

Journeys Through California's Early Start

Developed by
California Map to Inclusive Child Care
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Let's follow three children on their journeys



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Journey Through Early Start

We'll look at the following questions:

- Who suspected/identified delay, disability, or risk factor?
- Who initiated the referral?
- Who participated in assessment and planning process?
- What agencies are involved?
- What services are provided, where, and by whom?
- Who monitors the Individualized Family Service Plan (IFSP)?

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Micah

- Micah was born 9 weeks early, at 31 weeks gestation to Shauna
- He was small and needed a respirator for breathing for several weeks
- Hospital staff talked with Jackson, Micah's father, about Early Start before Micah left the hospital
- Jackson asked hospital staff to call Early Start to start the referral process



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Micah (*pre-2009 law*)



- An assessment was completed by a regional center team: a doctor, occupational therapist (OT), and physical therapist (PT)
- A service coordinator from regional center held the IFSP meeting with the family and a local early intervention service provider
- The team provided input in writing
- Services were provided by a local early intervention agency

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Micah (*pre-2009 law*)



- Micah received weekly visits at his home from an early intervention assistant supervised by a specialist at the early intervention agency
- OT and PT were provided monthly
- Micah's child care provider could request a visit at any time
- His regional center service coordinator monitored the IFSP

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Services Provided for Micah:

(pre-2009 law)

- Assistive technology devices/services
- Audiology services
- Family training, counseling, home visits
- Some health services
- Medical services for diagnosis and evaluation
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Special instruction
- Social work services
- Transportation services
- Speech and language services
- Vision services
- Respite care
- Others as needed

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Other Possibilities for Micah

(pre-2009 law)

- Micah will be referred to the local regional center
- His qualifications for services will be determined based on the assessments and local policies
- Micah may receive services through Early Start or he may be followed through the new Prevention Program

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Zack




- Born full term to Lynn, a teen mom
- Zack and his mom live with her parents
- Grandparents began to wonder about Zack's vision
- Mom and grandmother discussed concerns with pediatrician
- Pediatrician checked, took a "wait and see" approach

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Zack

- Grandmother contacted local Family Resource Center (FRC)
- Grandmother attended several play days at FRC with Zack
- FRC staff supported concerns about Zack's vision
- After several months, Mom requested a referral to a pediatric ophthalmologist
- He confirmed Zack's vision problem and provided referral information to the LEA for Early Start services




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Zack

- By 6 months, Zack was assessed by the LEA assessment team
- An IFSP was developed by the family and LEA representatives to identify needs and services, with input from the ophthalmologist




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Zack

- Weekly home visits are provided by an LEA vision specialist
- Zack is beginning to use specialized equipment to assist him in using his limited vision



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Services Provided for Zack:


- Assistive technology devices/services
- Audiology services
- Family training, counseling, home visits
- Some health services
- Medical services for diagnosis and evaluation
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Special instruction
- Social work services
- Transportation services
- Speech and language services
- Vision services
- Respite care
- Others as needed

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Ana

- Ana was a newborn foster child, whose mother has a developmental disability
- Her foster parents had some questions about her development. A friend shared that due to her mother's disability, Ana was eligible for Early Start services as an "at risk infant"




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Ana

- Her foster mother contacted regional center and said, "Someone told me you could help. What do I need to do?"
- Regional center scheduled an intake visit at their home and determined that Ana was eligible for services due to her own developmental disability
- Further assessment was completed by a developmental psychologist at a hospital and during a home visit by an early interventionist



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Ana



- An early interventionist makes weekly visits to Ana's family child care home and consults with the OT and PT
- Ana's foster parents take her to OT and PT appointments at the regional Children's Hospital clinic every other week
- Since Ana is now 2½, her early interventionist is talking to her foster family about transition to preschool

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Services provided for Ana:

- | | |
|---|--------------------------------|
| ➤ Assistive technology devices/services | ➤ Physical therapy |
| ➤ Audiology services | ➤ Psychological services |
| ➤ Family training, counseling, home visits | ➤ Service coordination |
| ➤ Some health services | ➤ Special instruction |
| ➤ Medical services for diagnosis and evaluation | ➤ Social work services |
| ➤ Nursing services | ➤ Transportation services |
| ➤ Nutrition services | ➤ Speech and language services |
| ➤ Occupational therapy | ➤ Vision services |
| | ➤ Respite care |
| | ➤ Others as needed |

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Journey Through Early Start

Who suspected delay/disability/risk factor?

Micah: Hospital medical staff

Zack: Grandparents suspected Zack's vision problem; Family Resource Center staff supported their concern

Ana: Ana's foster mother

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Journey Through Early Start

Who initiated the referral to Early Start?

Micah: Hospital staff, after talking with Micah's father

Zack: Ophthalmologist provided referral information for Early Start to Zack's mom and grandmother

Ana: Her foster mother contacted regional center to find out what to do

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Journey Through Early Start

Who participated in assessment and planning process?

Micah: Regional center team: doctor, occupational therapist, physical therapist and Micah's parents

Zack: Local Education Area (LEA) assessment team and Zack's mom and grandparents

Ana: Regional center intake team, developmental psychologist, County Office early intervention team, foster parents, and Ana's social worker

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Journey Through Early Start

What agencies are involved?

Micah: Regional center and an early intervention agency that contracts with regional center

Zack: Ophthalmologist, County Schools Infant Program

Ana: Regional center, county's Infant Program, Children's Hospital, county foster care program

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Journey Through Early Start

What services are provided, where, and by whom?

Micah: Weekly home visits by early interventionist; monthly home visits by OT and PT (*pre-2009 law*).

Zack: Weekly home visits by vision specialist

Ana: Home visits and OT/PT consultation by infant program, OT/PT services at medical clinic, and transition services through regional center and school district

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Journey Through Early Start

Who monitors the individualized Family Service Plan?

Micah: Regional center service coordinator (prevention plan)

Zack: County schools vision specialist

Ana: Regional center service coordinator

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For More Information

➤ Websites

- Map to Inclusive Child Care: www.CAInclusiveChildCare/Map
- Early Start: www.dds.ca.gov/EarlyStart/
- Other: <http://idea.ed.gov>, <http://www.ideapartnership.org/>

➤ Early Childhood Special Education Handbooks available through CDE Press, the California Department of Education's publisher: www.cde.ca.gov/re/pn/rc/ap/pubcat.aspx

➤ Early Start Resources distributes Early Start products at no cost and maintains an extensive early intervention library: www.wested.org/cd/cpei

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