

## **BABIES CAN'T WAIT (BCW) PROGRAM POLICY**

### **COMPREHENSIVE CHILD FIND SYSTEM** **PUBLIC AWARENESS AND CHILD FIND**

*The Department of Public Health is responsible for ensuring that a comprehensive Child Find system is in place which assures that all infants and toddlers with disabilities in the State who are eligible for early intervention services under Part C are identified, located and evaluated and an effective method is developed and implemented to identify children who are in need of early intervention (EI) services. Infants and toddlers with disabilities include Indian infants and toddlers with disabilities residing on a reservation geographically located in the State based in part on the information provided by them to the lead agency under 303.731 (e) (1); infants and toddlers with disabilities who are homeless, in foster care, and wards of the State; and specific-at-risk infants and toddlers with disabilities (is the subject of a substantiated case of child abuse or neglect or is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure).*

#### **A. Public Awareness Program**

1. The public awareness program must focus on both internal and external audiences to involve and communicate with major organizations throughout the State that have a direct interest in Part C. Public agencies provide early intervention services as well as other services or sources of funding for early intervention services.
  - a. Internal Audiences include all appropriate state agencies and their local offices, including but not limited to the Department of Public Health including the State Early Hearing Detection and Intervention System (EHDI), Department of Human Services, Division of Family and Children Services (both child protection and child welfare), Department of Behavioral Health and Developmental Disabilities, Department of Community Health including the Children's Health Insurance Program, Department of Education, Department of Early Care and Learning, the Governor's Office for Children and Families and the local district personnel who work with infants and children and Early Intervention (e.g. Women, Infant, and Children Nutrition, 1<sup>st</sup> Care, Children's Medical Services, Universal Newborn Hearing Screening, Newborn Metabolic/Genetic Screening, Children 1<sup>st</sup>, and others).
  - b. External Audiences include the medical community (physicians, hospitals, including all birthing facilities and regional perinatal

centers), advocates, public and private service providers, parents/legal guardians, civic, business and professional organizations, faith-based organizations, homeless family and domestic violence shelters, childcare and early learning programs, tribes, tribal organizations and consortia, Early Head Start, educators, and teachers.

Particular emphasis will be given to hospital neonatal intensive care units and regional perinatal centers specializing in care of infants who were born premature and/or with complications.

2. The public awareness program must provide detailed information on the availability of early intervention services, a description of how the child find system works, how to refer a child under age 3 for evaluation or for early intervention services, and a central directory of information on available early intervention services, supports, and projects within the state that is easily accessible to the general public.
3. Implementation of a comprehensive well planned targeted outreach and public awareness activities at the state, district and county levels to include:
  - a. Use of population and program data to inform outreach;
  - b. Use of family and child risk factors to predict and identify children who are most likely to have significant developmental delays;
  - c. Identification of suspected developmental delays using a developmental screener which would trigger a referral to BCW;
  - d. Provision of information about BCW to other Public Health programs and child care providers that may serve potentially eligible children;
  - e. Education and awareness activities with physicians, hospitals, community agencies and the general public to ensure that they understand BCW and the functions of Children 1<sup>st</sup> as the Maternal and Child Health (MCH) system's Single Point of Entry (SPOE) or front door to these programs including BCW and how this referral process benefits children, families and providers:

DPH's 18 health districts shall actively participate in community events minimally once per quarter in an effort to increase community awareness of Early Intervention Services; and
  - f. Public awareness activities include informing all parents served under Part C about preschool programs under Part B. This information must be provided no fewer than 90 days before the toddler's third birthday.
4. The Early Intervention (EI) public awareness activities shall be continuous and coordinated with other Child Find efforts in the State (e.g. the Powerline, Georgia Learning Resource System, United Way 211, Healthy Mothers Healthy Babies, Early Head Start and Head Start Programs, Part B/Special

Education, Family Connections, Governor's Office for Children and Families including the Home Visiting Program, Prevent Child Abuse Georgia, etc.).

5. Materials including printed materials such as brochures shall be available in a variety of media, utilize a variety of settings, and reflect the diversity of individuals by using appropriate prevalent languages that are relevant to the community (ies), and ensuring the materials are user-friendly and sensitive to cultural diversity.
6. Community-based providers (e.g., family shelters, faith-based organizations, and recreation organizations) will be engaged through outreach efforts.
7. The BCW graphic and Department of Public Health (DPH) logo shall be used on all correspondence and public awareness/child find materials. Materials will include common language on programs and services available to the birth to five year old population and how Children 1<sup>st</sup> serves as the SPOE or the front door for Georgia's Public Health MCH system, including BCW.
8. Children 1<sup>st</sup> coordinators will be responsible for maintaining resource directories to be distributed to families and community providers.

**B. Central Directory**

1. The State Lead Agency shall ensure the establishment and maintenance of the State's Central Directory, which shall include information about the following:
  - a. Public and private EI services, resources, and experts available in the State;
  - b. Public and private EI services, resources, and experts available at the district, county and community levels;
  - c. Scientifically based research and demonstration projects being conducted in the State;
  - d. Professional and other groups that provide assistance to children eligible under Part C and their families; and
  - e. Training opportunities (e.g., continuing education courses, in-service training, and professional meetings).
2. The State Lead Agency shall ensure that a toll-free Central Directory number is available to the general public and staffed by trained personnel.

3. The State Lead Agency shall ensure that the Central Directory is updated annually. Each health district is responsible for assisting with keeping the Central Directory information up-to-date for their local catchment area.
4. Each health district is responsible for disseminating information about the Central Directory throughout their local catchment area.
5. The State Lead Agency shall ensure the Directory is available to all persons through the toll-free statewide number; a telecommunications device (TDD) is available for persons who are speech and hearing impaired; and upon request printed information is available in large print face or Braille for those who are visually impaired.

### **C. Comprehensive Child Find System**

1. Local public health districts are expected to collaborate with other agencies who service children birth to three to coordinate local Child Find efforts. These include but are not limited to: early head start/head start; maternal child health programs such as children's medical services, health check, Early Hearing Detection and Intervention (EHDI) systems, healthy mothers' healthy babies, DFCS, family homeless shelters, daycare centers, NICUS, perinatal centers, tribal organizations and organizations working with military families.
2. Participation by BCW in local interagency coordinating councils (LICCs) is required to foster collaboration with other agencies serving children birth to five. LICCs will be composed of community stakeholders who will make recommendations for activities to promote child find in their local districts.
3. Local BCW programs will identify and participate in local community events (i.e. health fairs, parent support groups) where families with infants and toddlers with disabilities may attend.
4. Local BCW program staff may attend conferences, or meetings attended by physicians and other health providers to provide information on the BCW program and referral process.

### **D. Referrals and Screening**

Referrals of children birth to five years of age to public health services including EI services provided through BCW, will come through Children 1<sup>st</sup>. Children 1<sup>st</sup> is Georgia's Maternal and Child Health program single point of entry. Referral sources, such as child care or physician communities, are informed through a variety of methods about referral procedures and the benefits of referring children birth to five years of age, though the Single Point of Entry, Children 1<sup>st</sup>.

Referrals may come directly to BCW from families, other agencies or the public. Family information will be gathered on the Children 1<sup>st</sup> Screening and Referral form and sent to Children 1<sup>st</sup> in order to be presented at the weekly staffing meeting to be reviewed by the Birth to Five Review Team, to ensure the most appropriate referral(s) are made on behalf of the child and family. Referrals to Children 1<sup>st</sup> are made as soon as possible but not more than seven days after a child has been identified.

#### Timelines for Public Agencies to Act on Referrals:

Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

Within 45 days after it receives a referral, the public agency shall:

- a. Complete the evaluation and assessment activities; and
- b. Hold an IFSP meeting.

If a child is referred less than 45 days from the child's third birthday, the local lead agency is not required to complete an evaluation or hold an IFSP meeting, however, if that child may be eligible for preschool services or other services under Part B, the lead agency with the parental consent must refer the toddler to the SEA and the appropriate LEA.

#### Referral Process:

Day 1 of the 45 day time period begins on the day that the Children 1<sup>st</sup> SPOE receives the referral indicating that it is a BCW referral. Examples of BCW referrals include the following:

- A physician-initiated referral due to a suspected developmental delay or Category 1 diagnosis;
- A CAPTA referral made by a DFCS caseworker for a child (birth to three) with substantiated abuse or neglect;
- A referral received (from a parent, hospital or licensed professional) with a Category 1 diagnosis for eligibility; or
- A referral received from a parent, family member or child care provider who is concerned about the child's development. The referral source may or may not mention BCW.

Districts must work together to develop a process that maximizes the amount of time available for scheduling an evaluation and developing an Individualized Family Service Plan (IFSP) within the 45 days.

#### Category 1 Referral Process:

A referral from any source with a Category 1 diagnosis.

- a. Category 1 referrals are sent by Children 1<sup>st</sup> directly to BCW within 2 business days of identification. BCW receives the referral, completes the BCW intake process and enrolls the child, if appropriate.
- b. Upon receipt of the referral by Children 1<sup>st</sup> the 45-day timeline begins.
- c. The referral is sent to the next staffing of the Birth of Five Review Team (BCW, Children 1<sup>st</sup>, 1<sup>st</sup> Care, UNHSI, Children's Medical Services [CMS], Child Health Coordinators or some combination thereof) to determine most appropriate Public Health program referral(s).

Category 2 Conditions Referral Process:

1. The Developmental Specialist (or other trained DPH staff) will initiate contact with the family within three business days. Staff will use at least two unique forms of contact which may include telephone call, letter or home visit.
2. Once contact has been made with the family a home visit will be scheduled to gain consent to screen the child's development using the appropriate Ages and Stages Questionnaire (ASQ-3). The Developmental Specialist (or other ASQ trained DPH staff) will complete the Ages and Stages Questionnaire Social and Emotional (ASQ-SE) if:
  - a. The Children 1<sup>st</sup> Screening and Referral Form indicates mental health or socio emotional concerns and the child is at least six months of age;
  - b. After the review of the OVERALL QUESTIONS section of the ASQ-3 and there is an indication that a social emotional concern warrants an ASQ-SE screening;
  - c. A score in the black/gray area of the ASQ-3 Personal-Social areas.
3. If the screening indicates possible developmental delays then C1<sup>st</sup> will send the referral along with the ASQ-3 (and ASQ-SE if completed) to BCW within two business days.
4. If the screening indicates that the child is age appropriate or in the monitoring zone, the Children 1<sup>st</sup> Developmental Specialist will offer to enroll the child in Children 1<sup>st</sup> and complete the Maternal Child Health Integrated Assessment.

Birth to Five Review Team:

A representative from each child health program to include Babies Can't Wait, Children 1<sup>st</sup>, Universal Newborn Health Screening and Intervention, and Children's Medical Services shall meet at minimum once per week to review referrals and the disposition of the referrals. All referrals that enter Children 1<sup>st</sup> as the SPOE shall be reviewed to determine the most appropriate referrals are made on behalf of the child's family. Each District Children 1<sup>st</sup> Coordinator will be responsible for documenting the frequency, attendance, and outcome of the Birth to Five Review

Meeting. Each child health program shall be responsible for reporting the disposition of their referrals at minimum, once per month to the Birth to Five Review Team. Documentation of these meetings shall be available upon request of State Office staff.

## REFERENCE

### Section 635 of the IDEA (20 USCA § 1435) 34 CFR Section 303.302

#### **COMPREHENSIVE CHILD FIND SYSTEM**

The Program described below is part of the pre-referral policies that include a public awareness program and a comprehensive child find system; and referral policies and procedures of the statewide comprehensive coordinated multidisciplinary system.

#### **Public Awareness Program**

The statewide comprehensive, coordinated, multidisciplinary interagency system to provide early intervention services for infants and toddlers with disabilities and their families referenced in § 303.100 must include the following components:

- (a) Pre-referral policies and procedures that include—
  - (1) A public awareness program as described in § 303.301; and
  - (2) A comprehensive child find system as described in § 303.302.
- (b) Referral policies and procedures as described in § 303.303.
- (c) Post-referral policies and procedures that ensure compliance with the timeline requirements in § 303.310 and include—
  - (1) Screening, if applicable, as described in § 303.320;
  - (2) Evaluations and assessments as described in §§ 303.321 and 303.322; and
  - (3) Development, review, and implementation of IFSPs as described in §§ 303.340 through 303.346.

#### **Pre-Referral Procedures—Public Awareness Program and Child Find System**

**Public awareness program— information for parents.**

- (a) **Preparation and dissemination.** In accordance with § 303.116, each system must include a public awareness program that requires the lead agency to—
  - (1)(i) Prepare information on the availability of early intervention services under this part, and other services, as described in paragraph (b) of this section; and
  - (ii) Disseminate to all primary referral sources (especially hospitals

and physicians) the information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications; and

- (2) Adopt procedures for assisting the primary referral sources described in § 303.303(c) in disseminating the information described in paragraph (b) of this section to parents of infants and toddlers with disabilities.
- (b) Information to be provided. The information required to be prepared and disseminated under paragraph (a) of this section must include—
- (1) A description of the availability of early intervention services under this part;
  - (2) A description of the child find system and how to refer a child under the age of three for an evaluation or early intervention services; and
  - (3) A central directory, as described in § 303.117.
- (c) Information specific to toddlers with disabilities. Each public awareness program also must include a requirement that the lead agency provide for informing parents of toddlers with disabilities of the availability of services under section 619 of the Act not fewer than 90 days prior to the toddler's third birthday.

#### **Comprehensive child find system.**

- (a) **General.** Each system must include a comprehensive child find system that—
- (1) Is consistent with part B of the Act (see 34 CFR 300.111);
  - (2) Includes a system for making referrals to lead agencies or EIS providers under this part that—
    - (i) Includes timelines; and
    - (ii) Provides for participation by the primary referral sources described in § 303.303(c);
  - (3) Ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for early intervention services under this part that will reduce the need for future services; and
  - (4) Meets the requirements in paragraphs (b) and (c) of this section and §§ 303.303, 303.310, 303.320, and 303.321.
- (b) **Scope of child find.** The lead agency, as part of the child find system, must ensure that—
- (1) All infants and toddlers with disabilities in the State who are eligible for early intervention services under this part are



identified, located, and evaluated, including—

- (i) Indian infants and toddlers with disabilities residing on a reservation geographically located in the State (including coordination, as necessary, with tribes, tribal organizations, and consortia to identify infants and toddlers with disabilities in the State based, in part, on the information provided by them to the lead agency under § 303.731(e)(1)); and
  - (ii) Infants and toddlers with disabilities who are homeless, in foster care, and wards of the State; and
  - (iii) Infants and toddlers with disabilities that are referenced in § 303.303(b); and
- (2) An effective method is developed and implemented to identify children who are in need of early intervention services.

**(c) Coordination.**

- (1) The lead agency, with the assistance of the Council, as defined in § 303.8, must ensure that the child find system under this part—
- (i) Is coordinated with all other major efforts to locate and identify children by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, including Indian tribes that receive payments under this part, and other Indian tribes, as appropriate; and
  - (ii) Is coordinated with the efforts of the—
    - (A) Program authorized under part B of the Act;
    - (B) Maternal and Child Health program, including the Maternal, Infant, and Early Childhood Home Visiting Program, under Title V of the Social Security Act, as amended, (MCHB or Title V) (42 U.S.C. 701(a));
    - (C) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act (42 U.S.C. 1396(a)(43) and 1396(a)(4)(B));
    - (D) Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000;
    - (E) Head Start Act (including Early Head Start programs under section 645A of the Head Start Act) (42 U.S.C. 9801 et seq.);
    - (F) Supplemental Security Income program under Title XVI of the Social Security Act (42 U.S.C. 1381);
    - (G) Child protection and child welfare programs, including programs administered by, and services provided through, the foster care agency and the State agency responsible for administering the Child

- Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106(a));
  - (H) Child care programs in the State;
  - (I) The programs that provide services under the family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.);
  - (J) Early Hearing Detection and Intervention (EHDI) systems (42 U.S.C.280g–1) administered by the Centers for Disease Control (CDC); and
  - (K) Children’s Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).
- (2) The lead agency, with the advice and assistance of the Council, must take steps to ensure that—
- (i) There will not be unnecessary duplication of effort by the programs identified in paragraph (c)(1)(ii) of this section; and
  - (ii) The State will make use of the resources available through each public agency and EIS provider in the State to implement the child find system in an effective manner.

## Referral Procedures

- (a) **General.** (1) The lead agency’s child find system described in § 303.302 must include the State’s procedures for use by primary referral sources for referring a child under the age of three to the part C program.
- (2) The procedures required in paragraph (a)(1) of this section must—
  - (i) Provide for referring a child as soon as possible, but in no case more than seven days, after the child has been identified; and
  - (ii) Meet the requirements in paragraphs (b) and (c) of this section.
- (b) **Referral of specific at-risk infants and toddlers.** The procedures required in paragraph (a) of this section must provide for requiring the referral of a child under the age of three who—
  - (1) Is the subject of a substantiated case of child abuse or neglect; or
  - (2) Is identified as directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.
- (c) **Primary referral sources.** As used in this subpart, primary referral sources include—
  - (1) Hospitals, including prenatal and postnatal care facilities;
  - (2) Physicians;

- (3) Parents, including parents of infants and toddlers;**
- (4) Child care programs and early learning programs;**
- (5) LEAs and schools;**
- (6) Public health facilities;**
- (7) Other public health or social service agencies;**
- (8) Other clinics and health care providers;**
- (9) Public agencies and staff in the child welfare system, including child protective service and foster care;**
- (10) Homeless family shelters; and**
- (11) Domestic violence shelters and agencies .**

**DRAFT**