

Supporting Children with Disabilities and Their Families

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

2010

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STATEMENT OF PURPOSE

This document advances the goals of Building Bright Futures, Vermont's overall approach to supporting children prenatally through age six to assure that they are safe, healthy and successful. To that end, we will build and coordinate a system of quality supports for young children and their families. As a critical element of that system of support, this document serves as a guide and commitment to serving children with disabilities and their families.

The purpose of this agreement is to ensure coordination and collaboration among Vermont's early care, health and education programs. The Vermont Head Start State Collaboration Office (VHSSCO) updates this agreement on behalf of the Head Start/Early Head Start programs to ensure their compliance with federal Head Start Performance Standards.

The endorsing parties agree to use the document to ensure that high-quality early care, health and education options are available for all eligible young children and their families.

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

INTRODUCTION

The 2010 edition of *Supporting Children with Disabilities and Their Families* is the fourth update of a statewide interagency agreement for young children with disabilities in Vermont, and supersedes earlier versions. Previous versions of the agreement were initiated by the Vermont Head Start State Collaboration Office in response to federal Head Start requirements and a commitment from other state partners to ensure that services are offered to families in a coordinated, collaborative fashion in local communities based on a common set of guidelines.

This 2010 agreement reflects the changes and progress made in Vermont in the past five years to integrate early childhood health, mental health and early intervention services. This unique service delivery model is now called Children's Integrated Services (CIS). The CIS model is designed to improve child and family outcomes by providing client centric, holistic services, effective service coordination, flexible funding to address gaps in services, prevention, early intervention, health promotion and accountability.

In the previous agreement (2005), early childhood health was known as Healthy Babies, Kids and Families (HBKF), early childhood mental health was known as Children's UpStream Services (CUPS), and early intervention was known as the Family, Infant & Toddler Program (FITP). These three separate state programs have now been integrated into an overall approach to service delivery called Children's Integrated Services. The former program names are no longer used in this document. These services are referred to as Children's Integrated Services, and are part of a continuum of prevention, early intervention and treatment.

PRINCIPLES

We recognize that families with children with disabilities have routines, hopes, dreams, and needs—just as families with children without disabilities do. In fact, their routines, hopes, dreams and needs are more alike than they are different.

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

These principles will guide the practice of all parties to the agreement. For example: when a program is planning a parent involvement component, it will:

- Ensure that the practices are centered on the family's interests and needs, that the system is accessible to all families,
- That resources are equitably distributed geographically, are inclusive of families with disabilities, and are sensitive and attentive to the culture of the family.

The rights of parents and their children will be protected as we work together to coordinate and/or provide quality early care, health and education services.

It is intended that these principles characterize the interactions of all parties to the agreement. They are fundamental in guiding our work on behalf of children and families and in recommending changes in practice and program design.

We believe:

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

Universally designed system means that all children and families have equitable access to and meaningful participation in services delivered in community-based settings.

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

Strengths-based means that we identify and work with the strengths and capabilities of families to help their child/ren. Supports and services are responsive to and build upon these strengths and competencies.

Inclusive means that young children learn best when placed in group settings with children their own age. Children benefit from learning and developing with other children who represent a wide range of abilities and backgrounds.

Culturally competent means that programs and staff are responsive to the needs of individuals with disabilities and the child's cultural background as defined by his/her community, family history, and family structure.

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

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

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

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

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

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

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

Comprehensive means that services are provided as part of a coordinated and integrated effort.

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

PRACTICES

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

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

Child Development

We agree to promote the overall development of young children with disabilities, not only in the area in which they have special need, but across all developmental domains, including motor, communication, social/emotional, cognitive, and adaptive, and across a variety of settings.

Parent Involvement

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

Outreach

We will:

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

Outreach/Screening

We will:

- Establish and coordinate child-find activities for the identification of children who have disabilities or are at risk of disabilities.
- Plan and carry out shared developmental and health screenings in our communities and explore new opportunities for collaborative screenings. If screenings are conducted independently, results will be shared with other programs as needed with written parental consent.

Making Referrals

Any child who has or may have special health needs and/or delays in development should be referred to the Children's Integrated Services (CIS) intake team (prenatal to three) or to the Department of Education's Essential Early Education (3-5) program with parental consent. Additionally, referrals should be made to other Agency of Human Services resources that may be needed. (See CDD, DAIL, VDH in glossary.)

We will:

- Make referrals to needed or requested services with parental consent.
- Provide parents with information about the programs and services to which they are being referred.
- Accept self-referrals and referrals from providers with parental consent, understanding that a referral does not guarantee eligibility for a program.
- Notify the referral source about the status of referrals.

Initial Screening & Evaluation

Eligibility for services is determined for different programs in a variety of ways. One way to determine eligibility is through an initial screening and/or evaluation. We ensure that once a referral is received, procedures for initial screening and/or evaluation to determine eligibility are carried out based on the individual program's requirements.

For example:

- **Children's Integrated Services/Early Intervention (CIS/EI):** If an initial screening determines a need for an evaluation, CIS/EI will provide a multidisciplinary, all-domain assessment. This evaluation must be completed and eligibility determined within 45 calendar days of referral.
- **Essential Early Education (EEE):** An initial evaluation for EEE must be completed within 60 calendar days of parental consent for the evaluation. The decision to move forward with a comprehensive evaluation or begin with an initial screening prior to determining the need for a comprehensive evaluation rests with the Local Education Agency/school district.
- **Head Start:** For Early Head Start (EHS) and Head Start (HS) enrolled children in need of evaluation, the first point of referral is either Children's Integrated Services or Essential Early Education. If a parent refuses referral to either CIS or EEE, Head Start will continue to work with the family to seek an evaluation by a qualified diagnostician.

Development and Implementation of Child and Family Plans

- We will ensure that plans are integrated to the degree possible. CIS and Head Start agree to integrate plans for shared children/families.
- We agree to recognize the primary role of parents/guardians in the development of plans related to the child and family's goals, and to provide support to maximize opportunities for family involvement in the process.
- With parent/guardian consent, Early Head Start and Head Start staff and other relevant representatives may participate in the development of the Head Start enrolled child's individualized plan. Service coordinators and/or case managers will invite program staff to team meetings, and will provide adequate notification of meeting date, time and location. Program staff will participate in the development of the plan either in person or through other means.
- We will ensure that there are mutually agreed upon times to share information, report progress and coordinate service delivery with parental consent. Every effort will be made to accommodate family schedules and to meet in homes or other natural settings comfortable for parents.
- Using a multidisciplinary assessment, observations and other relevant information, a child's CIS team, which includes the family and service providers, develops the One Plan. The plan builds on the strengths and resources of the family and includes health, mental health and well being, family support and specialized intervention services needed by the child and family.
- We will ensure that copies of the plan are provided to staff from collaborating agencies in a timely manner with written parental consent.
- We will implement services and supports in natural environments and/or inclusive settings in order to achieve outcomes of the plan.

- We agree to inform families that, for children with a CIS/Early Intervention plan, services are available year-round. EEE services are limited to the school year unless a child qualifies for extended-year services. (See Glossary)
- When a Head Start/Early Head Start enrolled child is not eligible for CIS early intervention or EEE, but is still in need of services, other providers may contribute to the development of a Head Start generated Individual Child Service Plan.

Transportation

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

Technical Assistance System/Consultation

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

Consultation and technical assistance support skill building among caregivers that contributes to positive functioning in various child and family environments. It also improves the overall quality of programs and the program staff who are responsive to children's needs and support their healthy development.

Transition Planning

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

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

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

Other recommended practices might include:

- Ensuring next placement orientation for families,
- Linking transitioning parents with parents who are familiar with the transition process,
- Offering opportunities for the child to experience and become comfortable with the next placement,
- Meeting staff of the next placement, and
- Meeting with parents and staff from all programs to address concerns and develop an effective transition plan.

Professional Development

We recognize the expertise of staff and parents of collaborating programs and agree to maximize these resources with reciprocal training and consultation. We seek and use information from the Northern Lights Career Development Center (NLCDC), Vermont's early childhood professional development system, and the Bright Futures Information System (BFIS) course calendar, career pathways, credentials and career advising to ensure professional development opportunities that are integrated and meaningful.

We will share responsibility for:

- Planning, funding and conducting joint in-service and ongoing professional development opportunities at the local, regional and state levels that enable staff to earn credentials and relevant certificates,
- Informing partner programs about upcoming in-service, training and staff development opportunities.
- Seeking and sharing opportunities to align professional development activities that enable staff to earn credentials (such as the early childhood and family mental health credential) and relevant level certificates.

Participation with regional Children’s Integrated Services Teams and regional Building Bright Futures Councils

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

Agreement Review

The Interagency Agreement Among Early Care, Health and Education Programs and Agencies in Vermont will be reviewed at least every three years and updated as needed. If it is not updated during that time frame, the current agreement will remain in effect.

GLOSSARY

Head Start and Early Head Start

Head Start is a comprehensive child and family development program available to income eligible families with preschool children age three to five. Early Head Start shares the Head Start mission, but serves pregnant women and families with children from birth to three years. Both Head Start and Early Head Start operate in accordance with national Head Start Performance Standards and the 2007 Head Start Act. Head Start services are available in all counties. Early Head Start services are available in Washington, Orange, Lamoille, Windham, Chittenden, Franklin/Grand Isle, Addison, Caledonia, Orleans and Essex counties. Families can receive Head Start services in their homes, in Head Start centers, in public schools, child care centers, community centers, and family child care homes, although not all service options are available in each county.

Head Start involves parents in all aspects of the program, from individualizing services for their children to program governance, and in planning how services such as education, training, health, nutrition, mental health, disabilities and social services will be implemented.

Head Start staff conduct health, nutrition, and developmental screenings for all enrolled children and refer children as needed to appropriate resources for evaluation and services. Head Start works in partnership with a wide variety of other early childhood programs such as human service agencies, child care programs and schools to meet the needs and goals of enrolled children and families.

For more information about Head Start and Early Head Start visit the Vermont Head Start Association website at <http://vermontheadstart.org>.

Vermont Department for Children and Families, Child Development Division (CDD)

The Child Development Division's goal is to increase accessibility to high-quality child care and child development services. Direct services for children and families include regulating early childhood and afterschool programs; early intervention services; information, resource and referral for families; parent education and family support services.

CDD provides technical assistance, professional development and mentoring opportunities to Vermont's early childhood and afterschool workforce. CDD is also involved in developing early childhood and afterschool systems in Vermont.

Information about the CDD and the Children's Integrated Services program is available at <http://dcf.vermont.gov/cdd>.

Children's Integrated Services (CIS)

CIS is Vermont's unique model for integrating early childhood health, mental health, early intervention services and specialized child care services for pregnant women and children from birth to age six. The model is designed to improve child and family outcomes by providing family-centered, holistic, prevention, early intervention, and health promotion services, effective service coordination, and flexible funding to address gaps in services.

Formerly known as Healthy Babies, Kids and Families (HBKF), nursing and family support activities are focused on prevention and early intervention and include health education and counseling, screening and assessment, referral, advocacy, risk reduction and case management. Services are available to pregnant and postpartum women, and infants and children from birth to age five who are eligible for Vermont's Dr. Dynasaur insurance.

Formerly known as Children's UpStream Services (CUPS), early childhood and family mental health promotes healthy social and emotional development for children up to six years old, their families, and child care programs. These services include information

and referral, direct services with children and families, parenting education, and training and consultation for early care, health and education providers.

Formerly known as the Family, Infant and Toddler Program (FITP), early intervention is a federally mandated (Individuals with Disabilities Education Act (IDEA)-Part C) system of individualized early intervention services for young children from birth to age three with, or at risk of, developmental delays.

CIS combines these three prevention, early intervention and treatment programs into one child development and family support services system. These services are available statewide through multi-disciplinary Children's Integrated Services Teams in each of the twelve Agency of Human Services regions. These teams provide a single point of access to a wide range of services that promote children's healthy development and assists families to promote their children's development. The menu of CIS services includes: Service Coordination, Health Education, Childbirth and Parenting Education, Specialized Therapies (e.g. speech, physical therapy, audiology, vision, nutrition), consultation to child care, medical evaluation, medical social work and family support.

These services result in positive outcomes for pregnant and postpartum women, children birth through age six, and their families.

Children's Integrated Services One Plan

Using a multidisciplinary assessment, observations and other relevant information, a child's CIS team, which includes the family and service providers, develops the One Plan. The plan builds on the strengths and resources of the family and includes health, mental health and well being, family support, specialized child care services and specialized intervention services needed by the child and family.

Vermont Department of Education

The Vermont Department of Education (DOE) is committed to helping students, educators, and public schools meet Vermont's high standards. DOE offers a wide variety of programs and services in support of Vermont's students, teachers, educators, administrators, families, and community members.

Information about DOE's programs and services is available at <http://education.vermont.gov>

Essential Early Education (EEE)

Essential Early Education (EEE) is Vermont's system of early childhood special education services for children three to six years old with disabilities.

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

A child may be determined eligible for EEE services in one of four ways. A child may:

1. have received special instruction, developmental therapy services, or speech services through their CIS early intervention program based on a CIS One Plan (See Children's Integrated Services One Plan above) at least 30 days prior to their third birthday;
2. have a medical condition which may result in significant delays as determined by a physician by the time of the child's sixth birthday and the child needs special education;

3. be determined to need special education based on an evaluation by an evaluation and planning team (EPT) finding that the child has a disability caused by a developmental delay;
4. meet eligibility criteria for children six through 21 years old, including determination of disability, adverse effect on educational performance and need for special education.

Individual Education Program (IEP)

An Individual Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed and revised by an IEP team which consists of public school representatives, parents or guardians, related service providers (e.g. therapists), and collaborative partners (e.g. Head Start). The IEP addresses specific educational goals and objectives that focus on the unique strengths and needs of the child.

Extended School Year (ESY)

Children aged three through 22 with an IEP may be eligible for services that extend beyond the typical school year (e.g. summer, weekends, holidays, etc.) The child's IEP team will consider and determine if ESY services are essential for the child to reach educational and/or developmental goals as stated in his/her Individual Education Program (IEP). Variables that should be considered in determining eligibility for extended school year services include evidence of regression during previous breaks in services, progress made during the school year on the current IEP, the child's degree of disability, breaks in programming that would prevent the child from attaining developmental milestones he/she would otherwise be expected to achieve, the correlation between the child's chronological age and rate of development, areas in the child's program that need consistent, ongoing attention, etc.

The EEE rules are further described in section 2361 of the "Vermont Department of Education Special Education Regulations and Other Pertinent Regulations," and can be found on the web at <http://www.state.vt.us/educ/new/pdfdoc/board/rules/2360.pdf>

ADDITIONAL SERVICES AVAILABLE THROUGH OTHER AHS DEPARTMENTS

Department of Disabilities, Aging and Independent Living (DAIL)

Developmental Disability Services – Young children with developmental disabilities may be eligible for services through their local Developmental Disability agency. Services include care coordination, flexible family funding, crises supports and, for children with very significant medical or behavioral issues, comprehensive home and community-based support.

Children’s Personal Care Services – Personal Care Services are available for Medicaid eligible children with disabilities who need assistance with eating, bathing, dressing, personal hygiene and other basic activities of daily living.

The High Technology Home Care Program is an intensive home care program that coordinates treatments, medical supplies, and sophisticated medical equipment and provides skilled nursing care for medically involved children who are technology-dependent.


Vermont Department of Health - Children with Special Health Needs (VDH)

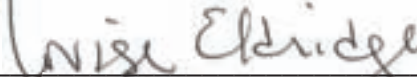
The Children with Special Health Needs Program at the Department of Health provides a large selection of services to children who have complex health conditions and to their families. By “children” we mean Vermont residents, birth to age 21. A child’s eligibility for a specific program may depend upon a number of factors.


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

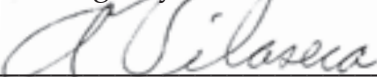
- The Individuals with Disabilities Improvement Act (IDEIA) of 2004 (federal law and federal regulations)
- Section 504 of the Rehabilitation Act of 1973
- Vermont State Board of Education Manual of Rules and Practices (2360)
- Act 117: An Act to Strengthen the Capacity of Vermont's Education System to Meet the Educational Needs of All Vermont Students
- Act 264: A law on behalf of children and adolescents who have a severe emotional disturbance and their families.
- 2007 Head Start Act
- 2007 Head Start Act: 45 CFR 1308 (preschool) and 45 CFR 1304.20(f)(2) (infants and toddlers)
- Act 62: a state law related to prekindergarten education, effective July 1, 2007, Act 62 codified existing practices used by some school districts to include three and four year olds in their average daily membership (ADM) in order to provide public funds to support prekindergarten education
- PreKindergarten Rules, effective July 1, 2008 as required by Act 62


*We, the undersigned, endorse the Interagency Agreement Among Early Care,
Health and Education Programs and Agencies in Vermont*

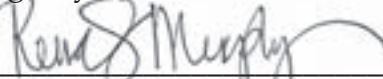

James H. Douglas
Governor

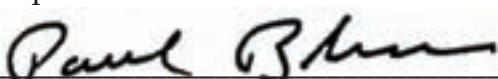

Louise Eldridge, Regional Program Manager
Office of Head Start



Robert D. Hofmann, Secretary
Vermont Agency of Human Services

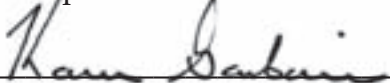

Armando Vilaseca, Commissioner
Vermont Department of Education


Stephen R. Dale, Commissioner
Department for Children and Families
Agency of Human Services


Reeva Sullivan Murphy, Deputy Commissioner
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Department for Children and Families


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