**Action Planning Form**

Group: EI&R Facilitators: Nancy Hatfield (WA); Mark Schalock (NCDB)

The categories below represent areas of information that each group should produce within their groups to the greatest extent possible. It is recognized that all groups have different needs in terms of what information is needed, and also that time is limited and some information may be produced in follow up work after summit. What is important is that the information is sufficient to drive the work of the group forward post summit.

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| **Settings and Needs** |
| What does the network need? What are our shared concerns? | What are our agreements?What are our disagreements? |
| **Needs**ModelsTools/MaterialsStrategiesAccessAwareness/AcknowledgementCooperationAuthoritySharing/SupportFamily resources**Concerns**Part C going to Medical Model in a number of statesLack of cooperation by Part CState systems are differentEI system moved to Department of Health. Entrenched in medical model. Issues around HIPPA. This is something that they are looking to find a solution for.Department of Health early id is monitored by Dept of Ed. DoE had issues with service not being provided FAPE for identified kids. In the medical model there are considerations for insurance payment, using a treatment and cure model instead of developmental/educational paradigm. Educational intervention is hard to come by.Turnover in personnel in other systems (Part C, etc.) make it hard to establish relationshipsTeacher of Deaf and TVI’s does not mean that DB is addressed just because they are on the teamTerm db can be daunting….may be more useful to use dual sensory loss.Lack of parent advisorsState focus on specific disabilities makes it hard to get anyone to pay attention to DB.  | Each state faces somewhat unique challenges based on a number of issues and require a wide range of solutions to meet their unique needs. Possible TWG or nationally facilitated work space, nationally organized authority to contact some of the state organizations or agencies to facilitate work in states. Pair states with similar issues to share and collaborate. More states doing SAG and then receiving TA could help identify the issues and the feasible solutions to an issue.What would give people incentive to fill out the SAG?TWG could develop something that would be parent information packet so that would go out to families regardless of what system that they are serving. Anything that NCDB could come up with that would provide model that would follow up post the SAG. The goal should be getting to the child. Conduit thru the system to get information to the child.Early Intervention is really about empowering the family.Missouri – tried to take the perspective of the other agencies in terms of what is in it for you. So is there something that could be done with letter from EHDI and state db projects in order to create collaborative opportunities? NCDB could facilitate the letters coming from OSEP?New Jersey – Part C is part of IDEA and the thing that speaks to her state is policy letters. Those make difference. Could a policy letter from Part C go to states? WY – tried to build relationships with state agencies and brought in every agency that includes stakeholders regarding services for db. Created white paper but it also got the agencies talking. Dialog the most important. EHDI, Deaf, Vision, Voc Rehab.Alabama – projects know what is required but state agencies don’t know what is required. So maybe develop a model of what a model early id system what would look like. And then all states could use that to help to develop relationships and increase awareness from other agencies. Final product to come from the authority of NCDB. Package should be adaptable. Call out to states to add their outreach materials to the group work space.Reaching Part C people must know each other. The lead people from the states must know each other and have organization in which to exchange connection. How do we get to Part C. Could NCDB get on the agenda for the Part C PDM to let them know impact of programs?Also the possibility of starting with the state 619 coordinator to establish the connections between Part C, state db projects and NCDB. **Common and Unique challenges:**Strong call to share materials nationallyIdeas to keep this group together to keep working thru these thingsStrong interest in moving out of referral to considerations of interventionFocus on the Medical Model issuesHear from what is going on in states Orchestrate a series of webinars to share workIs this group wanting to get together again? If that is true the group should be directed and have a purpose and want to have an action plan.What if next meeting could be a sample of three states who have taken the SAG and share results with participants and try to ferret out specific system issues. Highlighting strategies and focus.  |

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| **Action details** |
| **Goal(s):**  |
| **Activities/outputs** | **Inputs** | **Timeline** | **Commitments/shared Leadership** | **Who will benefit** | **How can others contribute** |
| Organize and schedule a series of webinars and hosted discussions focusing on state EI&R activities related to each of the four systems (Part C, EHDI, Medical, Community Programs | NCDB Adobe resourcesState Deaf-Blind project staff, materials and tools | October - May |  | Those interested in beginning or completed the EI&R process |  |
| Include a focus on intervention materials that states can share with providers and families. | NCDB Staff and resourcesState Deaf-Blind project staff, materials and tools |  |  | All State Deaf-Blind projects |  |
| Initiate a TWG or workgroup to continue discussions and provide direction and advice in the area of Early Identification, Referral and Intervention. | NCDB Adobe resourcesState Deaf-Blind project staff |  | Participants at the EI&R session at the 2015 DB Summit |  |  |
| Continue to collect materials, tools and strategies from state projects working with one or more of the systems. | Deaf-Blind project staff, materials and toolsNCDB staff and resourcesOther TA&D Centers | October - September |  | All State Deaf-Blind projects | Share materials, tools, strategies and experiences with the broader network |
| Explore the implications of Part C moving to a medical model on the work of the EI&R initiative. | State DB Project staff in states where Part C has moved to a medical modelNCDB Staff and resources |  |  |  |  |