

Part C Updates

11th Edition



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The National Early Childhood Technical Assistance Center (NECTAC)

is a program of the

FPG Child Development Institute

of

The University of North Carolina at Chapel Hill

August 2010

ISBN: 0-9709924-8-3

This resource is produced and distributed by the National Early Childhood Technical Assistance Center, funded through cooperative agreement number H326H060005 from the Office of Special Education Programs, U.S. Department of Education. Opinions expressed herein do not necessarily represent the Department of Education's position or policy.

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Please cite as:

Danaher, J., Goode, S. & Lazara, A. (Eds.). (2010). *Part C updates* (11th ed.). Chapel Hill: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

Cover photo: Alex Lazara

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Introduction

Part C Updates is a compilation of information on various aspects of the Early Intervention Program for Infants and Toddlers with Disabilities (Part C) of the Individuals with Disabilities Education Act (IDEA). This is the eleventh volume in a series of compilations, which included two editions of Part H Updates, the former name of the program. Several items have been reprinted in their entirety from the original sources. The intent of *Part C Updates* is to collect, in a convenient format, a variety of resources that meet the information needs of state and jurisdictional Part C program staff, the Office of Special Education Programs of the U.S. Department of Education, and policy makers at all levels.

We welcome your feedback on the usefulness of the *Part C Updates*. States and jurisdictions are particularly invited to provide updated information to the editors or to the authors of individual documents.

Joan Danaher
Sue Goode
Alex Lazara

Key to State and Jurisdictional Abbreviations (Listed alphabetically by abbreviation)

	State/Jurisdiction		State/Jurisdiction
AL	Alabama	MS	Mississippi
AK	Alaska	MT	Montana
AR	Arkansas	NC	North Carolina
AS	American Samoa	ND	North Dakota
AZ	Arizona	NE	Nebraska
BIE	Bureau of Indian Education, Department of the Interior	NV	Nevada
CA	California	NH	New Hampshire
CO	Colorado	NJ	New Jersey
CT	Connecticut	NM	New Mexico
DC	District of Columbia	NY	New York
DE	Delaware	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
GU	Guam	PA	Pennsylvania
HI	Hawaii	PR	Puerto Rico
IA	Iowa	RI	Rhode Island
ID	Idaho	SC	South Carolina
IL	Illinois	SD	South Dakota
IN	Indiana	TN	Tennessee
KS	Kansas	TX	Texas
KY	Kentucky	UT	Utah
LA	Louisiana	VA	Virginia
MA	Massachusetts	VI	Virgin Islands
MD	Maryland	VT	Vermont
ME	Maine	WA	Washington
MI	Michigan	WI	Wisconsin
MN	Minnesota	WV	West Virginia
MO	Missouri	WY	Wyoming
MP	Northern Mariana Islands		

Note: The Pacific jurisdictions of the Federated States of Micronesia (FM), the Republic of the Marshall Islands (MH), and the Republic of Palau (PW) are not currently eligible to participate in Part C

Section I:

Part C Program Administration and Data

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***Minimum Components Under IDEA
of a Statewide, Comprehensive System
of Early Intervention Services
to Infants and Toddlers with Special Needs
(Including American Indian and Homeless Infants and Toddlers)***

1. A rigorous definition of the term 'developmental delay'
2. Appropriate early intervention services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian and homeless infants and toddlers
3. Timely and comprehensive multidisciplinary evaluation of needs of children and family-directed identification of the needs of each family
4. Individualized family service plan and service coordination
5. Comprehensive child find and referral system
6. Public awareness program including the preparation and dissemination of information to be given to parents, and disseminating such information to parents
7. Central directory of services, resources, and research and demonstration projects
8. Comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources
9. Policies and procedures to ensure that personnel are appropriately and adequately prepared and trained
10. Single line of authority in a lead agency designated or established by the governor for carrying out:
 - a. General administration and supervision
 - b. Identification and coordination of all available resources
 - c. Assignment of financial responsibility to the appropriate agencies
 - d. Development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes
 - e. Resolution of intra- and interagency disputes
 - f. Development of formal interagency agreements
11. Policy pertaining to contracting or otherwise arranging for services
12. Procedure for securing timely reimbursement of funds
13. Procedural safeguards
14. System for compiling data on the early intervention system
15. State interagency coordinating council
16. Policies and procedures to ensure that to the maximum extent appropriate, early intervention services are provided in natural environments except when early intervention cannot be achieved satisfactorily in a natural environment

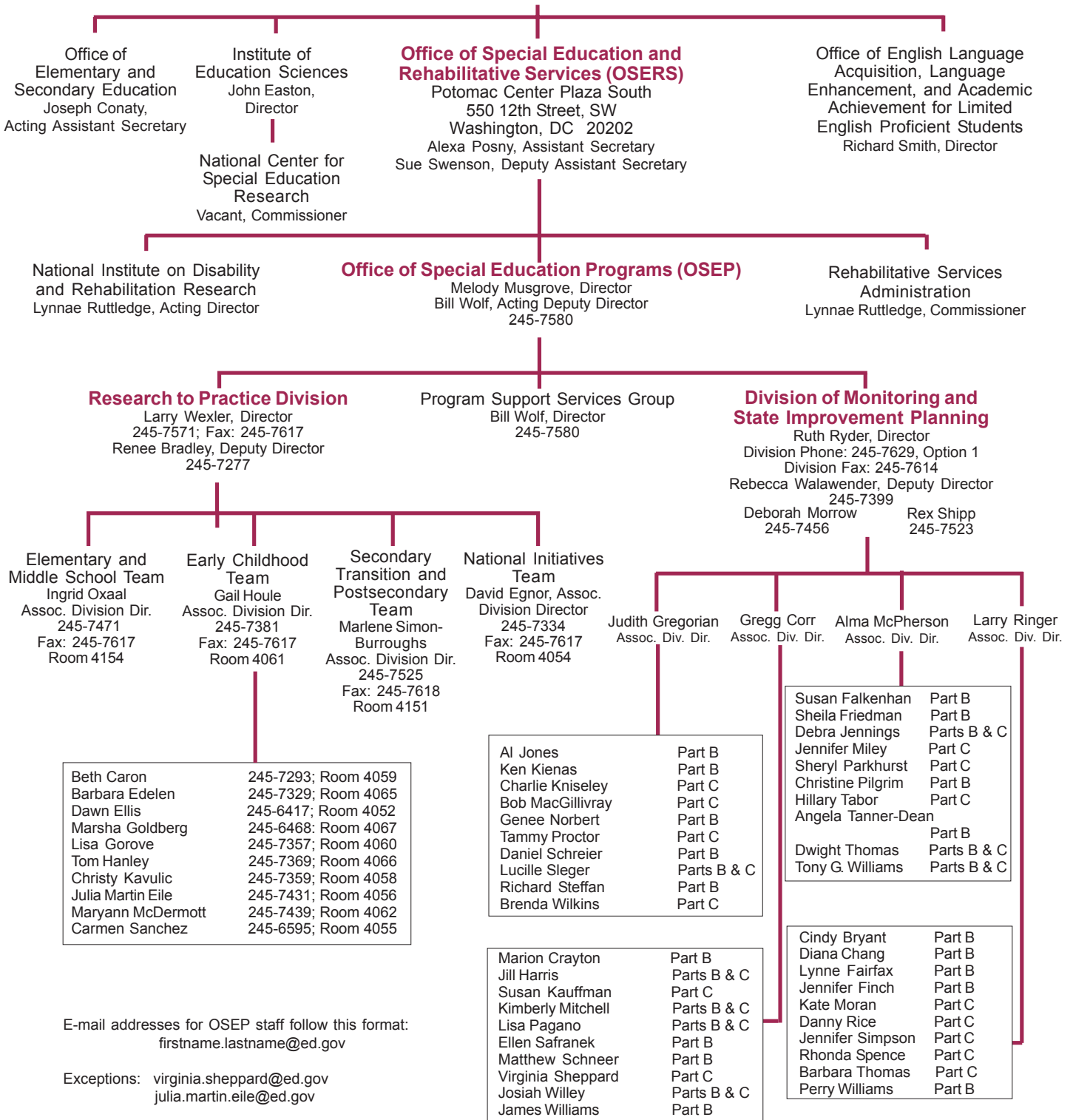
Note: Adapted from 20 U.S.C. §1435(a).

U.S. Department of Education Organization Chart - Abbreviated

As of July 21, 2010; Updates to this chart are available at <http://www.nectac.org/~pdfs/DOEorg.pdf>
All phone and fax numbers are in area code 202

U.S. Department of Education

400 Maryland Avenue SW
Washington, DC 20202
Arne Duncan, Secretary
Tony Miller, Deputy Secretary



Prepared by the National Early Childhood Technical Assistance Center

Part C Funding Cycles 1987 - 2010

Federal Fiscal Year	Part C Funds First Available to States	Deadline for Submission of Application to OSEP	Deadline for Federal Obligation of Funds	Deadline for State Obligation of Funds
1987	7/01/87	6/30/88	9/30/88	9/30/89
1988	7/01/88	6/30/89	9/30/89	9/30/90
1989	7/01/89	6/30/90	9/30/90	9/30/91
1990	7/01/90	6/30/91	9/30/91	9/30/92
1991	7/01/91	6/30/92	9/30/92	9/30/93
1992	7/01/92	6/30/93	9/30/93	9/30/94
1993	7/01/93	EP to FI: 5/02/94 ¹ FI 1-3 yr: 1/31/94 ²	9/30/94	9/30/95
1994	7/01/94	1/31/95	9/30/95	9/30/96
1995	7/01/95	5/31/95	9/30/96	9/30/97
1996	7/01/96	8/01/96	9/30/97	9/30/98
1997	7/01/97	6/15/97	9/30/98	9/30/99
1998	7/01/98	5/01/98	9/30/99	9/30/00
1999	7/01/99	4/23/99	9/30/00	9/30/01
2000	7/01/00	4/27/00	9/30/01	9/30/02
2001	7/01/01	4/16/01	9/30/02	9/30/03
2002	7/01/02	5/31/02	9/30/03	9/30/04
2003	7/01/03	5/23/03	9/30/04	9/30/05
2004	7/01/04	4/16/04	9/30/05	9/30/06
2005	7/01/05	5/02/05	9/30/06	9/30/07
2006	7/01/06	4/07/06	9/30/07	9/30/08
2007	7/01/07	4/20/07	9/30/07	9/30/08
2008	7/01/08	5/07/08	9/30/08	9/30/09
2009	7/01/09	5/18/09	9/30/09	9/30/10
2010	7/01/10	5/10/10	9/30/10	9/30/11

Sources:

- 2009 - <http://www2.ed.gov/fund/grant/apply/osep/2009grantawardpackages/c09awardletter012809.pdf>
- 2010 - <http://www2.ed.gov/fund/grant/apply/osep/2010grantawardpackages/c10awardletter10-26-09.pdf>

¹ From Extended Participation (EP) to Full Implementation (FI)

² For states in Full Implementation, 1- to 3-year application

Part C Allocation to State and Jurisdictional Lead Agencies Federal Fiscal Years 1996 - 2011

State	FFY96	FFY97	FFY98	FFY99	FFY00	FFY01	FFY02	FFY03
Alabama	\$4,483,470	4,451,153	5,026,654	5,401,820	5,442,925	5,567,271	6,063,339	6,313,728
Alaska	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
American Samoa	514,925	514,925	570,537	581,948	589,812	603,278	603,278	603,278
Arizona	5,306,409	5,281,199	5,964,019	6,790,748	7,163,113	7,326,758	7,868,896	8,193,846
Arkansas	2,549,297	2,643,862	2,985,693	3,224,319	3,300,402	3,375,801	3,716,598	3,870,077
Bureau of Indian Education	3,864,276	3,864,276	4,284,149	4,567,901	4,629,630	4,735,395	5,148,148	5,359,994
California	41,438,233	40,850,169	46,131,788	46,249,617	45,929,796	46,979,082	49,954,044	52,016,926
Colorado	3,972,753	4,069,358	4,595,495	5,125,020	5,377,332	5,500,179	6,132,874	6,386,135
Connecticut	3,378,163	3,378,163	3,775,344	3,831,379	3,992,165	4,083,368	4,478,645	4,663,593
Delaware	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
District of Columbia	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
Florida	14,722,619	14,722,619	16,118,402	17,360,485	17,645,688	18,048,811	19,235,683	20,030,031
Georgia	8,226,009	8,342,876	9,421,547	10,497,445	10,918,523	11,167,962	12,265,577	12,772,091
Guam	1,140,327	1,140,327	1,263,482	1,288,752	1,306,168	1,335,989	1,341,222	1,413,123
Hawaii	1,569,551	1,569,551	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
Idaho	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
Illinois	13,785,909	13,792,826	15,576,135	16,098,291	16,151,859	16,520,855	17,822,071	18,558,044
Indiana	6,065,530	6,177,116	6,975,771	7,501,701	7,655,126	7,830,010	8,666,617	9,024,511
Iowa	2,712,211	2,728,821	3,081,637	3,315,411	3,369,461	3,446,438	3,851,252	4,010,292
Kansas	2,716,195	2,734,507	3,088,058	3,335,406	3,433,291	3,511,726	3,884,393	4,044,802
Kentucky	3,876,538	3,889,895	4,392,829	4,795,769	4,812,022	4,921,954	5,461,452	5,686,986
Louisiana	5,023,051	4,898,566	5,531,914	5,747,605	5,894,220	6,028,876	6,549,059	6,819,506
Maine	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
Maryland	6,148,806	6,148,806	6,054,659	6,237,516	6,413,677	6,560,200	7,162,997	7,458,797
Massachusetts	8,621,533	8,621,533	7,826,512	8,115,297	7,269,022	7,435,086	8,078,494	8,412,100
Michigan	10,017,913	9,990,962	11,282,718	11,896,386	12,028,661	12,303,461	13,646,869	14,210,424
Minnesota	4,873,116	4,873,116	5,345,043	5,792,064	5,931,008	6,066,505	6,710,076	6,987,172
Mississippi	3,120,649	3,065,154	3,461,456	3,688,050	3,786,753	3,873,263	4,213,822	4,387,834
Missouri	\$5,422,619	5,465,155	6,171,758	6,630,914	6,722,152	6,875,722	7,568,706	7,881,260
Montana	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
Nebraska	1,689,626	1,719,997	1,942,380	2,098,289	2,120,927	2,169,380	2,400,219	2,499,338
Nevada	1,783,636	1,903,065	2,149,117	2,488,044	2,652,976	2,713,585	2,970,642	3,093,316
New Hampshire	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
New Jersey	8,497,315	8,527,086	9,629,574	9,865,491	9,965,995	10,193,673	11,405,544	11,876,542
New Mexico	2,045,597	2,022,495	2,283,988	2,415,047	2,442,953	2,498,764	2,682,058	2,792,815
New York	20,119,188	19,656,530	22,197,971	22,590,621	22,320,520	22,830,440	25,063,710	26,098,730
North Carolina	7,582,020	7,655,537	8,645,341	9,652,685	9,991,552	10,219,813	11,179,579	11,641,246
North Dakota	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
Northern Mariana Islands	342,733	342,733	379,748	387,343	392,577	401,540	462,815	462,815
Ohio	11,402,583	11,364,015	12,833,297	13,495,119	13,648,077	13,959,873	15,361,800	15,996,175
Oklahoma	3,381,056	3,394,025	3,832,847	4,236,413	4,398,814	4,499,306	4,901,951	5,104,380
Oregon	3,086,097	3,203,673	3,617,884	3,969,749	4,068,712	4,161,663	4,544,414	4,732,078
Palau *	78,014	52,039	26,004	-	-	-	-	-
Pennsylvania	12,702,122	12,702,122	12,737,869	12,889,526	13,016,152	13,313,512	14,662,818	15,268,327
Puerto Rico	4,549,818	4,609,319	5,205,269	5,560,061	5,782,773	5,914,883	5,986,306	6,233,513
Rhode Island	1,568,805	1,568,805	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
South Carolina	3,852,059	3,760,591	4,246,807	4,638,845	4,752,400	4,860,970	5,456,933	5,682,280
South Dakota	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
Tennessee	5,414,050	5,473,582	6,181,275	6,622,525	6,863,518	7,020,318	7,697,334	8,015,200
Texas	23,718,333	24,061,384	27,172,340	29,847,674	30,671,586	31,372,291	33,464,547	34,846,484
Utah	2,768,788	2,904,730	3,280,289	3,832,145	3,997,116	4,088,432	4,423,421	4,606,088
Vermont	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
Virgin Islands	671,647	671,647	744,185	759,069	769,327	786,891	786,891	786,891
Virginia	6,930,714	6,814,652	7,695,736	8,150,863	8,373,127	8,564,414	9,470,434	9,861,521
Washington	5,664,434	5,775,775	6,522,539	7,047,124	7,217,290	7,382,172	8,061,958	8,394,881
West Virginia	1,798,698	1,798,698	1,799,482	1,812,075	1,836,562	1,878,520	2,068,052	2,153,453
Wisconsin	5,553,755	5,553,755	5,672,891	6,010,473	6,078,934	6,217,810	6,961,718	7,249,206
Wyoming	1,545,710	1,545,710	1,713,659	1,812,075	1,836,562	1,878,520	2,043,288	2,127,667
US & Outlying Areas	315,754,000	315,754,000	350,000,000	370,000,000	375,000,000	383,567,000	417,000,000	434,159,500

Source: U.S. Department of Education, "Funds for State Formula-Allocated and Selected Student Aid Programs, by Program." These data were compiled for Web posting by the Budget Service on July 7, 2010. Note that amounts listed for FFY10 and FFY11 are preliminary estimates based on currently available data <http://www2.ed.gov/about/overview/budget/statetables/11stbyprogram.pdf>

* As of FFY99, Palau is no longer eligible for Part C Funds.

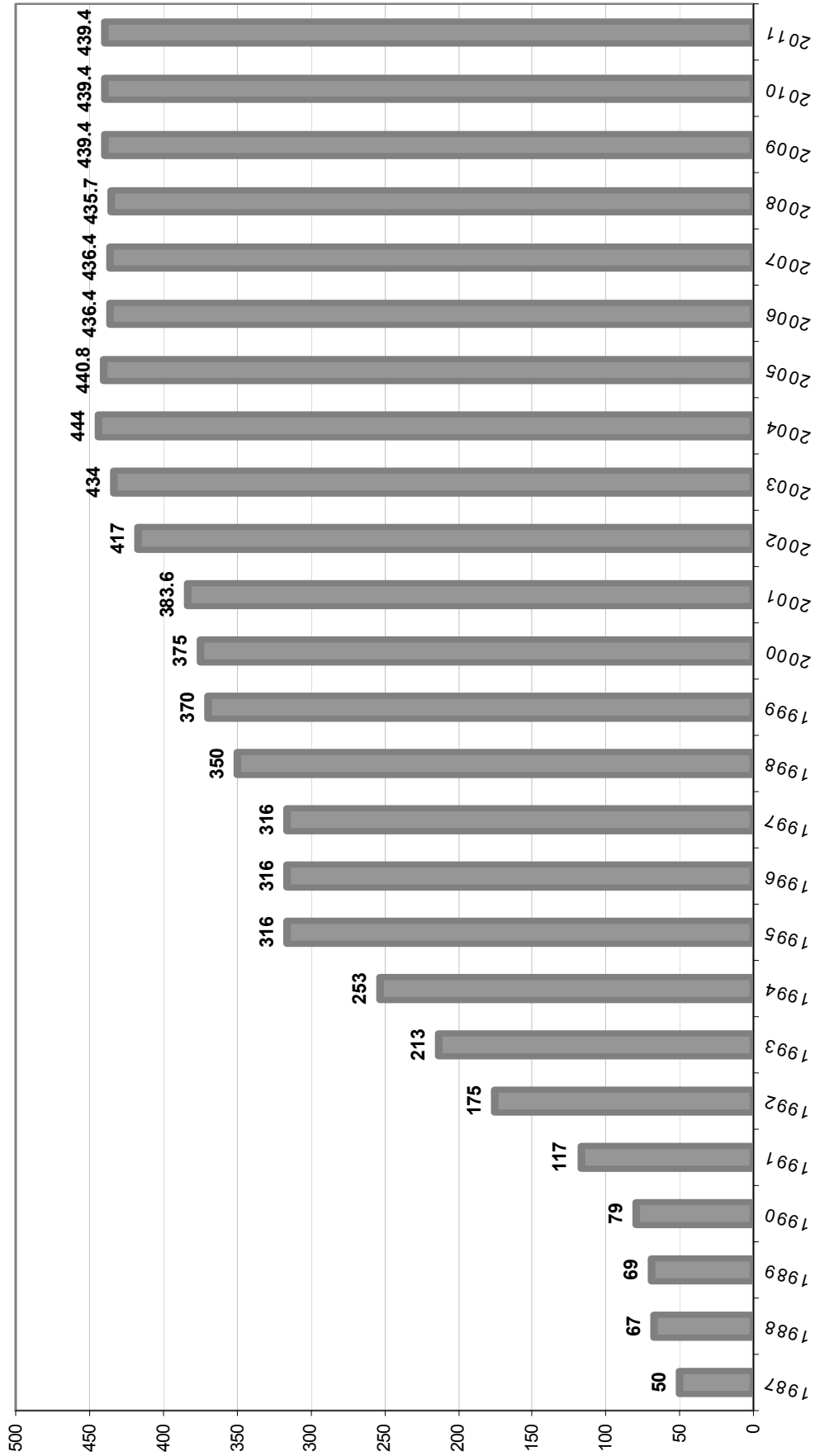
Part C Allocation to State and Jurisdictional Lead Agencies Federal Fiscal Years 1996 - 2011

State	FFY04	FFY05	FFY06	FFY07	FFY08	ARRA	FFY09	FFY10	FFY11
AL	\$6,363,564	6,163,934	5,975,115	6,004,235	6,077,971	6,739,356	6,128,186	6,086,956	6,086,956
AK	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
AS	0	598,452	592,467	592,467	582,117	21,277	582,117	582,117	582,117
AZ	8,968,449	9,170,498	9,215,123	9,712,823	9,966,824	11,530,751	10,049,168	10,208,322	10,208,322
AR	3,875,003	3,875,214	3,774,372	3,890,674	3,957,948	4,459,793	3,990,648	3,997,458	3,997,458
BIE	5,485,959	5,442,075	5,387,653	5,387,654	5,378,442	0	5,623,320	5,623,320	5,623,320
CA	54,397,335	53,695,159	54,072,123	54,060,651	53,120,669	59,511,391	53,559,544	53,487,896	53,487,896
CO	6,879,317	6,924,449	6,906,967	6,842,998	6,935,430	7,954,827	6,992,730	7,070,900	7,070,900
CT	4,590,942	4,293,542	4,307,723	3,914,074	4,081,315	4,559,747	4,115,034	4,103,582	4,103,582
DE	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
DC	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
FL	22,122,203	22,136,190	22,138,291	22,723,694	23,028,291	24,291,623	23,218,548	22,474,556	22,474,556
GA	14,112,001	13,981,852	13,888,437	14,087,196	14,614,553	15,925,491	14,735,296	14,504,001	14,504,001
GU	1,476,175	1,464,366	1,449,722	1,449,722	1,424,395	52,064	1,424,395	1,424,395	1,424,395
HA	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
ID	2,194,384	2,160,317	2,138,714	2,300,134	2,354,608	2,689,423	2,374,062	2,395,268	2,395,268
IL	18,985,176	18,627,846	18,086,752	17,754,534	17,507,363	19,401,942	17,652,007	17,528,269	17,528,269
ID	8,978,177	8,790,996	8,641,192	8,677,149	8,549,840	9,717,801	8,620,477	8,674,872	8,674,872
IA	3,783,959	3,758,703	3,709,329	3,869,434	3,862,827	4,568,504	3,894,742	4,003,516	4,003,516
KS	3,963,641	3,930,552	3,867,324	3,893,499	3,863,905	4,625,010	3,895,828	4,030,759	4,030,759
KY	5,381,815	5,625,765	5,398,887	5,561,552	5,444,061	6,301,722	5,489,039	5,577,587	5,577,587
LA	6,935,492	6,854,659	6,643,788	6,073,273	5,789,506	6,931,250	5,837,338	6,040,146	6,040,146
ME	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
MD	7,819,920	7,622,142	7,632,067	7,378,419	7,489,632	22,216,990	7,551,511	7,278,159	7,278,159
MA	8,208,226	8,350,114	8,086,420	7,714,170	7,346,249	8,488,034	7,406,943	7,519,076	7,519,076
MI	13,884,130	13,245,161	13,048,084	12,657,902	12,320,224	13,312,456	12,422,012	12,173,620	12,173,620
MN	6,608,382	6,758,813	6,827,631	6,990,083	6,998,387	7,856,562	7,056,206	7,054,444	7,054,444
MS	4,509,173	4,435,250	4,247,850	4,241,050	4,371,673	4,871,669	4,407,791	4,389,623	4,389,623
MO	\$7,732,502	7,761,585	7,613,348	7,802,986	7,774,440	8,859,888	7,838,671	7,899,255	7,899,255
MT	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
NE	2,503,659	2,544,021	2,536,938	2,589,184	2,558,173	2,927,516	2,579,308	2,604,988	2,604,988
NV	3,386,622	3,391,593	3,404,659	3,720,986	3,892,934	4,383,658	3,925,097	3,930,434	3,930,434
NH	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
NJ	11,927,921	11,779,984	11,904,582	11,066,631	10,776,837	12,025,919	10,865,873	10,828,899	10,828,899
NM	2,801,758	2,765,784	2,727,201	2,854,734	2,896,598	9,086,348	2,920,529	2,916,751	2,916,751
NY	26,210,607	25,623,183	25,550,992	24,455,135	23,636,568	26,406,499	23,831,850	23,765,113	23,765,113
NC	12,576,003	12,331,953	12,081,093	12,295,027	12,703,744	14,506,562	12,808,700	12,921,410	12,921,410
ND	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
MP	462,815	459,112	454,521	454,521	446,581	16,323	446,581	446,581	446,581
OH	16,210,059	15,338,208	14,720,511	14,699,566	14,379,119	16,403,578	14,497,916	14,617,867	14,617,867
OK	5,031,692	5,131,948	4,992,412	5,126,448	5,261,101	5,907,674	5,304,567	5,303,920	5,303,920
OR	4,731,257	4,572,668	4,548,634	4,587,737	4,695,600	5,487,762	4,734,395	4,835,563	4,835,563
PW*	-	-	-	-	-	-	-	-	-
PA	14,897,574	14,505,534	14,607,252	14,475,632	14,235,768	16,117,921	14,353,382	14,414,366	14,414,366
PR	5,928,149	5,538,021	5,660,545	4,968,329	4,777,823	5,015,032	4,817,296	4,651,156	4,651,156
RI	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
SC	5,762,450	5,767,542	5,668,046	5,688,361	5,879,403	6,744,328	5,927,977	5,994,599	5,994,599
SD	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
TN	8,159,931	8,004,975	7,849,124	8,008,472	8,083,117	9,204,937	8,149,899	8,209,657	8,209,657
TX	36,688,937	38,419,189	37,890,634	38,785,179	39,335,134	44,454,366	39,660,114	39,790,124	39,790,124
UT	4,737,219	4,852,342	4,794,783	5,005,224	5,077,129	6,247,589	5,119,075	5,376,970	5,376,970
VT	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
VI	786,891	780,596	772,790	772,790	759,289	27,753	759,289	759,289	759,289
VA	10,398,234	10,280,066	10,127,614	10,279,887	10,243,859	11,377,635	10,328,493	10,268,024	10,268,024
WA	8,291,180	7,986,300	7,774,992	8,184,641	8,430,457	9,570,687	8,500,108	8,548,340	8,548,340
WV	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
WI	7,086,825	6,983,322	6,879,936	6,997,861	6,984,803	8,022,420	7,042,510	7,126,424	7,126,424
WY	2,194,384	2,160,317	2,138,714	2,138,714	2,135,315	2,398,294	2,152,956	2,152,956	2,152,956
US & OA	444,362,700	440,808,096	436,399,920	436,400,000	435,653,802	500,000,000	439,427,000	439,427,000	439,427,000

Source: U.S. Department of Education, "Funds for State Formula-Allocated and Selected Student Aid Programs, by Program." These data were compiled for Web posting by the Budget Service on July 7, 2010. Note that amounts listed for FFY10 and FFY11 are preliminary estimates based on currently available data <http://www2.ed.gov/about/overview/budget/statetables/11stbyprogram.pdf>

* As of FFY99, Palau is no longer eligible for Part C Funds.

Federal Special Education and Rehabilitative Services Appropriations for Infants and Families Federal Fiscal Years 1987 - 2011



FFY 1996 Includes \$34 million to offset the elimination of funding for the Chapter 1 Handicapped Program.

FFY 2005 was level funded from 2004 but there was a .80% recession.

FFY 2006 was level funded from 2005 but there was a .80% recession.

FFY 2011 is a requested amount.

Source: <http://www2.ed.gov/about/overview/budget/budget11/summary/edlite-section3b.html#infants>, updated February 1, 2010 (downloaded August 5, 2010).

Number of Children Served Under Part C of IDEA by Age and Percentage of Population Birth through Two Years Fall 1990 - Fall 2008

Year	Age 0 – 1 Served¹	Age 1 – 2 Served¹	Age 2 – 3 Served¹	# Children Served¹	% of Population²
1990				194,363	1.77
1991				166,634 ³	1.41
1992				143,392 ³	1.18
1993				154,065	1.30
1994				165,253	1.41
1995	29,786	59,185	88,310	177,281	1.54
1996	31,496	60,233	94,798	186,527	1.65
1997	34,375	62,699	99,263	196,337	1.70
1998	31,089	60,558	95,708	187,355	1.62
1999	35,793	67,026	103,289	206,108	1.78
2000	36,570	74,256	121,984	232,810	2.00
2001	38,338	78,190	129,247	245,775	2.07
2002	41,657	84,315	142,763	268,735	2.23
2003	39,205	86,989	148,553	274,747	2.25
2004	40,905	90,832	152,799	284,536	2.32
2005	42,190	95,724	161,128	299,042	2.41
2006	43,370	97,093	164,929	305,392	2.43
2007	45,371	102,798	173,756	321,925	2.52
2008	45,272	109,555	188,158	342,985	2.66

¹ Number of infants and toddlers (*in U.S. and outlying areas*) receiving early intervention services under Part C and Chapter 1 (for 1986 through 1993 only), as of December 1 of the calendar year. (To convert to Federal Fiscal Year, add 1. For example, the child count shown for 2008 would be for FFY 2009. For FFY 2009, 342,985 children were reported to be receiving services as of December 1, 2008.)

Source for 1990 through 1994: Danaher, J. (Ed.). (2002). *Part C updates*. Chapel Hill: National Early Childhood Technical Assistance Center. <http://www.eric.ed.gov:80/ERICWebPortal/detail?accno=ED474693> page 5

Source for 1995-1997: https://www.ideadata.org/tables28th_ar_6-3.xls (retrieved August 2, 2010)

Source for 1998-2003: https://www.ideadata.org/tables31st/ar_8-4.htm (retrieved August 2, 2010)

Source for 2004-2008: https://www.ideadata.org/DACAnalyticTool/Intro_2.asp (retrieved August 2, 2010)

² Percentage of infants and toddlers (*in 50 states and DC*) receiving early intervention services under Part C (and Chapter 1 for 1986-1993 only) as of December 1 of the calendar year. Percentage is calculated by dividing the total number of children served by the total population. For example, as of December 1, 2008, 2.66% of all children birth through two were reported to be receiving early intervention services.

Source for 1990 through 1997: Danaher, J. (Ed.). (2002). *Part C updates*. Chapel Hill: National Early Childhood Technical Assistance Center. <http://www.eric.ed.gov:80/ERICWebPortal/detail?accno=ED474693>

Source for 1997-2007: <https://www.ideadata.org/docs/PartCTrendData/C1.xls> (retrieved February 5, 2009).

Source for 2008: https://www.ideadata.org/tables32nd%5CAR_C-13.xls (retrieved August 2, 2010).

³ A combination of factors appears to account for the apparent decline in these child counts:

- early inaccuracies, including duplicated counts in state data collection systems;
- inclusion in earlier years of children who only received some services and who did not necessarily have IFSPs; and
- in the count for 1992, the decline in the reported number of children served in several large states masked the reports from 39 other jurisdictions of increases in the number of children served.

**Percentage of Infants and Toddlers
Served Under Part C of IDEA by Age Cohort
2004 - 2008 in U.S. and Outlying Areas**

Report Year	Age 0 - 1	Age 1 - 2	Age 2 - 3	Age 0 - 3
2004 - 2005	14.38	31.92	53.70	100.00
2005 - 2006	14.11	32.01	53.88	100.00
2006 - 2007	14.20	31.79	54.01	100.00
2007 - 2008	14.09	31.93	53.97	100.00
2008 - 2009	13.20	31.94	54.86	100.00

Source: Analytic Tool at <http://www.ideadata.org>, accessed August 3, 2010.

**At-risk Infants and Toddlers Served Under Part C of IDEA
as a Percentage of Population
2004 - 2008**

State	2004 - 2005	2005 - 2006	2006 - 2007	2007 - 2008
California	0.13	0.15	0.16	0.16
Hawaii	2.99	2.54	3.37	3.37
Indiana	0.26	0.20	0.09	N/A
Massachusetts	0.25	0.27	0.26	0.22
New Hampshire	N/A	0.02	0.02	0.01
New Mexico	1.12	1.18	1.07	1.18
North Carolina	0.29	0.33	0.28	0.05
West Virginia	0.40	0.60	0.71	0.77

Source: Analytic Tool at <http://www.ideadata.org>, accessed August 3, 2010.

**Infants and Toddlers Ages Birth through 2 Years
Served Under Part C of IDEA
by Early Intervention Setting
U.S. and Outlying Areas
2004 - 2007**

Primary Early Intervention Setting	Number				Percentage ¹			
	2004	2005	2006	2007	2004	2005	2006	2007
Home	235,190	248,035	260,186	275,650	82.76	82.94	85.20	85.63
Community-Based Settings ^{2,3}	-	-	16,207	17,290	.	.	5.31	5.37
Other Setting ^{2,4}	-	-	28,987	28,954	.	.	9.49	8.99
Total Settings	284,170	299,051	305,380	321,894	100.00	100.00	100.00	100.00

¹ Percentage = Number of children reported according to primary early intervention setting category divided by the total number of children reported, multiplied by 100. Totals may not sum to 100 percent due to rounding.

² The data categories of community-based settings and other setting were implemented with the 2006 data collection, therefore data is not available for years 2004 and 2005.

³ Community-based Setting. Unduplicated count of children whose early intervention services are provided primarily in a setting where children without disabilities typically are found. These settings include but are not limited to child care centers (including family day care), preschools, regular nursery schools, early childhood center, libraries, grocery stores, parks, restaurants, and community centers (e.g., YMCA, Boys and Girls Clubs).

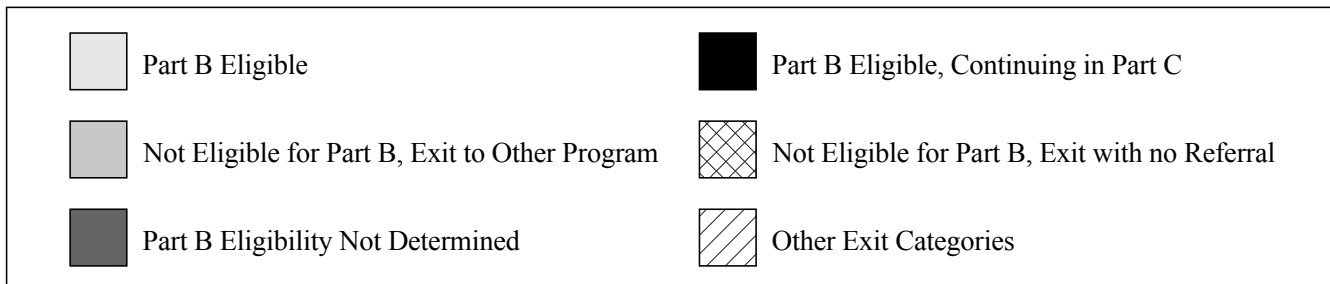
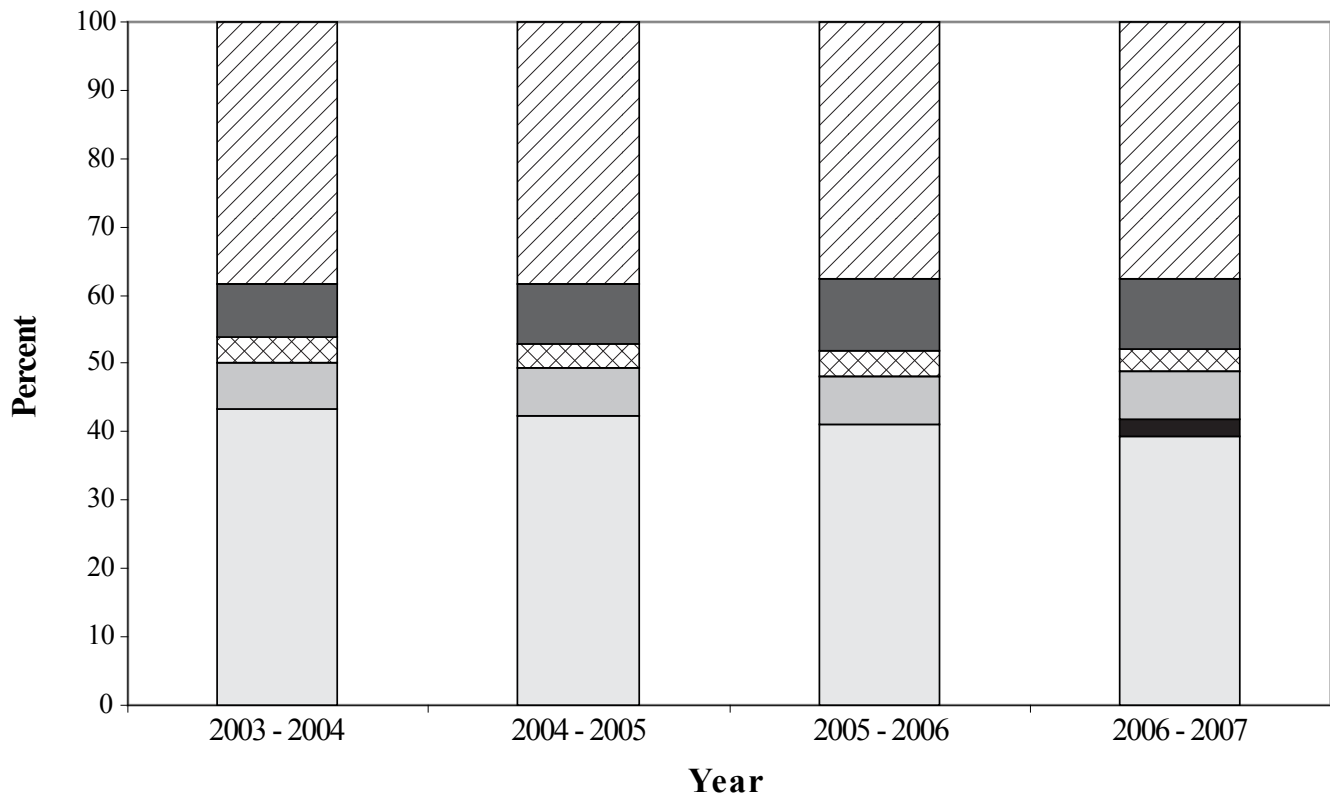
⁴ Other Setting. Unduplicated count of children whose early intervention services are provided primarily in a setting that is not home or community-based. These settings include, but are not limited to, services provided in a hospital, residential facility, clinic, and EI center/class for children with disabilities

- Data not available.

. Percentage cannot be calculated. The sum of percentages may not equal 100 due to rounding.

Source: U.S. Department of Education, Office of Special Education Programs, OMB #1820-0557: "Program Settings Where Early Intervention Services are Provided to Infants and Toddlers with Disabilities and Their Families in Accordance with Part C," 2007. Data updated as of July 15, 2008.

Part B Eligibility Status of Children Exiting Part C Services as of Their Third Birthday U.S. and Outlying Areas 2003 - 2004 through 2006 - 2007



Source: U.S. Department of Education, Office of Special Education Programs, OMB #1820-0557: "Infants and Toddlers Exiting Part C," 2003-04 through 2006-07. Data updated as of July 15, 2008.

Data are from a cumulative 12-month reporting period.

Percent = Number of infants and toddlers in the exit reason column divided by the total number of infants and toddlers exiting the program, multiplied by 100.

Other Exit categories include Completion of IFSP prior to reaching maximum age for Part C, Deceased, Moved out of state, Withdrawal by Parent, and Attempts to contact unsuccessful.

Accessed from <https://www.ideadata.org/docs/Part C - Trend Data Report for States and Outlying Areas, 2003-04 through 2007-08.pdf> (August 4, 2010).

Part C Data Tables and Forms

The Data Accountability Center (<https://www.ideadata.org/default.asp>) provides public access to data about children and youth with disabilities served under the Individuals with Disabilities Education Act (IDEA) - Parts B and C; technical assistance (TA) materials to support the collection, analysis and reporting of IDEA data; and the forms and spreadsheets used for collection.

The Part C Data Tables and Notes

are available at <https://www.ideadata.org/PartCData.asp>

IDEA 618 Data Tables

Child Count (2004) (2005) (2006) (2007) (2008)
Program Settings (2004) (2005 and 2006) (2007) (2008)
Exiting (2004-05) (2005-06) (2006-07) (2007-08)
Early Intervention Services (2002) (2003) (2004)
Personnel (2002)
Dispute Resolution (2006-07) (2007-08)

Data Notes

Child Count 2007, Other Data Collections (Non-child Count) 2006-2007
Child Count 2006, Other Data Collections (Non-child Count) 2005-2006
Child Count 2005, Other Data Collections (Non-child Count) 2004-2005

The Part C Data Collection Forms 2010-11 Reporting Year

are available at <https://www.ideadata.org/PartCForms.asp#y201011>

Data for SPP/APR due February 1, 2012

Data Collection Forms	Date Due	SPP/APR Indicator(s)
Child Count, Table 1 -- Specific State-Designated Date between October 1 and December 1 of 2010	February 2, 2011	C5 & C6
Program Settings, Table 2 -- Child Count Date for 2010	February 2, 2011	C2
Exiting, Table 3 -- 2010-11 Reporting Year	November 2, 2011	Not used for specific SPP/APR indicator
Dispute Resolution, Table 4 -- July 1, 2010 - June 30, 2011	November 2, 2011	C10, C11, C12, & C13

Section II:

Part C Program Implementation Resources

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Workforce Preparation to Serve Children Who Receive Part C Services (Project FORUM at NASDSE, March 2010)	29
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<i>Executive Summary: Promoting Social-emotional Wellbeing in Early Intervention Services:</i> A Fifty-state View (National Center for Children in Poverty, September 2009)	65
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State Part C Rules, Regulations and Policies: Online Resources

updated July 20, 2010

<http://www.nectac.org/partc/statepolicies.asp>

Alabama has a guidance handbook:

- AEIS Handbook: Services For Alabama's Children With Disabilities, Ages Birth through 5 (Revised 2002)
 - <http://www.nectac.org/shortURL.asp?sURL=AL-Elhandbook>
- Additional guidance documents (various dates)
 - http://www.nectac.org/shorturl.asp?sURL=AL_partCguidance

Arizona has policies:

- AzEIP Policies and Procedures (currently in development, August 2007)
 - <https://egov.azdes.gov/CMSInternet/main.aspx?menu=98&id=2384>
- Additional guidance documents (various dates)
 - <https://www.azdes.gov/main.aspx?menu=98&id=3036>

California operates under a state statute and regulations:

- Government Code: Title 14 - California Early Intervention Services Act (n.d.)
 - <http://www.dds.ca.gov/Statutes/GovernmentCode.cfm>
- CA Code of Regulations: Title 17, Chapter 2 - Early Intervention Services (2003) (**scan down to Chapter 2**)
 - <http://www.dds.ca.gov/Title17/home.cfm>

See also, Early Start Proposed Policy Changes:

- Procedural Safeguards (April 2010)
 - <http://www.dds.ca.gov/ProposedRegs/ESSafeguard.cfm>
- Early Start Eligibility and Use of Private Insurance (2009)
 - <http://www.dds.ca.gov/EarlyStart/ESBudget.cfm>
- A searchable database of CA Special Education Laws (2010) includes references to Title 14: Early Intervention Services Act
 - <http://www.cde.ca.gov/sp/se/lr/>

Colorado has rules, regulations and other policy documents:

- Colorado Early Intervention Legislation (various dates)
 - <http://www.eicolorado.org/index.cfm?fuseaction=Documents.content&linkid=522>
- State Procedures and Guidelines (various dates)
 - <http://www.eicolorado.org/index.cfm?fuseaction=Documents.content&linkid=308&CFID=2391848&CFTOKEN=18589839>
- Other Documents of Interest (various dates), including Eligibility Criteria for Colorado's Early Intervention System
 - <http://www.eicolorado.org/index.cfm?fuseaction=professionals.main>

Connecticut relies upon federal and state statutes for guidance, then interprets those items and issues procedures that all Birth to Three provider programs are contractually obligated to implement. In addition, there are a series of Service Guidelines on specific topics, which outline associated issues and recommend best practices related to each:

- CT State Birth-to-three Program Regulations (2006), Procedures (2010), Service Guidelines (various dates), and more
 - <http://www.birth23.org/providers/providers.html>

Delaware has guidance documents:

- Child Development Watch Policy Manual (2004)
 - http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/files/cdw_policymanual.pdf
- Definitions for Eligible Infants and Toddlers to be Served (2006); Building Blocks Guidelines (2007); Guide to Promoting Inclusion in Early Care and Education (updated Nov. 2007); Infant and Toddler Early Learning Foundations (2007); and more (**scan down to Policies and Guidelines**)
 - <http://www.dhss.delaware.gov/dhss/dms/birth3pubs.html>

Florida has policy and guidance documents:

- Early Steps Policy Handbook and Operations Guide (effective July 1, 2010)
 - http://www.cms-kids.com/home/resources/es_policy_0710/es_policy.html

Hawaii operates under statute:

- Hawaii's Revised Statutes that Implement Part C, IDEA (1998)
 - <http://www.hawaii.gov/health/family-child-health/eis/regulations.html>
- Hawaii's State EI Plan (2009)
 - <http://hawaii.gov/health/family-child-health/family-child-health/eis/pdf/State%20EI%20Plan%20rev%20%205-15-09%20final.pdf>
- State Definitions of Part C Eligibility (Proposed December 2009)
 - <http://hawaii.gov/health/family-child-health/eis/pdf/State%20Plan%20-%20Eligibility%20-%202012-21-09%20Proposed.pdf>
- State Definitions of Part C Eligibility (Current May 2009)
 - <http://hawaii.gov/health/family-child-health/eis/pdf/State%20Plan%20-%20Eligibility%20-%20Current%20%20285-4-09%29.pdf>

Idaho operates under a state statute, as well as federal code and regulations. Policies and procedures are included in a manual for providers.

- Idaho Code: Title 16, Chapter 1: Early Intervention Services (n.d.)
 - <http://legislature.idaho.gov/idstat/Title16/T16CH1.htm>
- Idaho Infant Toddler Program eManual (updated April 2009)
 - http://www.healthandwelfare.idaho.gov/Portals/_Rainbow/Manuals/FACS/ITP_eManual/Idaho_Infant_Toddler_Program_eManual.htm

Illinois has a procedure manual and operates under state rule:

- Child and Family Connections Procedure Manual (July 2007)
 - <http://www.dhs.state.il.us/page.aspx?item=31212>
- IL Early Intervention Laws and Rules (amended June 8, 2009)
 - <http://www.ilga.gov/commission/jcar/admincode/089/08900500sections.html>

Indiana has rules, laws and policies:

- First Steps Final Rule (2005)
 - <http://www.in.gov/fssa/files/fs05-201proposedrulef.pdf>
- Senate Enrolled Act No. 112, Article 12.7. Child Development Services, Chapter 2. Infants and Toddlers With Disabilities Program (2006)
 - <http://www.in.gov/legislative/bills/2006/PDF/SE/SE0112.1.pdf>
- Best Practices in Early Intervention (2006)
 - http://www.in.gov/fssa/files/BestPractice_July_2006.pdf
- Eligibility Determination Team Manual (2006)
 - http://www.in.gov/fssa/files/ED_Team_Manual_Final_Version_11-06.pdf
- Additional policy information for First Steps Program (various dates)
 - <http://www.in.gov/fssa/ddrs/3399.htm>

Iowa operates under state rules and policies:

- Iowa IDEA Part C System Components: Policies & Assurances State Application Requirements (2006)
 - http://www.iowa.gov/educate/index.php?option=com_docman&task=doc_download&gid=4279
- Chapter 120, Iowa Administrative Rules of Early ACCESS: Integrated System of Early Intervention Services (2003)
 - http://www.iowa.gov/educate/index.php?option=com_docman&task=doc_download&gid=1925

Kansas has regulations and a procedure manual:

- Kansas IDEA Part C Procedure Manual (July 2009)
 - http://www.ksits.org/part_c_manual.htm
- Kansas Administrative Regulations for Infant and Toddler Services (1997)
 - <http://www.kdheks.gov/its/kar28-4-550to572.html>

Kentucky operates under regulations and has policies and procedures:

- First Steps Program Policy and Procedures Manual/Regulations (updated 2007)
 - <http://chfs.ky.gov/dph/pptablecontents.htm>

See also:

- Kentucky Administrative Regulations: Title 911 (2005, last updated August 12, 2009)
 - <http://chfs.ky.gov/dph/firststepskar.htm>

Louisiana has a practice manual and other guidelines:

- EarlySteps Manual and Forms (July 2010)
 - <http://www.dhh.louisiana.gov/offices/publications.asp?ID=334&Detail=3140>
- Best Practices Guidelines (2004?)
 - <https://www.eikids.com/la/matrix/docs/pdfs/BestPracticesGUIDELINES.pdf>

Maine has regulations and guidance documents:

- 05-071 Chapter 101 Maine Unified Special Education Regulation Birth to Age Twenty (Emergency Adoption - Effective June 22, 2009)
 - <http://www.maine.gov/education/legis/071c101emergency.pdf>
- Guidance Document - Early Intervention Process for Infants, Toddlers and Their Families: Eligibility Determination, IFSP Development, Intervention Planning (2007)
 - http://www.nectac.org/~pdfs/topics/families/ME_Guide_1_17_07Final.pdf
- Maine's standardized forms
 - <http://www.maine.gov/education/forms/specservices.htm>

See also:

- Maine Part C Process (DRAFT 2009)
 - <http://www.maine.gov/education/speced/cds/documents/PartCProcessChart.doc>

Maryland has regulations:

- Maryland State Regulations for Early Intervention Provisions (amended October 5, 2009)
 - http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=13A.13.01.*
- Maryland's Extended IFSP Option-Policies and Procedures (final October 2009)
 - www.marylandpublicschools.org/NR/rdonlyres/006F42DF-A21C-40CB-B46E-04105BFB9850/22092/MDExtendedIFSPOptionPPEffectiveJuly12009updated103.pdf

Massachusetts has operational standards and policies:

- **Massachusetts** Early Intervention Operational Standards (revised 2006)
 - http://www.mass.gov/Eeohhs2/docs/dph/com_health/early_childhood/operational_standards.pdf
- Policy Updates (various dates)
 - http://www.nectac.org/shortURL.asp?sURL=MA_PartC_policy

Michigan has administrative rules and reference bulletins:

- Michigan Administrative Rules for Special Education Supplemented with IDEA Federal Regulations (April 2009)
 - <http://eotta.ccesa.org/Files/PDF/MARSE-April09.pdf>
- Early On Reference Bulletins - Eligibility Determination, Natural Environments, CAPTA Referrals and more (various dates)
 - <http://eotta.ccesa.org/Resources.php?ID=11>

See also:

- other Early On State Resources
 - <http://eotta.ccesa.org/Resources.php?ID=2>

Minnesota operates under statutes and rules:

- Minnesota State Statutes, Early Intervention Services (Disabilities) (2006)
 - http://www.nectac.org/shortURL.asp?sURL=MN_ei_statute
- Eligibility is under Minnesota Rules, Chapter 3525.1350: Infant and Toddler Intervention Services (Posted October 12, 2007)
 - <https://www.revisor.mn.gov/rules/?id=3525.1350>

Missouri operates under state regulations and has an early intervention practice manual and a state plan:

- Missouri State Plan for Special Education, Regulations Implementing Part C of the IDEA First Steps Program (2010)
 - http://dese.mo.gov/divspeced/stateplan/documents/PartC_State_Plan_2010.pdf
- Early Intervention Practice Manual (June 2009)
 - <http://www.dese.mo.gov/divspeced/FirstSteps/PracticeManual.htm>
- Other guidance documents for Part C of IDEA (various dates)
 - <http://dese.mo.gov/divspeced/FirstSteps/RulesRegs.html>

Nebraska operates under state regulations and standards:

- Nebraska Administrative Code, Title 92, Chapter 51 - Regulations and Standards for Special Education Programs (revised August 2008)
 - <http://www.education.ne.gov/LEGAL/cover51.html>

Nevada has early intervention guidelines and policy documents:

- NV Effective Practice Guidelines and other Policy Documents (various dates)
 - http://health.nv.gov/BEIS_Publications.htm

New Hampshire operates under administrative rules:

- Code of Federal Regulations: Title 34, Education, Chapter 111, Office of Special Education & Rehabilitation Services- Department of Education, Part 303, Early Intervention Program for Infants & Toddlers with Disabilities (revised 2001)
 - http://www.access.gpo.gov/nara/cfr/waisidx_01/34cfr303_01.html

New Jersey has rules, policies, procedures and guidelines:

- New Jersey Administrative Code, Title 8, Chapter 17, Early Intervention System (n.d.)
 - <http://nj.gov/health/fhs/eis/documents/njac817.pdf>
- NJEIS Policies, Procedures and Guidelines (various dates)
 - <http://nj.gov/health/fhs/eis/policies.shtml>
- Eligibility information can be found in Policy Document NJEIS-02 (March 2010)
 - <http://nj.gov/health/fhs/documents/njeis-02.pdf>
- N.J. Part C State Plan (updated 2004)
 - <http://nj.gov/health/fhs/eis/partc.shtml>

New Mexico has regulations:

- NM Rules and Regulations Web page (n.d.)
 - http://www.nmhealth.org/ddsd/NMFIT/Documents/FIT_Rules.htm#Section1
- 7.30.8 NMAC: Requirements For Family Infant Toddler Early Intervention Services (2001)
 - <http://www.nmhealth.org/ddsd/NMFIT/Documents/documents/FITProgramRegulations.pdf>

New York has regulations, laws and guidance materials:

- Early Intervention Program Regulations and Laws (various dates)
 - http://www.health.state.ny.us/community/infants_children/early_intervention/regulations.htm
- Early Intervention Program Memoranda, Guidance and Clinical Practice Guidelines (various dates)
 - http://www.health.state.ny.us/community/infants_children/early_intervention/memoranda.htm

North Carolina has policies and guidance documents:

- NC Infant Toddler Program Manual (2005)
 - <http://www.ncei.org/ei/infodmanual.html>
- NC Guidance Documents and Forms (various dates)
 - <http://www.ncei.org/ei/publications.html>

North Dakota has guidelines:

- ND Early Intervention State Guidelines (2006)
 - <http://www.nd.gov/dhs/services/disabilities/earlyintervention/stateguidelines.html>

Ohio has rules and policy documents:

- Ohio Administrative Code: Chapter 3701-8, Help Me Grow Program (effective July 16, 2010)
 - <http://www.odh.ohio.gov/rules/final/fr3701-8.aspx>
- Ohio Help Me Grow Policies (various dates)
 - <http://www.ohiohelpmegrow.org/professional/laws/policies.aspx>

Oklahoma has policies and procedures:

- DRAFT SoonerStart Early Intervention Policies and Procedures (October 2009)
 - http://sde.state.ok.us/Curriculum/SpecEd/pdf/SoonerStart/Publications/EI_Manual.pdf

Oregon has policies, procedures and technical assistance documents. These are combined for Part C and preschool special education:

- EI/ECSE Policies and Procedures (various dates)
 - <http://www.ode.state.or.us/search/page/?id=1692>

Pennsylvania operates under regulations:

- The Pennsylvania Code: Chapter 4226, Early Intervention Services (2003)
 - <http://www.pacode.com/secure/data/055/chapter4226/chap4226toc.html>

See also:

- Announcements, which include guidance documents (various dates)
 - http://www.portal.state.pa.us/portal/server.pt/community/early_intervention/8710/announcements/522283

Rhode Island operates under rules and regulations:

- Rules and Regulations Pertaining to the Provision of Early Intervention Services for Infants and Toddlers with Disabilities and Their Families (2005) (see **section 0322 - Early Intervention Program**)
 - https://www.policy.dhs.ri.gov/0300.htm#_Toc266697119

South Carolina has a policy manual:

- South Carolina Policy Manual and Forms (revised July 1, 2008)
 - <http://www.scfirststeps.org/BNpolicyandprocedures.html>

South Dakota operates under administrative rules:

- Administrative Rules: Article 24:14 - Early Intervention Program (updated 2008)
 - <http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=24:14>

Tennessee operates under rules and regulations:

- Rules of State Board Of Education, Chapter 0520-1-10, Tennessee's Early Intervention System (October 2003)
 - <http://www.state.tn.us/sos/rules/0520/0520-01/0520-01-10.pdf>
- Eligibility information is also available
 - <http://www.state.tn.us/education/teis/eligibility.shtml>

Texas operates under federal code and regulations, state statute and administrative rules, and Texas Department of Assistive and Rehabilitative Services Division of Early Childhood Intervention policy and procedures:

- Early Childhood Intervention Policy Manual (revised September 2009)
 - <http://www.dars.state.tx.us/ECIS/policymanual.shtml>
- Request for Public Comment on Draft Proposed Revisions to the Early Childhood Intervention (ECI) Standards Manual for Contracted Programs (July 2010)
 - <http://www.dars.state.tx.us/ecis/policymanualchanges.shtml>
- Texas Administrative Code, Title 40, Chapter 108, Early Childhood Intervention Services (effective September 1, 2009)
 - [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=4&ti=40&pt=2&ch=108](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=2&ch=108)
- Human Resources Code, Chapter 73, Interagency Council on Early Childhood Intervention Services (updated 2003)
 - <http://www.statutes.legis.state.tx.us/Docs/HR/pdf/HR.73.pdf>

Utah

- See Utahs' Agency Information: Forms, Reports, Miscellaneous (various dates)
 - <http://www.utahbabywatch.org/agencyinfo/index.htm>

Vermont operates under rules:

- Vermont Special Education Guide: State Board of Education Special Education Rules and Other Pertinent Rules (effective June 2010) - See sections 2360.5 - 2360.5.8 for the overall early intervention program
 - http://www.education.vermont.gov/new/pdfdoc/pgm_sped/laws/educ_sped_guide.pdf

Virginia has a practice manual, policies and procedures:

- Infant & Toddler Connection of Virginia: Practice Manual (June 2010)
 - <http://www.infantva.org/Pr-PracticeManual-Forms.htm>
- Virginia's Part C Policies and Procedures (2000)
 - <http://www.infantva.org/ovw-PoliciesProcedures.htm>

See also:

- Code of Virginia Related to Part C of the Individuals with Disabilities Education Act (various dates)
 - <http://www.infantva.org/ovw-CodeOfVirginia.htm>
- Reference Documents for Providers (various dates)
 - <http://www.infantva.org/Providers.htm#pr2>

Washington includes policies and procedures within their federal application and then uses the federal regulations:

- Washington State's Most Recent Federal Application (2010)
 - <http://del.wa.gov/publications/esit/Default.aspx#reports>

West Virginia has guidance documents:

- WV Birth to Three State Guidance Related to IDEA 2004 (various dates)
 - <http://www.wvdhhr.org/birth23/lawandregs.asp>
- New Eligibility Criteria (2009)
 - <http://www.wvdhhr.org/birth23/eligibility/reveligibilitypolicyformat0509.pdf>

See also:

- Technical Assistance Bulletins (various dates)
 - <http://www.wvdhhr.org/birth23/techasstbulletins.asp>

Wisconsin operates under administrative code:

- Chapter HFS 90: Early Intervention Services for Children From Birth to Age 3 with Developmental Needs (2004)
 - <http://www.waisman.wisc.edu/birthto3/WPDP/txt/hfs090.html>

See also:

- Policies and Guidance (various dates)
 - <http://www.waisman.wisc.edu/birthto3/guidance.php>

Wyoming has policies, procedures and FAQs:

- Part C Policies, Procedures, FAQs (various dates)
 - <http://wdh.state.wy.us/ddd/earlychildhood/partcinfo.html>

OSEP Policy Letters of Clarification Related to Part C of IDEA

July 2000 - March 2010 (most recent available online)
Available at http://www.nectac.org/idea/partc_letters.asp

Individuals may write to the Secretary of Education requesting clarification or interpretation of the IDEA statute or regulations. The Department of Education (ED) publishes responses to these queries quarterly in the Federal Register and to <http://www2.ed.gov/policy/speced/guid/idea/index.html>. A topical index to these letters is also available at <http://www2.ed.gov/policy/speced/guid/idea/letters/revpolicy/index.html>.

This table highlights letters that specifically address issues related to infants and toddlers and their families (Part C of the IDEA). NECTAC maintains a table with links to policy clarification letters for both Part C and Part B: Section 619 (the preschool grants program) at <http://www.nectac.org/idea/clarfctnltrs.asp>. The summaries provided are from the Federal Register.

Date	Recipient	State	Topic	Section of IDEA
2/12/2010	Janice M. Kane	FL	Individualized Family Service Plan	Part C, Section 636, Individualized Family Service Plan - clarifying the relationship of peer reviewed research to the frequency and intensity of the early intervention services to be included in an infant's or toddler's individualized family service plan.
11/13/2009	Rick Ingraham	CA	Evaluations, Parental Consent, and Reevaluations	Part C, Section 639, Procedural Safeguards - regarding when parental consent must be obtained for changes in the individualized family service plan.
10/27/2009	Wendy Whipple	NV	Complaint Resolution	Part C, Section 635, Requirements for Statewide System - regarding the obligation of the State lead agency to provide compensatory services under Part C of the IDEA for children who were denied early intervention services, even after they moved out of the State.
6/19/2009	Bradley Hutton	NY	Early Intervention Services	Part C, Section 632, Definitions - regarding New York's policy on respite service.
1/28/2009	Dawn Wardyga	RI	State Interagency Coordinating Council	Part C, Section 641, State Interagency Coordinating Council - concerning parent membership on the State Interagency Coordinating Council (SICC)
7/01/2008	Tracie Bullock Dickson	DC	Early Intervention Services	Part C, Section 632, Definitions - concerning when nebulizer treatments may be considered a health service under Part C of the IDEA.
11/28/2007	Attorney Lawrence W. Berliner	CT	Complaint Resolution	Part C, Section 635 - Requirements for a Statewide System - clarifying that the current Part C regulations do not give an early intervention services provider an opportunity to respond to a complaint.
9/24/2007	Individual (personally identifiable information redacted)	--	Content of Plan	Part C, Section 636 - Individualized Family Service Plan - ABA-DT therapy for child with autism - clarifying that the IFSP Team, which includes the child's parents, makes an individualized determination of whether a particular method of providing services is needed for a child to achieve the outcomes in the child's IFSP.

Date	Recipient	State	Topic	Section of IDEA
9/4/2007	Janice M. Kane	FL	Content of Plan	Part C, Section 636 - Individualized Family Service Plan - Early intervention services and duplication of services - clarifying the State's obligation to provide any services that meet the Part C definition of early intervention.
3/6/2007	Governor Rick Perry	TX	State Allocation Formula	Part C, Section 643 - Allocation of Funds - regarding increased numbers of individuals and families displaced by Hurricane Katrina - clarifying that allocations to each State under Part C of IDEA are based on the ratio of the number of infants and toddlers in that State to the number of infants and toddlers in all States and calculations are based on the most recent data available from the Census Bureau. The Department cannot make adjustments in the formula allocations to States based on data provided by an individual State.
2/2/2007	Gerald L. Zahorchak	PA	Maintenance of Current Educational Placement	Part B, Section 615 - Procedural Safeguards - regarding the child's status during the pendency of administrative or judicial proceedings when a child who is no longer eligible for services under Part C of IDEA seeks initial services under Part B of IDEA.
11/4/2005	Danita Munday	MS	Early Intervention Programs	Part C, Section 615 - Procedural Safeguards - regarding challenges in meeting the early intervention needs of infants and toddlers with disabilities and their families in the wake of Hurricane Katrina, clarifying the parent consent, interim individualized family service plan, residency, natural environments, and personnel standards requirements under Part C of IDEA; and providing an extension of the timeline for submission of the SPP granted pursuant to the Secretary's transition authority in section 303 of the Individuals with Disabilities Education Improvement Act of 2004.
11/4/2005	Linda Pippins	LA	Early Intervention Programs	Part C, Section 615 - Procedural Safeguards - regarding challenges in meeting the early intervention needs of infants and toddlers with disabilities and their families in the wake of Hurricane Katrina, clarifying the parent consent, interim individualized family service plan, residency, natural environments, and personnel standards requirements under Part C of IDEA; and providing an extension of the timeline for submission of the SPP granted pursuant to the Secretary's transition authority in section 303 of the Individuals with Disabilities Education Improvement Act of 2004.
11/4/2005	Janice Kane	FL	Early Intervention Programs	Part C, Section 615 - Procedural Safeguards - regarding challenges in meeting the early intervention needs of infants and toddlers with disabilities and their families in the wake of Hurricane Katrina, clarifying the parent consent, interim individualized family service plan, residency, natural environments, and personnel standards requirements under Part C of IDEA; and providing an extension of the timeline for submission of the SPP granted pursuant to the Secretary's transition authority in section 303 of the Individuals with Disabilities Education Improvement Act of 2004.

Date	Recipient	State	Topic	Section of IDEA
6/7/2005	Sandy L. Morris	WA	Natural Environments	Part C, Section 636 - Individualized Family Service Plan - clarifying that IDEA 2004 continues the Department's longstanding interpretation that early intervention services must be provided in a natural environment, unless a written justification exists for providing these services in other settings
7/12/2004	Rick Ingraham	CA	Child Find	Part C, Section 635 - Requirements for Statewide System - clarifying that Part C does not set forth a specific percentage of children that each State must serve, but States that establish numerical goals must ensure that only eligible children are identified and that eligible children and families are not denied services.
4/28/2004	Janet D. Gully	IL	Early Intervention Services	Part C, Section 632 - Definitions - explaining regulations and other issues that should be taken into consideration when determining whether services provided after medical or surgical procedures are early intervention services that should be provided under Part C .
2/12/2004	Individual (personally identifiable information redacted)	--	Child Find	Part C, Section 635 - Requirements for Statewide System - regarding the State lead agency's child find responsibilities under Part C of IDEA and whether a hospital can disclose information regarding an infant or toddler to a State's lead agency.
2/11/2004	Mary Elder	TX	Transition	Part C, Section 636 - Individualized Family Service Plan - regarding whether parental consent is required to disclose referral information from a lead agency under Part C of IDEA to the State education agency or local education agency about children who will shortly turn three and transition from receiving early intervention services under Part C to potentially receiving special education and related services under Part B.
11/6/2003	Linda Goodman	CT	Evaluations	Part C, Section 634 - Eligibility - clarifying whether audiological evaluations must be provided to an infant or toddler referred to Part C, who is suspected of having a communication delay, whose hearing has not been tested, and for whom an audiology evaluation is determined to be needed.
10/24/2003	Linda Goodman	CT	Eligibility Criteria	Part C, Section 635 - Requirements for Statewide System - regarding the State's obligation to evaluate and assess infants or toddlers who are suspected of having a disability and whether the State can deny services to families who refuse to pay or repeatedly fail to keep appointments.
8/19/2003	Individual (personally identifiable information redacted)	--	Procedural Safeguards	Part C, Section 635 - Requirements for Statewide System - regarding (1) the Office for Civil Rights' authority over complaints related to discrimination based on disability, (2) the resolution of individual complaints and the award of compensatory services under Part C of the IDEA, and (3) the lead agency's responsibility for general supervision of all Part C programs and activities, including the monitoring of agencies carrying out Part C services.

Date	Recipient	State	Topic	Section of IDEA
6/30/2003	Individual (personally identifiable information redacted)	--	Early Intervention Services	Part C, Section 636 - Individualized Family Service Plan - clarifying that the regulations implementing Part C require that (1) written parental consent be obtained before conducting the initial evaluation and placement of a child and before initiating the provision of early intervention services and (2) there is no provision authorizing public agencies to use mediation or due process procedures to override a parent's refusal to consent to the initial provision of early intervention or special education and related services.
3/25/2003	Linda Goodman	CT	Early Intervention Services	Part C, Section 636 - Individualized Family Service Plan - regarding whether assistive technology can be provided under Part C.
3/13/2003	David K. Steele	SC	Early Intervention Services	Part C, Section 636 - Individualized Family Service Plan - clarifying that although the provision of respite or other care arrangements may be necessary for some families to participate in appropriate early intervention activities, the term respite is not intended to serve as child-care or baby-sitting assistance in ordinary circumstances.
11/12/2002	Rodney Watson	LA	Prohibition Against Supplanting	Part C, Section 637- State Application and Assurances - discussing the non-supplanting requirements for Part C funds and indicating that the total State and local expenditures should be considered, and not just lead agency funds.
11/20/2002	Andrew Gomm	NM	Administration of Part C Funds	Part C, Section 643 - Allocation of Funds - clarifying that the Education Department General Administrative Regulations require recipients of IDEA Part C Federal grant awards to have a restricted indirect cost rate.
8/13/2002	Individual, (personally identifiable information redacted).	--	State Participation	Part C, Section 634 - Eligibility - clarifying that participation by States in Part C is voluntary.
7/30/2002	Individual, (personally identifiable information redacted).	--	Natural Environments	Part C, Section 636 - Individualized Family Service Plan - regarding the history of implementation of the natural environments requirements of Part C of the IDEA since the early intervention program was originally enacted, and clarifying that, based on the child's IFSP, appropriate services can be provided in other environments.
6/11/2002	Trish Howard	KY	Early Intervention Services	Part C, Section 636 - Individualized Family Service Plan - clarifying that (1) guidelines established by a State to assist teams in developing an individualized family service plan (IFSP) may not be implemented in a manner that restricts the authority and responsibility of the IFSP team and (2) that the IFSP team makes the final determination of the frequency and intensity of early intervention services needed by the child.
2/13/2002	U.S. Congresswoman Judy Biggert	DC	Amendment of Regulations	Part C, Section 631 - Findings and Policy - regarding the Department of Education's decision to delay the issuance of any new regulations for the Part C program until after the IDEA is reauthorized and to withdraw the Notice of Proposed Rulemaking published in the Federal Register on September 5, 2000.

Date	Recipient	State	Topic	Section of IDEA
2/12/2002	Kelly C. Wilson	IL	Early Intervention Services	Part C, Section 636 - Individualized Family Service Plan - clarifying (1) that the IFSP may include a particular methodology or instructional approach that is considered by the IFSP team to be integral to the design of an individualized program of services to meet the unique needs of the individual child and (2) that the State is required to provide all services identified in the IFSP and to ensure that those services are implemented according to the IFSP.
8/6/2001	U.S. Senator Richard Shelby	DC	Natural Environments	Part C, Section 636 - Individualized Family Service Plan - regarding the history of implementation of the natural environments requirements of Part C of the IDEA since the early intervention program was originally enacted, and clarifying that, based on the child's IFSP, appropriate services can be provided in center-based programs.
5/17/2001	Deborah Barnett, Joanne Wounded Head	SD	Eligibility Criteria	Part C, Section 635 - Requirements for a Statewide System - regarding the use of informed clinical opinion in determining eligibility, the provision of respite care and transportation as part of early intervention services, and the need for appropriately trained staff.
5/3/2001	Kurt Knickrehm	AR	Eligibility Criteria	Part C, Section 635 - Requirements for a Statewide System - clarifying the need to review public awareness and child find activities to ensure that culturally appropriate materials are provided to all populations in the State and that States can establish initial eligibility criteria but cannot set additional criteria for individual services for a child who has already been determined to be eligible under Part C.
5/2/2001	Garry Gardner	IL	Eligibility Criteria	Part C, Section 635 - Requirements for a Statewide System - regarding the flexibility that Part C provides States in defining the developmental delay category for determining the eligibility of infants and toddlers with disabilities and the procedures that States must follow in making changes to this category.
4/16/2001	U.S. Senator Robert C. Byrd	DC	Early Intervention Services	Part C, Section 636 - Individualized Family Service Plan - regarding the individualized family service plan (IFSP) process in determining the intensity and frequency of early intervention services under Part C, along with the financial responsibility for these services.
6/14/2001	U.S. Senator Ike Skelton	DC	Natural Environments	Part C, Section 636 - Individualized Family Service Plan - regarding the history and changes to the natural environments requirements of Part C of IDEA since the early intervention program was originally enacted, and clarifying that the need for parent networking and parent training could be addressed through the provision of appropriate services in the child's IFSP.
1/2/2001	Colleagues	--	Federal Interagency Coordinating Council	Part C, Sections 631-641 - regarding principles of family involvement and suggested standards of practice developed by the Federal Interagency Coordinating Council (FICC) to encourage meaningful involvement of family members at all levels of policy and service delivery planning.

Date	Recipient	State	Topic	Section of IDEA
1/17/2001	H. James T. Sears (TRICARE)	VA	Federal Interagency Coordinating Council	Part C, Sections 631-641 - regarding the FICC's development of a service guide, TRICARE and IDEA Part C: A Guide to Services, that addresses the interface between TRICARE, the Department of Defense's military health system, and Part C of IDEA.
12/19/2000	Office of CHAMPUS Management Activity	CO	Payor of Last Resort	Part C, Sections 631-641 - regarding proposed CHAMPUS regulations (including its "pay first" and "medical services" provisions) and their relationship to Part C's "payor of last resort" and other provisions.
10/19/2000	Cecil Picard	LA	State Lead Agency General Supervisory Responsibility	Part C, Sections 631-641 - regarding the lead agency's responsibility under Part C concerning general administration and supervision, together with assigning financial responsibility among appropriate agencies.
11/1/2000	Individual (personally identifiable information redacted)	--	Natural Environments	Part C, Sections 631-641 - regarding the requirements of providing early intervention services in natural environments and including appropriate justifications on the IFSP.
9/18/2000	Linda Renee Baker	IL	Definitions	Part C, Sections 631-641 - regarding the State's inability to serve as a parent under the Part C regulatory definition for a child who is a ward of the State.
8/16/2000	Julie Goings (Bureau of Indian Affairs)	SD	Early Intervention Services	Part C, Sections 631-641 - regarding the role and responsibilities of the Bureau of Indian Affairs, States and tribes in providing services to children with disabilities from birth to age five who are members of the tribe.
9/25/2000	Individual, (personally identifiable information redacted)	--	Infant or Toddler with a Disability	Part C, Sections 631-641 - regarding the flexibility Part C provides States in defining the developmental delay category of eligibility of infants and toddlers with disabilities and in establishing standards that exceed Federal requirements.
8/11/2000	Joanne C. Holmes	ME	Federal Interagency Coordinating Council	Part C, Sections 631-641 - regarding application of Section 644 of the IDEA and other Federal requirements to activities of the Federal Interagency Coordinating Council.



March 2010

Workforce Preparation to Serve Children Who Receive Part C Services

by Kimberly Moherek Sopko, Ph.D.,

INTRODUCTION

A variety of professionals work with infants and toddlers with disabilities who receive Part C (early intervention) services under the Individuals with Disabilities Education Act (IDEA). Each state is responsible for ensuring these professionals are fully qualified to provide those services. As stated in IDEA:

A statewide system ... shall include ... a comprehensive system of personnel development including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the state ... and policies and procedures related to the establishment and maintenance of qualifications to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing early intervention services... [20 USC 1435].

This document focuses on state requirements for the various professional roles for Part C services and collaborative efforts to ensure high quality personnel are available to provide Part C services. Project Forum at the National Association of State Directors of Special Education (NASDSE) completed this activity as part of its cooperative agreement with the U.S. Department of Education Office of Special Education Programs (OSEP).

METHODOLOGY

In December 2009 and January 2010, Project Forum conducted a survey of all state-level Part C directors to collect information on their efforts to ensure the availability of high quality service providers for infants and toddlers receiving Part C services. Respondents had the option to reply via email, fax or use an online survey. Part C directors and/or staff from forty-one states responded to the survey.

FINDINGS

State Requirements for Providers

The survey specified 12 early intervention professional roles:

- early intervention specialist/developmental specialist/infant toddler specialist
- occupational therapist
- physical therapist
- nurse
- speech language pathologist
- paraprofessional
- audiologist
- nutritionist
- social worker
- counselor
- psychologist
- service coordinator

The survey requested respondents to identify the state requirements for these professionals to serve as Part C service providers. On average, across all 12 professions, 7.5% states require associate’s degrees; 33.5% require bachelor’s degrees; 35.2% require Master’s degrees; 22.8% require professional association certification; 32.5% require additional knowledge and skills specific to EI; and 40.5% require state certification. The requirements vary by individual profession and there may be multiple requirements for an individual profession. The percentage of responding states requiring the listed degrees and certification by profession are provided in Table 1.

Table 1. Percentage of states* and the requirements by individual professional role

Requirements	Early Interventionists	Occupational Therapists	Physical Therapists	Nurses	Speech Language Pathologists	Paraprofessionals	Audiologists	Nutritionists	Social Workers	Counselors	Psychologists	Service Coordinators
Associate’s degree	9.8	7.3	4.9	26.8	0	26.8	0	0	0	0	0	14.6
Bachelor’s degree	73.2	41.5	36.6	46.3	9.8	7.3	4.9	51.2	36.6	12.2	12.2	70.7
Master’s degree	26.8	36.6	41.5	14.6	63.4	4.9	48.8	19.5	53.7	56.1	36.6	19.5
Professional association certification	7.3	29.3	36.6	26.8	36.6	2.4	34.1	31.7	26.8	14.6	22	4.9

Additional knowledge and skills specific to EI	46.3	34.1	29.3	31.7	34.1	26.8	24.4	29.3	29.3	24.4	29.3	51.2
State certification	39.0	51.2	51.2	48.8	53.7	12.2	43.9	36.6	48.8	36.6	46.3	17.1
No requirement	9.8	0	0	0	0	14.6	0	0	2.4	9.8	0	7.3
Other	43.9	48.8	46.3	43.9	41.5	63.4	39.0	34.1	34.1	34.1	51.2	51.2

*Note: States may have more than one requirement for a Part C professional role.

Other requirements

One state may accept work experience if it aligns with criteria in a rubric the state designed for early interventionists. A few states require continuing education and/or completion of standards of practice within three years of employment. One state requires all staff working in the early intervention system for 20 hours or more to become certified as early intervention specialists within three years of date of hire. Some states require at least one year of documented professional experience with individuals with disabilities aged birth to five years. Two states require doctorate degrees for physical therapists; three states require doctorate degrees for audiologists; and 12 states require doctorate degrees for psychologists.

Other professional roles with requirements

Other professional roles identified by states include behavior specialists/Board Certified Behavior Analysts (BCBA), applied behavioral analysis (ABA) providers, certified therapeutic recreation specialists, vision specialists and/or orientation and mobility specialists, optometrists, hearing specialists, mental health specialists and family therapists. Most of these professional roles require certification at the state level or from the affiliated professional board as well as a bachelor’s or master’s degree.

Additional roles include interpreters (foreign language and hard of hearing/deaf), intake coordinator supervisors, primary level evaluators (PLE) and district evaluation specialists. Most of these professional roles require a high school diploma or associate’s degree, documented experience, and/or certification to administer specific evaluations.

Career Ladder

Three of the responding states have a career ladder option¹ offered for paraprofessionals and assistants to receive training for a professional position as a Part C service provider. One state indicated it has a professional development registry² for the early childhood professions.

Personnel Shortages

All but one responding state reported shortages in personnel who provide Part C services. The one state that reported no shortage indicated that it is more of a distribution problem than an actual shortage. Other states indicated that shortages vary based on geographic regions with

¹ Refer to <http://www.birth23.org/Training%20and%20Events/default.asp>; <http://www.pattan.net/supportingstudents/paraeducators.aspx>; and <http://www.dhhs.nh.gov/DHHS/BDS/certification.htm> for additional information.

² Refer to <http://seed.alaska.edu> for additional information.

rural areas typically experiencing more shortages than other areas. Refer to Table 2 for the percentages of responding states with shortages in a professional role for Part C services.

Table 2. Percentage of responding states and professional role shortages

Professional Role	Percentage of states reporting a shortage
Speech language pathologists	81.0
Physical therapists	71.4
Occupational therapists	64.3
Early intervention specialists	31.0
Audiologists	21.4
Psychologists	21.4
Nurses	14.3
Counselors	11.9
Service coordinators	9.5
Social workers	7.1
Nutritionists	7.1
Paraprofessionals	0

States also report shortages in vision service providers, bilingual staff and infant mental health specialists.

Professional Development Topics

While there is a range of training topics offered by responding states, all report providing service coordination training. More than 95% of responding states offer training on Part C rules and regulations, Individualized Family Service Plan (IFSP) development, procedural safeguards and working with families in their natural environment. More than 90% of responding states offer training on evaluation and assessment, development of collaborative relationships, transition from Part C to Part B services and state policies and procedures. Additional topics offered by more than 50% of the responding states include transdisciplinary practice³, disability-specific information, best practices, screening, strategies for home visits and community resources and funding. Almost 50% offer training on nutrition and feeding; approximately 40% offer training on specialized equipment and newest technologies; and approximately 30% offer training on the use of technology for sharing information. A few states offer training on autism, outcomes, working with children in neonatal intensive care units (NICU), cultural competency, secondary language learners, infant mental health, early literacy, infant toddler development, home visitor safety, early intervention leadership and the Center on the Social and Emotional Foundations for Learning⁴ (CSEFEL) pyramid model for social emotional support. Some state professional development websites are included in the Appendix.

Collaborative Partnerships

There are a variety of collaborative efforts between Part C and other groups to directly support workforce development and retention for Part C service providers. Twenty-five responding states report collaboration with institutions of higher education (IHEs), and 20 states report collaboration with a variety of agencies such as Departments of Education,

³ Transdisciplinary practice means all professionals work together collaboratively functioning as a unit that shares assessment, goal selection, intervention and professional skills.

⁴ Refer to <http://www.vanderbilt.edu/csefel/> for additional information.

Departments of Health and Human Services, Head Start, Departments of Social Services, Departments of Mental Health, and Parent Resource Centers. Five states reported the existence of a professional development or training collaborative, and one state reported a virtual online distance learning program. A few states mentioned collaboration with national level partners such as the National Association for State Directors of Special Education⁵ (NASDSE) and the CSEFEL.

Challenges

The most common challenge, which was identified by 16 responding states, is competing with salaries offered by school districts, the private sector and hospitals because Part C programs often cannot match these. Eleven states report the challenge of geographical factors, such as finding personnel to provide services in rural areas, the vast distance some providers must travel to provide services and safety concerns in some urban areas. Ten states also indicated consistent funding was a significant challenge to ensure a highly qualified Part C workforce. Additional challenges identified by five or fewer states include billing issues; supply, recruitment, and adequately trained personnel issues; turnover; need for bilingual staff; increased number of referrals; and oversight of providers.

Strategies

Several responding states identified strategies being implemented to develop and retain a high quality workforce to provide Part C services. These include:

- collaborating with the states' Department of Labor and other agencies for workforce development, such as beginning or maintaining a marketing and outreach campaign, developing a recruitment DVD and brochure to raise awareness about early intervention careers;
- collaborating with school districts to share personnel in rural areas or areas where professionals are seeking to work for both the school and early intervention;
- offering sign-on bonuses to eligible candidates and/or ensuring adequate compensation through school district master agreements;
- using American Recovery and Reinvestment Act (ARRA) funds
 - for additional positions and financial incentives,
 - to purchase a statewide, centralized, web-based data and billing system to address third-party reimbursement challenges and improve data accuracy for federal reporting,
 - to ensure that each local program has at least one staff person focused on recruitment and retention and one staff person to serve as a training coordinator;
- exploring additional avenues for funding;
- funding loan forgiveness and stipend programs for regions that identify this as a need;
- presenting at professional job fairs;
- providing centralized processes for student field placements/practica/internships in early intervention services;
- establishing a credentialing process for early interventionists; providing a "one-stop" office for entering the system, renewing credentials, and providing technical assistance for the process;

⁵Refer to [http:// www.nasdse.org](http://www.nasdse.org) for additional information.

- supporting IHEs in establishing certificate programs focused on services for the birth to three-year-old population;
- developing Centers of Excellence with universities, establishing an Early Childhood Training Center or Innovative Early Intervention Training program⁶, and/or developing a Comprehensive System of Personnel Development);
- providing training modules online and offering mentoring;
- changing the methodology of services to a team-based model;
- proposing legislative changes in Medicaid for early intervention services;
- establishing an early intervention Medicaid initiative that includes standard reimbursement rates based on the cost of providing services in the natural environment, expansion of services covered, and an expansion of provider discipline covered; and
- providing an early intervention central billing office for electronic billing and insurance billing services.

Fourteen responding states did not provide strategy recommendations or indicate the need for creative strategies.

CONCLUSIONS

States have established requirements to ensure a high quality workforce for children and families receiving Part C services. These requirements vary by state, but all are striving to hire high quality professionals. Several state websites that identify personnel standards and requirements are included in the Appendix. Most states are experiencing personnel shortages, particularly speech-language pathologists, physical therapists and occupational therapists. The most significant challenge contributing to these shortages is the ongoing competition with school districts, the private sector and hospitals not only for personnel, but also competitive compensation for their services. States also report difficulty in maintaining a qualified supply of personnel to provide Part C services in rural areas. Many states indicate a need for more funding for Part C so they can adequately recruit, train and retain personnel; provide competitive compensation packages; and alleviate shortages so that all eligible children can receive services.

States have developed collaborative partnerships with IHEs and other agencies and have developed a variety of creative strategies to address recruitment and retention, training and credentialing, funding and billing issues. States are also establishing Centers of Excellence and Innovative Training Centers to further build and support their Part C workforce.

Establishing and maintaining a highly qualified workforce for Part C services is an ongoing issue in many states; however, states continue to make great strides in ensuring young children with disabilities and their families receive the services they need so that young children can enter school ready to learn.

⁶Refer to <http://www.illinoiseittraining.org> for additional information.

Appendix: Website Resources

Personnel Standards / Administrative Code / Requirements:

Connecticut: <http://www.birth23.org/Training%20and%20Events/standards.asp>

Illinois: <http://www.ilga.gov/commission/jcar/admincode/089/08900500sections.html>

New Jersey: <http://www.nj.gov/health/fhs/eis>

Career Ladders

Connecticut: <http://www.birth23.org/Training%20and%20Events/default.asp>

New Hampshire: <http://www.dhhs.nh.gov/DHHS/BDS/certification.htm>

Pennsylvania: <http://www.pattan.net/supportingstudents/paraeducators.aspx>

Professional Development

Alaska: <http://seed.alaska.edu>

Illinois: <http://www.illinoiseitraining.org>

Ohio: <http://www.opdn.org>

Alabama: <http://www.ucpconference.org>

ACKNOWLEDGMENTS

Project Forum appreciates Joicey Hurth, Associate Director, National Early Childhood Technical Assistance Center, for her insightful comments on the survey questions.

This report was supported by the U.S. Department of Education (Cooperative Agreement No. H326F050001). However, the opinions expressed herein do not necessarily reflect the position of the U.S. Department of Education and no official endorsement by the Department should be inferred.

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Queries

An Occasional Paper

Compiling States' Approaches to Current Topics

Screening and Early Identification of Autism Spectrum Disorders

Compiled by Evelyn Shaw & Deborah Hatton

Updated September 2009

In response to interest from the National Professional Development Center on Autism Spectrum Disorders (NPDC-ASD), NECTAC queried state Part C and Section 619 coordinators regarding screening measures, diagnostic instruments and procedures, and trends in identifying young children with ASD under the age of five years. NECTAC collaborated with the NPDC-ASD to develop and refine a series of questions and then to conduct an on-line survey during a two week period in November 2008. The survey was opened again in August 2009 to allow responses from additional states. Individual states are not identified in this report.

Responses were received from a total of 40 respondents in 30 states/jurisdictions scattered throughout the United States and the Pacific jurisdictions. Of these respondents, 18 were Part C program coordinators, 13 were Section 619 program coordinators, and 9 indicated that they represented both programs. Twelve states had respondents from both Part C and Section 619.

The findings of this informal survey are intended only to provide information to the National Professional Development Center on ASD and to Part C and Section 619 program coordinators regarding the current status of screening and diagnosis of ASD among children ages birth to five years. The findings are not purported to be representative of results that would be obtained from all states and jurisdictions.

First, respondents were asked to identify the screening measures/tools that were being used within their states to screen young children for ASD. Respondents could select all that applied from a list of measures typically used for screening young children for ASD that are shown in Table 1 below. The two most frequently selected screening instruments were: Ages & Stages Questionnaire: Social Emotional (ASQ-SE; Squires et al., 2002), selected by 83% (N = 33) of the respondents; Modified Checklist for Autism in Toddlers (M-CHAT; Robins et al., 2001), selected by 73% (N = 29) of the respondents. Most respondents (N = 36, 90%) indicated that more than one screening tool is being used in their program. Attachment 1 at the end of this paper is a compiled table of screening tools listed in the survey as well as additional tools survey respondents said were in use in their states. Included in the table are commonly used acronyms, full citations, and URLs for more information on each screening tool.

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Table 1
Use of Autism Screening Instruments in Participating State Early Childhood Programs

Measure	Respondents (N=40)	Percent of Respondents
Ages & Stages Questionnaire: Social- Emotional (ASQ-SE)	33	83
Modified Checklist for Autism in Toddlers (MCHAT)	29	73
Checklist for Autism in Toddlers (CHAT)	14	35
Checklist for Autism in Toddlers-23 (CHAT-23)	11	28
Autism Behavior Checklist (ABC)	11	28
Pervasive Developmental Disabilities Screening Test II (PDD ST II)	9	23
Gilliam Autism Rating Scale 2nd Edition (GARS-2)	7	18
Communication and Symbolic Behavior Scales Developmental Profile Infant/Toddler Checklist (CSBS-DP)	6	15
Asperger Syndrome Diagnostic Scale (ASDS)	5	13
Social Communication Questionnaire (SCQ)	4	10
Screening Tool for Autism in Two-Year-Olds (STAT)	4	10
Gilliam Asperger's Disorder Scale (GADS)	4	10
Childhood Asperger Syndrome Test (CAST)	2	5
Other*	6	15

* Other screening tools used were Temperament and Atypical Behavior Scale (TABS), Early Screening Project (ESP), Greenspan Social-Emotional Growth Chart (GSEGC), Social Responsiveness Scale (SRS), Baby and Infant Screen for Children with aUtism Traits (BISCUIT), Childhood Autism Rating Scale (CARS), and a locally developed screening tool.

Next, respondents were asked to identify the instruments/procedures used to diagnose ASD in children under five years of age in their states. Respondents could select all that applied from a list of measures typically used for diagnosing young children with ASD, and most respondents indicated that multiple methods were used to diagnose ASD in their programs (81%, N = 29). Respondents from four programs did not identify any tools for diagnosing ASD in children ages five years and younger, and respondents from three programs noted that they “did not diagnose ASD.” As can be seen in Table 2, the majority of respondents indicated that the Childhood Autism Rating Scale (CARS; Schopler et al., 1988) and Autism Diagnostic Observation Schedule (ADOS; Lord et al., 2000) were being used to diagnose ASD in children under five years of age in their programs. In addition, some respondents indicated that the Diagnostic and Statistical Manual, American Psychiatric Association (DSM IV-TR, 2000) is being used to diagnose ASD in children under five years of age. A category for “other” was also available and included a text box for describing the instrument or procedures. Attachment 2 at the end of this paper is a compiled table of diagnostic tools listed in the survey as well as additional tools survey respondents said were in use in their states. Included in the table are commonly used acronyms, full citations, and URLs for more information on each diagnostic tool.

Table 2
Use of Autism Diagnostic Instruments in Participating State Early Childhood Programs

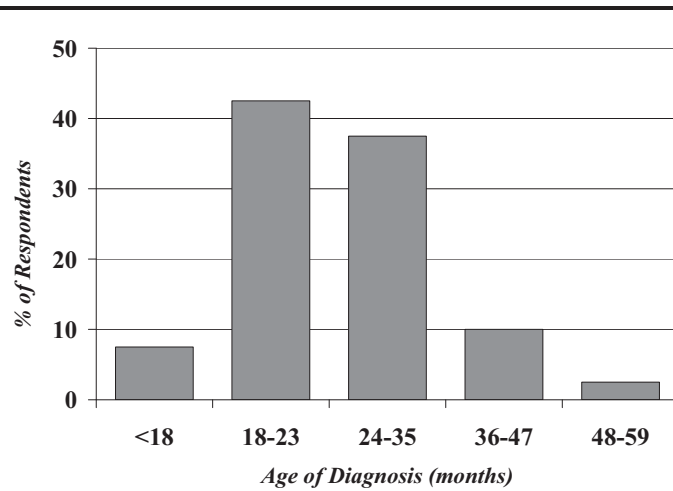
Measure	Respondents (N=36)	Percent of Respondents
Childhood Autism Rating Scale (CARS)	25	69
Autism Diagnostic Observation Schedule (ADOS)	22	61
Diagnostic and Statistical Manual-IV (DSM-IV)	18	50
Autism Diagnostic Interview-Revised (ADI-R)	10	28
International Classification of Diseases-10 (ICD-10)	5	14
Other*	8	22
No diagnoses made	3	8

* Other tools and methods indicated were Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R), Scales of Independent Behavior-Revised (SIB-R), Psychoeducational Profile Revised (PEP-R), state guidelines, and professional observational visits.

The third survey question asked respondents if their states have a targeted campaign or initiative aimed at screening and early identification of ASD in children five years and younger. Thirteen of the 40 respondents reported having such an initiative (33%).

Finally, respondents were asked to identify the current trend for earliest age of diagnosis for ASD in their states by selecting from a list of seven age groupings. They were asked to respond with their perception if they did not have an exact data source. The age groupings included: a) before 18 months; b) 18-23 months; c) 24-35 months; d) 36-47 months; e) 48-59 months; f) 60-71 months; and g) 72 months or older. Three respondents (7.5%) reported that the current trend for the earliest age of diagnosis of ASD was before 18 months old—all respondents identifying this age were Part C coordinators. Seventeen respondents (42.5%) reported that the trend for earliest age of diagnosis was between 18 and 23 months, fifteen (37.5%) between 24 and 35 months. Thus, most (87.5%) of the respondents from both Part C and Section 619 reported a trend in diagnoses of ASD being made before age 3. Four (10%) reported diagnoses being made between 36 and 47 months; three of these were Section 619 coordinators. Finally one respondent (2.5%) reported that the earliest age of diagnosis was between 48 and 59 months – unexpectedly, this was a Part C Coordinator. None of the respondents selected an age span greater than 59 months. Please see Figure 1 for a summary of participants’ responses.

Figure 1
State Coordinators' Perceptions of Current Trends
for Earliest Age of Diagnosis of ASD



It is encouraging to note that the Part C and Section 619 programs perceive that there is a trend toward earlier identification than has been previously reported in the literature (Shattuck, P.T. et al., 2009). The results of this brief query suggest that the participating states are attuned to the need for early identification and diagnosis of ASD. Currently, two primary screening tools and three diagnostic measures were the most often reported; however, the majority of the states acknowledged that multiple tools and diagnostic measures were used within their states. It will be important for ongoing research studies on early screening and diagnosis to provide guidance to help states identify and use evidence-based strategies and tools for this important endeavor.

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Citation

Shaw, E. & Hatton, D. (Eds.). (2009). *Screening and early identification of autism spectrum disorders* (Queries: An Occasional Paper Compiling States' Approaches to Current Topics). Chapel Hill: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

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Photo credit / Design / Editing: Alex Lazara

Editorial Review: Joan Danaher

This document appears at: http://www.nectac.org/~pdfs/pubs/queries/queries_asdscreening.pdf

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Attachment 1
Tools in Use by State Early Intervention and Early Childhood Special Education Programs for Screening Autism Spectrum Disorders in Very Young Children

Tool	Citation
ABC	Krug, D., Arick J.R., Almond, P.J (1980). ASIEP-3: Autism Screening Instrument for Educational Planning - Third Edition. Austin, TX: Pro-ed. http://www.proedinc.com/customer/productView.aspx?ID=4217
ASDS	Myles, B., Jones-Bock, S., Simpson, R. (2001). Asperger Syndrome Diagnostic Scale (ASDS). North Tonawanda, NY: Multi-Health Systems Inc. http://www.mhs.com/product.aspx?gr=edu&prod=asds&id=overview
ASQ-SE	Squires, J., Bricker, D., & Twombly, E. (2002). Ages & Stages Questionnaire: Social- Emotional (ASQ-SE). Baltimore, MD: Paul H Brookes Publishing. http://www.brookespublishing.com/store/books/squires-asqse/index.htm
BISCUIT	Matson, J. L., Wilkins, J., Sevin, J. A., Knight, C., Boisjoli, J. A., & Sharp, B. (2009). Reliability and item content of the Baby and Infant Screen for Children with aUtism Traits (BISCUIT): Parts 1, 2 and 3. <i>Research in Autism Spectrum Disorders</i> , 3, 336–344. doi:10.1016/j.rasd.2008.08.001 if one has institutional access, or see http://www.sciencedirect.com/science/journal/17509467
CAST	Scott, F., Baron-Cohen, S., Bolton, P., & Brayne, C. (2002). Childhood Asperger Syndrome Test (CAST). <i>Autism</i> 6(1), 9-31. http://aut.sagepub.com/cgi/content/abstract/6/1/9
CARS	Schopler, E., Reichler, R.J., Rochen Renner, B. (1999). Childhood Autism Rating Scale (CARS). Chapel Hill, NC: University of North Carolina Project TEACCH. http://www.teacch.com/publications.html#Assessment
CHAT	Wheelwright, S. (1995). Checklist for Autism in Toddlers (CHAT) http://depts.washington.edu/dataproj/chat.html
CHAT-23	Wong, V. et al. (2004). A Modified Screening Tool for Autism (Checklist for Autism in Toddlers [CHAT-23]) for Chinese Children. <i>Pediatrics</i> 114(2), e166-e176. http://www.ncbi.nlm.nih.gov/pubmed/15286253
CSBS-DP	Wetherby, A. & Prizant, B. (2002). Communication and Symbolic Behavior Scales Developmental Profile Infant/Toddler Checklist (CSBS-DP). Baltimore, MD: Paul H Brookes Publishing. http://www.brookespublishing.com/store/books/wetherby-csbsdps/index.htm
ESP	Feil, E. G., Severson, H. H., & Walker, H. M. (1998). Screening for emotional and behavioral delays: The Early Screening Project (ESP). <i>Journal of Early Intervention</i> , 21(3), 252-266. http://jei.sagepub.com/cgi/content/abstract/21/3/252
GADS	Gilliam, K. (2001). Gilliam Asperger Disorder Scale (GADS). Austin, TX: Pro-ed. http://www.proedinc.com/customer/ProductView.aspx?ID=822&sSearchWord=gads
GARS-2	Gilliam, J. (2006). Gilliam Autism Rating Scale 2nd Edition (GARS-2). North Tonawanda, NY: Multi-Health Systems Inc. http://www.mhs.com/product.aspx?gr=edu&prod=gars2&id=overview
GSEGC	Greenspan, S. (2004). Greenspan Social-Emotional Growth Chart. Boston, MA: Pearson Assessments and Information. http://pearsonassess.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8280-229&Mode=summary

-continued on next page-

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Tool	Citation
MCHAT	Robins, D., Fein, D., & Barton, M. (2001). Modified Checklist for Autism in Toddlers (MCHAT). http://www2.gsu.edu/~psydlr/Diana_L_Robins_Ph.D..html
PDD ST II	Siegel, B. (2004). Pervasive Developmental Disabilities Screening Test II (PDD ST II). San Francisco: University of California San Francisco. http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=076-1635-106&Mode=summary
SCQ	Rutter M., Bailey, A., & Lord, C. (2003). Social Communication Questionnaire (SCQ). Los Angeles: Western Psychological Services. http://portal.wpspublish.com/portal/page?_pageid=53,70432&_dad=portal&_schema=PORTAL
SRS	Constantino, J.N. (2003). Social Responsiveness Scale (SRS). Los Angeles, CA: Western Psychological Services. http://portal.wpspublish.com/portal/page?_pageid=53,70492&_dad=portal&_schema=PORTAL
STAT	Stone, W. & Ousley, O. (2004). Screening Tool for Autism in Two-Year-Olds (STAT). Nashville: Vanderbilt University. http://stat.vueinnovations.com/
TABS	Bagnato, S.J, Neisworth, J.T., Salvia, J.J., & Hunt, F.M. (1999). Temperament and Atypical Behavior Scale (TABS). Baltimore, MD: Paul H Brookes Publishing. http://brookespublishing.com/store/books/bagnato-tabs/index.htm

Attachment 2
Tools in Use by State Early Intervention and Early Childhood Special Education Programs for Diagnosing Autism Spectrum Disorders in Very Young Children

Tool	Citation
ADI-R	Le Couteur, A., Lord, C., & Rutter, M. (2003). Autism Diagnostic Interview-Revised (ADI-R). Ann Arbor, MI: University of Michigan Autism & Communication Disorders Center. http://www.umaccweb.com/diagnostic_tools/adiinfo.html
ADOS	Lord, C., Rutter, M., DiLavore, P., & Risi, S. (1999). Autism Diagnostic Observation Schedule (ADOS). Ann Arbor, MI: University of Michigan Autism & Communication Disorders Center. http://www.umaccweb.com/diagnostic_tools/index.html
CARS	Schopler, E., Reichler, R.J., Rochen Renner, B. (1999). Childhood Autism Rating Scale (CARS). Chapel Hill, NC: University of North Carolina Project TEACCH. http://www.teacch.com/publications.html#Assessment
DC: 0-3R	Zero to Three (2005). Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R). Washington, DC: Zero to Three https://secure2.convio.net/zttcfh/site/Ecommerce?VIEW_PRODUCT=true&product_id=1681&store_id=1121&JServSessionIdr002=t5oezbej51.app206a
DSM IV-TR	American Psychiatric Association (2000). Diagnostic and Statistical Manual-Text Revision (DSM IV-TR). Arlington, VA: American Psychiatric Association. http://www.psych.org/mainmenu/research/dsmiv/dsmivtr.aspx
ICD-10	World Health Organization (2006). International Classification of Diseases (ICD-10). Geneva, Switzerland: World Health Organization. http://www.who.int/classifications/icd/en/
PEP-R	Schopler, E. (1990). Individualized Assessment and Treatment for Autistic and Developmentally Disabled Children: Psychoeducational Profile-Revised (PEP-R). Austin, TX: Pro-ed. http://www.polyxo.com/assessment
SIB-R	Bruininks, R.H., Woodcock, R.W., Weatherman, R.F., & Hill, B.K. (1996). Scales of Independent Behavior-Revised (SIB-R). Rolling Meadows, IL: Riverside Publishing http://www.riverpub.com/products/sibr/index.html

nectac Notes no. 25

Essential Elements of High Performing, High Quality Part C Systems

Anne Lucas, Joicey Hurth & Christina Kasprzak

July 2010

INTRODUCTION

NECTAC was asked to identify essential elements for supporting high performance and provision of high quality early intervention Part C services as determined by the Annual Performance Review (APR) required under IDEA. To respond, NECTAC interviewed one state and conducted a focus group with four other states that have consistently met requirements on the APR indicators and are maintaining effective, efficient practices. The Part C Coordinators of these five states responded to the following broad discussion question:

“In thinking about your own state system, what would you say are the 2-3 essential elements of your Part C system that have allowed you to be consistently high performing, determined to be meeting the requirements in the Annual Performance Review as well as maintaining effective, efficient practices?”

Additionally, the NECTAC review of states’ APR early childhood indicators and technical assistance experience also helped inform the identification of commonalities across states that could be considered essential elements of a high performing Part C system.



ESSENTIAL ELEMENTS OF HIGH PERFORMING, HIGH QUALITY PART C SYSTEMS

Four essential elements emerged from the discussion with the selected states:

1. *Reliable and Current Data for Decision Making*
2. *Monitoring and Accountability*
3. *Adequate Numbers of Qualified Personnel*
4. *Strong Leadership, Administrative Support, and Partnerships between State and Local Levels.*

Each element is listed below and illustrated with specific activities and procedures noted by states. Quotes from participating states are included to provide examples of comments related to the various elements and to further describe how states are implementing these essential elements.

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1. Reliable and Current Data for Decision Making

Having reliable data that reflects current performance and using it for making decisions was identified as one of the most important elements across the interviewed states.

- Having a data system provide information that is needed when it's needed
- Having standard forms and procedures for data entry supports consistency across the state
- Having a limited number of people enter data makes training for consistency and accuracy easier
- Having designated individual(s) to check the data on an ongoing basis for accuracy and to correct problems as needed
- Reviewing and using data to make important decisions related to accountability and oversight (including contract revisions), personnel development, personnel recruitment and deployment, correction of noncompliance, improvement planning, allocation of funds (including targeted improvement activities), etc.
- Reviewing and using data to clarify or develop policies, procedures, and guidance

"We are able to focus our energy and resources based on having reliable data and good information."

2. Monitoring and Accountability

Having a strong accountability system that incorporates monitoring of both quality and compliance and that can target technical assistance and other resources for improvement are also essential.

- Having an accountability structure that holds local programs responsible for requirements, with a single line of authority that can monitor performance and impose sanctions if necessary
- Assisting local programs in understanding the data, including factors contributing to noncompliance or performance issues
- Helping local programs develop effective corrective action or improvement plans based on the data and contributing factors
- Providing targeted technical assistance (TA) to address specific local needs related to improvement
- Providing financial incentives (including higher fees/reimbursements for services in compliance or bonuses for high performance) and sanctions (e.g., disenrolling providers, not paying for services until documentation is complete and accurate)
- Implementing ongoing oversight to identify and immediately resolve patterns of poor performance of an individual provider or agency
- Having an effective yet efficient system of general supervision that minimizes redundancies and focuses efforts on priority areas
- Focusing on quality measures despite the pressure to ensure compliance (e.g., using child and family outcome data to rank programs for focused monitoring, using family survey to inform monitoring conclusions, conducting quality review of programs overtime, or including quality measures in monitoring and record reviews)

"I concur that a good data system is an essential element, but I think general supervision and accountability that includes ongoing TA and support is more important. We used to put data in front of people and talk about it and what is needed. [Now understanding and using the data to] construct mutually agreed upon CAPs, timelines and expectations for completion and follow-up has placed a different level of accountability on our system. This [process] leverages the TA that is needed."

"If we don't do anything with our data we won't improve performance. We have a variety of strategies for correcting, including how relentless we want to be - looking at data [weekly], monthly or quarterly and following up with programs so they know we are watching and they'll pay attention."

"Providers can be held directly accountable and can be disenrolled if corrective actions are not made ([even with] TA support). Having the capacity and willingness to hold providers accountable is really important and helps keep the focus on what's good for families."

"Along with accountability, we provide financial incentives to drive practice. Now we pay for initial IFSP meetings if the meeting is on time (unless delayed for family reasons). This clearly drives providers to get [initial IFSP] meetings done before 45 days."

3. Adequate Numbers of Qualified Personnel

Having adequate numbers of qualified personnel including recruitment, effective and efficient deployment of personnel, and adequate technical assistance and training to support personnel in carrying their responsibilities is critical for supporting high performance and high quality early intervention services.

- Having sufficient Part C lead agency staff to fulfill all requirements, including accountability, monitoring, program improvement, technical assistance and reporting
- Using a variety of mechanisms for ensuring adequate numbers of personnel (e.g., enrolling agencies/programs and private providers to provider Part C services, using incentives such as loan forgiveness and tuition payments, incorporating career ladders that support paraprofessional to professional levels of training, using a certification process for personnel, etc.)
- Ensuring that personnel are qualified to work with infants and toddlers and their families including understanding and implementing requirements and evidence based practices (e.g., through orientation, required training for enrollment, focused TA and training, mentoring and/or supervision programs)

“The state has standard trainings in place, but is currently working on other aspects of personnel development (how to do mentoring and ongoing support necessary for changing practice). We have an eye on quality and are attempting to link providers to resources.”

“We have an early childhood training center. We use our CSPD funds (619 and Part C) and other interagency funds (Head Start, early childhood education, child care) to delivery comprehensive TA and training across the state.”

“Through TA, we are changing our service delivery system to primary coaching and teaming. Early reports from pilot teams are very promising. It’s a coaching approach to help change practice. Hopefully, we’ll be able to measure differences in child and family outcomes in several years.”

“Whenever we do training or a TA visit, we approach the whole team including the service coordinator and district personnel. We have a joint conversation, or provide joint training, so all can hear the information. We ensure family partners are included. Trainings are open to all so everyone can hear the same information and we can promote consistency of understanding throughout the state.”

4. Strong Leadership, Administrative Support, and Partnerships between State and Local Levels

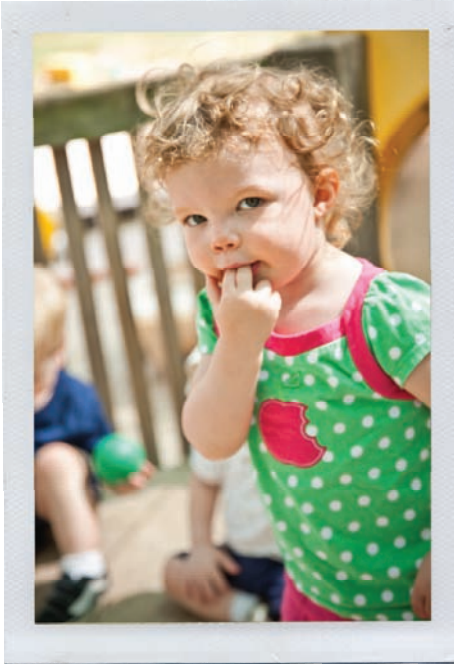
Having administrative support and strong leadership are critical for any program to be successful. An added element for high performance is building partnerships between the leadership at the state and local levels.

- Having mechanisms for local leaders to communicate and support one another (e.g., leadership mentoring programs, regularly scheduled meetings, multiple communication mechanisms, collaborative workgroups, means of sharing successful strategies and resources)
- Having consistency in leadership and support (including fiscal support) is always desirable but not always attainable; therefore programs must nurture multiple sources of ongoing support (including higher level administrators, legislators, appropriation committee members, State ICC, general public, etc.)
- Having a variety of strategies for sustaining support (e.g., public reporting, public awareness, parent advocacy, educational media releases)
- Having a good match between the Part C program and the Lead Agency’s structure, capabilities, strengths and mission

“Strengthening and enhancing relationships with local and state leadership and establishing partnerships... the human element of problem solving and fixing our problems together, including what we pay attention to, pays off.”

“Another thing our state is doing (which we hope will have long term payoff), is using a results based accountability model for appropriations. We report APR data plus one additional measure to show effectiveness of the program. It’s a report card for the Part C program – part of our budget process.”

“We had new agency managers and needed to bring them up to speed so we had a planning summit, which resulted in lots of recommendations. We stepped back and took a systemic look and mapped changes/improvements strategically, aligning them with quality features and pulling in supporting resources and solutions.”



SUMMARY

All participating states, although quite different in lead agencies and infrastructure, expressed consensus in their opinions about important elements of a successful Part C system. Similarly, improvement activities listed by states in their Part C APRs often focus on the four essential elements described above. States often attribute improvements on compliance and performance measures to enhancements in these elements of their systems.

This paper may be of use to other states to explore the characteristics of their own systems. A work group might consider the activities/procedures under each of the essential elements to identify what they have in place and where they may need to strengthen their system to enhance performance and quality.

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Photos: *Alex Lazara*

Please cite as:

Lucas, A., Hurth, J., & Kasprzak, C. (Eds.) (2010). *Essential elements of high performing, high quality Part C systems* (NECTAC Notes no. 25). Chapel Hill: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

This document is online at: <http://www.nectac.org/~pdfs/pubs/nnotes25.pdf>

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Project Officer: *Julia Martin Eile*

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NECTAC is a program of the FPG Child Development Institute at The University of North Carolina at Chapel Hill.

nectac Notes no. 26

Part C Lead Agencies

Compiled by Joan Danaher

August 2010

INTRODUCTION

Part C of the Individuals with Disabilities Education Act (IDEA) requires that the governor of each participating state/jurisdiction designate a Lead Agency for the purpose of carrying out: general administration and supervision; identification and coordination of all available resources; assignment of financial responsibility to the appropriate agencies; development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes; resolution of intra- and interagency disputes; and, development of formal interagency agreements.

Lead Agencies have varied across the states and, in 23 states/jurisdictions, have changed over time. Ten of the Lead Agency changes occurred early in the Part C (previously designated Part H) program during the time that states were initially developing their early intervention systems (1987-1993). After that early period no more than one state per year had a Lead Agency change. Recently, (2009-2010) there have been three state Lead Agency changes. Three states, Maine, Rhode Island and Texas, that initially designated interagency councils as Lead Agencies ultimately changed to single agency leads. Two of the most recent Lead Agency changes, South Carolina and Washington, appear to be attempts to consolidate numerous early childhood education and school readiness programs into a single agency.

A variety of sources were consulted to compile the list of Part C Lead Agencies over time. The level of detail, i.e., department to division to bureau, varied across the sources. We have noted only actual lead agency changes. Instances in which agency names changed or agency reorganization occurred that did not affect the agency designated as “lead” are not noted. We directly contacted several states and were fortunate to find state staff “who were there when” to confirm our information. NECTAC appreciates hearing from Part C Coordinators when agency changes occur.



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State/Jurisdiction	Lead Agency as of August 2010	Former Lead Agency, if any
Alabama	Rehabilitation Services	
Alaska	Health and Social Services	
American Samoa	Health	
Arizona	Economic Security	
Arkansas	Health and Human Services/Developmental Disabilities	
Bureau of Indian Education / Affairs		<i>(BIA/Indian Education Programs 1987-1989¹)</i>
California	Developmental Services	
Colorado	Human Services/Developmental Disabilities	<i>(Education 1987-2005)</i>
Connecticut	Developmental Services	<i>(Education 1987-1995)</i>
Delaware	Health and Social Services	<i>(Public Instruction 1987-1991)</i>
District of Columbia	Education	<i>(Human Services 1987-2007)</i>
Florida	Health	<i>(Education 1987-1992)</i>
Georgia	Maternal and Child Health/ Public Health	
Guam	Education	
Hawaii	Health	
Idaho	Health and Welfare	
Illinois	Human Services	<i>(Education 1987-1997)</i>
Indiana	Family and Social Services	
Iowa	Education	
Kansas	Health and Environment	
Kentucky	Health and Family Services/Public Health	<i>(Human Resources 1987-1999)</i>
Louisiana	Health and Hospitals/Developmental Disabilities	<i>(Education 1987-2002)</i>
Maine	Education	<i>Interdepartmental Coordinating Committee for Preschool Handicapped Children (1987-1994)</i>
Maryland	Education	<i>(Education 1987-1996)</i>
Massachusetts	Public Health	
Michigan	Education	
Minnesota	Education	
Mississippi	Health	
Missouri	Education	
Montana	Public Health and Human Services	
Nebraska	Education <i>and</i> Health and Human Services (Co-Lead)	<i>(Education 1987-1991)</i>
Nevada	Health and Human Services	
New Hampshire	Health and Human Services	<i>(Education 1987-1991)</i>
New Jersey	Health and Senior Services	<i>(Education 1987-1992)</i>
New Mexico	Health	
New York	Health	
North Carolina	Health and Human Services	

State/Jurisdiction	Lead Agency as of August 2010	Former Lead Agency, if any
North Dakota	Human Services	
Northern Mariana Islands	Education	
Ohio	Education (July 2010)	<i>(Health 1987-2009)</i>
Oklahoma	Education	
Oregon	Education	<i>(Human Resources 1987-1989)</i>
Pennsylvania	Public Welfare	
Puerto Rico	Health	<i>(Education 1987)</i>
Palau	Not currently eligible ²	<i>(Social Services/Education 1987-2000; no longer eligible)</i>
Rhode Island	Human Services	<i>(Interagency Coordinating Council 1987-1991; Health 1992-2004)</i>
South Carolina	First Steps to School Readiness	<i>(Health 1987-2009)</i>
South Dakota	Education	
Tennessee	Education	
Texas	Assistive and Rehabilitative Services	<i>(Interagency Council on Early Childhood Intervention 1987-2003)</i>
Utah	Health	
Vermont	Education and Human Services (Co-Lead)	<i>(Education 1987-1991)</i>
Virgin Islands	Health	<i>(Health 1987-1992; Education with Memo of Understanding (MOU) to Health 1993-1998)</i>
Virginia	Behavioral Health and Developmental Services	
Washington	Early Learning (July 2010)	<i>(Social and Health Services 1987-2009)</i>
West Virginia	Health and Human Resources	
Wisconsin	Health Services	
Wyoming	Health	

1. The Department of the Interior (DOI) receives allocation from the U.S. Department of Education, which then is distributed by DOI to tribes.
2. Federated States of Micronesia, Republic of Marshall Islands and Republic of Palau are not currently eligible for this federal program.

Resources Consulted for Compilation of Part C Lead Agencies by Year of Publication

- Mapping the future for children with special needs: P.L. 99-457.* (1988). Smith, B. Iowa City: University of Iowa.
- 10th, 11th, 12th, 15th Annual reports to Congress on the implementation of the Education of the Handicapped/Individuals with Disabilities Education Act* (1988, 1989, 1990, 1993). U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. Washington, DC: U.S. Government Printing Office.
- An introduction to PL 99-457 and the national policy agenda for serving young children with special needs and their families.* (1989). Trohanis, P.L. in J. J. Gallagher, P. L. Trohanis and R. M. Clifford (Eds.), *Policy implementation and PL 99-457: Planning for young children with special needs* (p. 1-17). Baltimore: Paul H. Brookes.
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Photo: Alex Lazara

Please cite as:

Danaher, J. (Ed.). (2010). *Part C lead agencies* (NECTAC Notes no. 26). Chapel Hill: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.

The editor appreciates the assistance of Sue Goode and Cathy Festa in compiling the lists and the assistance of Alex Lazara in preparation of the final product.

This document is online at: <http://www.nectac.org/~pdfs/pubs/mnotes26.pdf>

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April 2009

State Efforts to Meet the Early Childhood Transition Requirements of IDEA

by *Eve Müller, Ph.D., Kathy Whaley, M.S. and Beth Rous, Ed.D.*

INTRODUCTION

Throughout the early childhood years, children with disabilities and their families undergo a variety of transitions between various agencies, settings and providers. Evidence suggests that the quality of the early childhood transition process, particularly the transition from Part C early intervention to Part B preschool, has significant implications for children's later success (Entwisle & Alexander, 1998). In an effort to improve the quality of early childhood transitions, the U.S. Department of Education's Office of Special Education Programs (OSEP) supported the National Early Childhood Transition Initiative, which involved collaboration on the part of the Regional Resource Center Program (RRCP), the National Early Childhood Technical Assistance Center (NECTAC), the National Early Childhood Transition Center (NECTC), the Data Accountability Center (DAC) and state level Part C and Part B, Section 619 Coordinators.

In March 2008, the National Early Childhood Transition Initiative released a document developed collaboratively over several months titled *Designing and Implementing Effective Early Childhood Transition Processes*. The document was created as a resource for improving state and local performance on the State Performance Plans (SPP) and Annual Performance Reports (APR) indicators specifically related to transition (Part C Indicator 8 and Part B Indicator 12), as well as other related indicators; and to promote the connection between effective transition planning practices and child and family outcomes. The document identified eight essential components of state- and local-level infrastructure necessary to ensure effective transitions for young children and their families.

The purpose of this Project Forum document is to

- summarize the recommendations included in the transition initiative's document; and
- highlight some of the policies/practices adopted by six states undertaken to meet the early childhood transition requirements of IDEA.

This document represents a collaboration among Project Forum staff, NECTAC staff and NECTC staff and was prepared as part of Project Forum at the National Association of State Directors of Special Education's (NASDSE) cooperative agreement with OSEP.

RECOMMENDATIONS FROM THE TRANSITION INITIATIVE'S DOCUMENT

The document titled *Designing and Implementing Effective Early Childhood Transition Processes* (2008) recommends eight essential components for an effective infrastructure to develop and maintain early childhood transition practices as well as providing a list of sub-components for each of the eight components. The following section of this document briefly summarizes these components and elements¹:

1) Content and Scope of Service System

- Families have access to a broad array of child developmental and educational services, supports, and/or settings to meet the individual child and family needs.
- Families have access to a broad array of health and medical services to promote overall well-being in order to meet individual child and family needs.
- Families have access to a broad array of services to support their needs.

2) Interagency Structure

- An interagency entity (or entities) exists and has membership with the authority to influence agencies' transition policies and procedures.
- A shared philosophy serves as a foundation for transition policies, procedures and the determination of responsibilities and actions.
- A primary contact person for transition is identified within each program or agency at the state and local level.

3) Interagency Communication and Relationships

- Effective, ongoing mechanisms for communication exist between and across agencies/programs are developed.
- Working relationships among agencies/programs and staff are effective.
- Parent organizations and family consumers meaningfully participate as partners in transition planning efforts at all levels.

4) Interagency Agreements

- The Interagency Agreement provides clear statements of transition processes in compliance with federal and state regulations.
- Agency roles and responsibilities related to transition are clearly assigned.
- Policies and procedures describing financial responsibilities of all appropriate agencies are included.
- Mechanisms for resolving disputes are described.

¹ This summary of components and elements comes from "Table 1 – Key Components and Elements" (pp. 5-6), of *Designing and Implementing Effective Early Childhood Transition Processes* (2008). To download a copy of the document, go to: <http://www.nectac.org/~pdfs/topics/transition/ECTransitionPaper.pdf>. For additional information on each of the recommended components and elements, see pp. 7-41.

- Critical policies are specified in the Interagency Agreement.
- Format, content, and level of specificity of state-level agreements serve as a model for local agreements.
- Interagency agreements are routinely reviewed and revised based on data/input from stakeholders.

5) Policy Alignment and Congruence

- Transition requirements and timelines are aligned across agencies.
- Curriculum development and expectations for child interventions and performance are delineated and aligned across agencies.
- Procedures for coordination of services are implemented effectively.
- Mechanisms to minimize disruption in services before, during, and after transitions are developed.

6) Personnel Development, Staff Training and Resources

- Designated personnel or entities at state, regional and local levels share responsibility for interagency training and technical assistance.
- Personnel development activities are jointly designed, implemented, and evaluated by agencies and programs involved.
- Parents are involved in the design, implementation and evaluation of professional development.
- Mechanisms exist at the local level to inform personnel development activities and promote networking and problem solving.
- A variety of personnel development strategies are used to promote development of knowledge and skills over time.
- Programs require and support participation of cross agency representation at joint training activities.

7) Data System and Processes

- Data system capacity allows for the collection of necessary data to support effective transition within programs.
- Programs have protocols for data entry to support accurate and timely collection of data.
- Protocols and procedures for data sharing across agencies are clearly defined.
- Analysis and use of transition data improves performance across agencies and addresses interagency transition issues.
- Data collected through monitoring regarding transition are analyzed and used for decision-making within and across programs.

8) Monitoring and Evaluation

- State monitoring of federal and state transition requirements is aligned across agencies.
- Interagency participation is an integral part of state monitoring activities.
- Evaluation is an integral part of all components of the transition system.

DATA COLLECTION AND ANALYSIS

In collaboration with NECTAC and NECTC, Project Forum selected six states with a history of interagency systems development work in the area of early childhood (EC) transition: *Florida, Indiana, Kentucky, New Hampshire, New Mexico* and *West Virginia*.² Because it is beyond the scope of this document to describe what these states are doing in terms of all eight recommended components, we have chosen to focus exclusively on what these states are doing in terms of three of these highly interrelated components, interagency structure, interagency communication and relationships, and interagency agreements. Information was gathered during December 2008 and January 2009 using a combination of extant data reviews and interviews with NECTAC and NECTC staff and reviewed by Part C and Section 619 Coordinators for accuracy. Brief descriptions of each state's work in terms of these three inter-related components of EC transition follow.

HIGHLIGHTS OF POLICIES AND PRACTICES IN SIX STATES

Four of the six states originally developed an infrastructure for EC transition as a response to their involvement with Project STEPS.³ Project STEPS was funded under the Part D discretionary program as a Demonstration Project beginning in 1983 under the Handicapped Children's Early Education Program (HCEEP) and as an Outreach Project (1989-1999) through the Early Education Program for Children with Disabilities (EEPCD). The EEPCD discretionary program was significantly changed by the amendments to IDEA in 1997 and no longer exists as a freestanding program. Project STEPS provided intensive outreach services and model development to *Florida, Kentucky, Indiana* and at the local level in *New Mexico*. *West Virginia* did not work directly with Project STEPS, but the development of its infrastructure was directly influenced by the Project STEPS model through technical assistance provided by the former Project STEPS director who was working at the Mid-South Regional Resource Center. *New Hampshire's* infrastructure was designed with stakeholder input as part of a strategic planning process with the Northeast Regional Resource Center and NECTAC. For each of these six states, the development of interagency structures, interagency communication and relationships, and interagency agreements has played an essential role in their EC transition efforts.

Florida

Florida has created a number of interagency structures to support EC transition. The state has a transition coordinator, a state interagency transition team, and *Florida's* Transition Project. *Florida's* Transition Project helps communities organize local transition teams in order to develop a seamless transition system among agencies providing services to young

² OSEP reports that these states either have high levels of compliance or have made improvements toward compliance on the SPP/APR transition indicators.

³ Project STEPS was "a federally funded project designed to develop a community-wide interagency service delivery model for facilitating the successful transition of handicapped children from preschool programs to the least restrictive environment in the public schools. The model addresses four major components critical for an effective transition program. These include: (1) administrative procedures; (2) staff training and involvement; (3) parent involvement and linkage to the public schools; and (4) child instruction geared toward the acquisition of entry level skills." For more information on Project STEPS, go to:

http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1a/8b/ac.pdf.

children with disabilities (birth to six years of age) and their families. *Florida's* Transition Project offers community training and technical assistance in the following areas:

- leadership in developing community-wide transition systems;
- development of comprehensive interagency agreements to address all aspects of transition within the system of services;
- information and resources (both traditional and web-based), including tools to improve transition experiences for children, families and staff who work with them;
- team-building activities;
- effective meeting strategies;
- interagency issues;
- facilitation to resolve interagency issues and follow up through local team action planning;
- conflict resolution for interagency teams;
- training in areas identified by local teams; and
- transition self-assessment and checklist.

Florida's Transition Project is funded through the Technical Assistance and Training System (TATS) by the *Florida* Department of Education, Bureau of Exceptional Education and Student Services.⁴

Florida's approach to EC transition involves extensive interagency collaboration at the state level. In 1995 a self-formed, state-level team began to address the need for improved training and technical assistance for local communities in the area of EC transition. The team included representatives from many state agencies, and eventually evolved into what is now the State Interagency Transition Team, that includes representatives from the Agency for Healthcare Administration, Medicaid Program; Agency for Persons with Disabilities; *Florida* Children's Forum; Department of Children and Families, Child Care Services; Department of Education, Bureau of Exceptional Education and Student Services; Division of Blind Services; *Florida* Diagnostic and Learning Resources System; Department of Health, Office of Family Health Services; and Children's Medical Services, Early Steps; *Florida* Head Start Collaboration Project; Agency for Workforce Innovation, Office of Early Learning; and TATS Project. The State Interagency Transition Team meets on a monthly basis, and, since its inception, has sought to "model" the model by creating the same type of interagency structure at the state level that it encourages at the local level. The team serves as an advisory board to the *Florida* Transition Project.

In addition to being guided by a state-level interagency agreement, *Florida's* Transition Project has developed a guidebook for communities on how to develop local-level interagency agreements⁵, a transition self-study module, and a tool for assistance in evaluating the implementation of local-level interagency agreements as well as other technical assistance documents.⁶

⁴ For more information on *Florida's* Transition Project, go to: www.floridatransitionproject.com.

⁵ For a copy of the *Guidebook to Build Better Community-wide Transition Systems*, go to: <http://www.floridatransitionproject.ucf.edu/downloads.html>.

⁶ For a copy of *Developing Interagency Agreements: The Road Map for Transition*, go to: <http://www.floridatransitionproject.ucf.edu/resources/TheRoadMapforTransition.pdf>.

Indiana

In addition to supporting a state-level Transition Initiative, *Indiana's* EC transition infrastructure includes a state-level transition team, transition coordinator and support staff. The Transition Initiative has worked to develop and support community teams throughout the state, and uses transition coaches to provide as-needed support to these teams. The Transition Initiative is jointly funded by the Part B and Part C lead agencies.

Indiana's Transition Initiative for Young Children and Families provides information, resources, training and facilitation support to administrators, staff, providers and families collaborating to ensure successful transitions across systems for families and young children birth to third grade.⁷ The purpose of the Transition Initiative is to:

- assist Head Start, schools, First Steps and child care to form local transition teams;
- assist local teams with development of annual plans to address local transition issues;
- facilitate community transition team meetings;
- facilitate development of local interagency Memoranda of Agreement (MOAs);
- provide training to enhance effectiveness of transition teams;
- offer ongoing technical assistance;
- provide access to state and local teams' annual plans, meeting minutes and locally developed products through the statewide transition website; and
- provide resources and information on best practices.

Indiana's Transition Initiative for Young Children and Families includes representatives from the following agencies and/or stakeholder groups: Division of Disability and Rehabilitative Services, First Steps Early Intervention; *Indiana* Association for Child Care Resource and Referral; *Indiana* Department of Education, Division of Exceptional Learners; Division of Prime Time/Reading First; and McKinney Vento Children and Youth Consultant; Department of Health, Division of Maternal and Children's Special Health Care Services; Head Start Association; Head Start Collaboration Office; parent representatives; Riley Hospital, Family Support; and the *Indiana* Transition Initiative State Coordinator.

Indiana recently updated its state interagency MOA regarding EC services which includes sections addressing the following: purpose of MOA, fundamental principles/values, roles of agencies in system coordination and implementation; specific roles and responsibilities for transition, and resolution of disputes.⁸

Many of these agencies and/or stakeholder groups participated in drafting a joint position statement on EC transition.⁹ The document affirmed the need for providers and families to be community partners in developing a smooth and effective transition system as well as

⁷ For additional information on *Indiana's* Transition Initiative for Young Children and Families, go to: <http://www.indianatransition.org/>.

⁸ A copy of this document, titled *Indiana's Interagency Memorandum of Agreement Regarding Provision of Services to Young Children with Special Needs and Their Families* (2006), can be found at: <http://ideanet.doe.state.in.us/exceptional/specd/docs/2007-08-02-InterMemoAgree.pdf>.

⁹ A copy of *Indiana's* joint position statement, titled *Smooth and Effective Transition of Young Children* (2003), can be found on NECTAC's website at: <http://www.nectac.org/topics/transition/stateex.asp#stateint>.

the belief that transition planning requires a community team with all involved stakeholders that focus on transition to develop effective practices for transition preparation, implementation and follow-up for children and families and for all agencies and staff who serve them. The joint position statement was sent to local special education directors and EC administrators, First Steps local planning and coordinating councils, elementary school principals, Head Start grantees, and child care resource and referral agencies—inviting them to take advantage of the resources and supports made available through the Transition Initiative.

Kentucky

Kentucky has a long history of collaboration in planning for EC transition. As the original demonstration site for the development of the STEPS model, the state funded the *Kentucky* Early Childhood Transition Project (KECTP) in 1992 to continue these efforts on a statewide level. In 2001, an EC Transition Summit was held with broad representation from state-level agencies to extend the work of the KECTP and develop a state plan to integrate transition into the state's broader early childhood initiative, KIDS NOW. *Kentucky* has had a longstanding EC Workgroup which advises KECTP and provides resources to support interagency collaboration at the local level. KECTP provides technical assistance to regions and communities that includes implementation of community transition planning and conversion of current interagency transition agreements (i.e., agreements which originally covered only First Steps [early intervention] to preschool, but will now cover prenatal to age six). KECTP provides the following training and technical assistance opportunities:

- informational sessions;
- in-depth trainings;
- conference sessions;
- individualized trainings upon request to the KECTP office;
- online transition trainings available through www.transitiononestop.org; and the Department on Public Health TRAIN <https://ky.train.org>.

Kentucky's EC Transition Workgroup advises KECTP and currently includes representatives from the Family Resource Center, Eastern Kentucky Child Care Coalition, local school districts, Department of Public Health, Division of Child Care, First Steps, Commission for Children with Special Health Care Needs, Lincoln Trail Child Care Resource and Referral Agency, Head Start, University of *Kentucky*, the *Kentucky* Department of Education Division of Community Based Services, the Early Childhood Mental Health Program and the Division of Early Childhood Development.¹⁰

Stakeholders throughout *Kentucky* worked together to create a state agreement that clearly articulates specific state agency roles and responsibilities relating to EC transition.¹¹ Regions use the state agreement to guide decision making and local teams use both the state and regional agreements to determine additional procedures unique to their community agencies, children and families. *Kentucky's* EC transition planning process includes interagency transition agreements (ITA) that document policies and procedures with roles

¹⁰ For more information on *Kentucky's* EC Transition Workgroup, go to: <http://www.ihdi.uky.edu/kectp/>.

¹¹ To download a copy of *Transition Planning for Early Childhood: Kentucky Interagency Agreement for Providing Programs and Services to all Children*, go to: <http://www.transitiononestop.org/GetFile.aspx?File=KYTransition%20Agreement%208-06.pdf>.

and responsibilities (who does what when); interagency transition plans (ITP) that document needs/activities (training, cross-program visitation schedule, etc.) across the agency programs; and interagency transition self assessments (ITSA) that allow communities to discuss and agree upon the current level of recommended transition practice implementation across the community.¹²

New Hampshire

New Hampshire's interagency structure related to EC transition includes a transition project, Supporting Successful Early Childhood Transitions (SSECT), a project coordinator and support staff and an interagency advisory board that includes parental input. SSECT provides education and support for family-centered Early Supports and Services (ESS) providers, schools, parents and others to ensure that the transition process from ESS to preschool special education and/or other community resources is a positive experience for all and is consistent with state and federal guidelines. New Hampshire's jointly funded and sponsored transition project is unique in that is located in and operated through a contract with the state's Parent Training and Information Center. SSECT provides three levels of services:

- *Universal Services*—including trainings and workshops, telephone assistance, and printed materials;
- *Targeted Services*—all of the above provided to communities identified by the advisory board, including individualized technical assistance and trainings; and
- *Intensive Services*—all of the above including individual action planning, regional action planning, MOA development, and monetary support for technical assistance and training resources to achieve goals in individual and regional action plans.¹³

SSECT has brought together two state departments (*New Hampshire* Department of Education and the Department of Health and Human Services) to model what they expect from the field. The project's advisory group includes representatives from these two funding agencies, project staff, ESS providers, preschool special education coordinators, the Preschool Technical Assistance Network (PTAN), the Early Education and Intervention Network (EEIN) and families, thus assuring that all perspectives are equally represented.

New Mexico

New Mexico's interagency infrastructure includes an EC transition initiative with an interagency steering committee. The *New Mexico* Early Childhood Transition Initiative provides coaching that is designed to support community teams in developing and/or improving their system of transitioning children and families from early intervention services to other services and supports.¹⁴ The Initiative is housed at the University of *New Mexico's* Health Sciences Center for Development and Disability (CDD) and is jointly funded by the *New Mexico* Public Education Department and the State Department of Health, Family Infant Toddler Program. The Initiative's website clearly articulates the respective roles of the

¹² For more information on these resources, go to:

<http://www.transitiononestop.org/HHInteragencyCollaboration.ashx>.

¹³ For more information on SSECT, go to: <http://www.picnh.org/ssect/index.html>.

¹⁴ For more information on New Mexico's Early Childhood Transition Initiative, go to: <http://cdd.unm.edu/ecspd/Transition/about.asp>.

statewide transition coordinator, transition coaches and local transition team leaders. For example, responsibilities include (but are not limited to):

- *Statewide Transition Coordinator*—coordinate statewide initiative; recruit, train and support transition coaches; maintain documentation relating to status of local team development; evaluate efficacy of initiative and facilitate information sharing among state-level stakeholders;
- *Transition Coaches*—provide technical assistance to local teams; facilitate interagency process and partnerships; assist in the development of local-level interagency agreements; and
- *Local Transition Team Leaders*—ensure appropriate interagency representation on team; foster parent involvement; manage meeting logistics; and communicate with transition coach.¹⁵

The Initiative is guided by a steering committee with parent representation as well as interagency representation. Members include Public Education Department, Special Education Bureau; Department of Health, Family Infant Toddler Program; Parents Reaching Out; Education for Parents of Indian Children with Special Needs; University of *New Mexico* Health Sciences Center; Children Youth and Families Department, Office of Child Development; Head Start State Collaboration Office; and Office of Indian Education, Bureau of Indian Affairs.

New Mexico's interagency agreement has recently been updated, although it is not yet available online. The new agreement added clarity regarding data-sharing provisions. Transition coaches also emphasize the importance of establishing interagency agreements as a technical assistance strategy at the local level for ensuring successful EC transition outcomes.

West Virginia

West Virginia's state-level interagency infrastructure for EC transition includes a jointly-funded training and technical assistance project called *West Virginia* Early Childhood Training Connections and Resources (WVECTCR) that is governed by an interagency steering committee. According to its website, the purpose of WVECTCR is to provide supports for effective EC transitions at the local level, especially to local interagency EC transition teams and local agency administrative and program staff. Its work includes:

- an annual statewide conference;
- products, training and technical assistance materials; and
- information dissemination via WVECTCR and/or individual agency training.¹⁶

The key agencies participating in the Early Childhood Transition Steering Committee are *West Virginia* Birth to Three, Department of Education, Head Start, Division of Early Care and Education, and *West Virginia* Women, Infants and Children (WIC).

A number of documents supporting interagency collaboration at the local level can be found on the website. For example, WVECTCR offers local EC transition teams a link to templates

¹⁵ For more information on roles and responsibilities, go to: http://cdd.unm.edu/ecspd/Transition/Roles_and_Responsibilities.html.

¹⁶ For more information on WVECTCR, go to: <http://www.wvearlychildhood.org/index.asp>.

and related resources for the development of interagency agreements and collaborative procedures.¹⁷ Additional documents supporting local-level interagency collaboration have also been listed, including one which profiles local transition teams' accomplishments and goals for the upcoming year.¹⁸

COMMON THEMES

Although interagency structure, interagency communication and relationships, and interagency agreements pertaining to EC transition vary somewhat from state to state, the following themes are common to all or most of the six states described:

- Five of the six states have a special statewide EC transition project or initiative, and the remaining state includes transition under a more general statewide EC project.
- There is dedicated space and supports for each of these projects/initiatives, although they are often housed within other training and technical assistance projects.
- Transition projects/initiatives are jointly funded.
- Although the structure of the advisory entity for each project/initiative varies from state to state (e.g., advisory boards, steering committees, state teams), all advisory entities are interagency in nature.
- There is parent participation on all six advisory entities.
- In most cases, EC transition projects/initiatives are responsible for personnel development and technical assistance at the local level.
- Most programs/initiatives focus on the establishment and implementation of local-level EC transition teams.
- All state-level projects/initiatives are governed by state-level interagency MOAs.
- All six states have a contact person for EC transition activities within the state (see Appendix A for a list of these states' transition coordinators).

CONCLUDING REMARKS

EC transition has been a longstanding area of focus for programs serving young children with disabilities. Successful efforts to address this transition require close attention to the interagency relationships between and among providers and agencies. As demonstrated through these state efforts, continued, focused attention and formalized processes have provided these states with mechanisms to address concerns and support program improvements in EC transition services.

¹⁷ To access these resources, go to: <http://www.wvearlychildhood.org/CollaborativeAgreementsandProcedures.asp>.

¹⁸ For access to these documents, titled *West Virginia Early Childhood Community Collaboration Strategies; Tasks, Tips and Tools for Promoting Community Teams*; and *Early Childhood Collaborative Team Profiles*, go to: <http://www.wvearlychildhood.org/EffectiveCommunityTeams.asp>.

References

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- Project STEPS. (1987). *Sequenced transition to education in the public schools: The final report*. Lexington, KY: Child Development Centers of the Bluegrass. http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1a/8b/ac.pdf

This document, along with many other Forum publications, can be downloaded from the Project Forum at NASDSE:

<http://www.projectforum.org>

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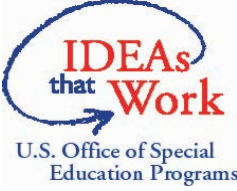
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This report was supported by the U.S. Department of Education (Cooperative Agreement No. H326F050001). However, the opinions expressed herein do not necessarily reflect the position of the U.S. Department of Education and no official endorsement by the Department should be inferred.

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IDEAs
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Work
U.S. Office of Special
Education Programs

Promoting Social-emotional Wellbeing in Early Intervention Services

A Fifty-state View

Janice L. Cooper | Jessica Vick

September 2009



National Center for Children in Poverty
Mailman School of Public Health
Columbia University

The National Center for Children in Poverty (NCCP) is the nation’s leading public policy center dedicated to promoting the economic security, health, and well-being of America’s low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.

PROMOTING SOCIAL-EMOTIONAL WELLBEING IN EARLY INTERVENTIONS SERVICES A Fifty-state View

Janice L. Cooper, Jessica Vick

AUTHORS

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ACKNOWLEDGEMENTS

This report reflects the hard work of Dr. Jessica Vick, responses from Part C coordinators in 48 states, and the vision of Dr. Jane Knitzer and Kay Johnson, the original project coordinator. The work embodied in this report is supported by the Commonwealth Fund under the leadership of our Project Officer Gretchen Hagedow and of Dr. Ed Schor.

The authors gratefully acknowledge the work of NCCP’s communications team: Morris Ardoin, Diana Barnes-Brown, Amy Palmisano, and Telly Valdellon. We also appreciate the analytical work of Maureen Geer and Sharon Walsh through a contract with Emerald Consulting. Thanks to Shannon Stagman who provided research assistance support. We also acknowledge the assistance of Roy Grant and Sheila Smith, who reviewed this document.

EXECUTIVE SUMMARY

Introduction

In 2007 approximately 322,000 young children received services through the Individuals with Disabilities Act (IDEA) Part C, the Early Intervention Program for Infant and Toddlers with Disabilities. Yet research shows that only a fraction of children eligible for the program received services. Against the backdrop of this gap between need for services and service use, special concerns for young children with or at risk for social-emotional developmental delays stand in relief. Even fewer of these children received services to address their social-emotional developmental needs through Part C. In part, this state of affairs reflects the significant flexibility states have in the eligibility criteria used to identify children who will receive services under Part C. However, this flexibility results in significant differences in the number of children identified in specific states.¹ Eligibility criteria are categorized into three groups: *restricted*, which includes in the determination neither clinical input nor children at-risk for developmental delay; *narrow*, which does include a clinical option but not at risk children; and *liberal*, which can include both the clinical option and at-risk children.

Purpose

The aim of the study reported in this brief was to determine how states leveraged different policy choices to support integration of social-emotional developmental strategies into early intervention services. Forty-eight states' Part C coordinators participated in the study. They reported on their states' efforts to support screening, referral and evaluation; strategies that are part of the array of early intervention service continuum covered by the Part C program; services and supports to children who are at risk and who are not eligible for Part C; and coordination and leadership.

Key Findings

In order to address the mismatch between service needs and availability for children with social-emotional developmental needs effective collaboration between Part C and other federal programs and initiatives is needed. States' policy choices yield mixed results regarding their potential to support better integration of strategies designed to address social-emotional developmental delays into early intervention services. A number of strategies are being used by states to foster better integration. One of the study's most promising findings is that most states (70%) recommend the use of validated screening tools to detect social-emotional developmental delays. The Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) were the most frequently mentioned recommended tools. In addition, nearly 90% of states are involved in efforts to promote early identification by primary care physicians. Nearly all states (96%) have state-wide data to measure child performance regarding improved social-emotional skills. Some states have also developed a solid platform for measuring and monitoring progress.

The study reveals several policy challenges which impede states' abilities to support young children who have, or are at risk of developing, social-emotional developmental delays. In particular, fewer than two-fifths of states require that a professional with expertise in social-emotional development sit on the multi-disciplinary evaluation team required to determine eligibility for early intervention services. Among services available through Part C, only half of states support infant-toddler relationship-based training (a core component of a range of research-informed services) and only one-third of states include respite care. States were most likely to pay for group or individual parenting training (73%). While research indicates that group training for parents is not effective for this age group, the survey did not ask respondents to distinguish between group and individual parent training.

No questions related to the quality of the parenting interventions were asked. Finally, while not required by legislation, only 17 states had written agreements in place to guide referral and services for young children. This is significant given both recent federal mandates that require coordination between Part C and child welfare, and data that show poor access to mental health services for young children in child welfare.²

Recommendations

Screening and Assessments

- ◆ For clinicians and others who make eligibility determinations and provide services at the child and family level, states should support the use of, and the federal government should encourage and fiscally incentivize where possible, valid instruments for screening and assessment of infants and toddlers at risk for social-emotional developmental delay.
- ◆ When screening infants and toddlers for developmental delay, valid, multi-domain screening tools that are also designed to identify problems in the social-emotional domain should be used, such as the Infant-Toddler Development Assessment (IDA). Alternatively, a general screening tool should be supplemented by using a screening tool designed specifically for the social-emotional domain, such as the ASQ:SE.
- ◆ States and the federal government should support – through funding if necessary – high quality training and technical assistance to ensure implementation fidelity of the existing valid screening and assessment tools for clinicians and others involved in eligibility determinations and who provide treatment and supports at the child and family level.

Empirically Supported and Family Responsive Services

- ◆ States, the federal government, and tribal jurisdictions should, through funding and by ensuring them as part of benefit sets, support the availability of empirically supported and family responsive services to meet the needs of young children with social-emotional developmental delays or at risk for such delays. Minimally, all states should be required to provide, where

clinicians indicate the need, access to a range of evidence-based interventions and support for young children. In particular, relationship-focused dyadic infant and toddler interventions should be available in the service array of state Part C programs.

- ◆ States, the federal government, and tribal jurisdictions should undertake training and technical assistance to support the widespread adoption of evidence-based or empirically supported interventions to address the social-emotional developmental needs of young children eligible for Part C programs and for clinicians to whom young children at risk for developmental delays are referred.

Outcomes and Accountability

- ◆ The United States Education Department, Office of Special Education Programs (OSEP) should publicly and annually report on indicators for social-emotional wellbeing for children with social-emotional developmental delays who receive services through the Part C program.
- ◆ OSEP should develop targets for increasing the availability of services to address the social-emotional developmental needs of young children served in the Part C program.
- ◆ OSEP should report on indicators for social-emotional wellbeing for children who receive services through the Part C program by race and ethnicity, in light of the evidence of the disparities in access to needed services previously documented.³

Promotion of Wellbeing, Prevention of Ill Health and Early Identification

- ◆ States, OSEP, and tribal jurisdictions should report on those children deemed at risk of a social-emotional developmental delay who do not meet the eligibility criteria for Part C.
- ◆ OSEP, working in concert with states, should develop guidelines for how and where to refer children who are at risk and do not meet eligibility criteria.
- ◆ States, tribal jurisdictions, and OSEP should track and report referrals for children deemed at risk for social-emotional developmental delay who do not meet the eligibility criteria for Part C.

Support for Service Enhancement and Service Coordination Especially for the Most Vulnerable Children

- ◆ Policies and financial resources at the federal, state, and tribal jurisdictional level should be better coordinated and aligned to support cross-agency planning, implementation, and evaluation of resources and supports to adequately address the needs of infants and toddlers and their families. The federal government and states should place a moratorium on the creation of additional coordinating bodies and improve and work through existing efforts to meet the need for services integration and coordination.
- ◆ Federal policy and resource allocation should be designed to ensure that all young children receive the resources and supports that they need.

The Need for More Information

- ◆ The federal government should underwrite a study to identify all potentially available federal, state, public, and private resources to support screening, evaluation and service delivery for young children with or at risk for social-emotional developmental delay.
- ◆ The federal government, in partnership with private groups, should support research and dissemination of valid and reliable instruments for screening and assessment and ensure that these are culturally competent and appropriate to infants and toddlers.

Promoting the Social-emotional Wellbeing of Infants and Toddlers in Early Intervention Programs

Promising Strategies in Four Communities

Taniesha A. Woods | Sheila Smith | Janice L. Cooper

June 2010



National Center for Children in Poverty
Mailman School of Public Health
Columbia University

The National Center for Children in Poverty (NCCP) is the nation’s leading public policy center dedicated to promoting the economic security, health, and well-being of America’s low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.

PROMOTING THE SOCIAL-EMOTIONAL WELLBEING OF INFANTS AND TODDLERS IN EARLY INTERVENTION PROGRAMS
Promising Strategies in Four Communities

Taniesha A. Woods, Sheila Smith, Janice L. Cooper

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ACKNOWLEDGEMENTS

The work embodied in this report is supported by the Commonwealth Fund under the leadership of our project officer, Gretchen Hagedow and program director, Dr. Ed Schor. The authors gratefully acknowledge members of NCCP’s communications team for their work: Morris Ardoin, Amy Palmisano, and Telly Valdellon. We also appreciate the work of Maureen Greer of Emerald Consulting who conducted the case study interviews. Special thanks to key respondents in Kansas, Massachusetts, New Mexico, and California.

SECTION 3

Key Findings, Conclusion, and Recommendations

Summary of Key Findings

Screening, Evaluation, and Eligibility

Across the case study sites, The Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire-Social Emotional (ASQ-SE) were the most commonly used screening instruments. These sites exemplify the use of screening tools that are valid, reliable, appropriate for use with diverse populations, and capable of identifying lags in young children's social-emotional development.

Southeast Kansas is the one case study site that requires the participation of a mental health professional in the child's evaluation for eligibility when a social-emotional delay is suspected.

Massachusetts and New Mexico have developed standardized tools for assessing the presence of child, parent, and family risk factors that place young children at risk of social-emotional and other developmental problems. These risk assessment tools are used in the process of determining children's eligibility for Part C Early Intervention services.

Enhancing the Skills of the Early Intervention Workforce

New Mexico and Kansas have adopted the Michigan-AIMH competencies and endorsement system to specify skills needed by different Early Intervention professionals working with infants and toddlers and to inform their state's design of training opportunities for these professionals.

Massachusetts and California sites are using state-developed guidelines for Early Intervention professionals that emphasize the need for competency in helping parents and other caregivers support

infants' and toddlers' social-emotional development. Both states are aligning these guidelines with training for EI professionals.

Interagency Collaborations

In Boston, Early Intervention and Child Welfare professionals meet throughout the year to discuss families involved in both systems and to identify systems-level practices that can improve services and family engagement in supports for high risk infants and toddlers. Joint trainings that help providers understand policies and resources in each system also support effective referrals from the Child Welfare agency to Early Intervention and efforts to complete EI evaluations and engage families in services.

In Doña Anna County, providers in the community-based Healthy Start, Early Head Start, and Early Intervention programs meet regularly in order to identify families in need of rapid assessments and referrals across programs. This process has also reduced duplication of services within the "system" comprised of these three programs, and allows regular evaluation of the system's performance.

Funding

The case study communities are using a variety of funding streams to integrate supports for infants' and toddlers' social-emotional wellbeing into Early Intervention services. These include third-party reimbursement, state appropriations, federal funding sources that reflect the engagement of different agencies in program collaborations (such as, Title V, Medicaid, Part C), and private funding. In addition, program partners in Los Angeles and Kansas are contributing in-kind resources and taking advantage of one-time ARRA funding to support program and workforce development efforts.

Conclusion

The strategies used by communities highlighted in this brief are illustrative of ways to promote the social-emotional wellbeing and healthy development of infants and toddlers through supports provided by the Part C Early Intervention Programs. These efforts represent both state policy choices, including funding decisions and state eligibility criteria, as well as community level innovation and cross-systems collaboration. Children's experience of positive social-emotional health and development in the first three years is critical to their future educational success, health and life prospects. Given these high stakes, the strategies used by these communities provide valuable examples to other states and communities. The recommendations that follow suggest key opportunities for using the Part C program to support young children's social-emotional wellbeing in every state and community.

Recommendations

Establish policies and practices that increase the participation of young children at high risk of social-emotional problems in Early Intervention services.

- ◆ States that use narrow eligibility criteria in their Part C Early Intervention (EI) Programs should expand their eligibility criteria to include children at-risk of serious delays, including social-emotional problems. Early Intervention with at-risk children can reduce the chance of costly long-term conditions that limit children's prospects for good educational outcomes.
- ◆ States and community programs should consider the use of standardized risk factor assessments, such as New Mexico's ERA tool, that help identify a range of parent and family risk factors associated with serious social-emotional problems in young children. Use of these assessments in evaluations to determine children's eligibility for EI services can ensure that children who are at-risk for social-emotional problems receive early interventions needed to prevent later learning and adjustment problems in school.

- ◆ Community programs should use validated screening instruments that can identify possible social-emotional delays in infants and toddlers. Available instruments include tools that assess multiple domains, including social-emotional growth, and tools that provide specific screening for problems in this area. States should require and provide information about the use of these tools.
- ◆ Screening instruments that can identify possible social-emotional delays should be used by trained community providers across a wide range of settings, including early childhood programs, home visiting, health care settings, and family resource centers. This practice can increase the chances that a young child with social emotional delays or risk factors for developing serious problems in this domain will be identified and provided with needed interventions.
- ◆ Early intervention programs should strengthen their capacity to respond to young children's mental health needs by requiring the participation of a professional with expertise in infant-toddler social-emotional development during the multi-disciplinary evaluation that determines eligibility for EI services. States should set a policy requiring this practice.

Invest in efforts to promote the skills and knowledge of professionals who help identify children for participation in the Early Intervention program, and who deliver early intervention services to children and their families.

- ◆ States should consider establishing formal guidelines for competencies related to professionals' support of infants' and toddlers' social-emotional development. As demonstrated in this report, states can purchase established competency guidelines or develop their own.
- ◆ States and communities should invest in efforts to use social-emotional competency guidelines to train all professionals who play a role in supporting infants' and toddlers' development, including child care providers, child welfare workers, and the many different professionals who provide EI services (such as, occupational therapists, speech-language specialists).

- ◆ States and communities should establish special competency guidelines and related training for professionals who supervise EI service providers. This training should include guidance about helping all EI providers respond to the social-emotional needs of infants and toddlers and supervision methods that support providers in this work.

Use cross-systems collaboration and funding strategies to support effective Early Intervention practices.

- ◆ Community programs and agencies serving Part C Early Intervention families should establish formal procedures for supporting timely, successful referrals and family engagement; these procedures should include regular, joint reviews of families served across programs to identify strategies for ensuring that children receive evaluations and interventions following referrals.
- ◆ States and communities should assess a range of federal, state, and local funding sources for supporting the initial development or purchase of training and competency guidelines for Early Intervention professionals and for ongoing training of this workforce. Two options for using these sources should be considered: Integrating funds for workforce development across agencies and programs, or creating continuous funding by using funds from separate agencies in sequence over time.
- ◆ State and community-level systems serving young children and their families should specify shared outcomes for the social-emotional wellbeing of infants and toddlers, and identify shared funding strategies to support the services and program coordination that can achieve these outcomes.

Section III: **Part C Program Contact Information**

OSEP Part C State Contacts.....	79
Part C Coordinators and Infant/Toddler Program Contacts in States and Jurisdictions.....	81
Chairs of State Interagency Coordinating Councils.....	89
Contact List of State ICC Staff.....	99

OSEP Part C State Contacts

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as of August 25, 2010

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***Thank you
for your interest
in the Part C Program***