

Report of Technical Team B

System Component:

Comprehensive child find and referral system.

5 year goal:

In compliance with IDEA Part C regulations (Sec. 303.321 (a-e)), BabyNet will have developed and implemented policies and procedures to ensure that

- all BabyNet eligible children are identified, located and evaluated,
- child find efforts are coordinated with other major state agency efforts to locate and identify children,
- referral procedures for use by primary referral sources are clearly articulated and effective, and
- a tracking system is in place to provide detailed information on sources of referrals.

Short term goals:

1. BabyNet employs sufficient numbers of personnel to conduct referral and intake activities, so that initial visits are completed in a timely manner.
2. Eligibility criteria are established, so that the early intervention system serves those children who are most in need.
3. Child find efforts are coordinated in collaboration with a variety of organizations and agencies; so that available resources are utilized effectively, duplication of effort is eliminated, and appropriate referrals are made early.
4. In order to maximize scarce resources, primary referral sources are informed of BabyNet eligibility criteria, trained in the use of screening tools, and conduct screenings as appropriate prior to making referrals.
5. In order to adequately identify children eligible for BabyNet who are referred through the Child Welfare system, explore utilization of a social-emotional assessment tools such as the Devereux. Both the DECA and the Devereux Early Childhood Assessment for Infants and Toddlers (1- 18 months and 18 – 36 months) assess protective factors and screen for social and emotional risks in very young children.
<http://www.devereux.org/site/DocServer/EHS-DECAITCrosswalk.pdf?docID=8221>
<http://jpa.sagepub.com/cgi/content/abstract/27/5/386>
<http://www.safehealthystudents.org/pdf/DevereauxEarlyChildhoodAssessment.pdf>
6. Assess the need for a new or improved early intervention tracking system, so that more data on referrals can help to inform decisions about child find efforts.
7. A forum is available where personnel who are involved in child find and intake can discuss local challenges, suggest solutions, and help to shape child find efforts; so that child find activities effectively target the most vulnerable and underserved populations.

Improvement activities:

1. Consider alternative service delivery models, staffing patterns, and/or other cost effective means of providing sufficient numbers of BabyNet personnel to provide needed referral and intake services.
2. Review information on how past changes to eligibility criteria have affected numbers of children on BabyNet roles.
3. With assistance from the Interagency Coordination Council review current relationships with all other state agencies, social programs, and tribal organizations that are identified explicitly or implicitly in the federal regulations; and establish or enhance policies and collaborative relationships with those child find partners. Consider an MOA to address the relationship with specific strategies for each special population.
4. Identify partnering agencies which can provide training to primary referral sources including NICU personnel, medical professionals, child care educators, Early Head Start, Head Start and child welfare staff; and develop specific plans to assess training needs, conduct appropriate training, and evaluate results.
5. Recommend that the BabyNet lead agency participate in the Help Me Grow (HMG) replication project to assess the feasibility of statewide implementation of the Greenville pilot. Particular advantages from a HMG process should impact training within primary care practices on routine developmental screening, and the advantage of channeling referrals thru a 2-1-1 Child Development Info line that includes BabyNet, Part B (School Districts), Children with Special Health Care Needs, and children who fall outside of the eligibility criteria for these system nets but still need assistance and support with development and school readiness issues. This systemic approach will link the established IDEA service systems with community level services uniquely available within the

county. The HMG system also provides a developmental monitoring process for families when children are not IDEA eligible. South Carolina is one of 5 states with a HMG Replication Project.

6. Evaluate the strengths and limitations of the BabyTrac system and determine whether it adequately meets comprehensive child find system needs; and if it does not, consider other systems or adjusting the current tracking system to provide more in-depth reports. (Example: Providing *by county* reports on primary referral sources to track effectiveness of child find/public awareness efforts.)
7. Establish a statewide venue, such as a blog or other online space, where conversations about child find issues can be held among agency personnel and parents. Monitor the discussions regularly to inform decisions about child find activities.
8. Seek out additional partners to conduct group screenings locally and to carry out child find activities, including interpreters and translators, college and university students, and community service organizations.

Justification of team recommendations:

1. Team B has heard testimony from BabyNet personnel that earlier changes to the eligibility criteria, combined with increased numbers of referrals from Department of Social Services and BabyNet staff reductions has resulted in a number of referrals, so large that the system is “overwhelmed” and staff are unable to do child find activities. Addressing the Needs of Young Children in Child Welfare: Part C Early Intervention Services available from the Child Welfare Information Gateway 20OCT2009: <http://www.childwelfare.gov/pubs/partc.cfm>
Team B has heard testimony from early intervention practitioners and has examined legal requirements, best practice guidelines, and research evidence indicating that child find efforts may fail to reach underserved populations such as children in Early Head Start, rural areas, homeless children, children in foster care, cultural and language minority groups, and children who were born prematurely.
Children with Disabilities in Early Head Start - This research to practice brief describes important findings on the need for awareness of Early Intervention benefits and referral processes and gaps in service provision. Available 20OCT2009:
http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/children_disabilities/children_disabilities.pdf
Serving the Underserved: A Review of the Research and Practice in Child Find, Assessments, IFSP/IEP Processes for Culturally and Linguistically Diverse Young Children (2001) ERIC Clearinghouse on Disabilities and Gifted Education, Council for Exceptional Children. Chapter 1 of this publication addresses Child Find, Screening and Tracking. Available 20OCT2009:
http://www.eric.ed.gov/ERICWebPortal/Home.portal?nfpb=true&ERICExtSearch_SearchValue_0=tracking+early+intervention&searchtype=basic&ERICExtSearch_SearchType_0=kw&pageSize=10&eric_displayNrtiever=false&eric_displayStartCount=11&_pageLabel=RecordDetails&objectId=0900019b800c5ad2&accno=ED454640&nfls=false
2. Team B has heard testimony that organizations such as Family Connection, TECS, the PRIDE project, have been contributing to child find efforts by providing training and referral information to doctors, medical students, medical staff, child care educators, NICU staff, and parents of newborns. Family Connections does outreach in all four major NICUs in the state. TECS staff has provided training to child care educators and medical school faculty, students and residents. PRIDE provides training to doctors and early care educators. Efforts of these programs could be coordinated and extended with support from the new lead agency.
3. Team B has heard testimony regarding the BabyTrac system, and finds that the software has limitations that restrict its usefulness as a source of data that could inform decision making about child find efforts.
4. TECS has the capability to provide a monitored, online discussion platform for conversations among individuals who are involved in child find activities.
5. Team B has heard testimony regarding referrals from Department of Social Services of children who are referred under requirements of IDEA and the Child Abuse, Protection and Treatment Act (CAPTA). Concerns that need to be addressed include the need to better articulate the referral process, the numbers of children who are referred but are found ineligible for Part C services, and the critical need for mental health services to support many of these children and their parents. The following resource document offers insights and suggestions:
Healthy Beginnings, Healthy Futures: A Judges Guide - Research on early brain development highlights how crucial the early years are in the development of infants, toddlers, and preschoolers. This very young population is especially vulnerable to the effects of abuse and neglect that set the stage for their long-term health outcomes. Produced in collaboration with the National Council of Juvenile and Family Court Judges and the Zero to Three National Policy Center, this guide for judges addresses the wide array of health needs of very young children in the child welfare system. By sharing current research on physical health, child development, attachment, infant

mental health, and early care and education, the authors provide tools and strategies to help judges promote better outcomes for babies, toddlers, and preschoolers who enter their courts. Available 20OCT2009:

<http://www.abanet.org/child/baby-health/healthybeginnings.html>

6. Help Me Grow Roundtable: Promoting Development through Child Health Services Supplement to the Journal of Developmental and Behavioral Pediatrics – The Commonwealth Fund
<http://www.commonwealthfund.org/Content/Publications/In-the-Literature/2006/Jul/Help-Me-Grow-Roundtable-Promoting-Development-through-Child-Health-Services-Supplement-to-the-Journ.aspx>
7. How to Develop a Statewide System to Link Families with Community Resources: A Manual Based on Connecticut's "Help Me Grow" Initiative <http://www.commonwealthfund.org/Content/Newsletters/The-Commonwealth-Fund-Digest/2006/Sep/September-October-2006/Innovations/Linking-Families-Statewide-with-Community-Resources--A-Manual-Based-on-Connecticuts--Help-Me-Grow--e.aspx>

System Component:

Public awareness program including the preparation and dissemination of information to be given to parents, and disseminating such information to parents.

5 year goal:

South Carolina's BabyNet system will include an effective, ongoing and continuous public awareness program component that meets the requirements of IDEA Part C regulations (Sec. 303.320(a-c)).

Short term goals:

1. Utilize research evidence to guide the development of public awareness efforts.
2. BabyNet Policy and Procedure Manual shall include written policy regarding how the public awareness program will inform the public about the state's early intervention program; the purpose and scope of the system; how to make referrals; and how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services, and the central directory.
3. The BabyNet lead agency will establish and state in policy how the public awareness program will be planned, monitored, and implemented so that program efforts are driven by data reflecting need for services and not by fulfillment of targets or lack of staff.
4. The BabyNet lead agency will resume responsibility for preparation and dissemination to all primary referral sources of materials for parents on the availability of early intervention services.
5. The BabyNet public awareness program will include focused efforts to reach rural and homeless families, families with infants under age one, Hispanic, Native American, persons with disabilities, and other minority populations.
6. In a timely manner, undertake to ensure that all BabyNet collaborating state agencies and partners at local, state and national levels have updated the information they provide to the public to reflect the change in lead agency and current contact information for BabyNet.

Improvement Activities:

1. Pool resources and increase capacity by establishing, and/or strengthening partnerships with public and private agencies that can assist with dissemination of information to the public.
2. Provide training and material support to primary referral sources including physicians, NICU staff, community health centers, parent support groups, child care training programs, child care educators, other early childhood programs, foster parents, programs for the homeless, child welfare workers.
3. Utilize a consistent message in variety of print and electronic media such as public service announcements on radio and television, newspaper articles, videos in multiple languages.
4. Begin to identify information and resources necessary to tailor public awareness activities to meet the needs of underserved populations such as language and ethnic minorities including Hispanic, American Indian, rural residents, families of children under age one, persons with disabilities, and homeless families.
5. Utilize translation and interpreter services in the development and implementation of the public awareness program.

Justification of the recommendations:

1. Team B has heard testimony from personnel in the field that public awareness activities have been suspended due to shortages of staff and other resources and/or fulfillment of OSEP targets.

2. The current BabyNet Policy and Procedure Manual provides insufficient guidance regarding public awareness program. It does not state program goals, establish responsibility for implementing and monitoring the program, or identify specific partners who play key roles in the program. (BabyNet Policy and Procedure Manual Section III (B) (1-3) pages 10-12).
3. Research on public awareness in early intervention suggests that outreach to primary referral sources and collaborations with primary referral sources are the practices that are likely to be effective. (Public Awareness and Child Find Activities in Part C Programs © 2007 by Dunst, C. J. & Clow, P. W.)
4. Family Connection, TECS, the ABS Special Needs Program and the Pride pilot program have taken initiative as participating partners in BabyNet public awareness efforts by providing information and training to primary referral sources, and are interested in expanding their roles. Team B has identified many other partners that should be formally involved. These include, but are not limited to: Head Start and Early Head Start, Department of Education, the South Carolina State Coordinator for the Homeless, the Department of Mental Health, the Center for Child Care Career Development, medical training programs, child welfare personnel, foster parents, United Way, guardians ad litem, programs for teenage parents and for parents of premature infants, community-based programs for the homeless, the Help Me Grow pilot project, and faith communities.

System Component:

Central directory of services, resources, and research and demonstration projects.

5 year goal:

South Carolina’s BabyNet system will include a Central Directory of Information component that is

- in full compliance with IDEA Part C regulations (Sec. 303.301(a-d)),
- incorporates an online database, is part of a 2-1-1 system, and
- is staffed by a trained and qualified information and referral practitioner.

Short term goals:

1. BabyNet Policy and Procedure Manual will include specific information identifying the Central Directory; describing how it is accessed, staffed and maintained; setting standards for information included in the directory; and explaining how information and materials are to be disseminated to the public.
2. Use the Family Connection database of resources for families as the basis for the BabyNet Central Directory of Information.

Improvement Activities:

Participate in the South Carolina Help Me Grow replication project to begin development of a long range plan to shift inquiries for Part C and other developmental entities to a 2-1-1 Developmental Info Line. (See the *Help Me Grow* references in Child Find Recommendations section.)

1. Develop and publish written policies and procedures for establishment of a BabyNet Central Directory of Information.
2. Schedule and conduct cross-training of Family Connections staff and United Way 2-1-1 database specialists, so that the referral process is improved.
3. Post a web link for the BabyNet Central Directory on the 2-1-1 website and on the BabyNet website.
4. Include a web link for the 2-1-1 website on the BabyNet Central Directory website and on the BabyNet website.
5. Investigate requirements and procedures for Alliance of Information and Referral Systems (AIRS) credentialing of the BabyNet Central Directory and information and referral staff.

Justification of team recommendations:

1. Although CareLine (1-800-868-0404) has functioned both as a statewide toll free number for information about how to make referrals to BabyNet and as a primary referral source; CareLine was not designed to be a BabyNet central directory, is not designated in BabyNet policy as the Central Directory, and does not meet the most Part C regulations regarding the Central Directory component. <http://www.nectac.org/idea/303regs.asp?text=1#SubD>
2. Although many agencies throughout the state maintain web pages with links to resources that may be of interest to families of young children with disabilities, none of these is fully compliant with the IDEA regulatory requirements for a Central Directory of Information component for the state’s Part C system. Family Connection

has a web page that provides an extensive list of resources for parents of children with disabilities and includes a link to the United Way 2-1-1 system. <http://www.familyconnectionsc.org/resources/>

3. Although United Way affiliated 2-1-1 systems operate in South Carolina, 2-1-1 service not available in every county, and existing systems are not tied specifically to early intervention informational resources. <http://www.211.org/>
4. Alliance of Information and Referral Systems (AIRS) is a credentialing authority operating an Accreditation Program that measures an organization's ability to meet the AIRS Standards, and a Certification Program that evaluates the competence of Information and Referral practitioners. In partnership with the United Way, AIRS has been a leader in the development of the 2-1-1 movement for access to human services. Currently, the United Way of the Midlands 2-1-1 system is accredited by AIRS. <http://www.airs.org/i4a/pages/index.cfm?pageid=1>
5. Team B examined evidence that policies in some other Part C systems include specific information about the Central Directory of Information. A good example is Virginia's policy. <http://www.infantva.org/documents/ovw-PGuideCentralDirectory.pdf> .
6. Team B examined best practice examples of Central Directories for Part C in other states where information was available in various formats, including web-based information, 2-1-1 systems, and multi-lingual resource personnel. An outstanding example is the Central Directory of Connecticut Birth to Three Program <http://www.birth23.org/Resources/default.asp>
7. Collaboration among agencies in South Carolina would capitalize on existing resources and result in a more efficient and cost effective system for providing information and referral to families.

Team B: Addendum

Comments Submitted following approval of the final draft:

Public Awareness

1. Part of the problem with so many public awareness campaigns are that they are written for the majority culture, and then translated into another language, but they're not effective because the message doesn't come across effectively, even if it's in their language. I would suggest rather than just translating the messages, that you contract with a community-based agency to develop the messages in conjunction with their population. They could use focus groups and pilot test the materials so that the language AND the message is clear and appropriate.
2. Under "Justification of the Recommendations" when you name groups with which to partner, I'd suggest adding PASOs and/or other programs that work with Hispanic mothers in particular, so that there is some agency that already has gained the trust of the Hispanic population and knows how to reach these families in a culturally-appropriate way. Another partner might be the Adult Education programs in many school districts, which often offer ESL programs for Hispanic parents.
3. Short Term Goal #5: The BabyNet public awareness program will include focused efforts to reach rural and homeless families, families with infants under age one, Hispanic, Native American, persons with disabilities, and other minority populations; *and will be sensitive to the diverse ethnic and cultural perspectives of each group.*
4. Improvement Activities #5: Utilize translation and interpreter services in the development and implementation of the public awareness program. *Also consult with other agencies that have knowledge of targeted groups to ensure that the public awareness program is conducted in culturally-appropriate ways.*

Central Directory

1. The PASOs Program, in conjunction with Palmetto Health and the March of Dimes, produced a bilingual resource navigation guide, which takes parents through a more detailed description of local resources. It is bilingual and the page numbers correlate so that English-speaking providers can refer to the page number for a Spanish-speaking client and point to the information in Spanish. It's tailored to the culture and includes specific issues for undocumented parents as well, because their concerns are rarely addressed in other resource guides. I would be glad to provide a copy of this guide (which needs to be reviewed and reprinted) for you to look at if you'd like. How will the Central Directory work for non-English speakers?
2. Does the 211 line have Spanish speakers in all areas?

Child Find

1. Interpreters and Translators are listed as key for finding children, but keep in mind that they are only supposed to interpret what providers say, not make recommendations on their own. If they are alone with the family at some point, they could suggest it, but could run the risk of displeasing the provider by giving out unwarranted information. You may want to include culture and language-specific outreach programs in your Child Find partners such as ethnic church outreach programs, outreach programs at clinics or DHEC offices, and programs like PASOs (at the risk of tooting our own horn again).
2. Another place that's "safe" and sees a wide range of subgroups are libraries—have you considered library staff?

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Public Awareness, Child Find, and Central Directory. This technical team reviewed the following Part C minimum components and Annual Performance Review (APR) indicators.

Part C Minimum Components:

- 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.

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