

Testimony on February 23, 2017

Chair Lively and members the Early Childhood and Family Supports Committee,
I am Judy Newman, the Co-director of Early Childhood CARES in Lane County and a member of the State Interagency Coordinating Council (SICC) and Lane Early Learning Alliance (ELA). I am honored to be here today.

Each Early Intervention and Early Childhood Special Education (EI/ECSE) program is charged with the responsibility of finding all birth to 5 year old children in their service area who need these services. In order to do this we reach out to “natural touch points” for young children and their parents – places they go and people they come in contact with, social media they use, etc. We closely track who refers children to EI/ECSE programs and how parents hear about the program so we can be as effective as possible in our child find efforts.

In Early Childhood CARES we get approximately 145 referrals a month (1740 a year) and the most common referral sources are:

- Parents themselves
- Physicians – pediatricians and family practice docs
- Child care and Preschool providers
- Head Start/ Oregon Pre-Kindergarten and Early Head Start
- Department of Human Services / Child Welfare
- And other early childhood programs such as Relief Nursery, Public Health programs, Preschool Promise and Pearl Buck

About 5 years ago the CCO’s implemented an incentive metric for physicians to do a developmental screening on every child before their 3rd birthday. This has resulted in a rapid increase in % of children screened each year and now we are over 50% in Lane County which over twice as high as when they began.

As the rate of children screened has increased rapidly, the rate of referrals to EI/ECSE has also risen dramatically. In one year in our program, the rate of birth to 3 year olds served jumped by 10%. Similar increases are being experienced across the state in both the % of children screened AND increased referrals to EI/ECSE programs.

EI/ECSE programs anticipate their referral rates to continue to increase as the CCOs continue to improve on this metric.

Now this is fantastic news for children! It means that children who need help are being identified earlier and linked to services that will provide help at the most critical period in their lives as their brain developments at the most rapid rate and we can have the opportunity for the greatest impact. It is critical that services be supported to keep pace with the increased demand.

In addition to developmental delay other types of eligibilities include: Orthopedic Impairment, Visual Impairment, Autism Spectrum Disorder, Hearing Impairment and some examples of diagnosed disabilities include: Downs Syndrome, Williams Syndrome, spina bifida, microcephaly, etc)

The next step was to develop a plan for Trevor called an Individualized Family Service Plan (IFSP). This is always done as a team -- the parent(s) and professionals together identified Trevor's strengths and what he needs to learn and what services he will receive to accomplish the goals, where the services will be provided and by whom. Trevor's parents also identified the supports and resources they need to help him be successful.

It was decided that Trevor receive services in his home to address his goals and the family's needs and priorities. Home visits will be weekly for 3 months to "jump start" progress and then the visits will become biweekly and done by an EI/ECSE specialist with a masters degree.

This entire process including assessment, eligibility, IFSP took about 90 minutes.

Then services begin!

All the documents were given to the parent within 1-2 week and a copy of the evaluation report was sent to Dr. Carroll and others as requested by the parents.

Our data indicates that 87% of the time children go on to qualify for services when accurate developmental screening information is obtained before an in-depth assessment is recommended. This is incredibly efficient and eliminates the need for unnecessary and expensive assessments.

Timelines to accomplish all of this- from referral to services – are governed and monitored by state and federal regulations and they are fast and strict. For the youngest children we have 45 calendar days from referral to the start of services. For preschool age children we have 60 school days to be sure this is all completed. The purpose of this requirement is to ensure children receive the services they need as soon as possible and not miss out on these critical days, weeks, months and years to influence healthy brain development!

Remember, EI/ECSE cannot have a waitlist- all children identified must be served within this timeline.

Thank you for your attention!