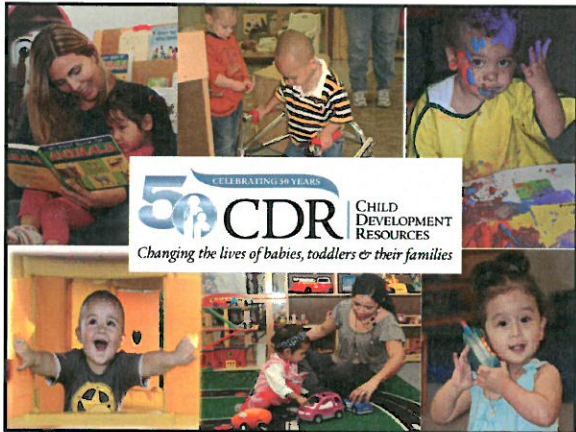


Expanding Possibilities for Children
by Linking EHS and Early
Intervention (Part C)

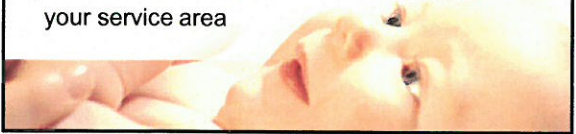
Lynn Wolfe, Infant Parent Program Director
Katie Quigley, EHS Director
Child Development Resources
PO Box 280, Norge, VA 23127
(757) 566-3300
www.cdr.org





Session Objectives

- Understand Part C requirements and benefits of an integrated service system for infants and toddlers
- Understand the programmatic and policy challenges of coordinating EHS and Part C service systems
- Develop an action plan to improve collaboration between EHS and Part C in your service area



Agenda

- Identify the participants and focus the content of the session
- Everything you ever wanted to know about Part C (*and were afraid to ask)
- Programmatic and regulatory challenges
- Strategies to overcome barriers to collaboration
- Action planning for successful collaboration



Who's here and what do you need?

- Newer EHS grantees?
- Head Start grantees who have ventured into the EHS world?
- Veteran EHS grantees?
- Part C providers?
- EHS direct services staff?
- EHS program administrators?
- Parents/Families?



Child Development Resources

- Private, non-profit direct service and training organization founded in 1965
- Direct service programs include Central Point of Entry (566-TOTS); Early Head Start; First Steps Child Care and Development Centers; Infant & Parent Program (Part C); Parents As Teachers; the Community and Medical Interpretation Services (CMIS); Fatherhood; and Motherhood.






Training Programs

- Center for Professional Development
- VA Infant Toddler Specialist Network
- Federal Fatherhood grant: New Pathways
- 1-2-3 READ! Virginia
- VA Quality Initiative



The Ultimate Goal

- To create a seamless system, eliminating both gaps and duplication in services for infants and toddlers, birth to three, with disabilities, delays in development, or who are at-risk and for their families.



Why collaborate?

- No one agency has all the resources needed to meet the complex needs of children and families – brings in multiple expertise
- Increased access to services
- Community support systems are strengthened
- Service system is responsive to needs of individual children and families
- Earlier identification (National Indicator for Part C)
- Support for reaching 10% enrollment



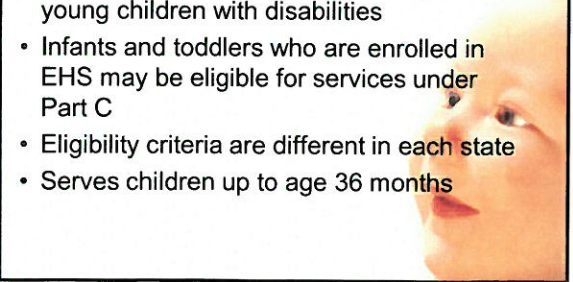
IDEA

- Amendments effective since July 1, 1997
- Reorganized into four parts:
 - Part A General Provisions
 - Part B Assistance for Education of All Children with Disabilities
 - Part C Infants & Toddlers with Disabilities
 - Part D National Activities to Improve Education of Children with Disabilities



What is Part C?

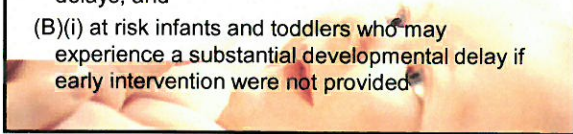
- The Infant Toddler portion of IDEA
- Establishes early intervention programs for young children with disabilities
- Infants and toddlers who are enrolled in EHS may be eligible for services under Part C
- Eligibility criteria are different in each state
- Serves children up to age 36 months



Federal Definition of Eligibility

An infant or toddler with a disability means an individual who:

- (A)(i) is experiencing developmental delays as measured by appropriate diagnostic instruments and procedures,
- (A)(ii) has a physical or mental condition that has a high probability of resulting in developmental delays, and
- (B)(i) at risk infants and toddlers who may experience a substantial developmental delay if early intervention were not provided



Eligibility

Delay of 25% in one or more areas:

- Cognitive
- Physical (motor, vision & hearing)
- Speech and language (communication)
- Social-Emotional
- Adaptive

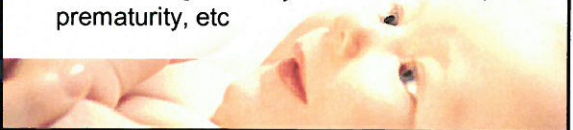
Each state defines how delay is determined – in VA, standardized instruments and clinical judgement



Eligibility

- Diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, even though no delay currently exists

Example: Down Syndrome, metabolic disorders, genetic syndromes, autism, prematurity, etc



Eligibility

Atypical development or behavior in:

- Sensorimotor responses
- Affective development
- Behavioral disorders that interfere with the acquisition of developmental skills

States may also include at risk children in their definition who would experience a substantial developmental delay if early intervention services were not provided.

VA does not.



Requirements for Part C of IDEA

- Multidisciplinary team approach
- Family centered services/natural environments
- Interagency collaboration
- Service coordination
- Development of an Individualized Family Services Plan (IFSP)
- Support for transition



Components of a Statewide System of Early Intervention

- Services in home or community settings
- Comprehensive evaluation and assessment for each child in all areas of functioning and the levels of functioning in each area
- 45 day timeline for evaluation and IFSP
- IFSP services start in a timely manner
- Data measures on improved child skills



- Family data measures (families know rights, can communicate children's needs, and able to support their child's development)
- Birth to age 1 served, compared to the local population
- Birth to age 3 served, compared to the local population
- Timely transition planning



Requirements for EHS

- 1302.33 (a-d) Screening, assessment, and individualization for developmental, sensory, and behavioral concerns
- 1302.53 Community Partnerships
- 1302.60, 1302.61 & 1302.70(e) Services for children with disabilities, IFSP, and transition
- 1302.62 Support for parents
- 1302.63 Collaboration with Part C
- 1302.11, 1302.12 & 1302.13 Community Needs Assessment, Determining eligibility
- 1303.75 Transportation of children with disabilities



Early Head Start and Part C

Grantees and delegate agencies must ensure:

- Children suspected of having a delay or disability are promptly referred to Part C
- Parent participation in evaluation and IFSP development
- Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes on the IFSP
- Ensure and support efforts for a smooth transition (Must begin at least 6 months prior to child's third birthday)



Strategies for Effective Referrals

- Sharing information with families about Part C services
- Training on developmental screening
- Making sure families are fully informed and agree to be referred
- Gather existing medical and developmental information (with parent permission)
- Offer a joint home visit



Timelines for Referral & Service Delivery

- Timeline begins at referral
- 45 calendar days to complete screening/assessment, eligibility determination, and IFSP development
- State determines requirement for timely initiation of services on the IFSP (30 days)
- Six month review of IFSP
- Annual IFSP
- Wait lists are not permitted



EHS Roles and Responsibilities

- Facilitate family participation
- Work with the Part C provider to schedule assessments at convenient times and locations
- Be familiar with Part C forms
- Use jargon free language
- Consent to exchange information
- Understand the process



Components of Evaluation and Assessment

- Minimum of two different disciplines
- Review of pertinent records
- Determination of eligibility
- Evaluation of all levels of functioning
- Results used to develop the IFSP (Goals and Services)
- Roles and responsibilities



EHS Survey

Do you:

- Have a written interagency agreement with your local Part C program?
- Know what percentage of the children you serve are referred from the Part C program? How many did you refer to Part C?
- Have staff that participate in IFSP development?
- Know what percent of your Part C eligible children have separate IFSP/FPA?
- Receive a copy of the IFSP and help work toward IFSP goals?



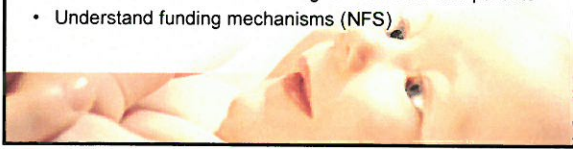
Public Policy Challenges

- IFSP form may be a barrier to the development of a single written plan for all families
- Part C Ability to Pay Policies vs. Head Start requirement that families not be charged for EHS services
- EHS requirement for 90-minute home visit for infants and toddlers
- Single point of entry to all relevant community services



Strategies for Effective Partnerships

- Learn as much as possible about the local service system
- Establish and maintain lines of communication
- Clarify roles and expectations
- Meet on a regular basis
- Be committed to supporting a collaborative relationship
- Share information and resources
- Overcome past misunderstandings
- Provide orientation and training for new staff and parents
- Understand funding mechanisms (NFS)



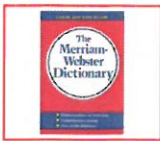
Multi-Level Collaboration

- Service level: service providers are responsible, with the family, for implementing smooth service delivery
- Systems level: interagency agreements authorize and facilitate teamwork



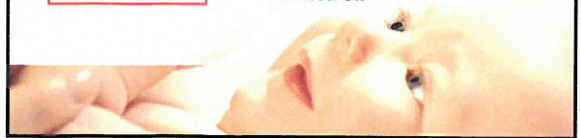
Col·labo·rate:

From Latin *collaborare*, "to work together".



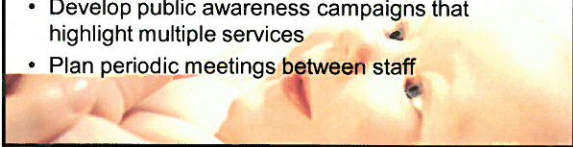
■ To work toward a common goal

■ To cooperate with an enemy invader



Ideas to facilitate collaboration between Part C and EHS

- Serve on each other's councils (LICCC or Policy Council)
- Review plans, policies, and procedures to understand how each system operates
- Coordinate child find and recruitment activities
- Plan joint in-service training
- Develop public awareness campaigns that highlight multiple services
- Plan periodic meetings between staff



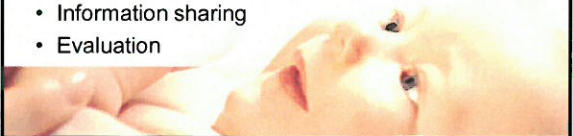
Ideas (continued)

- Coordinate home visits
- Communicate through newsletters or announcements
- Spotlight each other's programs in newsletters
- Create consent to release information forms that allow for sharing of information between programs, with parent permission
- Include EHS staff on assessment/IFSP team, with parent consent
- Strengthen interagency agreements



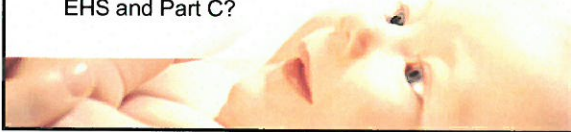
Key Elements of An Interagency Agreement

- Purpose – with goals and objectives
- Definition of terms
- Descriptions of services or programs
- First dollar responsibility
- Roles and responsibilities of all agencies
- Start and end date
- Confidentiality
- Information sharing
- Evaluation



Self-Assessment

- Are you referring children between programs?
- How are your Part C/EHS programs interacting?
 - referrals
 - exchange of information
 - team meetings
 - assessment and IFSP development
 - service delivery
- What would you like to see work better between EHS and Part C?



EHS/Part C Collaboration Plan



Program Name: _____ Date Started: _____

Goal(s) (*The program will...*): _____

What I/We Need to Do (Strategies Steps)	Who Will Do It?	By When?	What Happened and Date



Contact Info

Lynn Wolfe: lynnw@cdr.org

Katie Quigley: katieq@cdr.org

Child Development Resources

PO Box 280, Norge, VA 23127-0280

(757) 566-3300 www.cdr.org

Central Point of Entry for Part C

VA Infant & Toddler Connection

<http://www.infantva.org>