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

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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
Challenges

- Lack of trust
- Lack of time for team work
- Misperceptions about skill levels of providers in different service systems
- Real differences in skills
- Communicating program differences
- Lack of understanding of the regulations
- Personnel shortages

Be Prepared!

Do you know:
- Pertinent laws, regulations, and mandates?
- Who the players are and the chain of command?
- Commonalities and differences in agencies?
- Past history between agencies?
- Previously successful exchanges of resources?
- Current gaps or duplications?

Virginia Central Point of Entry for Part C
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

Collaborate:
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 (LICC 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

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Date Started:</th>
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<tbody>
<tr>
<td>Goal(s) (The program will...):</td>
<td></td>
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<table>
<thead>
<tr>
<th>What I/We Need to Do (Strategies and Steps)</th>
<th>Who Will Do It?</th>
<th>By When?</th>
<th>What Happened and Date</th>
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</thead>
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Questions?
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