Starting Strong SUMMIT: Working Together for Early Social Emotional Development

April 26, 2016 • Holy Cross College Worcester, MA

Overview and Recommendations Report: Appendices

collaborative.org/starting-strong-summit
APPENDIX A

Discussions and Findings of Summit Breakout Groups – Detail

Service Gaps and Alignment

Below are the highest priority challenges to service gaps and alignment, and the solutions this breakout group brainstormed to those challenges. Solutions were developed in alignment with a public health model and categorized as to whether they promote social emotional competency, prevent challenges to healthy development, and/or intervene when problems occur.

Challenge Question 1.
How can we increase skills of EC workforce in understanding and responding to trauma?

Solution A)
Replicate the toolkits and services of ECMH’s Project LAUNCH and MYCHILD to integrate ECMH clinician and family partners into the primary care setting, and include families in discussions of what they need.

Note: MYCHILD is a collaboration of families, health centers, and child serving agencies and aims to identify young children (birth-1st grade) with significant behavioral and emotional needs and provide them with individualized, coordinated and comprehensive services. MYCHILD also aims to build the capacity of pediatric medical homes and community-based organizations to support young children with social and emotional needs through individual consultation and group trainings. Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) aims to promote healthy social and emotional development for children birth through age 8 through expanded use of family centered, culturally relevant prevention and wellness promotion practices in primary care and early childhood settings; increased access to developmental screenings, assessments and services for young children and their families; a workforce that understands young children’s healthy development; improved systems of care for young children and families at the local, state, and federal levels; and more children entering school ready to learn.

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<th>Action Steps</th>
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<tr>
<td>• Identify funding sources to support replication, dissemination, and training in these toolkits</td>
<td>• Use the results from work with National Academy of State Health Policy to inform new policies in MA relating to measures,</td>
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- Using these materials, aggregate data and other findings (anecdotal, testimonial, etc.) that establish the case for why employers should understand what is at stake for them in a healthy workforce where parents and new workers are supported in helping children develop well.

- Conduct a literature review and identify existing data demonstrating the cost savings in fostering the broad community investment in social emotional skills development in children - for employers; healthcare; state and federal agencies; and education

- Increase public awareness of the effectiveness of the Launch/My Child model

- Educate the Division of Insurance about the benefits of investing in early social and emotional development and advocate for payment for Infant and Early Childhood Mental Health (IECMH) services (They oversee commercial insurance policies.)

- Increase awareness of trauma needs and responses among EC workforce of primary care providers (PCPs) and provide a rationale for covering trauma-informed medical services

- Seek technical assistance for policy development through National Academy of State Health Policy

- Extrapolate data to estimate the cost of scaling these programs statewide

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**[Prevention]** Enact new state law that provides reimbursement for Infant and Early Childhood Mental Health (IECMH) prevention through insurance companies and state budget
Challenge Question 2.

How can we develop a statewide strategic plan to achieve what children, providers, and educators need in order to understand and respond to trauma?

Solution A)

[Treatment] Fund costs not currently reimbursed for early childhood evidence-based treatment (EBT); now provided only to MassHealth insured children (Grant funded services can be insurance-blind.)

Solution B)

[Prevention] Support the development of a trauma-informed culture among stakeholders, with time spent on training and services; money to support both; leadership which advocates for trauma understanding and response; and collaborations built across and within service systems for young children and families

Solution C)

[Promotion] Conduct a public awareness education campaign acknowledging what trauma is, how often trauma occurs, and the impact of trauma on young children

Challenge Question 3.

How can we make IECMH services available where and when concerns arise? (EC Primary Care/pediatrician’s Offices)

Solution A)

[Treatment] Sustain interagency workgroup established during Race-to-the-Top

Solution B)

[Treatment] Pass a law that mandates a permanent state level commission with interdepartmental representation for the purpose of finding solutions to promote and address deficits in the development of social emotional health of children and families

Solution C)

[Treatment] Encourage high level decision makers at state level and LEA superintendents to buy into the idea that early childhood mental health is a critical metric for assessment; that effective, evidence-based treatment services should be widely available; and that we should have in place preventive strategies that promote optimal social and emotional development for all children and reduce the impact of trauma

Solution D)

[Prevention/Promotion] Evaluate Every Student Succeeds Act (ESSA) to see what opportunities exist for connection with the priorities of promoting children’s mental health, as well as the impact of these linkages and commonalities on early childhood education and care
Solution E)

[Promotion] Create process for including Family/Parent/Youth input in the planning and development of trainings/professional development and public awareness campaigns identifying what child mental health is, what signs and symptoms of trouble are, and what relief and support are available

Workforce Development

Developing the social emotional competency of all professionals delivering services to young children within a diverse delivery system is essential to promoting early social emotional health. In this context, the early childhood workforce includes, but is not limited to: early childhood educators and child care providers, health care and mental health workers, child development specialists, professionals working with parents/caregivers of young children, and child welfare workers.

Preschool teachers who reported high levels of job stress and had greater-than-recommended numbers of students per class have been shown to score high on depression scales. These teachers are also far more likely to have expelled students (Gilliam and Shahar, 2006). Poor compensation and high job stress also lead to high rates of turnover, which is harmful for young children in need of secure, stable relationships with caring adults. Classrooms with high teacher turnover are characterized by poorer social interactions and lower levels of engagement in play and learning activities (Cassidy, Lower, Kintner-Duffy, Hegde, & Shim, 2011).

Below are the highest priority challenges to developing the workforce, and the solutions to those challenges brainstormed by the Workforce Development breakout group.

Challenge Question 1.

How can we reduce job stress and better prepare the Early Childhood workforce to meet the needs of children with social and emotional challenges?

Solution A)

Prioritize existing resources toward increasing compensation

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| ● Conduct a statewide needs assessment of early childhood educator pay levels, job stress, impacts, and most effective and immediate solutions (e.g., increase resources or increase pay?)  
● Seek funding in the form of grants and/or scholarships to make training more affordable and accessible for EC | ● State should mandate EC grantee organizations to pay a living wage |
Solution B)
Implement reflective supervision training for EC supervisors, and provide time for reflective supervision within the work day (Reflective supervision is the systematic cultivation of a collaborative relationship for professional growth that improves program quality and practice by valuing strengths and examining vulnerabilities to generate growth [Heller and Gilkerson, 2009].)

Solution C)
Raise public awareness of pay scales of early childhood educators and clinicians by highlighting compensation differences between private centers and public schools, and by sponsoring a social norms campaign to increase the value of “women’s work”

Solution D)
Build partnerships with business, community, and philanthropic sectors to increase compensation of early childhood educators; build workforce development support by establishing clear links in research findings and policy language of the relationship between early childhood social emotional skill development and its later impact on the creation of a strong, agile adult workforce; and document the economic impact on the business community in immediate and long-term results of shortages of high quality child care and poor social emotional development of the workforce

Challenge Question 2.
How can we cross-train the workforce, so that professionals working with young children understand trauma and other family issues and their impact on children?

Solution A)
Promote and design vertical and horizontal trainings for diverse disciplines of professionals in early childhood

Action Steps
- Implement statewide trainings (re: trauma, behavior) vertically and horizontally through all levels of the hierarchy of those working in the field, from higher education faculty to classroom assistants and family day care providers
- Scan existing training categories according to disciplines served (e.g., the DPH Compendium of Infant and Early Childhood Mental Health [IECMH] trainings, and link training opportunities to EEC Registry for cross-disciplinary training)
- Apply to the Office of Head Start (OHS) National Center of Parent and Family Community
Engagement and other funding organizations

- Create and disseminate a crosswalk between a) the Brazelton Touchpoints Approach Training and Reflective Mentorship, and b) the Infant Mental Health (IMH) Competency Guidelines (Michigan Association for Infant Mental Health, 2014)

NOTE: In a collaboration between the Massachusetts Alliance for Infant Mental Health (MassAIMH), EEC and DPH, Massachusetts licenses the use of these Competency Guidelines. Our group recommends that the Michigan Competency Guidelines be incorporated into MA licensing and training programs for early educators. We are not aware of the current status of this initiative, but recommend that DHE requirements and licensing in the State of Massachusetts should be aligned with these competencies. We recommend this work be part of the Legislative Task Force’s agenda.

Solution B)

Improve dissemination of professional development opportunities and resources across state systems and regions

Solution C)

Design and implement a sustained, statewide public awareness campaign focused on increasing family, community and caregiver understanding of the importance of supports for early childhood social emotional development and related issues (workforce development, funding, educator compensation and stress, etc.)

The awareness campaign could take the form of a combined approach to broadcasting information through newsletters; public service television and radio ads; posters, billboards, and other forms of public service messaging; the use of spokespeople to talk with parent and teacher groups and present at conferences on these topics; and finally, the establishment of a communication network to effectively, routinely, and efficiently share information about social emotional skills development in children (classroom strategies, implications for policy, resource suggestions, and more)

Challenge Question 3.

How can we design and implement appropriate higher education programs on social emotional development to train EC workforce?

Solution A)

Change requirements of the Dept. of Higher Education’s (DHE’s) educator preparation policies to include more social emotional (SE) content (and align these policies with licensure requirements from ESE and EEC)
## Action Steps

- Check and seek NAEYC accreditation for Early Childhood Education (ECE) higher education
- Review all MA higher ed. required curriculum/courses for ECE educators and write recommendations to be shared with all of them
- Create a forum to explore best practices to address the need for social emotional preparation for educators
- Consider requiring a social emotional development and learning (SE and SEL) specific course for early childhood Lead Teachers
- Evaluate Master’s in Social Work (MSW) and Bachelor’s in Social Work (BSW) curricula re: courses on young children in community settings
- Convene private college and university faculty and deans to learn about SEL knowledge and its importance to the EC workforce
- Convene higher education faculty and policy makers to discuss importance of SEL knowledge for early childhood workforce (share research on topic), and include board members of DHE, EEC and ESE and commissioners

## Policy Recommendations

- Increase understanding that social emotional learning (SEL) is a critical competency for any professional working with young children

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<tr>
<td>Develop an integrated (across disciplines) academic course on the MA EC SEL standards</td>
<td>Require one course on children’s, infant, and early childhood social emotional health for EEC and mental health (MH) degrees</td>
<td>Implement a massive public awareness campaign as detailed in Workforce Development Question 2, Solution C</td>
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**Family Engagement and Support**

Parents are a child’s first teachers and are “experts” on their own children. As such, they and other family caregivers are essential partners in promoting the development of healthy cognitive, social and emotional skills necessary for children to succeed (Osofsky & Lieberman, 2011). A child’s early learning experiences are not isolated events, but build upon each other, revealing, over time, a “big picture” of his/her approach to learning. Unfortunately, too many parents have little, if any, training, support or information about how to nurture a child’s physical, cognitive and social emotional development. Engaging and supporting parents is therefore essential to creating early learning experiences at home and in early education settings that reinforce and build upon each other. When parents and early learning professionals share knowledge, skills, and insights, parents improve their ability to ensure that children gain the early language, cognitive, and social emotional skills they need to succeed in school and life.

**Challenge Question 1.**

How can we create and strengthen peer networks and community support hubs for families with young children? And how can we increase the number of strength-based Family Centers?

**Note:** Not all Massachusetts communities are served by a local family center. There are several different models of family centers operating in the state, depending on the priorities of the funding source. Some focus on child abuse prevention through family support and parent education. Others, such as those funded through the Department of Early Education and Care’s (EEC) Coordinated Family and Community Engagement grants, prioritize optimizing early learning and child development while connecting families to community resources. All models seek to reduce family isolation and provide opportunities for parents and children to gather for socialization and mutual support.

**Solution A)**

Obtain state funding for statewide strength-based Family Centers

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<td>● Gather measurable data from Family Centers that establishes an accurate picture of the state of social emotional skills development and parent education as it currently exists; use that data as a benchmark against which to measure the impact of new programs, policies, and</td>
<td>● Work with legislators to identify and fund family education programs and support programs for families w/ young children</td>
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initiatives; and document the results, outcomes, and impacts of existing services
- Get Family Centers on KidsFirst roadmap. KidsFirst Massachusetts is a statewide coalition committed to ensuring that all at-risk children have access to high-quality early education and care
- Investigate and use successful examples from other states for how to implement parent education and family center practices in relation to fostering social emotional development in children
- Show disparities in existing services from one community to another

| Solution B) | Increase or level fund infant/family programs; when funding is increased for older children, raise early childhood funding proportionately |
| Solution C) | Offer social and information sharing groups for parents with a focus on parent connections at early childhood centers |
| Solution D) | Build community collaborations and comprehensive community programs to promote protective factors that strengthen families (These include parental resilience; social connections; concrete support in times of need; knowledge of parenting and child development; and social and emotional competence of children.) |
| Solution E) | Improve service coordination/referral among the network of various child and family service providers in communities (These include schools, daycare centers, and social service departments like the Department of Children and Families (DCF); Department of Mental Health (DMH); school districts; etc.) |
| Solution F) | Create broad-based community coalitions for creative synergy (Such coalitions could include parent groups, parent-teacher groups, early childhood educators and service providers, and others.) |
Challenge Question 2.
How can we learn to treat parents as equal partners in building social emotional skills? (Related questions: How can we ensure that geographically isolated families have access to transportation and other supports? How can we increase outreach to families whose cultural practice is to keep children at home before kindergarten, to learn why they don’t trust centers to care for their children?)

Solution A)
Increase home visiting for at-risk families; and help parents to talk about what they already do to foster SEL, what else they may need, and how they can help each other in their community

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| ● Support & train public school early educators to do home visits about SEL w/ parents  
● Gather and disseminate examples from schools that are successfully doing home visits  
● Train & support staff at all levels and partner across programs on home visits so that everyone who interacts w/ families has a common understanding  
● Build networks of SEL trained community health and social service providers (This would include caseworkers in the Department of Children and Families; Department of Mental Health; and other community-based social service providers providing early intervention and counseling; among others.) | ● Develop policy requiring home visits by early educators in public schools  
● Mandate thoughtful strategic planning as part of funding |

Solution B)
Train EC workforce to build relationships with families systematically, and in a strengths-based way (Trainings could be delivered as part of higher education coursework, licensure, or professional development.)

Solution C)
Provide Brazelton Touchpoints training for EC workforce as part of initial education, licensure, or professional development

Solution D)
Provide professional development around defining families and promoting cultural competence, to
support educators in developing a more diverse and rich understanding of family types and cultural traditions that influence how families make decisions about early childcare, early childhood education, and the social emotional development of children

**Solution E)**
Provide training in cultural competency to understand the best ways to approach different families; engage diverse families; and foster respect for different kinds of family values

**Solution F)**
Develop parent-led advisory councils, and seek parent input as experts

**Challenge Question 3.**
How can we provide outreach and engagement opportunities to families, where they work, live, play, etc.?

**Solution A)**
Recruit parent ambassadors (parents who are trained to provide education and support to other parents) through public school programs for families, including cultural, wellness and sporting events

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<td>• Identify and replicate models of parent engagement that work, such as those used by the Boston Public Schools to help turn around Level 4 schools (these are detailed in the Reform Support Network’s paper on School Turnaround Community of Practice.) (Strategies include building relationships with parents through programs like “welcome back” events; providing ways for parents to be connected to what their kids are learning in the classroom (e.g., Health &amp; Wellness Night); and building parent and educator capacity through groups like parent councils.)</td>
<td>• Mandate a meaningful parent voice in decision-making bodies</td>
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<td>• Identify training opportunities for EC workforce and families to enhance partnerships</td>
<td>• Adapt Head Start Frameworks on Family Engagement for use in other programs (see <a href="http://eclkc.ohs.act.hhs.gov">http://eclkc.ohs.act.hhs.gov</a>)</td>
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<td>• Build on what is new and effective in services</td>
<td>• Create cultural competency at a policy level by providing legislators and state level policy makers with cultural competency training</td>
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<td>• Use Head Start frameworks, tools, and</td>
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other existing tools to inform and measure family engagement

- Include parent engagement in SEL children’s frameworks

Solution B)
Survey parents to determine what their preferred channels are for communication and involvement with the school, and use multiple platforms, including text, online video, and Facebook to find out what parents want and need and how they want to receive it

Solution C)
Encourage parents to do outreach to other parents and develop parent leadership

Solution D)
Engage fathers and grandparents

Solution E)
Create new community partnerships by partnering with housing authorities & other public housing resources, including shelters and hotels; partner with community businesses like grocery stores, and with faith-based organizations & cultural organizations, food pantries, Department of Transitional Assistance and Women, Infants and Children (DTA/WIC) offices; and design strategies for creative communication for parent support and education via malls, break rooms at work, community gardens, parks and other nature spaces

Data and Measurement

Below are the highest priority challenges to collecting relevant data and developing meaningful measures of early social emotional competency, as well as the solutions this breakout group brainstormed to those challenges.

Challenge Question 1.
How can we be more consistent in measuring the effectiveness of programs in developing social emotional competencies?

Solution A)
Develop a local and regional participatory process that builds consensus around measures.
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<tr>
<td>● Define the five core social emotional competencies and clarify how each may be measured (multiple measures)</td>
<td>● Provide PD to EC providers on using measures</td>
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<td>● Prioritize which competencies are the most important to understand (Which should be addressed first? Which are we most able to validly and reliably measure?)</td>
<td>● Require measurement of SEL by all EC providers using recommended measure(s)</td>
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<td>● Recruit an expert panel and convene multiple stakeholders to analyze steps toward development of a comprehensive assessment system that measures children’s development</td>
<td>● Mandate that standard implementation requires measurement</td>
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<td>● Choose one or more measures or an assessment package – make recommendations for preferred measures</td>
<td>● Gather information used to improve outcomes</td>
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<td>● Pilot/rollout selected measures</td>
<td>● Provide funding for measures, PD and implementation</td>
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Solution B)
Find good, well received measures already in use and promote their use

Solution C)
Aggregate accountability measures for school/district, community, and home (use same standards to create a district/community report card focused on social emotional competencies in multiple settings)

Challenge Question 2.
How do we involve parents and educators together in collecting, interpreting, and acting on data? (Rationale: social emotional skills develop over time and differently in different settings)

Solution A)
Help teachers and parents interpret, discuss, and act on the data they provide
parents/teachers; recognize that children behave differently in different settings; provide opportunities to discuss

- Develop data champions – serves as family engagement as well
- Use Family Council model – help parents develop skills and strategies (like those promoted by the Urban Child Institute) to use at home to support social emotional competencies in children in areas like self-awareness, self-management, social awareness, relationship skills, and responsible decision making
- Identify and link with data specialists in districts and communities

Solution B)
Create more home-based programs: pay teachers for time spent outside of regular school hours to visit homes

Solution C)
Improve school culture: increase school readiness through increased family engagement

Challenge Question 3.
How can we be more consistent in measuring children’s social emotional competencies?

Solution A)
Make sure the measure(s) selected is/are feasible in terms of effort and funding/cost (assuming its validity and reliability have been documented)

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<td>Determine invitees in an intentional and inclusive process</td>
<td>Apply for Federal money available for community engagement</td>
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<td>Identify current models: building coalitions; Wraparound Zone; Cookbook</td>
<td>Require participatory process for EC programs</td>
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<td>Conduct an assessment of community readiness for implementing measures and understanding their value: “seed the</td>
<td>Investigate involvement of Regional Educator Provider Support grantees – What is their role? Could they facilitate a participatory process?</td>
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- Find champions/leaders who can advocate for the value of measurement
- Consider cultural/linguistic diversity
- Coordinate the measurement rollout across multiple related policy and practice domains: Public health; education; public safety; all of which have an investment in seeing positive social emotional competencies in later years to prevent criminality, health crises and trauma, and poor educational outcomes

- Engage Coordinators of Family and Community Engagement (CFCEs); who act in policy driven roles and are very connected to families (Could they play a leadership role in making measurement more feasible?)
- Ensure that required teacher prep. courses develop students’ understanding of the child care provider’s/educator’s role in relating to parents

**Solution B)**
Disseminate research studies that show the long-term benefits of building social emotional skills early

**Solution C)**
Train those who use the measures (early educators, social workers, and ECMH staff) on techniques of observational assessment [http://www.pnas.org/content/108/7/2693.full.pdf](http://www.pnas.org/content/108/7/2693.full.pdf)
APPENDIX B

AGENDA

April 26, 2016; 8:30am - 4:00pm
Location: College of the Holy Cross, Worcester, MA

With deep appreciation to all of our statewide partners for making the Starting Strong Summit possible. Many thanks to the Irene and George Davis Foundation, Rachel Porter, Jeanne Birdsall, and other donors for their additional support.

Agenda

9:00 – Welcome - Bill Diehl (Executive Director, Collaborative for Educational Services)

9:15 - 9:25 - Jennifer Poulos (Associate Director, Rennie Center) talks about the results of their recent research and educational policy recommendations for MA, and how they align with the goals of the Summit.

9:25 – 9:40 - Kate Roper (Assistant Director for Early Childhood Services, Massachusetts Department of Public Health) gives an overview of work done in the past as well as current statewide interagency initiatives focused on improving social emotional outcomes.

9:40 - 9:50 - Bill Diehl presents the highlights of the pre-Summit Stakeholders’ Survey - what are the challenges we face in ensuring social emotional competency for all young children.

9:50 - 10:35 - Keynote address – Stephanie Jones (Marie and Max Kargman Associate Professor in Human Development and Urban Education Advancement at the Harvard Graduate School of Education) speaks on what research shows is most effective in building social emotional competencies in children, and how do we apply that knowledge to creating policies that support children’s social emotional growth.

10:35-10:50 Question and answer

10:50 - 11 – Break

11 -12:15 - First Break-out Session Four break-out groups will focus on brainstorming and selecting solutions to highest priority challenges in one of four categories: · Workforce Development · Family Engagement and Support · Service Gaps and alignment · Data and measurement

12:15 - 12:45 Lunch 12:45 - 1:15 - Lunchtime presentation - Jayne Singer (Massachusetts Association of Infant Mental Health, Brazleton Touchpoints Center, Harvard Medical School and Boston Children’s Hospital) presents “Enhancing Social-Emotional Family and Workforce
Development: Developmental-Relational Methods in Supporting the Workforce who Support Children and Families.”

1:15 - 2:30 - Second Break-out session Continuation of the break-out groups to refine and hone the solutions developed in the first session into actionable statewide strategies and policy recommendations. Initial discussion of next steps.

2:30 - 2:45 - Report back of break-out groups

2:45 - 3:30 - Bill Diehl facilitates continued discussion of next steps and wrap-up.
### APPENDIX C

**LIST OF PLANNING PARTNERS**

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<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Agency</th>
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<tbody>
<tr>
<td>Sandra Wixted</td>
<td>Early Childhood Mental Health Specialist</td>
<td>Department of Mental Health</td>
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<tr>
<td>Evelyn Nellum</td>
<td>Policy Analyst</td>
<td>Department of Early Education and Care</td>
</tr>
<tr>
<td>Kate Roper</td>
<td>MA Early Childhood Comprehensive Systems Project Director</td>
<td>Dept. of Public Health</td>
</tr>
<tr>
<td>Deb Scannell</td>
<td>Director of Policy and Planning</td>
<td>Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)</td>
</tr>
<tr>
<td>Nancy Scannell</td>
<td>Director of Policy and Planning</td>
<td>Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)</td>
</tr>
<tr>
<td>Donna Traynham</td>
<td>Early Learning Team Leader Office of Learning Supports and Early Learning</td>
<td>Department of Elementary and Secondary Education (ESE)</td>
</tr>
<tr>
<td>Mary Jane Crotty</td>
<td>Early Learning Assistant Coordinator Office of Learning Supports and Early Learning</td>
<td>Department of Elementary and Secondary Education (ESE)</td>
</tr>
<tr>
<td>Lauren Viviani</td>
<td>619 Coordinator, Special Education Planning and Policy</td>
<td>Department of Elementary and Secondary Education (ESE)</td>
</tr>
<tr>
<td>Ann Gilligan</td>
<td>Office of Student and Family Support</td>
<td>Department of Elementary and Secondary Education (ESE)</td>
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<tr>
<td><strong>Carole Upshur, EdD</strong></td>
<td><strong>Professor, Director of Research Training and Development</strong></td>
<td><strong>Dept. of Family Medicine and Community Health, UMass Medical School</strong></td>
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<tr>
<td><strong>Ann Flynn</strong></td>
<td><strong>Director of Development</strong></td>
<td><strong>Guild of St. Agnes</strong></td>
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<tr>
<td><strong>Kathy Moss</strong></td>
<td><strong>Director of Healthcare and Community Integration</strong></td>
<td><strong>Behavioral Health Network</strong></td>
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**Massachusetts Statewide Early Childhood Mental Health Consultations Grantees:**

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<tr>
<th><strong>Western:</strong> Alice Barber</th>
<th>Behavioral Health Network</th>
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<tr>
<td><strong>Central:</strong> Lynn Hennigan</td>
<td>Community Healthlink Together For Kids (TFK) Program</td>
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<tr>
<td><strong>Northeast:</strong> Stephanie Gabriel</td>
<td>MSPCC, Mental Health Consultation Program</td>
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<tr>
<td><strong>Metro:</strong> Paul Creelan</td>
<td>The Home for Little Wanderers Preschool Outreach Program</td>
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<tr>
<td><strong>Southeast, Cape and Islands:</strong> Kelly Rodriguez</td>
<td>Justice Resource Institute, Inc., Early Childhood Training and Consultation</td>
</tr>
<tr>
<td><strong>Northeast, Central, Southeast and Metro:</strong> Gail Brown</td>
<td>Enable, Inc., Consultation Services for Children</td>
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**CES EC Summit Committee Members**

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<tr>
<th><strong>Desiree Lalbeharie-Josias</strong></th>
<th><strong>Early Childhood Department Director</strong></th>
<th><strong>Collaborative for Educational Services</strong></th>
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<tr>
<td><strong>Isolda Ortega-Bustamante</strong></td>
<td><strong>CES Development Director</strong></td>
<td><strong>Collaborative for Educational Services</strong></td>
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<tr>
<td><strong>Kay Lisseck</strong></td>
<td><strong>Executive Director</strong></td>
<td><strong>Pioneer Valley Educational Readiness Center</strong></td>
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STARTING STRONG SUMMIT: Working Together for Early Social Emotional Development
Overview and Recommendations - Appendices
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<thead>
<tr>
<th>Name</th>
<th>Position and Dept.</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Alison Morissey</td>
<td>Early Childhood Mental Health Specialist, EC Dept.</td>
<td>Collaborative for Educational Services</td>
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<tr>
<td>Corky Klimczak</td>
<td>Coordinator, System Change for Successful Children, EC Dept.</td>
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<tr>
<td>Jane Myers</td>
<td>Assessment for Responsive Teaching Program Project Director, EC Dept.</td>
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<tr>
<td>Nancy Ward</td>
<td>Training Coordinator, EC Dept.</td>
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<tr>
<td>Jini Alreja</td>
<td>Associate Coordinator, EC Dept.</td>
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<tr>
<td>Linda Enerson</td>
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<th>Co Sponsors/Philanthropy</th>
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<td>Mary Walachy</td>
<td>Executive Director</td>
<td>Irene E. and George A. Davis Foundation</td>
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<td>Sally Fuller</td>
<td>Project Director</td>
<td>Irene E. and George A. Davis Foundation</td>
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<tr>
<td>Jim Ayres</td>
<td>Executive Director</td>
<td>United Way of Hampshire County</td>
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</tbody>
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APPENDIX D

BRIEF DESCRIPTION OF CES

Since 1974, CES has been working with schools, families, children, youth and adult learners throughout communities in the Pioneer Valley and throughout the Commonwealth to create and improve educational opportunities both in and out of the classroom. We partner with local school districts, schools, and early educators to help them assess their instructional programs and create new ways to improve instruction, student learning and achievement. We train teachers seeking licensure, and teachers, administrators and educational leaders who want to increase their skills and opportunities by gaining an additional license or developing their skills and expertise.

The CES Early Childhood Department has a highly qualified and experienced staff which has provides strengths-based and collaborative services to parents, school personnel, librarians, and mixed-delivery providers of services to families in our local communities. We are familiar with the strengths and needs of each community and have become increasingly successful at identifying and serving the most isolated and at-risk populations wherever they are.

We believe that the emotional and social development needs of children and youth must be addressed if they are to succeed in school, and consequently, in life.