

# Supporting Children with Disabilities and Their Families

*An Interagency Agreement  
Among Early Care,  
Health and Education Programs  
and Agencies in Vermont*

***Developed and Endorsed By:***

Department for Children and Families (DCF)  
Child Development Division (CDD)  
Family, Infant & Toddler Program (FITP) (Part C of IDEA)  
Children's Upstream Service (CUPS)  
Vermont Head Start State Collaboration Office (VHSSCO)  
Healthy Babies, Kids & Families (HBKF)  
Department of Education (DOE)  
Essential Early Education (EEE) (Part B of IDEA)  
Vermont Head Start Association (VHSA)  
UVM's Center for Disabilities and Community Inclusion

2005

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## STATEMENT OF PURPOSE

This document is an addition to the *The Vermont Alliance for Children: Building Bright Futures* plan and serves as a supplement specific to children with disabilities and their families.

The purpose of this agreement is to ensure, guide and monitor coordination and collaboration among Head Start, Early Head Start, Essential Early Education, the Family, Infant and Toddler Program and the Child Development Division.

The parties agree to use the document to ensure that high-quality early care, health and education options are available for all eligible young children and their families. This includes programs that offer a range of service options for children and their families, inclusive of full-day, full-year opportunities.

This document is intended to be used as a guide for state-level coordination, developing regional and local agreements, and for strengthening relationships between agencies and programs involved with young children with disabilities and their families. The developers of the agreement have strived to use language that is clear and respectful, and that reflects the leadership role of parents of children with potential or established disabilities.

The agreement recognizes that the roles and responsibilities of individual programs are carried out according to their regulations, and describes shared responsibilities when programs are working in partnership on behalf of children and families.

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## INTRODUCTION

This is the third update of a statewide interagency agreement related to young children with disabilities in Vermont, and supersedes earlier versions. Previous versions of the agreement (“Serving Children with Special Needs”) were initiated by the Vermont Head Start State Collaboration Office in response to federal Head Start requirements and a commitment by other state partners to ensure that services are offered to families in a coordinated, collaborative fashion in local communities based on a common set of guidelines.

All versions were developed with input and comments from a variety of interested parties, including parents of young children with disabilities.

The current agreement includes a variety of updates in terms of organization and presentation, including the addition of a purpose statement, list of core values/principles, and access via the World Wide Web.

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## PRINCIPLES

**W**e recognize that families that include children with disabilities have routines, hopes, dreams, and needs that are more similar than different, compared to families that include children without disabilities.

We agree to inform ourselves and to inform parents of their legal rights as we work together to coordinate and/or provide quality early care and education services. These rights are based to a large extent on the following list of principles.

These principles will guide the practice of all parties to the agreement. For example: when a program is planning a parent involvement component, it will ensure that the practices are centered on the family's interests and needs, that the system is accessible to all families, and that resources are equitably distributed geographically, are inclusive of families with disabilities, and are sensitive and attentive to the culture of the family. The rights of parents and their children will be protected as we work together to coordinate and/or provide quality early care, health and education services.

It is intended that these principles will characterize the interactions of all parties to the agreement. They will be fundamental in guiding our work on behalf of children and families, and in recommended changes in practices and program design.

### ***We believe:***

**Family-centered** means that we view children in the context of the entire family, and we view the family as the center of services and supports. The best way to meet the needs of individual children is by addressing the needs of the family. The goal of agencies and service providers is to recognize and support each family's unique achievements, unique goals, and those of their children. Family-centered services are both a goal and a process by which families are supported in being active partners in planning outcomes and services that they and/or their children need and want.

**Universally designed system** means that systems are in place to ensure that services, facilities and supports are accessible to all families.

**Equitable** means that quality services and resources designed for families with young children with disabilities are available regardless of where the family lives, their social or economic class, or their knowledge about how to access information.

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**Inclusive** means that young children learn best when placed in group settings with children their own age. Educating children in group settings that are organized around a disability category, economic class or other factors, does not allow children the benefits of learning and developing among children who represent a wide range of abilities and backgrounds.

**Culturally competent** means that programs and staff are responsive to the needs of individuals with disabilities, and to culturally, ethnically, linguistically and economically diverse populations and diverse family structures.

**Developmentally appropriate** means that the learning which takes place for a child of one age or skill level is distinct from the learning that takes place for a child of another age or skill level.

**Understandable/User-friendly** means that the services, programs and resources must be easy to access for all families with young children, and that the information is understandable and presented in formats and in language that is understood by all.

**Resource sharing** means that the cost of resources and services provided to families with children with disabilities is a shared responsibility, and does not place an undue burden on communities and/or individual programs.

**Outcome-based** means we focus on the results or conditions of well-being for children, families and individuals. We measure our work and engage in continuous improvement. Services and activities focus on the results that families, in partnership with providers, hope to achieve as they support and enhance child and family development.

**Community-based** means that services, programs and resources must be based in the local communities where young children and their families live and/or spend a significant portion of each day.

**Collaboration** means that in order to be responsive to the wide range of needs and concerns of families with young children, we cannot work alone. What each of us contributes has a significant effect upon other services, programs and resources.

**Confidentiality** means that families can control personal information and can restrict access to this information consistent with federal and state laws.

**Comprehensive** means that services should be provided as part of a coordinated and unified effort.

**Continuity of care** means that we recognize how important consistent caregivers are for optimal child development. National research confirms that closeness and consistency of relationships between children and their caregivers are important ingredients in preparing children for school

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## PRACTICES

The following practices are guided by the principles previously described. These practices are strategic methods and techniques used in supporting children with disabilities and their families. We agree to inform ourselves and to understand each other's practices, to use all our knowledge (research and experience) and available technology, and to share responsibility for improving our practices as we work together to coordinate and/or provide early care, health and education services in order to promote success.

Specific terminology and descriptions are consistent with but are not legal interpretations of federal or state rules, regulations and laws.

### **Child Development**

We agree to promote the overall development of young children with disabilities, not just in the area in which they have special need, but to also include motor, communication, social/emotional, cognitive, and adaptive areas.

### **Parent Involvement**

We recognize that parents have primary responsibility for their children and are their children's first and most important teachers and advocates. We will provide families with information, resources, training, and support to assist them in making informed decisions that meet their needs. We are committed to supporting leadership roles of parents.

### **Outreach**

We will:

- Understand and share information about available services and resources.
- Inform families about early care, health and education services and resources in their communities.
- Promote public awareness of all community resources available to children and families.
- Ensure that families have access to information about health insurance including Medicaid and EPSDT (see Appendix).

### **Outreach/Screening**

We will:

- Establish and coordinate child-find activities for the identification of children who have disabilities or are at risk of disabilities.
- Plan and carry out, shared development and health screenings in our communities, and explore new opportunities for collaborative screenings.

If screenings are conducted independently, results are shared with other programs as needed with written parental consent.

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### **Referrals**

Any child who has or may have special health needs and/or delays in development should be referred to FITP (birth-3) or EEE (3-5) with parental consent. Referrals to other service providers may be made. We will:

- Make referrals to needed or requested services with parental consent.
- Provide parents with the information about the programs to which they are being referred.
- Accept self-referrals and referrals from providers with parental consent understanding that a referral does not guarantee eligibility for a program. With some providers (not FITP or EEE), service capacity must be considered.
- Notify the referral source about the status of referrals.

### **Initial Evaluation**

Eligibility for services (see Appendix) is determined for different programs in a variety of ways — for example, by medical need. One way to determine eligibility is through an initial evaluation. We ensure that once a referral is received, procedures for initial evaluation to determine eligibility are carried out based on the individual program's requirements.

For example:

- *FITP*: An initial evaluation for Family, Infant, and Toddler Program will be multidisciplinary and include an all-domain assessment. This evaluation must be completed within 45 calendar days of referral.
- *EEE*: An initial evaluation for Essential Early Education (EEE) must be completed within 60 calendar days of the parent consent for the evaluation. The decision to move forward with a comprehensive evaluation or beginning with an initial screening prior to determining the need for a comprehensive evaluation rests with the Local Education Agency/school district.
- *Head Start*: For Early Head Start (EHS) and Head Start (HS) enrolled children in need of evaluation, the first point of referral is either FITP or EEE. If a parent refuses referral to either FITP or EEE, Head Start will continue to work with the family to seek an evaluation by a qualified diagnostician.

### **Development and Implementation of Child and Family Plans**

- We will ensure that plans are consolidated to the degree that it is possible.
- We agree to recognize the significant role of parents in the development of plans related to the child and the family's goals, and to provide support to maximize opportunities for family involvement in the process.
- With parents' consent, Early Head Start and Head Start staff and other relevant representatives may participate in the development of the Head Start-enrolled child's IFSP/IEP. Service coordinators and/or case managers will invite program staff to team meetings, and will provide adequate notification of meeting date, time and location. Program staff will participate in the development of the plan either in person or through other means.
- We will ensure that there will be mutually agreed upon times to share information, report progress and coordinate service delivery with parental



consent. Every effort will be made to accommodate family schedules and to meet in homes or other natural settings comfortable for parents.

- We will ensure that copies of the plan are provided to staff from collaborating agencies in a timely manner with written parental consent.
- We will implement services and supports in natural environments and/or inclusive settings in order to achieve outcomes of the plan.
- We agree to inform families that, for children with an IFSP, services are available year-round. EEE services are limited to the school year unless a child qualifies for extended-year services. (See glossary)
- When a Head Start-enrolled child is not eligible for special education but is still in need of services, other providers may contribute to the development of a Head Start-generated Individual Child Service Plan.

### **Transportation**

If transportation is a service in a plan, it must be provided. Other transportation may be available through health insurance (e.g. Medicaid), public schools, public transportation system, etc.

### **Technical Assistance System**

We agree to support the development of a technical assistance system that includes people and resources representing various early care, health and education disciplines and expertise. This technical assistance system will serve multiple purposes, including meeting the specific needs of individuals or groups; assuring public policies are implemented appropriately and effectively throughout the state; assisting in adopting or adapting specific innovations or practices; and providing information, training and resources on a topic or issue.

### **Transition Planning**

We recognize the importance of a carefully coordinated and timely transition for children and families moving from one placement to another. It is critical that families be fully involved in this process, as well as staff from the current and next placement. Transition procedures vary from program to program depending on local policy and the individual needs of children and families.

We agree to share the responsibility for smoothly coordinated transitions, from one program to another, as required by law, for children and families by:

- Ensuring timely transition planning beginning at least 3-6 months prior to transition,
- Sharing information about individual program transition procedures with parents and collaborating staff,
- Sharing information about program options with parents, and
- Transferring records to next placement, with written parental consent.

Other recommended practices might include:

- Ensuring next-placement orientation for families,
- Linking transitioning parents with parents who are familiar with the transition process,

- Offering opportunities for the child to experience and become comfortable with the next placement,
- Meeting staff of next placement, and
- Meeting parents and staff from all programs to address concerns and develop an effective transition plan.

### **In-Service Training**

We recognize the expertise of staff and parents of representative programs and agree to maximize these personnel resources with reciprocal training and consultation.

We will share responsibility for:

- Planning, funding and conducting joint in-service and ongoing training and staff development opportunities at the local, regional and state levels, and
- Informing partner programs about upcoming in-service and ongoing training and staff development opportunities.

### **Participation with Regional Affiliates for *The Vermont Alliance for Children: Building Bright Futures***

For the purposes of information-sharing and collaborative planning and problem-solving, we will participate in the ongoing development and evaluation of the early care, health and education system. We will encourage the broader system to use the principles and practices described in this agreement.

### **Agreement Review**

The Interagency Agreement Among Early Care, Health and Education Programs and Agencies in Vermont will be reviewed at least every three years and updated as needed.

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## GLOSSARY

### **Head Start and Early Head Start**

Head Start is a comprehensive child and family development program available to income eligible families with preschool children age three to five. Early Head Start shares the Head Start mission, but serves pregnant women and families with children from birth to three years. Both Head Start and Early Head Start operate in accordance with national Head Start Performance Standards and Head Start Reauthorization Acts. Head Start services are available in all counties. Early Head Start services are available in Washington, Orange, Lamoille, Windham, Caledonia, Orleans and Essex counties. Head Start services may be brought to families in their homes, Head Start centers, public schools, child care centers, community centers, and family child care homes, although not all service options are available in each county.

Head Start involves parents in all aspects of the program – from individualizing services for their children to multi-county program governance, and in planning how services such as education, training, health, nutrition, mental health, disabilities and social services will be implemented. Head Start staff conduct health, nutrition, and developmental screenings for all enrolled children, and refer children as needed to appropriate resources for diagnostic evaluation and services. Head Start works in partnership with a wide variety of other early childhood programs, human service agencies, educational institutions and others to meet the needs and goals of enrolled children and families.

### **CUPS: Children's Upstream Services**

CUPS addresses mental health issues early in the lives of young children and their families wherever they are – at home, in early care and education programs, served by health providers, etc. The goal is to help children enter school with the social and emotional skills and supports they need to be successful. CUPS services include access to information and referral, direct intervention with children and families, parenting education, interagency staff training, and consultation for early care and education providers.

### **Medicaid/EPSDT**

Medicaid is a jointly funded state and federal program for payment of medically necessary services for people who meet certain income and resource guidelines.

Children who are enrolled in Medicaid are entitled to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for their medical needs, including physical, mental and dental health. EPSDT services are paid with Medicaid dollars. These services must not have arbitrary caps or limits on their amount, duration and scope.

**IFSP**

The Individual Family Service Plan (IFSP) is a written plan, designed by parents and early intervention providers. The plan addresses relevant child and family outcomes and outlines the early intervention services that focus on the unique needs and strengths of the eligible child.

**IEP**

An Individual Education Plan (IEP) is a written document that is planned, implemented and evaluated by a team consisting of public school representatives, an eligible child's parent or guardians, related service providers (e.g. therapists), and collaborative partners. The plan addresses child-specific educational goals and objectives that focus on the unique strengths and needs of an eligible child.

**EEE**

EEE is Essential Early Education, Vermont's system of special services for children three through five years old with disabilities. The generic term for this system in most of the rest of the world is *early childhood special education*.

EEE services include early childhood special education and related services like speech and language therapy, occupational therapy and physical therapy that are provided by local school districts to children aged three to five who have a developmental delay or a medical condition that may result in significant delays by the time the child enrolls in elementary school. Services are provided in preschool classrooms, child care programs, children's homes and/or other settings depending on the unique needs of the child and their family.

The purpose of Essential Early Education, as stated in Vermont State Statute 2942.3, is "the education of children with disabilities prior to legal school age for the early acquisition of fundamental skills." Established by the Vermont Legislature in 1975, Essential Early Education is the direct result of the passage of several important pieces of federal legislation, court rulings and funding commitments. In 1975, Congress passed Public Law 92-142 (Education for All Handicapped Children Act), which is now codified as IDEIA (Individuals with Disabilities Education Improvement Act, reauthorized in 1990, 1997, and 2004). Even though EEE has existed in Vermont since 1975, it wasn't until 1991 that all local school districts were required to assure that all three- to five-year-old children eligible for EEE received appropriate services.

Children can be eligible for EEE services in one of four ways:

1. They received special instruction, developmental therapy services, or speech services through an IFSP prior to their third birthday.
  2. They have a medical condition that may result in significant delays as determined by a physician by the time of the child's sixth birthday.
  3. They have a disability caused by a developmental delay.
-

4. They meet the adverse effect eligibility criteria for children six through 21 years old.

These are described in the “Vermont Department of Education Special Education Regulations and Other Pertinent Regulations,” and can be found on the web at <http://www.state.vt.us/educ/new/pdfdoc/board/rules/2360.pdf> (look for section 2361, which is the section related to EEE eligibility).

### **FITP**

The Federal Individuals with Disabilities Education Act (IDEA)-Part C provides for individualized early intervention services for infants and toddlers with disabilities and their families. Implementation of these services in Vermont is through a family-centered coordinated system called the Family, Infant and Toddler Program (FITP) of Vermont. The Agency of Human Services and the Vermont Department of Education share responsibility for implementation as co-lead agencies.

The FITP program is statewide and is carried out by 12 regional host agencies in partnership with local schools and many other partners from a variety of agencies and organizations. FITP is advised and assisted in planning and ongoing evaluation of effectiveness by the Vermont Interagency Coordinating Council, a council appointed by the Governor and guided by federal regulations.

### **Extended School Year**

Children aged three and over with an IEP may be eligible for services that extend beyond the school year (e.g. summer, weekends, holidays, etc.), if those are essential for the child to reach educational and/or developmental goals as stated in his/her IEP. Variables that should be considered in determining eligibility for extended school year services include evidence of regression during previous breaks in services, progress made during the school year on the current IEP, the child's degree of disability, breaks in programming that would prevent the child from attaining developmental milestones he/she would otherwise be expected to achieve, the correlation between the child's chronological age and rate of development, areas in the child's program that need consistent, ongoing attention, etc.

### **CDD: Child Development Division Programs and Services**

The CDD provides services to children from pre-birth to adolescence, and their families, through a continuum of child development and family support services that includes primary prevention, early intervention and targeted specialized therapeutic services.

The primary services include:

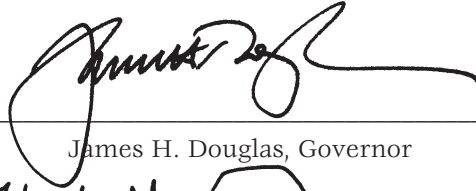
- Child Care
  - Child Development
  - Consumer Education and Referral
  - Early Childhood Mental Health
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- Early Intervention
- Early Literacy
- Family Support
- Family to Family Connections
- Health Promotions
- Parent Child Activities
- Parent Education
- Peer to Peer Support
- Professional Development
- Resource Connection and Navigation
- Service Coordination
- Transition Support

**Rules, Regulations and Laws related to Young Children with Disabilities and/or Special Education**

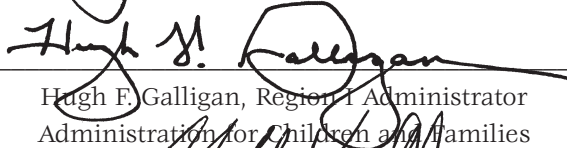
- The Individuals with Disabilities Improvement Act (IDEIA) of 2004 (federal law and federal regulations)
  - Section 504 of the Rehabilitation Act of 1973
  - Vermont State Board of Education Manual of Rules and Practices (2360)
  - Act 117: An Act to Strengthen the Capacity of Vermont's Education System to Meet the Educational Needs of All Vermont Students
  - Act 264: A law on behalf of children and adolescents who have a severe emotional disturbance and their families.
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*We, the undersigned, endorse the Interagency Agreement  
Among Early Care, Health and Education Programs and Agencies in Vermont*



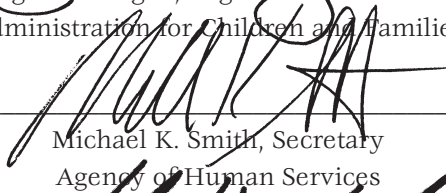
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James H. Douglas, Governor



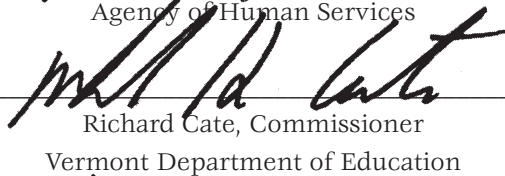
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Hugh F. Galligan, Region 1 Administrator  
Administration for Children and Families



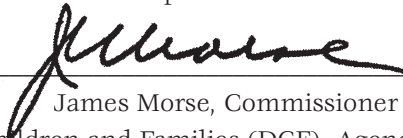
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Michael K. Smith, Secretary  
Agency of Human Services



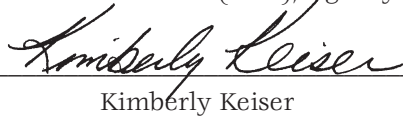
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Richard Cate, Commissioner  
Vermont Department of Education



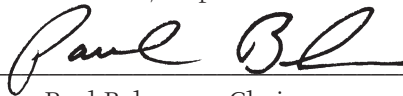
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James Morse, Commissioner  
Department of Children and Families (DCF), Agency of Human Services



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Kimberly Keiser  
Child Development Division, Department of Children and Families



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Paul Behrman, Chairperson  
Vermont Head Start Association



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Karin Edwards, Director  
Division of Student Support, Department of Education



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Helen Keith, Director  
Family Infant Toddler Program



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