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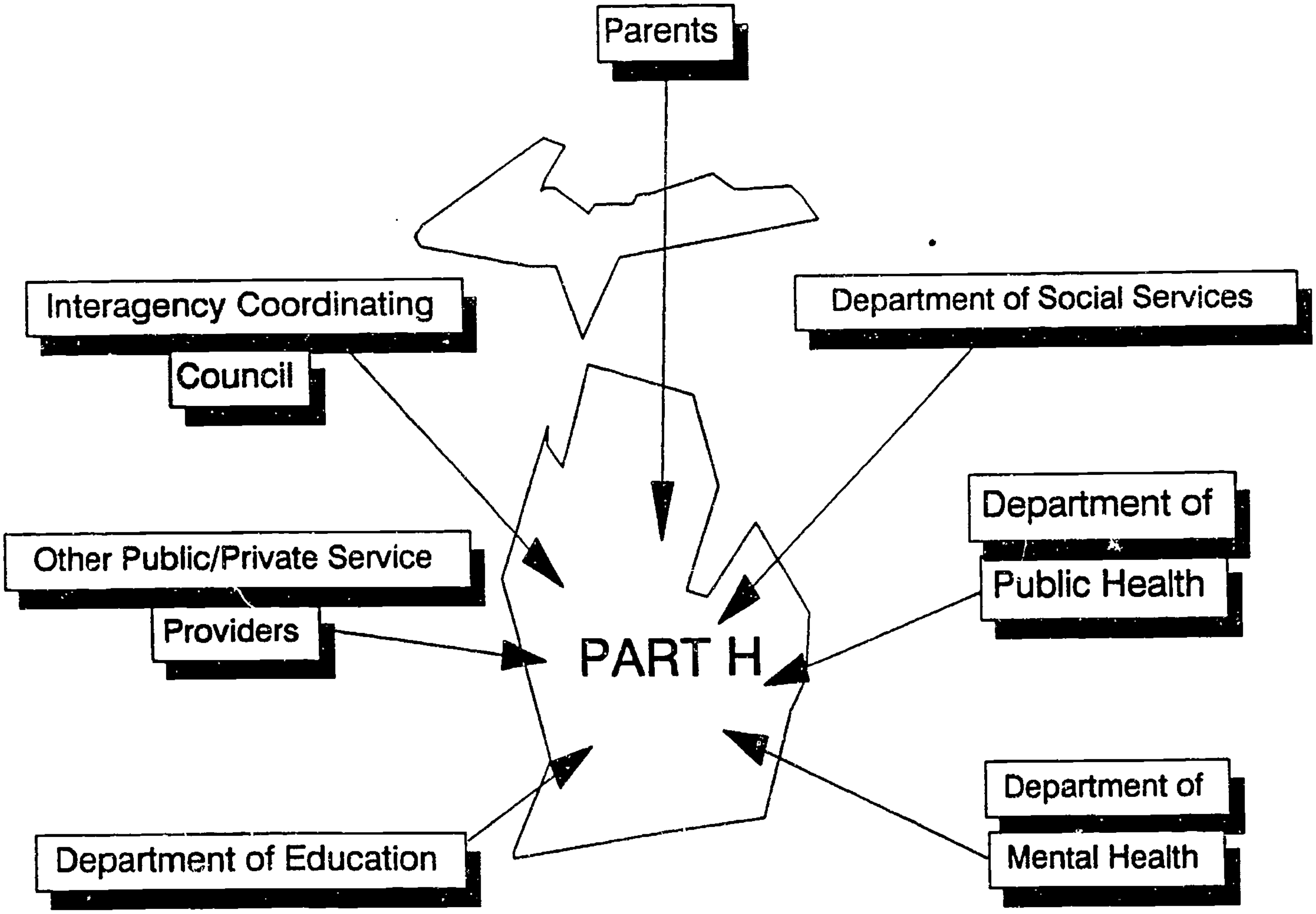
ABSTRACT

This annual report examines the implications, for the state of Michigan, of Part H of the 1986 Amendments to the U.S. Individuals with Disabilities Education Act and discusses the planning, development, and demonstration activities related to the implementation of the required components of the law. This legislation provides states with funding to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers with special needs and their families. The Michigan State Interagency Coordinating Council (SICC) coordinates the policies of state and local agencies and encourages interagency cooperation. This interagency team approach at the state and local level has: (1) reduced "red tape" in referrals for services; (2) reduced staff time necessary for service planning; (3) reduced the duplication of effort among agencies; (4) increased awareness and utilization of existing services; (5) increased efficiency in accessing available services; and (6) resulted in a foundation for a continuum of coordinated services for infants, toddlers, and children older than 3 years of age. The report provides specific examples of how Part H and the SICC have healed and empowered families, cut costs, and coordinated services. Some of the unique challenges and successes of the law in Michigan are also discussed. (MDM)

PUBLIC LAW 99-457

PART H



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The Infant/Toddler Program in Michigan
P.L. 99-457, Part H

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EXECUTIVE SUMMARY

Part H of P.L. 99-457, the 1986 Amendments to the Individuals with Disabilities Education Act (formerly the Education of the Handicapped Act), provides states with funding to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers (birth through two years of age) with special needs and their families. This legislation encourages family-focused, community-based service delivery, and strengthens coordination and collaboration across agencies. Michigan received a $2,405,379 federal allocation for the third year (1990-91) of planning, development, and demonstration activities related to the implementation of the required components of this legislation.

The State Interagency Coordinating Council has continued to advise and assist the Michigan Department of Education (the appointed lead agency) as well as support the development of collaborative activities among the Michigan Departments of Education, Mental Health, Public Health, and Social Services.

Fifty percent of the federal allocation has been used to support Local Interagency Coordinating Councils through Michigan State Board of Education approved grants to the 57 intermediate school districts; these local councils are providing the interagency framework necessary for successful family-focused, community-based, collaborative service delivery. The interagency team approach at the county or multi-county level has resulted in:

- reduction of "red tape" in referrals for services among agencies
- reduction of staff time in service planning
- reduction of duplicated efforts across agencies
- increased awareness and utilization of existing resources
- increased efficiency in accessing available services
- a foundation for a continuum of coordinated services for infants, toddlers, and children beyond three years of age

During this third year, the demonstration projects have provided clear indications that a collaborative approach enhances families' capacities to meet the unique challenges of their infants and toddlers with special needs and at the same time improves the efficiency of the agencies which provide early intervention services. In particular instances, the Part H process has:

- prevented the cost of foster care
- prevented the hospitalization of a child
- prevented costly special education placement
- empowered families to create partnerships with service providers
- enhanced parents' capacities to care for their children within the family unit

The following Annual Report for 1990-91 will demonstrate how Michigan utilized the federal allocation to continue preparing for implementation and provide examples of the benefits of the Infant-Toddler Program for state agencies, services providers, children, and their families.

ABOUT P.L. 99-457, PART H, IN MICHIGAN

In 1986, Public Law 99-457, Part H, amended the existing Individuals with Disabilities Education Act (formerly the Education of the Handicapped Act) to allow infants and toddlers with special needs and their families to receive early intervention services. This act provides states with funding to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services.

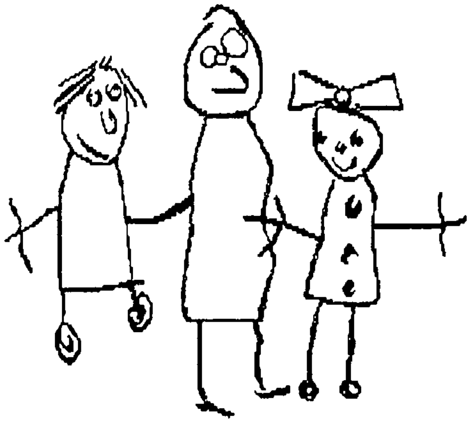
The major players include parents and the Michigan Departments of Education, Mental Health, Public Health, and Social Services, private providers of services, those involved with personnel preparation, and community leaders. When Michigan fully implements this program, it will enhance the development of handicapped infants and toddlers and their families and reduce costs by minimizing the need for special education and related services after these children reach school age.

This program recognizes the importance of the role of the family in furthering the development of infants and toddlers. Parents and professional service coordinators work as partners to develop an Individualized Family Service Plan which maps out the coordination of services for the child and family. At each phase of intervention, parents are recognized as experts in the assessment of their infants' and toddlers' needs. Part H strengthens parents' confidence to successfully address the special needs of their child and family.

To receive funding, Part H requires states to adhere to certain guidelines. In particular, Michigan is required to incorporate 14 components (listed on the following page) into its program and to designate a lead agency. In Michigan, the Department of Education is the lead agency to administer, supervise, and monitor programs and activities and the State Board of Education has authority to award grants to prepare for implementation of Part H. Also, a governor-appointed State Interagency Coordinating Council consisting of 15 members must function to advise and assist the lead agency in the development of the program.

Agencies must provide early intervention to infants and toddlers and their families including, but not limited to, audiology, case management, family training, counseling, home visits, nursing, nutrition, occupational and physical therapy, social work, special instruction, speech and language pathology, medical, health, psychological, and transportation services. Infants and toddlers are eligible for these services if they have a handicapping condition or are developmentally delayed in one or more of the following areas: cognitive; physical, including vision and hearing; language and speech; psychosocial; and self help skills. States may also choose to provide service to children who are "at risk" of being developmentally delayed and their families.

To provide services to infants and toddlers with special needs, Part H grants states five years of funding to develop and implement the program. At the beginning of the fifth year, P.L. 99-457, Part H, becomes an entitlement program. This allows all eligible infants and toddlers and their families to receive appropriate services. Michigan has completed its third year of development and is seeking extended participation status which will allow the state to more fully develop the program in preparing to implement intervention services.



REQUIRED COMPONENTS

P.L. 99-457, PART H

1. A definition of developmentally delayed, including the identification of risk factors which are highly correlated with handicapping conditions and/or significant developmental delay.

2. Timetables for ensuring delivery of appropriate services to all handicapped infants and toddlers in the State by 1991.

3. Timely and comprehensive multidisciplinary evaluations of each handicapped infant and toddler in the State, and the needs of the families to appropriately assist in the development of the child.

4. For each handicapped infant and toddler, an Individualized Family Service Plan, including case management services (see Section 677).

5. A comprehensive Child Find System, consistent with Part B, including a system for making referrals to service providers that includes timelines and provides for participation by primary referral sources.

6. A public awareness program focussing on early identification.

7. A central directory which includes early intervention services, resources, and experts in the State, and research and demonstration projects being conducted in the State.

8. A comprehensive system of personnel development.

9. A single line of responsibility in a lead agency, designated by the Governor.

10. A policy pertaining to the contracting or making of other arrangements with service providers to provide early intervention services in the State.

11. A procedure for securing timely reimbursement funds used under this part in accordance with Section 681(a).

12. Procedural safeguards with respect to programs under this part as required by Section 680.

13. Policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained.

14. A system for compiling data on numbers of handicapped infants and toddlers and their families in the State in need of appropriate Early Intervention Services as to numbers served, types of service, etc.

THE STATE INTERAGENCY COORDINATING COUNCIL:

Crossing Agency Barriers, a Collaborative Team Working for Children.

In Michigan, the State Interagency Coordinating Council (SICC) advises the lead agency, the Michigan Department of Education, in interpreting the required 14 components, identifying resources for early intervention services, and promoting interagency agreements. Part H requires the Council to consist of 15 governor-appointed members who represent the state in the following manner: three are parents of children with special needs; three are public or private providers of early intervention services; one is a representative from the state legislature; one is in personnel preparation; others represent each of the agencies involved in the provision of or payment for early intervention services to eligible children and families; and others are from the public at-large. The members have become a multidisciplinary body working in the spirit of the legislation.

Council members, along with representatives from a variety of agencies across the state, serve on various committees which address particular concerns in implementing Part H in Michigan. These committees deal with public awareness, Individualized Family Service Plans (IFSPs), service coordination, the identification and definition of eligible children, interagency affairs, and procedural safeguards. Also created were Ad Hoc committees to address financial issues, interagency issues, and the development of a central directory.

In October, 1990, the Council held a retreat in order to refine and adopt a set of definitions for eligibility for early intervention services. The definitions and clarifying document were created for the purposes of public comment. These were the focus of public hearings where several Council members participated in receiving testimony from concerned citizens and organization representatives on the definitions. These hearings were held in Marquette, Detroit, Grand Rapids, and Traverse City in order to solicit comment from a population representative of Michigan.

Also during the third year of development, 1990-91, the SICC held quarterly meetings which were open to the public in order to give parents and service providers access to the Council. These meetings were held in Detroit, Flint, Gaylord, and Grand Rapids, and included evening community meetings with presentations from local Part H projects to encourage discussion among the participants. Approximately 100 citizens from around the state attended these meetings in order to learn more about P.L. 99-457, Part H, and to give input to the Council on local early intervention issues.

LOCAL INTERAGENCY COORDINATING COUNCILS

The State Interagency Coordinating Council and the Michigan Department of Education realized early on that meeting the requirement of Public Law 99-457, Part H, in a state as geographically and culturally diverse as Michigan would require the effort and commitment of service agencies at all levels including parents, public service providers, and other agencies throughout the state.

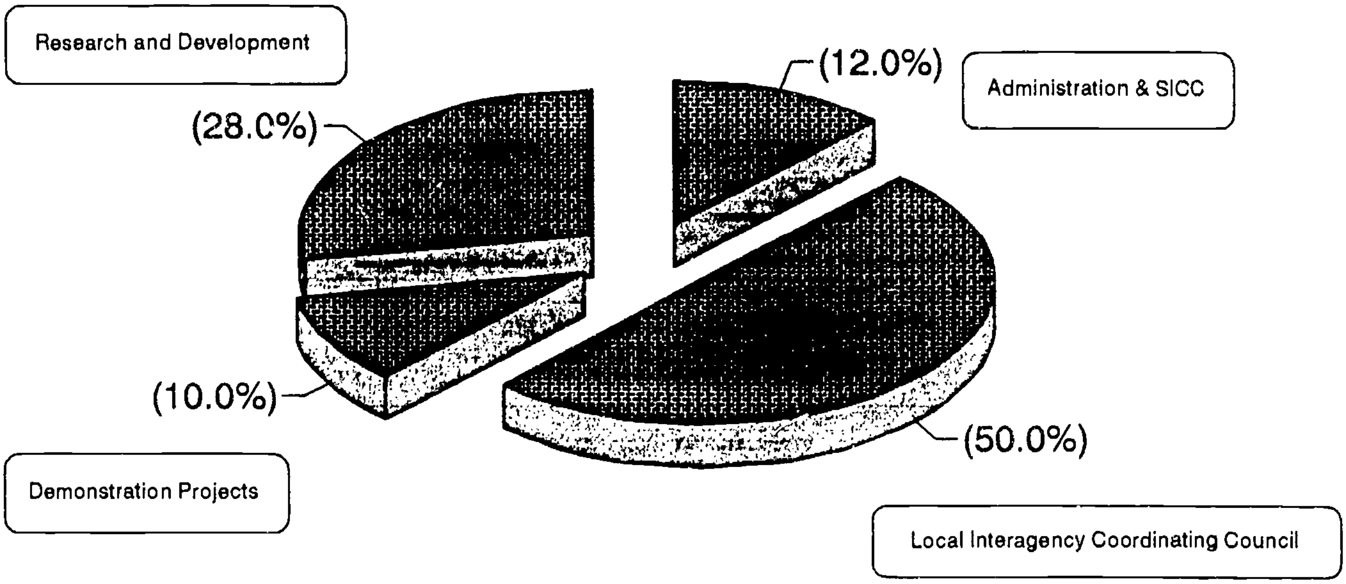
To develop and coordinate a cooperative statewide system, the State Board of Education awarded formula allocation grants to the 57 intermediate school districts to establish Local Interagency Coordinating Councils (LICCs) across the state. These councils mirror the membersnip of the SICC and include representatives of local service agencies, organizations, and programs who provide services to infants, toddlers, and families, as well as parents.

The LICCs are presently developing transagency networks for early identification and referral. They have also provided recommendations to the SICC on the definition of developmental delay and ways to identify children and families at risk of developmental delay.

P.L. 99-457, PART H

Total Federal Allocation ($2,405,379.00)

Michigan State Board of Education
Approved Spending Plan 1990-91



LOCAL INTERAGENCY COORDINATING COUNCILS

Since 1987, each of the 57 Intermediate School Districts has received State Board of Education approved grants to bring together parents and other key individuals from a variety of agencies and organizations, both public and private, to form Local Interagency Coordinating Councils (LICCs). These LICCs have worked to develop improved systems of early identification of young children with special needs and improved referral networks to be sure children get the services that they need. The LICCs have also identified service gaps in their communities and devised solutions to "fill" those gaps.

ADMINISTRATION AND SICC

The State Interagency Coordinating Council meets quarterly to advise the lead agency in the planning and development of the early intervention system under Part H. A variety of subcommittees allows participation by many parents and specialists from across the State. The State Board of Education has awarded grants to the Department of Social Services, Public Health, and Mental Health to support the employment of a Part H interagency specialist to work with the staff of the Department of Education to assist in the identification of policy barriers, develop interagency agreements which will eliminate duplication of services, and improve the early intervention system.

DEMONSTRATION PROJECTS

Currently, four demonstration projects have received State Board of Education grants to lead the way in the development of a "seamless" continuum of services for young children with special needs, and those at risk of developmental delay. These projects are located in the Traverse Bay area, in Dickinson and Iron counties in the Upper Peninsula, and in Washtenaw and St. Joseph counties. Already, cost-savings and improved services have been documented.

RESEARCH AND DEVELOPMENT

Many activities are necessary to develop policies, procedures, standards, and processes which will enable Michigan to not only meet the minimum requirements of the law, but to create optimal efficiency and quality in a statewide, interagency Early Intervention system. Grants have been awarded by the State Board of Education for the development of a State Directory of Services; a Data Collection system; service coordination and service planning models; child find, screening, and assessment models; personnel standards; procedural safeguards; and training models.

The names of family members in the following pages have been changed, but the actual case histories are true.

PREVENTIVE SERVICES

Healing Families and Cutting Costs

The pediatrician recommended that four-month-old Timmy be placed in temporary foster care when he was hospitalized for failure to thrive. He had pneumonia, respiratory distress, and weighed only 12 pounds. His parents, Allison and Mark, had many concerns at home: three children under the age of five, one who had spina-bifida, another had chronic asthma; a family history of failure to thrive; Mark was unemployed; and five of his extended family members were living with them.

Timmy had originally done well at home with the help of Maternal Support services, a Public Health program that serves pregnant women and mothers with infants up to two months of age. After those services stopped, Allison and Mark were unable to maintain the good care which Timmy had been receiving. At four months, he ceased gaining weight, became very ill, and was admitted to a northern Michigan hospital. It was at this time that the pediatrician suggested a six-month foster placement for Timmy so that Allison and Mark could rest and Timmy could begin to gain weight. Allison and Mark desperately wanted Timmy with them and were very anxious to learn whatever skills they needed so that they could keep him at home.

After Allison and Mark expressed their great desire to keep Timmy, the hospital developmental therapist called an impromptu interagency meeting. She didn't have the Part H tools yet, but had enough knowledge about the Individualized Family Service Plan to know that the collaboration of agencies would best equip these parents to meet Timmy's needs. The meeting consisted of the hospital's pediatrician, developmental therapist, social worker, primary care nurse, a private home health nurse, and representatives from the local community mental health and social services departments. The meeting produced a solution that was acceptable to Mark, Allison, and the service providers. Before Allison left the hospital with Timmy, the family agreed that the social services prevention worker would help them secure an adequate supply of diapers and formula. The agency would also make provisions for the Families First program to provide six weeks of intensive in-home support and modeling of parenting skills. They would help Mark and Allison access other services as needs arose. The home health nurse would visit twice a week to check Timmy's weight and encourage positive feeding practices. Also, Timmy was referred to the local intermediate school district to start early intervention services in the Fall.

The arrangements were made in two days, with services starting immediately. Allison and Mark were thrilled and appreciative of being able to guide decisions for their son. The service providers felt that they had participated in successful collaboration; the team work provided alternatives to placing Timmy out of his home. **This Part H process saved the cost of six months of foster care, later hospital costs, and a great deal of grief.**

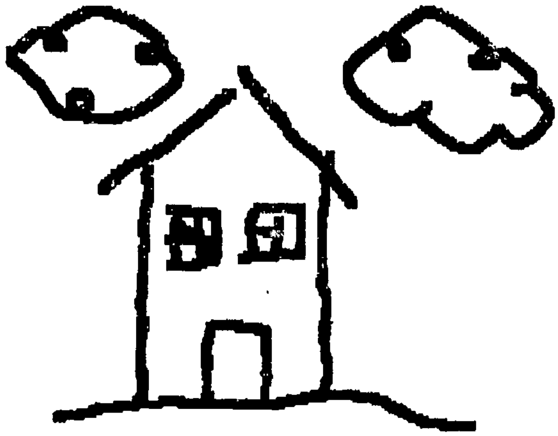
Allison and Mark feel more confident in their ability to nurture their children. Timmy is thriving now, continuing to gain weight, and with his family, looking forward to healthy growth and development.

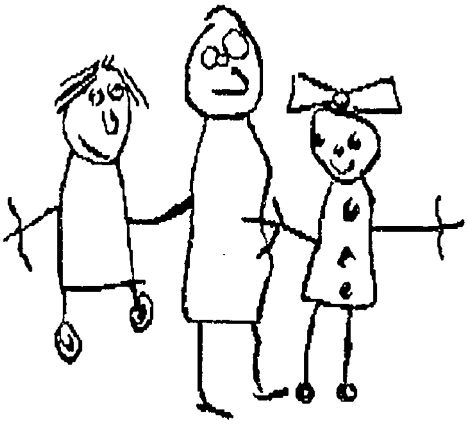
Early Intervention Means Prevention

Michigan is excited about implementing P.L. 99-457, Part H, because the intent of the program is prevention. The focus of the legislation and the manner in which it will be executed will **efficiently utilize funds**. When intervention is provided to families early, children have a better chance for healthy growth and development. Early intervention strives to diminish the need for later services by addressing the concerns of families early on. **Not only does this promote family well-being, it precludes the costly expenses of future service provision**. This concept is accepted by many professionals who encounter families of children with special needs and, therefore, advocate for early intervention services.

Helen Lancaster is a registered nurse who has worked for many years in a school based program for teen mothers and is President of the Michigan Association Concerned with School-age Parents (MACSAP). She has been in touch with many families in need of early intervention services. Ms. Lancaster is a strong, vocal advocate for maternal and child services. Following is an excerpt from the testimony which she contributed to the Part H public hearings.

> ***As a school nurse who works with adolescent mothers, I see many children who are at risk for substantial developmental delays if no one professionally intervenes. I still remember a two year old boy whose mother was in our adolescent program for only a short time. She was 16 years old and the parent/child interaction was so poor, her home life so unstable, that even in the brief time she was in school it became evident that this child was in trouble. We were unable to give her services in this community after she left our program and I mentioned to several others that without intervention this child would be in jail by the time he was 18 years old. To my knowledge this young man has been sentenced to jail several times since his 17th birthday. It is really a shame when one can predict a child is heading for trouble at two years of age and cannot change it. I believe Early Intervention Service could make a difference in many children's lives.***





THE INTERAGENCY APPROACH

Empowering Families

Tamara and Keisha are a mother-daughter team in need of a variety of services at great distances from them. Tamara is a young woman with severe diabetes; Keisha is her five-month-old daughter with multiple special needs: she was born prematurely, has respiratory problems which require monitoring, questionable hearing, a cleft palate, and other complications. Because they live in a rural area in Michigan's northern lower peninsula, visits to specialists range from 32 miles to 150 miles round trip. Due to their medical needs, doctor visits are necessary up to four times per month. Tamara's diabetes prevents her from driving and her income is very modest, making transportation extremely difficult. Because their financial needs are immense, Tamara and Keisha were receiving assistance from Catholic Charities, Woman Infants and Children (WIC), and Medicaid. They were eligible for Social Security benefits, but could not afford the eight dollar birth certificate fee for the application. The local departments of public health and social services and the local school system were also providing early intervention services. Most of these service providers were unaware of the other agencies and the services which were being provided for Tamara and Keisha.

Upon receiving a referral, the Infant-Toddler and Education consultants visited Tamara and Keisha to coordinate the development of an Individualized Family Service Plan (IFSP). They told Tamara that she was the first in the area to receive Part H interagency early intervention services. During the visit, Tamara explained that their greatest needs were transportation and financial assistance.

This initial visit was the first step for the Part H pilot program in that area. An interagency meeting was held to determine how best to meet the needs of the mother and daughter. Everyone present was excited and curious to learn how the interagency approach was going to benefit each member of the team. The participants consisted of Tamara, Keisha, and representatives from the local community mental health (CMH), public health, and social services departments, the intermediate school district, and Catholic Charities. This meeting allowed for a better sharing of information: Tamara was able to inform each agency about the concerns, priorities, and resources of her family and the agency representatives learned about the various services offered by their colleagues. It was vital to have the service providers hear all of the answers to Tamara's questions. The public health nurse explained the necessity of travel to different cities for specialized services. The Department of Social Services arranged for Tamara's parents to be volunteer drivers who could be reimbursed for travel expenses. CMH volunteered to provide assistance in attaining the birth certificate, to help fill out the Social Security forms, and to acquire some respite care for Tamara. The public health nurse learned that the feeding tube kits were missing an important element; she promised to ensure complete kits for the future. Catholic Charities waived their fees for counseling and offered support. The interagency coordinating council accomplished a great deal in one fifty minute meeting. **The council enhanced services to Tamara and Keisha and made efficient use of staff time and agency money.**

With the provision of early intervention services offering continued support to Tamara and Keisha, this mother-daughter team has become empowered to recognize their unique resources and needs, seek help from appropriate sources, and help the interagency service team learn more about collaborative early intervention.

Coordinating Services

> ***"I've finally come to the conclusion that nobody can care for my baby like I can."***

Tonya did not always feel this way. She and Jeffrey are the parents of two children, two-year-old Sandra and 17-month-old Jonathan who is mentally and physically impaired, possibly visually impaired, and facially disfigured. Tonya and Jeffrey lived in an impoverished, run down neighborhood, they had financial difficulties, low self esteem, and were further immobilized by chronic alcohol abuse. While Tonya was incarcerated for public drunkenness, Jeffrey had custody of the children. He was unemployed, had no phone, was without a refrigerator, and could not drive due to drunk driving arrests. Jeffrey was very interested when Part H early intervention services were offered to his family.

After Tonya returned home, a meeting was held to develop an Individualized Family Service Plan. This plan was formulated under the guidance of the parents in order to empower them to better access services. As a result, Tonya is attending Alcoholics Anonymous through the local community mental health agency and receiving nursing services through the local department of public health. Also, Jeffrey and Tonya are taking part in the Department of Social Services' (DSS) Parent-to-Parent Program; they learn home management and good parenting skills by having other parents in their home. Jeffrey and Tonya are also utilizing DSS's transportation services from their volunteer driver program.

With her improved self esteem and parenting skills, Tonya is glad to take Jonathan to a center for Special Education services twice a week. At the center, Tonya, Jonathan, and the teacher work together once during the week to encourage Tonya in her ability as a parent of a child with special needs. During the second visit, Jonathan is among a group of children who work with occupational, physical, and speech-language therapists. Tonya is present at this second visit, too; Tonya is involved in all aspects of caring for Jonathan and is better able to care competently for both of her children.

As a result of their participation in early intervention services, Jeffrey was able to find a job and he and Tonya now accept the challenge of raising children. She makes certain that Jonathan receives the services that he needs and she provides the necessary stimulation therapy for him at home. When asked by a teacher about her change in attitude as a parent, Tonya replied, "I've finally come to the conclusion that nobody can care for my baby like I can."

Early Intervention...for a Change

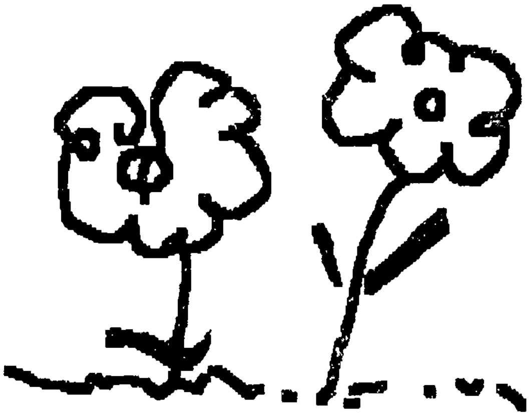
Rosa and Miguel
Setting and Achieving Goals for the Family

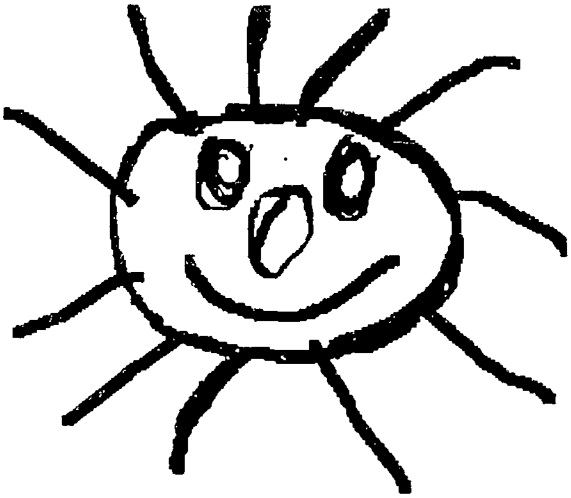
Early Intervention for Rosa and Miguel prevented the costly services and trauma of foster care. The public health nurse hesitated to refer Rosa and her infant son, Miguel, to the Part H service coordinator. The nurse had been working with Rosa through Maternal Support Services; it was apparent that she did not want early intervention services. Rosa was 17 years old, single, without a high school diploma or job, hearing and emotionally impaired, and living with an unsupportive family. Also, her interactions with Miguel were not rewarding for Rosa or her baby, there was no eye contact or play between them; unknowingly she would place Miguel in precarious positions, endangering his safety. Cautiously, Rosa did allow the nurse and service coordinator to visit in order to develop an Individualized Family Service Plan.

The initial meeting was difficult. They didn't get past the first page of the plan. The second visit was more successful: the nurse, service coordinator, and Rosa worked together to list the strengths and then the needs of Rosa and Miguel. Rosa stated that she is going to school to earn her high school Graduate Equivalency Diploma (GED); her priority was getting a car. Miguel was lacking in personal and social responses and needed developmental stimulation. With the nurse and service coordinator, Rosa established goals that would enable her to encourage Miguel's development and to earn money to purchase a car. She allowed the Public Health nurse to coordinate continued infant care services for herself and Miguel in the home so that she would learn to care for her son. Rosa refused physical and psychological exams that would qualify her for social security money. This meant that one goal had to be to find a job for Rosa and day care for Miguel.

Rosa knew someone in her GED class who was employed at a commercial sewing workshop. The service coordinator helped Rosa get in touch with the supervisor of the workshop. He did have an opening and, coincidentally, was reserving the position for a person with special needs. Rosa qualified and was employed shortly thereafter. Not only does she enjoy her job and the companionship of her GED classmate, but now she is interested in obtaining the social security in order to better support Miguel.

Rosa's world has changed drastically. She feels better about herself as a student, employee, and a mother. And her positive attitude has spread through her family. Her grandmother is now an active participant in caring for Miguel while Rosa works. The Part H service providers were thrilled to be at the home one evening before Rosa returned from work to witness Rosa coming home, excitedly running through the house, calling Miguel's name, and scooping him up to nuzzle and play with him. When she noticed that she had company she seemed embarrassed and said, "Oh excuse me, I just miss him so much. . ." and then touching her nose to her son's said, "and you miss Mommy too, don't you?"





Kenny

Part H Implications Beyond Birth Through Two

To further exemplify the actual life changes that early intervention can bring about, Part H presents the story of Kenny and his family. Kenny was identified by the local public health department as being emotionally and mentally impaired at three years of age. Kenny's family, with the assistance of the early intervention services, located a preprimary impaired preschool classroom in the community, which Kenny attended for one year. Following preschool, Kenny was enrolled in the Head Start program, also for one year. These early intervention services worked with Kenny and his family to identify their concerns, needs, strengths, and resources. **This intervention has resulted in Kenny's current enrollment in regular education kindergarten and prevented the need for costly Special Education services.** With continued support from his family and service providers, the potential for Kenny's healthy growth and development is greatly improved.

Kenny's story demonstrates the ability of Part H to benefit children who are 3 years of age and beyond. Once the system of service coordination is in place for infants and toddlers, providers are able to collaborate and provide a continuum of services for older children.

The Unique Challenges of Part H in Michigan

Urban Settings

The Local Interagency Coordinating Councils (LICCs) which serve Michigan's larger cities are uniquely challenged in attempting to provide early intervention services to families. The communities often contain a multitude of programs which deliver a wide variety of services in diverse settings. Coordination of many services, each having unique eligibility requirements, entrance procedures, and funding sources, poses a major task for the local Part H programs.

LICCs located in large urban areas are facing the challenge of developing a collaborative early intervention system of services for a large and culturally diverse population. Programs which provide services to infants and toddlers with special needs and their families abound. Some serve a broad segment of the population, while others are limited to a specific group. The array of services which each program offers varies; some programs provide the complete spectrum of mandated Part H services while others provide a single service. Each service program has unique entrance procedures which do not allow for a sharing of information with other programs. This results in families being required to "tell their story" over and over. Also, there is a replication of certain services at varying costs and a gap where other important services are lacking.

In urban settings, the goal of collaboration is to reduce the replication of services and overcome the barriers to service provision. The LICCs in Michigan's large cities have developed and are piloting several approaches to cooperative service provision. Educational workshops and conferences that bring parents and service providers together to learn about critical early intervention issues have been effective. Several urban-based LICC's have held community services fairs at which service programs present displays, workshops, and provide public awareness materials. Mini-grants have provided financial support to interdisciplinary pilot projects to implement collaborative service planning and delivery with selected families. These families and the service providers work alongside of one another to learn more about this new method of service provision. With the concerted efforts of families of children with special needs and service providers, urban settings are approaching the extensive collaboration of early intervention services required by Part H.

Cultural Diversity

The cultural diversity of Michigan includes communities of Amish families. Part H provides a system that is flexible enough to address the needs of families, such as the Amish, who are not in the mainstream. Karl and Elisabeth are the parents of five children, including three-year-old Erich who has Down's Syndrome. This family is intact, closely-knit, and nurturing. Their community reflects the same closeness; it was through another parent that Karl and Elisabeth learned of the early intervention services available to them through Part H. The service coordinator met with the family and began to meet the unique challenges of working with Erich and his family.

Erich had heart surgery after his first birthday. It was after the surgery that the family was introduced to Part H. The service coordinator admired the rustic and beautiful values and culture of the Amish family. There was no electricity, only hand crafted furniture, and Elisabeth butchers the chickens for the family. The service coordinator understood that she needed to accommodate the family and respect their beliefs and practices. Upon visiting the home, a teacher and therapist met eight women from the Amish community who were seated around the kitchen table, discussing Erich's early intervention services. It was important for Erich and his family to have the community involved in and informed of the place Part H has in their home. Elisabeth and Karl are extremely busy and hardworking parents, but they stopped their work of the day to coordinate services with Part H for Erich.

Part H empowers families to provide and obtain the necessary care within the culture of the family. Elisabeth instructed the service providers in the Amish beliefs about toys and equipment. The Amish believe that toys and equipment should be very simple in design and material. When Erich was having difficulty sitting up, the therapist knew that her usual tools would be unacceptable. Elisabeth provided a new leather horse collar to use around his waist in the play pen, creating an excellent ring of support for Erich and maintaining the values of the family. In another instance, it was acceptable for Elisabeth and the therapist to use a tape recorder to teach Erich animal sounds.

Elisabeth expressed her concern that Erich was not speaking at all. Families in this community speak German exclusively until the children attend school. Elisabeth and the speech-language therapist worked together to understand what German words were important and then they were able to provide the necessary therapy to encourage Erich's language skills. Among other language development, Erich learned to say "Mam," the endearing term for "Mother."

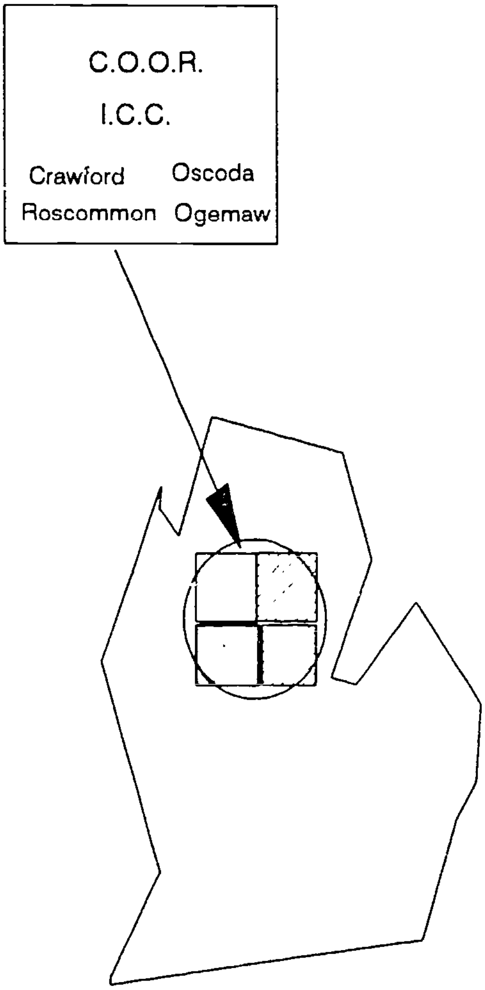
Erich and his family participated in the preprimary impaired program in the home until he was three years old. Erich now goes to a classroom twice a week. He attends one session with a group of children and one session with the occupational therapist and teacher. Elisabeth and Karl accepted bus transportation to the center for Erich and even arranged for him to be taken to a community barn raising after class one day. The Part H service providers and this family have learned a greater appreciation of cultural differences and the importance of flexibility as they've collaborated to encourage Erich's growth and development.

Complexity in Collaboration

A major challenge to some Local Interagency Coordinating Councils (LICCs) is coordinating the differing yet well-established boundaries of the various agencies which provide services to families of young children with special needs. This initial and overwhelming task requires intensive collaboration and the development of creative service coordination techniques.

The Crawford - Oscoda - Ogemaw - Roscommon (C.O.O.R.) ICC, in the northern portion of the lower peninsula, demonstrates the complexities of fulfilling the legislative mandate to coordinate service delivery for the four county area. Within the C.O.O.R. Part H service area (identical to the C.O.O.R. Intermediate School District) there are two local Community Mental Health districts, three Public Health districts, four Department of Social Services districts, and four hospital Neonatal Intensive Care Unit (N.I.C.U.) service regions. Selecting and involving the appropriate service providers for each family becomes a logistical challenge. At the same time each local agency may be involved in Part H activities with several different local interagency coordinating councils. For example, due to the unique regionalization of districts for N.I.C.U.s in Michigan, it is common for one service provider to be involved with several different local Part H programs.

Local ICCs and agencies are developing and piloting a wide variety of techniques and approaches to overcome the barriers that boundaries present to true collaboration and coordination of services for Michigan's young children and their families.



PREPARING FOR IMPLEMENTATION

Creating Parent-Provider Partnerships

The process of implementing early intervention services throughout the state requires extensive training of team members. One creative Part H coordinator facilitated this training by utilizing a role playing format. Service providers and parents divided themselves into two groups: one to represent the role of providers, the other to represent the role of families of children with special needs. These groups enacted scenarios which addressed pertinent issues in early intervention service provision and allowed for a mutual understanding between parents and providers.

One issue considered the values and principles of family focused intervention. The circumstances included a concern with the child's feeding. The actor playing the mother was instructed not to discuss feeding and to refuse to answer particular questions. The service coordinator was told only that there was a supposed concern about feeding. This allowed for practice in parent/provider interactions and discussion of the frustrations and tensions involved with the dialogue.

Another subject examined the need to discuss concerns with family members in a non-blaming and non-judgmental manner. The families supplied feedback to the service coordinators as to appropriate ways in which to better interview families.

An important issue regarded conflicts of opinion between parents and professionals concerning the assessment and intervention needs and goals for children. In this scenario, the mother believed it was in her child's best interest to attend preschool while the service coordinator believed that the child's needs would best be addressed in a speech and language impaired classroom. This produced an opportunity for practicing conflict resolving strategies which considered different possibilities. One result was the suggestion of a contingency plan for the mother; the child was to remain in preschool with the agreement to re-evaluate his speech and language progress after a period of time.

This training provided helpful and practical experiences which will benefit service providers and families as Part H becomes fully implemented.

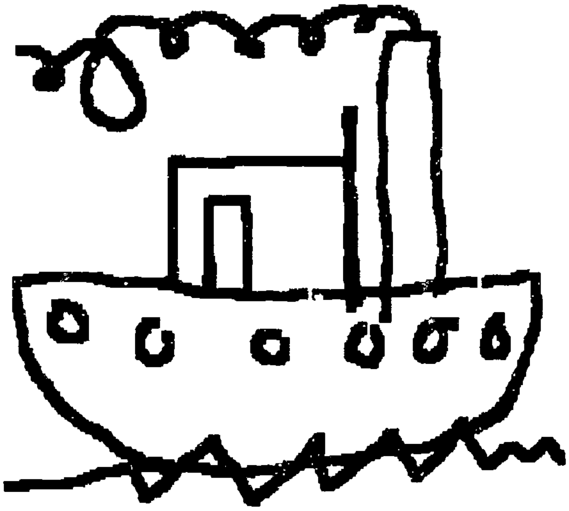
The Central Registry Developing the System and Training Service Providers

An important aspect to preparing service providers for Part H is equipping them with the central registry, a required component of P.L. 99-457, Part H. This registry is a computer based data collection and reporting system which assists in the screening and tracking of children, state and federal accounting of the number of children served, program management, interagency communication, and production of reports. Part H granted funds to St. Joseph County Intermediate School District (I.S.D.) in order to implement and refine the central registry throughout Michigan.

During the third year of Part H development, four sites were identified as appropriate for field testing the implementation of the system. These were: Charlevoix-Emmet I.S.D., Livingston I.S.D., Midland I.S.D., and Van Buren I.S.D. Representatives from these sites worked with the St. Joseph County I.S.D. staff and made recommendations for the software program. The current version of the software program was completed and distributed to approximately seventy local districts throughout the state.

St. Joseph County I.S.D. provided inservice training and technical assistance to seventeen additional districts on utilizing the software program for the central registry. Also, the I.S.D. staff presented general training, workshops, and inservices to directors of special education, Part H coordinators, and child find coordinators.

In order to prepare service providers for the implementation of the Infant-Toddler program, the central registry will be continuously evaluated, modified, and refined during the fourth year of Part H. Also, St. Joseph County I.S.D. will provide technical assistance to districts throughout Michigan on an on-going basis. This will be accomplished through support programs, regional user forums, advanced training, guest presentations, and software and program enhancement. The resulting central registry and trained service providers will become a polished, working, and intrinsic part of the program of coordination of early intervention services.



The Training Consortium: An Avenue for Change

Developing family-focused services through interagency collaboration presents challenges to service providers and families alike. Part H's avenue for change includes bringing many agency service providers and parents together to discover concerns, priorities, and resources that reflect the community. Local public health staff, community mental health staff, social services staff, education staff, parents, and other public and private providers have begun to identify training needs which must be met if this approach to an efficient and improved service system is to succeed.

In 1990, three grants were awarded to develop interagency, interdisciplinary training models. The training focused on the concepts of family-focused intervention and interagency team-building. Parents, service providers, and administrators participated in the training activities, leading to improved partnerships between families and service agencies.

During this past year, these three training projects have developed a training consortium, sharing the expertise gained during the pilot training period. Through the collaboration of the members, this consortium will offer training programs to meet the needs of individual local communities. Local Interagency Coordinating Councils will apply for participation in these programs during the coming year. With successful implementation, this assistance will be available to programs throughout Michigan.

LESSONS LEARNED ABOUT PART H

A Need for Cost Effective Coordinated Services

As an "old public health nurse" I have an even clearer view of what was, what is, and what could be the best, most cost effective method of delivering quality services in this state... Michigan needs a continuum of comprehensive, coordinated services for mothers and children now... The costs are up front, no doubt about it. But the return on that dollar is one hundred fold and it may be immediate.

MaryPat Randall, RN, MSN, Part H Coordinator
Traverse Bay Area Interagency Infant/Toddler
Coordinating Council

Meeting the Needs of Families

I believe in family centered principles, the enabling and empowering of families, and the collaboration of families and professionals... I see 99-457 (Part H) as... a process with a great deal of hope for establishing these values.

Deborah D. Russell, Parent
Kalamazoo, Michigan

Collaboration Is the Key to Success

Effectively communicating through collaboration allows high level administrators to cut through red tape. It was absolutely key to the success of the program in Macomb.

Daniel Lafferty, Director/Health Officer
Macomb County Health Department

State Interagency Coordinating Council Members

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Michigan Department of Education

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(Position Currently Vacant)
Legislative Representative

Alternates:

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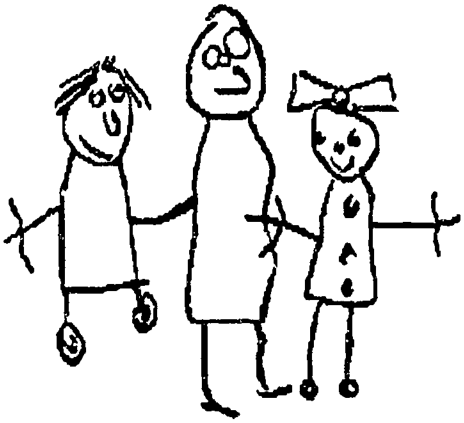
Supervisor
Michigan Department of Education

Susan Miller
Part H Coordinator
Genesee Intermediate School District

Veda Sharp
Special Projects Coordinator
Michigan Department of Public Health

Betty Tableman
Prevention, Demo., & Serv. Research Div.
Michigan Department of Mental Health

State Board of Education Members



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