



IDEA

INFANT & TODDLER

COORDINATORS ASSOCIATION

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MESSAGE FROM THE PRESIDENT

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I hope 2006 has started well for everyone! This year is certainly shaping up to be another busy one – implementing procedures to collect child and family outcome baseline data, initiating new activities identified in State Performance Plans, juggling upcoming national meetings and conferences, and finalizing new grant applications in a year with yet another round of funding cuts at the federal level. Add to that the anticipation of draft Part C regulations later in the year and keeping an ever-watchful eye on changes within our own states and nationally that affect Part C systems, all while trying to keep systems running effectively and smoothly for children and families.

The ITCA Board ended 2005 with a flurry of activity – the national early childhood conference, the annual ITCA meeting, and finalizing letters on your behalf regarding Part C regulations to Assistant

Secretary John Hagar and Secretary Margaret Spellings. January kicked off with providing written comments on the proposed data collection/monitoring process designed to examine state monitoring systems and continued representation of Part C priorities at the national level. The Legislative committee and Board members are already hard at work identifying strategies and defining a long-term plan of action to address the continued need for funding increases for Part C. I can only imagine that the rest of 2006 will be equally busy!

It was great to see so many states and territories represented at the early childhood conference and the ITCA meeting in December. Participants at the ITCA meeting provided critical input to guide the strategic planning for the Association for the next five years. It was even more of a treat to be able to see many of you again

in February for the EHDI (Early Hearing Detection and Intervention) - Part C meeting. Several recommendations came out of that meeting that involved strengthening partnerships and ITCA involvement in initiatives surrounding newborn hearing screening and intervention. That meeting also highlighted for me how valuable the face-to-face networking time is for Part C Coordinators and how disconnected we can all feel when we only get together once per year as an Association. As you know, we are exploring the possibility of scheduling periodic conference calls throughout the year to keep members better informed on key issues and to provide additional forums for connecting with one another.

The ITCA Board has scheduled our summer planning meeting for July 2006. At that time, we will continue the strategic planning work that you began in December and further define the future of the ITCA with our

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The IDEA Infant and Toddler Coordinators Association is organized as a not-for-profit corporation to promote mutual assistance, cooperation and exchange of information and ideas in the administration of Part C and to provide support to state and territory Part C coordinators.

President's Message, continued

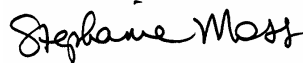
next five-year strategic plan. Your continued input and feedback into that process is critical to ensuring that the ITCA's goals and priorities are responsive to members' needs. The ITCA board will also take the opportunity to meet with OSEP during that time to discuss ITCA priorities and issues of concern to the Part C community.

One of the priorities that the board has already begun work on is supporting member states around Part C finance systems. The ITCA is working with NEC-TAC and finance experts on a variety of approaches to support States in assessing the fiscal health of their system and strengthening finance systems in a time of dwindling federal funds. More information about this work can be found on page 5 of this newsletter.

As your new ITCA president, I am honored to work on your behalf toward promoting stronger early intervention systems. For those of you who haven't yet got to know me, I have been the Part C coordinator in Georgia since April 2001 – I can't believe it's been almost 5 years! Time flies!! Prior to 2001, my first job with the early intervention system was as a member of an evaluation team conducting evaluations and assessments of infants and toddlers with disabilities and then I was a regional Part C program director. I've also had the opportunity to work with adults with developmental disabilities in institutional

settings as well as in community day habilitation center settings. I can honestly say that my early work experience with adults with disabilities was what led me to the field of early intervention. I believe that everything we do to support families in promoting their children's learning throughout all aspects of home and community life is how we can have a real impact on the lives and the future of each and every child and

family that we serve. I want to encourage each of you to feel free to contact me or any Board member if we can be of assistance or support to you at any time. We will continue to work diligently on your behalf to represent and address Part C priorities. Thanks!



Stephanie Moss
President

Legislative Committee Update

Following receipt of the Office of Special Education Programs (OSEP) draft funding allocation tables, the Infant and Toddler Coordinators Association's Legislative Committee has discussed with the Board the impact of funding levels for federal fiscal year 2006. In addition to a Congressionally mandated 1% across the board rescission, many states received further reductions based upon the Part C funding formula contained within the Part C portion of the IDEA.

The Board agreed to the establishment of an ad hoc committee to review and make recommendations regarding the allocation formula and the significant challenges it presents to states, particular in years of reduced funding.

The Legislative Committee is in final review of a "Good News" document which will be presented to the Board, and with their approval, to members with the goal of positively showcasing Part C activities. This document

will also be used to positively impact federal budgetary and appropriation decisions.

The Legislative Committee is very active and through monthly calls member states have the opportunity to dialogue with Sharon Walsh, ITCA's Legislative Liaison. Please contact Ron Benham, Part C Coordinator in Massachusetts, if you are interested in participating. Ron can be reached at 617-624-5962 or e-mail at ron.benham@state.ma.us.

The Legislative Committee is continuously looking for new members and holds 8-10 phone lines open for each monthly call. Information for those who wish to serve on the ad hoc allocation committee will be coming to you by email shortly.

2006 ITCA Members

The following states and territories have submitted their dues for 2006 as of March 1. The number of years they have been members is included in parens. Thank you for your support.

- Alaska (5)
- Arizona (6)
- Colorado (3)
- Connecticut (6)
- Delaware (6)
- Georgia (6)
- Guam (5)
- Hawaii (6)
- Idaho (6)
- Indiana (6)
- Iowa (5)
- Maine (2)
- Maryland (6)
- Michigan (1)
- Mississippi (6)
- Missouri (4)
- Nevada (5)
- New Mexico (6)
- New York (3)
- North Carolina (6)
- North Dakota (6)
- Northern Marianas (5)
- Ohio (5)
- South Dakota (2)
- Tennessee (4)
- Texas (6)
- Utah (6)
- Vermont (6)
- Virgin Islands (3)
- Virginia (2)
- Washington (6)
- Wisconsin (4)

**Watch for "Good News"
coming to you this month**

Planning for ABCD III: National Academy for State Health Policy

MaryAnn Discenza, Virginia Part C Coordinator, attended a meeting at the National Academy for State Health Policy, representing the Association. The following is MaryAnn's report of the proceedings

Participants were brought together at a meeting at the National Academy for State Health Policy office in Washington, D.C. to consider potential topics for ABCD III. The three proposed topics were:

- Developing state system capacity for referral and treatment of developmental delays or risk of delays;
- Improving the state Early Intervention/Medicaid agency relationship; and
- Promoting statewide adoption of standardized developmental screening through policy and practice -- moving beyond individual demonstrations.

There was consensus that all three issues should be covered with some discussion about expanding the maternal depression topic to developing good public health surveillance systems of women's health issues. This would include tracking women through family planning services to prenatal care, postnatal care, and beyond. However, some participants raised concerns that even with good tracking, there are political realities that limit the services that can be covered and that even with effective psychosocial screening and assessment, there is a barrier in getting the information to pediatricians.

Most thought the focus should be on linking at-risk children to services. Pertinent points from this discussion:

- The services being discussed would be useful to many children regardless of screening. Begin with prevention and promotion, not identification of needs.
- Use Medicaid managed care to make systemic change.

Another point of consensus: state projects should go to where the children are—bridging community resources and the health care system with a focus on children and families.

- Physicians often do not hear back from referral resources.
- Screen children wherever they are, whether in a physician's office, child care setting, community programs, or homes.

- Doris Duke Foundation is focusing on training child care workers and linking with primary care practices.
- Use community health workers, interactive television to reach children.
- Link Medicaid to other community resources.
- Medicaid does not reimburse providers serving these children.
- Electronic health records and linking claims data could help improve coordination of care.
- Use a family advocacy model.

Very few providers know what to do for young children. Even with a

successful referral, they do not know if the children are getting good help.

Participants were evenly split as to whether the focus should be on social emotional development rather than development in general. ABCD III would be poised to capitalize on the joint interest in mental health of those foundations that are interested in health and those that are interested in child development and there are examples of innovations such as:

- Illinois Medicaid reimbursing mental health agencies to screen for perinatal depression and development ;
- Connecticut developing a matchmaking function for child care liaisons; and
- Louisiana building mental health component into its public health nursing.

Participants discussed the following specific questions on implementing ABCD III:

1. What agencies or public-private partnerships are critical to success?
2. What is the role of primary pediatric practices?
3. Should Medicaid continue to the lead? Why or why not?
4. Referral and follow up: Referral often means to Early Intervention and "other". What is the other?
5. If EI focuses on children with established needs, what are the options or models to help children "at risk"?
6. What are the possible policies that could be developed and tested?

7. Does NASHP consider state applicants that have no demonstration?

8. What should NASHP look for as a measure of potential success?
9. Can the project be replicated in other states that aren't funded?
10. What should NASHP do differently from ABCD I and II? What is missing or what else should be prescribed as part of the RFP?

Pertinent points in response to the questions:

- Link to what's already going on and go where the kids are.
- Train physicians to use a systems approach.
- Medicaid needs to be an active participant in order to get the financial match and they make major decisions that impact children.
- Consider requiring Medicaid to fund community partners.
- Partner to train community resource people.
- Are kids getting linked?
- Are physicians improving their capacity to link kids?
- Is there policy change and sustainability?
- Allow all states that apply to participate as long as they agree to meet performance expectations and secure funding.
- Consider expanding the targeted age group to age six to address the transition to school.
- Involve medical schools.
- Technical assistance must accompany office training for pilots.

Dates to Remember

March 29-April 1, 2006: **Addressing Challenging Behavior: 3rd Annual National Training Institute on Effective Practices - Supporting Young Children's Social/Emotional Development**
 Sheraton Sand Key Resort
 Clearwater Beach, Florida

April 7, 2006: **Part C Grant Application due**

April 25-27, 2006: **NECTAC & ECO National Conference on Child and Family Outcomes**
 Albuquerque, NM
<http://www.nectas.unc.edu/~pdfs/Meetings/outcomes2006/announcement.pdf>

May 22, 2006: ITCA and NECTAC Finance Meeting
 Washington DC

May 23-25, 2006: **Part B & C Data Meeting**
 Washington DC

July 25-27, 2006: **National Early Childhood Inclusion Institute**
 Chapel Hill, NC
<http://www.nectas.unc.edu/~pdfs/Meetings/InclusionMtg2006/2006InclCover.pdf>

July 31-August 2, 2006: **OSEP Project Directors' Conference** (including CSPD Coordinators)
 Hilton Washington Hotel
 Washington DC

September 18-19, 2006: **National Accountability Conference on Special Education and Early Intervention**
 Denver, CO
<http://www.nectac.org/~pdfs/natacctconf2006.pdf>

October 19-22, 2006: **DEC 2006-The 22nd Annual International Conference on Young Children with Special Needs and Their Families: Advancing Knowledge, Expanding Opportunities**
 Little Rock, Arkansas
http://www.dec-sped.org/conference_05/about_the_conference.html or (406) 543-0872

November 8-11, 2006: **NAEYC Annual Conference**
 Atlanta, GA

December 1-3, 2006: **21st Zero to Three National Training Institute**
 Albuquerque, NM

ABCD III continued

- Can Medicaid pay for practice management improvements tied to PMPM payments or MCO contracts?
- The CHCS purchasing institute model may help involve more states.
- Build ABCD I and ABCD II and spread into ABCD III

For more information related to the ABCD initiatives visit
<http://www.nashp.org>

2006 Membership Dues

If you have not submitted your dues for 2006, please do so as soon as possible to enable the Board to continue to work on your behalf.

Challenges of Part C after the Hurricanes

As the State of Louisiana continues to face many challenges recovering from Hurricane Katrina and Hurricane Rita, EarlySteps, Part C in Louisiana, is faced with many challenges as well. Pre-Katrina, the Part C system operated in New Orleans, one of the hardest hit areas. The staff was displaced across the state and the nation, however the system continued to operate. The office relocated twice and is in the process of moving again.

The State's email system and the postal system are not fully operational, therefore creating challenges with communication to families, providers and stakeholders of the system.

Even after six months, one of the biggest challenges is identifying all children who received services prior the hurricanes. It has been very difficult for various programs to locate families they served. Many families are still displaced across the country. EarlySteps is

working with other state's Part C programs within the state to assist in locating Louisiana children displaced by the hurricanes. We are currently creating statewide data reports to assist with the identification of displaced children that relocated within the State.

EarlySteps will continue to work toward locating displaced children both in Louisiana and out of Louisiana. As the 2006 Hurricane season rapidly approaches, EarlySteps is

evaluating its response procedures identifying areas for improvement. This will ensure that there is a process that will address the types of challenges that arise in the aftermath of a Hurricane.

This article was provided by Nichole Dupree, Part C Coordinator in Louisiana. Many of her colleagues have asked how the Part C System was recovering from the hurricanes.

SAVE THE DATE—MAY 22



NECTAC and ITCA are offering a one-day workshop for interested Part C Coordinators on the day prior to the opening of the OSEP Part C and Part B Data Meeting. This workshop will provide an opportunity for Part C Coordinators to learn how to assess the "health" of their Part C finances using data that can reveal the specific

strengths, needs and issues of a state's Part C Financing System. It will also describe a framework for a Finance Data System that can inform decision-making regarding matters of finance. Participants will have an opportunity to talk with experts and consultants and also with each other about their common challenges and successful

practices. This workshop can be especially helpful to Part C Coordinators who have recently assumed the role. NECTAC will be able to provide support for a limited number of Part C Coordinators to attend.

Look for more information from NECTAC about how to register in the near future.

Part C Coordinators Join EHDI Coordinators at National Meeting

Over 35 Part C Coordinators or their representatives joined the Early Hearing Detection and Intervention (EHDI) Coordinators from their states at the February 2-3 meeting. A cadre of national experts in newborn hearing screening and intervention presented on current research to practice strategies and unique considerations for early intervention when the child has a hearing loss.

The meeting was scheduled overlapping the EHDI annual conference so participants were able to attend several topical sessions of their choice in addition to sessions focused on joint planning to address effective mechanisms for collaboration and action planning for back home. Presentations topics ranged from: the genetics of hearing loss to assessment tools and tech-

niques for services to children with mild or unilateral hearing loss. Connecticut, Florida, Iowa, Florida, Utah, and Texas representatives participated in a panel discussions that covered eligibility criteria for hearing loss, collaboration among programs, training for early interventionists, providing families with unbiased information on all communication options, and successful programs in

their states. It was enlightening to learn more about the incredible collaborations and successful programs going on in each state to assure early screening, identification, family support, and timely intervention.

Veteran coordinators offer newcomers a helping hand

Experienced Part C Coordinators know how it feels to get through the first days, weeks and years on the job. And we remember how helpful it is to talk with someone who has the same job. Supporting one another is part of ITCA's mission:

To promote mutual assistance, cooperation and exchange of information and ideas in the administration of the IDEA Infant and Toddler Program, and to provide support to the state coordinators."

ITCA offers a Mentorship

Program to support new Part C Coordinators by linking them with a veteran coordinator. This process is intended to lead to greater retention of coordinators and promote a sense of community across states/territories and Part C personnel

She helped me figure out all the new requirements that kept coming down from OSEP. It was very helpful."

She helped me find important web sites and showed me what was in them. It was the best 10 minutes I ever spent on the phone."

Since Homer's time, the word *mentor* has come to mean a trusted adviser who guides by passing on wisdom, knowledge and experience. If you are interested in being or obtaining a mentor, please contact Julie Curry, Mentorship Program Coordinator. Julie.Curry@iowa.gov. (515) 281-5437.

In 2005, seven new coordinators found support through the Mentorship Program, thanks to seven mentors from member states. Peer mentors can provide a unique perspective among other sources of support (such as TA Centers, OSEP State Contacts, or your lead agency). Here is what two mentees had to say:

Hilton Early Head Start Update...

The ITCA and NECTAC hosted a conference call on Feb 15th 2006 for State Part C systems to learn more about the Hilton Early Head Start / Special Quest project. For those States that were not able to join the call - the materials (including handouts, slides and a video) are available at: <http://www.specialquest.org/partc/results.html>.

This information may be helpful to States as they fulfill one of the new IDEA 2004 requirements to include a "description of State efforts to promote collaboration among Early Head Start program under section 645A of the Head Start Act" in their application.

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