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Your ideas matter!  
Send your ideas and  
article submissions to  
[ravyn.denton@arkansas.gov](mailto:ravyn.denton@arkansas.gov)

## Data Reporting

Data collection for 2012 reporting has begun! Please do your part by keeping your CDS data up-to-date and by promptly responding to data inquiry requests from our Data Unit.

Look for “Inquiries for Data Collection.” The following data reports will be collected as we end the year:

**618 / Table 3: Exit Report**  
(due to OSEP on Nov 7, 2012)

**Annual Performance Report**  
(due to OSEP Feb 1, 2013)

- **Indicator 1** *Timely Services*
- **Indicator 2** *Natural Environmt.*  
(based on Child Count 2011)
- **Indicator 3** *Child Outcomes*
- **Indicator 4** *Family Survey*  
(Sent to all families in July 2012)
- **Indicator 5 & 6** *Child Find*
- **Indicator 7** *45-day Timeline*
- **Indicator 8** *Effective Transition*

**2012 Child Count** will be collected on children with an IFSP on or before Nov 1. This is a snap shot (point in time) that will be taken on or around Nov 15, compiled and sent for verification. **The Child Count report is due (to OSEP) Feb 1, 2013.**

## Making Transition Process from EI to EC Family-Friendly

*Excerpted from:* Johnson, Cheryl. “Supporting Families in Transition between Early Intervention and School Age Programs.” Colorado Dept. of Education. *Hands and Voices*. [Web] 2001. < <http://www.handsandvoices.org/articles/education/law/transition.html> >.

In Part C, family involvement is mandatory and parents are expected to be the decision makers for their child’s services. In Part B, the school assumes the primary educational responsibility and parents are just encouraged to be “on the team.” Families leaving family-focused EI services to enter the child-centered education programs of Part B often experience stress and confusion.

**IDEA requires a minimum 6 month transition period from EI to EC (as long as nine months at the discretion of all parties). This period is filled with evaluations and meetings required by the law. Families may feel rushed to make decisions or feel the need for additional conversations to answer questions about their child’s potential services. Extra time not only helps ease some of the feelings of uncertainty but also begins to build a positive relationship with the school personnel when both sides work together collaboratively to make transition not only smooth, but meaningful.**

To make the transition go more smoothly, it’s important for both sides to work together to educate the parent about what’s the same, what’s different, and what comes next. What can professionals do to make the transition process and the preschool experience meaningful and productive? The first essential step is to build strong partnerships between families and schools.

- 1. Prepare for the IFSP/IEP transition meetings.** Families should visit preschools and meet with the preschool teachers and other staff prior to the transition meeting. Parents should be familiar with their rights as well as service obligations for their child under Part B before the transition conference.
- 2. Think of preschool as a kind of transition.** Recognize that transition doesn’t have to happen in 6 months. If we think about the entire preschool experience as a transition between EI and school, we can combine the benefits of family-focused services with the language and social experiences of early education programs.
- 3. Maintain consistent, effective communication.** Parents should be encouraged to ask questions and seek clarification of information. Written information and follow-up phone calls from EC during transition can start the relationship-building process with parents and help maintain open communication.
- 4. Establish roles and expectations together.** Families need a game plan. They need to know what to expect from EI, EC, as well as what is expected of them. Make sure everyone is clear about respective roles and responsibilities.

*continued on page 3 . . .*



## Impact of Medicaid on Children's Healthcare and Health

Public insurance programs provide critical access to healthcare for low-income children with 69.5% of children in families with incomes below 100% of the federal poverty level covered by public programs.

The reach of Medicaid is extensive, although substantial numbers of eligible children remain uninsured. 2002 estimates show that just over a fourth of US children were covered by public insurance programs, primarily Medicaid.

Although Medicaid-insured children still face access barriers for certain types of specialty care, parents of children with public insurance report high levels of satisfaction with their experience with well-child care. While the study findings are mixed, several recent studies show very favorable comparisons between the experience of privately insured children and that of publicly insured children.

Medicaid plays a critical role in providing health insurance coverage for children, particularly for very low-income families. Additional efforts are needed to fully enroll all eligible families and to assure full access to high-quality care.

### Source:

Vivier, PM. "The Impact of Medicaid on Children's Healthcare and Health." Dept Community Health, Brown Medical School. *Curr Opin Pediatr*. 17(6):759-63. Dec. 2005. [Web/abstract] NIH. PubMed.gov <<http://www.ncbi.nlm.nih.gov/pubmed/16282784>>.

## Family-Friendly Transitions

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**5. Continue Home Visits.** Home visiting is a hallmark of EI, so why should it end with transition to Part B? Home visits give preschool teachers and parents an opportunity to build relationships and to maintain consistent, effective communication. The preschool teacher can better support and provide information to parents through home visits. It also gives the teacher an opportunity to better understand the toddler by viewing him/her in the familiar home environment and by observing communication styles used in the home.

**6. Incorporate Flexible Programs and Schedules.** Toddlers with special needs may not be ready for the same preschool experience as that of older preschool children. Parents can discuss with the school the amount of time that their child will attend preschool. For some children, a combination of home-based support and preschool may be most effective.

**7. Establish a Parent Support Group.** EI service coordinators can work with Part B professionals to collaboratively create parent support groups by eliciting the help of "seasoned" parents to assist transitioning families and to plan activities. Planning ahead improves attendance: establish a parent-to-parent calling tree to communicate with parents and to remind them of events, offer child care, carpooling other transportation options, and snacks. Provide interpreters to accommodate deaf/hard of hearing or non-English speaking family members.

**8. Facilitate Preschool Class Visitations.** Brief visits to the preschool or center classroom prior to transitioning develop a rapport with the teacher and familiarity with the preschool classroom. Be sure that the early childhood teacher has all pertinent information and understands the toddler's needs, goals, and services.

### Comparison between Infant/Toddler Supports and Services and Preschool/School Age Special Education

	Part C: Infants/Toddlers Birth-3 years	Part B: Children with Disabilities 3-21 years
<b>Laws</b>	IDEA / Part C	IDEA / Part B
<b>Goals</b>	Focus on supporting family to meet developmental needs of the child with a delay/disability.	The focus is on the child's educational needs.
<b>Services</b>	Services are designed to meet developmental needs of the child and the family's needs related to enhancing their child's development. Services on the IFSP are developed with the family to meet their needs and priorities and are respectful of family culture, customs and daily routines, and are delivered in the family's native language. To the maximum extent appropriate, EI services must be provided in natural environments, including the home and community settings where children without disabilities participate.	Special education means specially designed instructions; related services means developmental and other supportive services required to assist a child with a disability to benefit from special and regular education. Services are planned/outlined on an IEP. To the maximum extent appropriate, children with disabilities are educated with children who are not disabled.
<b>Transition</b>	Transition planning begins at least six months, but preferably between 9-12 months prior to the third birthday, or as soon as possible for children over two who are newly referred. The <b>process</b> includes the transition plan in the IFSP, meetings, and the transition conference. Parents, EI service coordinator, EI service providers, and representatives from the LEA (if the child is transitioning into LEA services) participate. If a child is not eligible for Part B services, the transition team will discuss options of other appropriate services with the family and invite representatives from other appropriate programs/services.	For 3 year olds entering Part B, the child is a new referral, not a transition, but LEA representative must participate in the Part C transition <b>process</b> beginning at least 6 mos but preferably between 9-12 months before 3rd birthday.  Transitions occur for 5 year olds going to kindergarten and for older youth preparing to leave K-12 to enter the workforce or continuing education.  <small>NOTE: In the case of a child with a disability, age 3 through 5, LEA may choose to have IFSP serve as IEP. (See IDEA P.L. 105-17 Section 636 and Federal Register 34CFR Part B, Section 300.342.)</small>
<b>Service Coordination</b>	Each eligible infant/toddler and their family must be provided a service coordinator who serves as the single point of contact in helping parents obtain the services and assistance they need. Service coordination is an active, ongoing process that involves assisting parents in gaining access to the early intervention services and supports, coordinating the provision of services and supports, facilitating the timely delivery of services and continuously seeking all services and supports necessary.	Under special education law, there is no requirement that a service coordinator be designated for a child and family. However, use of interagency collaboration, varied screening procedures, multidisciplinary IEP teams, and referral procedures to parents and children about all public and private resources that can meet identified needs, provide services that service coordination provided under Part C.

# Did YOU Know?



The high incidence of maternal depression in children with disabilities has been the subject of over two decades of research. A recent study looks at maternal depression and its effect on EI participation. In the US, depressive symptoms in birth mothers were 23% for mothers of infants receiving EI services and 57.5% for mothers whose children became eligible as toddlers. Depressive symptoms in mothers did not appear to limit EI participation but other studies link untreated maternal depression with a lack of maternal responsiveness which can hinder the baby's language and social/emotional development. Researchers conclude that EI programs

may be an appropriate setting in which to address maternal depressive symptoms, including treatment for depressed mothers as part of the family's Individualized Family Service Plan (IFSP).

Quarterly trainings on the CDS system have begun. If you missed the September training, it's not too late to register for the December training (TBA – some time before the holidays, dependent upon whether training room is available). These trainings are a two-day, hands-on training for Service Coordinators and Providers. Space is limited to two professionals per facility who have not previously been trained. [Please select trainee wisely as this is designed to **“Train the Trainer.”** The person selected to training, should be capable of retaining the information and taking it back to train others at his/her organization.

**Carol and Terrel take their show on the road?** So, if your staff is having problems using CDS, you can have help come to you to train your staff. To schedule a **SITE VISIT**, call (501) 682-8699 or (501) 682-0238. E-mail [carol.l.parker@arkansas.gov](mailto:carol.l.parker@arkansas.gov)



Family Youth Assistance Network (FYAN) facilitates family and youth driven education, support, and advocacy for children, youth, and their families living with emotional, behavioral, or mental health needs. **What FYAN offers:** Phone line (support, warm line, resource), Website, Newsletter, Conferences, Resource Dissemination, Training/Development, Data Collection, System Navigation, Link, Support, Advise on System Of Care Development, Advocacy Activation

<http://www.arfyan.org/>

## NIH Expands Safe Infant Sleep Outreach Effort

This fall, the National Institutes of Health (NIH) announced the national campaign to reduce the risk of sudden infant death syndrome (SIDS) now encompasses all sleep-related, sudden unexpected infant deaths.

The campaign, formerly known as the Back to Sleep Campaign, has been re-named the **Safe to Sleep Campaign**. Be sure to share their new, one-page fact sheet with families of infants:

*What does a safe sleep environment look like?*



The fact sheet, (September 2012), shows how to create a safe sleep environment and lists ways that parents and caregivers can reduce the risk of SIDS.

Source: U.S. Department of Health and Human Services, National Institutes of Health - September 12, 2012. <[http://nichd.nih.gov/publications/pubs/upload/safe\\_sleep\\_enviro\\_sheet\\_2012.pdf](http://nichd.nih.gov/publications/pubs/upload/safe_sleep_enviro_sheet_2012.pdf)>.