

## **PRE-REFERRAL COMPONENTS PUBLIC AWARENESS PROGRAM AND CHILD FIND SYSTEM**

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### **Public Awareness Program and Child Find System**

Pre-referral procedures, Public Awareness and Child Find are the first major components of a statewide comprehensive, coordinated, multidisciplinary interagency system. Their purpose is to provide information about and exposure to a network of local and state service resources through which the potential need for early intervention services can be identified and a timely referral for appropriate services occurs.

As part of the pre-referral process, the local council of each local tiny-k program shall establish a contact point within the community that provides information regarding Child Find, the referral process, and the availability of early intervention services. A similar contact point through the *Kansas Resource Guide* has been established at the state level by the Kansas Department of Health and Environment.

The Kansas Resource Guide can be found at:

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

### **I. Public Awareness Program [34 CFR 303.301]**

The purpose of an effective public awareness system is to help the general public, families, and professionals become aware of the importance of early identification and early intervention in relation to long- and short-term benefits to the child, family, community, and society. Involvement of and communication with public agencies, private providers, professional associations, parent groups, advocate associations, and other organizations in the public awareness program are essential elements in developing a system that is ongoing and broad enough to reach all Kansans.

#### **A. Preparation and Dissemination**

Information on the availability of early intervention services and other services is disseminated by the local tiny-k programs and other local council members to all primary referral sources (especially hospitals and physicians). Such information is given by these sources to parents of infants and toddlers, including parents with premature infants or infants with other risk factors associated with learning or developmental complications.

Primary referral sources include the entities listed below.

- 1) Hospitals, including prenatal and postnatal care facilities
- 2) Physicians
- 3) Parents, including parents of infants and toddlers
- 4) Child care programs
- 5) Local education agencies (LEAs) and schools
- 6) Public health facilities

- 7) Other social service agencies
- 8) Other clinics and health care providers, including infant mental health
- 9) Public agencies and staff in the child welfare system, including child protection services and foster care
- 10) Homeless family shelters
- 11) Domestic violence shelters and agencies

#### B. Public Awareness Information Provided

The information required to be prepared and disseminated in (A) above must include the items listed below.

- 1) A description of the availability of local tiny-k program services under the Kansas Infant-Toddler Services; these services at no cost to families
- 2) A description of the child find system and how to refer a child under the age of three for screening and/or an evaluation to determine eligibility for early intervention services
- 3) A Central directory – *Kansas Resource Guide*-- (800) 332-6262 V/TDD, <http://www.kansasresourceguide.org/>
- 4) For parents of toddlers with developmental delays or disabilities who are nearing transition age, a description of the availability of services under Part B Preschool Services (section 619 of IDEA)
- 5) Information about normal developmental activities, need for and/or benefit from early intervention, and cost effectiveness of services

#### C. Public Awareness Activities

These activities provide a continuous, ongoing effort that is in effect throughout the state including rural areas and consist of the following public awareness activities:

- 1) Public service announcements (PSAs) and news releases on television, radio, websites, and in newspapers
- 2) Pamphlets, leaflets, and other printed materials available for mailing to specified populations (e.g., child care population, neonatal intensive care unit (NICU) graduates) and displays in public and private agencies and buildings
- 3) Presentations and training to professional groups, civic organizations, advocacy groups, etc.
- 4) Maintenance of the child find activities on the statewide central directory, *Kansas Resource Guide*

## II. Comprehensive Child Find System [34 CFR 303.302; 303.303; 303.112 (a) (b)]

Combined with effective public awareness activities, the development of a strong comprehensive child find system will ensure all Kansas infants and toddlers who have or are at risk for developmental delays and who are eligible for services are identified, located, referred, and evaluated. "All" includes infants and toddlers and their families who are (1) homeless; (2) in foster care; (3) wards of the state; (3) migrants; (4) the subject of a substantiated case of child abuse or neglect; (5) identified as directly affected by illegal drug abuse or withdrawal symptoms resulting from prenatal drug exposure; and (6) members of Native American tribes residing on a reservation within the state of Kansas. When identifying children with developmental delays or disabilities on reservations, coordination with tribes, tribal organizations and consortia should take place as necessary.

### A. Coordination of Child Find Activities

Child Find activities are to be coordinated with all other major efforts to locate and identify children that are conducted by other agencies responsible for administering the various education, health, and social services programs relevant to young children and their families. These efforts include coordination with Native American Indian tribes that receive payment under Part C and other Native American Indian tribes, as appropriate, as well as the programs listed below:

- 1) Preschool programs authorized under Part B of IDEA 2004
- 2) 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
- 3) Early Periodic Screening, Diagnosis, and Treatment (EPSDT) under Title XIX of the Social Security Act
- 4) Programs under the Developmental Disabilities Assistance and Bill of Rights Act of 2000
- 5) Head Start Act (including Early Head Start programs under section 645A of the Head Start Act)
- 6) Supplemental Security Income program under Title XVI of the Social Security Act
- 7) 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)

CAPTA information:

<http://www.ksits.org/professionals.htm>

- 8) Child care programs in the state
- 9) The programs that provide services under the Family Violence Prevention and Services Act
- 10) Early Hearing Detection and Intervention (EHDI) systems administered by the Center for Disease Control (CDC)

### 11) Children's Health Insurance Program (CHIP) authorized under Title XXI of the Social Security Act

With the advice and assistance of their associated councils the local tiny-k-program and Kansas Infant-Toddler Services must ensure there will not be unnecessary duplication of effort by the programs identified above and that resources available through each public agency and tiny-k program will be used to implement the child find system in an effective manner.

#### B. Community Developmental Screenings

Community developmental screenings are recognized as part of local councils' efforts to identify children who might need early intervention services and are considered part of the pre-referral component, child find. They **do not** start the 45-days referral through initial IFSP timeline since a referral has not yet been made to the local tiny-k program to determine the infant's or toddler's eligibility for early intervention services. The 45-day timeline begins the moment the tiny-k program receives a referral from the primary referral source, in this case, the community screening personnel.

If the tiny-k program chooses to screen an infant or toddler after receiving a referral from a primary referral source, then the screening **is** counted in the 45-days timeline, to include the infant's or toddler's initial evaluation, child and family assessment, and IFSP meeting. Screening is an optional service. It is not required.

Child Care programs are considered a primary referral source. Examples: (1) If a child care program called a local tiny-k program with developmental concerns about a specific infant or toddler, then this would be considered a referral and the 45-days timeline would begin whether the local tiny-k program chooses to screen first or go straight to evaluation. (2) If a child care program requested their group of children be screened to determine potential need for early intervention services of any of their children, this group screening would fall into the pre-referral/child find component and would not start the 45-days timeline. However, if any of this group of children was then referred to a local tiny-k program, the 45-days timeline would begin at the time of referral.