about the new mailbox that was created for ECI service providers to request participant surveys and training certificates for Continuing Professional Education (CPE). Please remind your staff to send an email to ECI_CEU@hhsc.state.tx.us to request webinar surveys. Upon completion of the survey, a certificate will be generated that the participant can download and print for their records.



Build awareness in October

In addition to creating the best costume or carving the scariest pumpkin, build your awareness about these three subjects: Down Syndrome, physical therapy, and Spina Bifida.



Down Syndrome Awareness month is October. During this month individuals with Down syndrome share information so that others can become more aware of their abilities and accomplishments. For more information about events, or media kits to participate in one of the awareness events, check out the [National Down Syndrome Society](#).

National Physical Therapy month began in 1992 to recognize and celebrate the transformative power of physical therapy.



In addition to receiving recognition for the work they do, physical therapists are encouraged to engage their communities in activities to promote healthy lifestyles and to raise awareness of the importance of physical therapy during this month. For more information about events or the latest news in the physical therapy world, you can visit the [Texas Physical Therapy Association](#).

Spina Bifida Awareness month brings attention to one of the most common permanently disabling birth defects in the United States. Spina Bifida occurs when a baby is in the womb and the spinal column does not close all of the way. The term literally means “split spine.” In addition to contact information for local chapters, the [Spina Bifida Association](#) has information that individuals, parents, educators, and medical professionals may find helpful.



Public Outreach Corner

Establishing, Building and Maintaining Relationships

Exhibiting and presenting at local conferences and writing articles for a variety of newsletters are just a few of the ways ECI state office staff continue efforts to educate and inform families, primary referral sources, stakeholders and others about ECI services and the value they bring to families.

During this last quarter staff either attended, exhibited, or presented at the:

- Texas HeadStart
- Texas Behavioral Institute
- Texas Early Childhood Learning Summit

Staff submitted articles on different topics for publication in various quarterly newsletters such as:

- [The Texas WIC News \(October edition\)](#)
- [Community Resource Coordination Groups \(CRCG\)](#)

Public Outreach Quick Tips

It's very important to provide families, primary referral sources, stakeholders and the general public with accurate information about ECI and the services available to Texas families.

Here are few simple tips to consider:

- Make sure the content on your website is updated and all links work appropriately.
- The ECI videos are still available for your use. Send the link to referral sources and stakeholders if you would like to make a quick introduction about ECI and how we help families.
- Review your ECI publications to ensure you have the most current versions. If you're not sure, please contact Susan Drapela at susan.drapela@hhsc.state.tx.us
- When you reach out to new physicians, remember to let them know they can:
 - ~ Complete the [ECI Referral Form](#) developed by ECI and the Texas Pediatric Society.
 - ~ Give the contact information to the family and recommend that they call the ECI program.
 - ~ Call or fax information about their concerns for a child to their local ECI program. A list of programs is available on the [ECI program search page](#).
 - ~ Learn how ECI can help the children and families in their community and healthcare practice by reading [The Value of ECI \(PDF\)](#).
 - ~ Find out which [medical diagnoses qualify a child](#) for ECI services.