

**Early Identification & Referral Work Group**

**Facilitators: Nancy Hatfield & Mark Schalock**

**Session Attendees:**

Maurice Belote (CA)

Jessica Edmiston

Brent Pitt (TX)

Nancy Hatfield (WA)

Joni Whitener (Arkansas)

Linda Alsop (UT)

[Jennie Mascheck](https://nationaldb.org/members/profile/190) (MO)

Eva Scott (NJ)

Joanne Whitson (WY)

Chris Russell (NY)

Robbin Greenfield (ID)

Mark Schalock (NCDB)

**4 Questions Discussed:**

1. What is the #1 Early Identification and Referral need in your state? (Under referral/ under identification/ issues with the medical community? EHDI? Part C?) that you hope the network can build or provide solutions.
2. Do you have one cool thing you can tell us about that you find effective in your state related to EI&R. (We want to share ideas/strategies/materials with others)
3. Who are 3 people with whom you work in your state to move forward the EI/R efforts in your state? Who do we need to be talking with and working with?
4. What do you hope to get out of the session today and into the future around EI&R?

**Arkansas** – hope to make improvements in ID…have moved from 88 to 160, but the problem with little ones is still elusive. Tough to find in her state.

**UTAH State Univ** – had early intervention system in state in 90’s and early 2000’s in db and trained parent advisors. Did Functional Assessment in the home and worked on trying to get them identified sooner. Appropriate intervention made a difference. But things have gone non categorical and there has been regression. Would like to see national initiative push for early id for kids who are db and add it on to the EHDI work.

**Missouri** – 3 years ago did self assessment guide and toolbox and has made big difference in state. 75% increase in first year, 45% in second year. Looking for ideas

**New Jersey** – started something in her state. Has increased numbers by 30 students this year mostly early id and underserved populations. Wants new ways to find more. Is going to use the self assessment guide

**Wyoming** – EHDI feels that state db project is competing with them. Needs to find good ways to work in her state. Paper model to electronic model and now Native American EI system is plugging their children in. Kids often not identified because they are medically fragile. Getting past some of challenges in working with kids with other issues

**NY** – EI initiative in state connected to medical community. Has met with lots of success. Using an outreach coordinator who has CHARGE. Made connections with NICU and PICU. Increase in number of children. Trying to get integration with Early Hearing Detection to get kids referred when they fail hearing screening. Looking for other ideas to think creatively. NY did self assessment guide 3 years ago. Now looking to get to other lead agencies in the state involved.

**TX** – Works well with EHDI and it has been successful. Good connections but really under identified in this age group. Doesn’t understand why there is under identification. EI in db and Deaf state lead have not worked really well together.

**Alabama** – state structure is unique in that there are regional centers for the Alabama institute for d and b. Regional centers do the identification. Has structure in place and would like to introduce the SAG at the regional meeting next month to help to think about other systems. Looking for ideas and ways to collaborate. Interested in national collaborations to strengthen common goals and outcomes.

**CA** – With move to University from State Dept means that he has missed connections with many of the state agencies. SAG pointed to the lack of connection to other systems. Partner with 6 EI agencies around the state. Provide training and they are good at finding children. So children are identified and end up on census but so what. They just end up on census. There is no authority to contact. What to do with new baby information. How do we connect with families and service providers teams to bring in db information.

**ID** – Has solid connections thru state. There are infant toddler teams in the state with people on them from schools for deaf and schools for the blind. Creating modules to give those teams more info about db. Trying to eliminate wait time for those teams.

**Challenges:**

* State systems are different
* Part C pulling away from IDEA in Arkansas & moving to collaboration with Medical Community
* NJ – EI system moved to dept of health. Entrenched in medical model. Issues around HIPPA. This is something that they are looking to find a solution for.
* WY- Dept 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.

Alabama has parent advisors who help to keep continuum of services

In Texas Ed agencies provide early intervention service but Part C is different part of government and there is tremendous turnover. Keeping providers informed about sensory loss is a challenge.

Teacher of Deaf and TVI’s does not mean that DB is addressed just because they are on the team

Term db can be daunting….Alabama finds it to be more useful to use dual sensory loss.

Lack of parent advisors

Arkansas state focus on dyslexia and autism.

**Suggestions:**

Augment the Toolbox with additional resources from the network

If not seeing your issue in the toolbox then that is important to forward on what you've created and share your need.

Sharing products that have been developed within other states to share for purposes of filling out the toolkit. Create a repository for other states to find things that are useable.

VT – Emma has partnered in using early id screening tool in CVI

WA – has taken the VT work and incorporated a one page screening tool in their early id

**Suggestions of how work can continue and what works exactly for states:**

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 nationally

Ideas to keep this group together to keep working thru these things

Strong interest in moving out of referral to considerations of intervention

Focus on the Medical Model issues

Hear from what is going on in states

Orchestrate a series of webinars to share work

Is 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.