



Engaging Communities in Analyzing Data for Child Find Improvements

Margaret Gillis & Mary Lee Porterfield
SRI International

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Agenda

- Child find grounding
- Model demonstration project overview
- Processes undertaken to engage partners and examine the local child find system using quantitative and qualitative data – with practice!
- Discussion
 - How you have been or might use processes like these
 - What resources might be useful



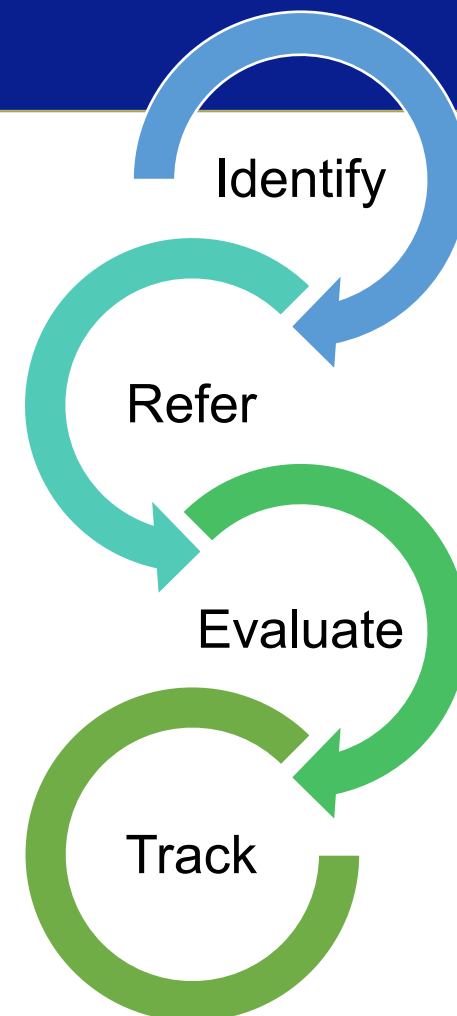
Who is in the room?

- Part C coordinators
- Part B 619 coordinators
- Part C data managers
- Part B data managers
- Family members
- Other state staff
- Technical assistance providers
- WHO ELSE???



What is “Child Find”?

- **Child find** is the system for identifying, screening, referring, evaluating, and tracking children who are potentially eligible for early intervention or early childhood special education.
 - Child find systems include all the people and practices involved in locating potentially eligible children and families.
 - Both Part C and Part B 619 contain explicit requirements for states to actively identify children and determine their eligibility for services.
- **Child find data**
 - It’s more than the child count that’s reported to OSEP!



Key Partners in Child Find Efforts

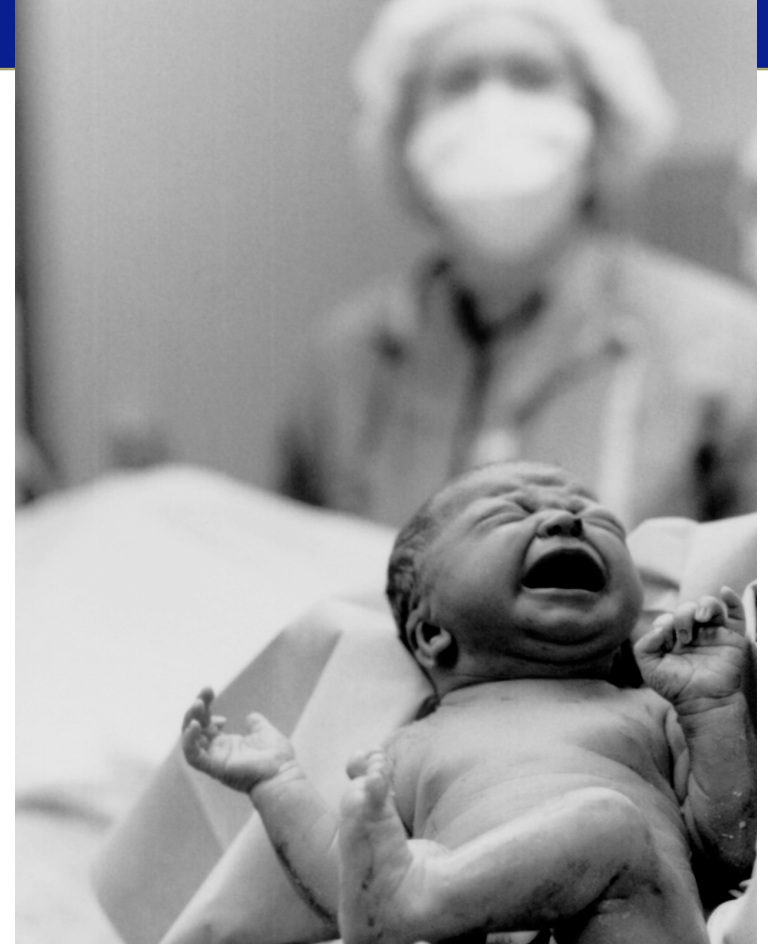
- Part C and Part B 619 state agencies, local programs, and LEAs
- Parent centers and family-serving organizations
- Community agencies and programs serving underserved and at-risk populations
- Medical professionals (e.g., pediatricians, NICUs, health departments)
- Childcare, Early Head Start, Head Start, PreK programs, Private or Charter Schools
- Tribal agencies
- Home visiting
- Child protection and child welfare programs, including foster care and CAPTA
- And more!

Child Find ACCESS: Model Demonstration Project

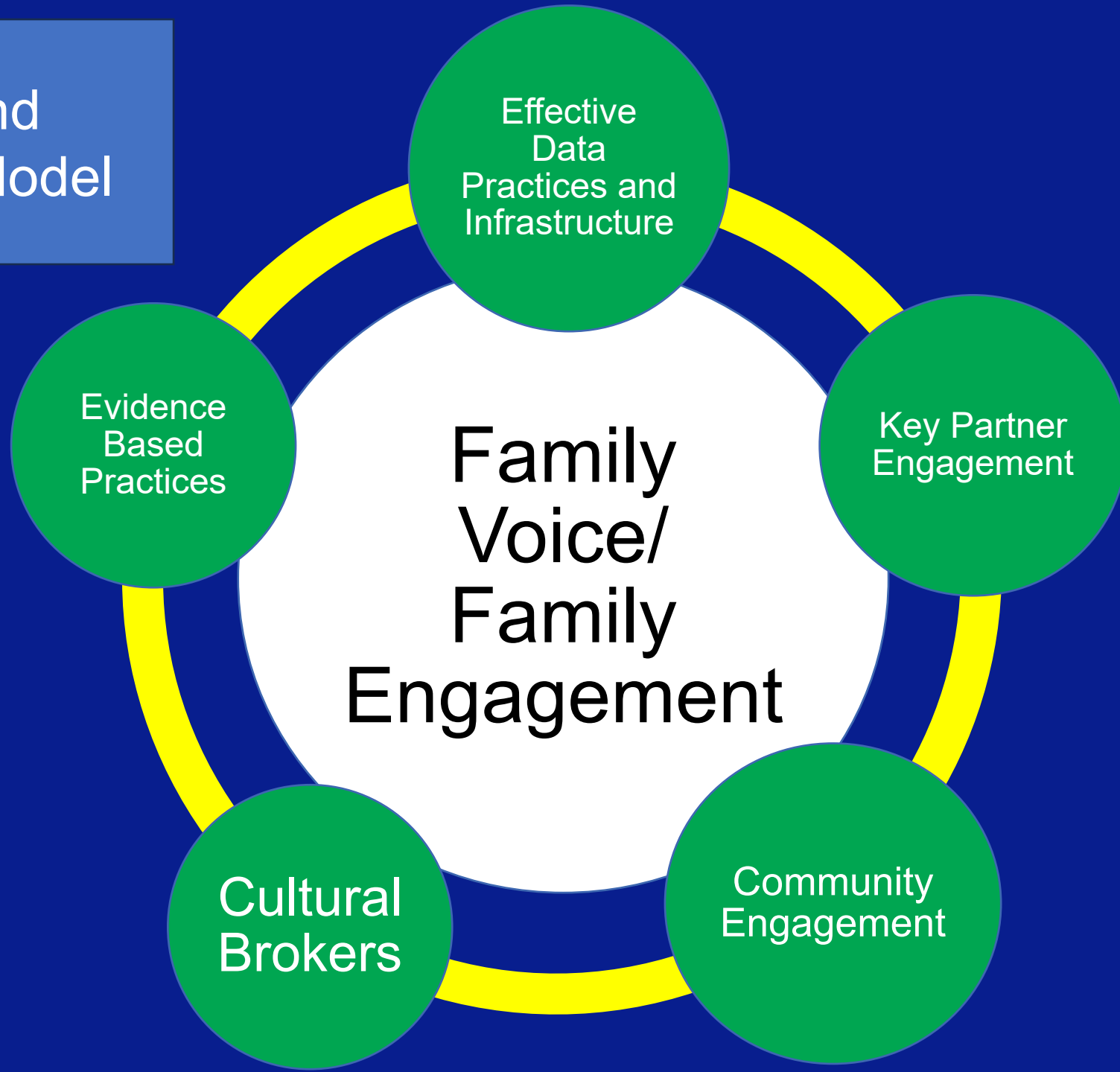
- Funded by the Office of Special Education Programs
- Focused on implementation and refinement of a model to improve equitable access to Part C
- October 2021- September 2026 (4 years implementation + 5th year for dissemination)
- Three county-level sites in North Carolina
 - Mix of urban, rural, and suburban
 - One includes a large military base
 - One includes a large Native American population

Project Goals

- **Increase appropriate referrals** to Part C, especially for infants under one year of age
- **Increase coordination** of screening, tracking, and referrals
- **Promote access** to Part C



Child Find
ACCESS Model



Effective
Data
Practices and
Infrastructure

Key Partner
Engagement

Community
Engagement

Cultural
Brokers

Evidence
Based
Practices

Family
Voice/
Family
Engagement

Key Structures

Community Leadership Teams

- Provide leadership to map current child find efforts and examine local data to identify challenges in the child find system and plan and implement improvements

State Leadership Team

- Addresses state- or system-level barriers and opportunities

Cultural Brokers

- Support families to navigate the system and processes
- Support system partners to understand/respond to family needs

Phased Implementation

Prepare

Bringing people to the table

Develop the team terms of reference, including roles, vision, agreements

Explore

Document the current Child Find system

Examine available data to ID challenges and root causes, as well as opportunities to enhance equity

Design

Select strategies to implement and what is needed to implement them

Set actionable goals

Develop action plan to implement strategies

Install

Prepare and train people to implement

Develop data processes & communication loops

Develop tools, resources to support action plan activities

Use & Refine

Begin using new or refined child find practices

Refine process using data and feedback

Document and share learning

Sustain

Integrate effective Child Find Best Practices into system policies and procedures

Continue community coordination to support child find

Prepare Phase

- Bringing people to the table
 - Worked with the local program to identify organizations in the community that support young children and families
 - Identified organizations representing referral sources
 - Invited families with experience with Part C to join the CLT (compensated)
- Developing terms of reference
 - Established group agreements that included roles of CLT members
 - Used an iterative process to develop vision statement for the CLT in each community



Explore Phase: Administrative Data We Examined

- **Referrals to Part C**

- Overall
- By referral source
- Referral outcomes
- By race/ethnicity
- Referral outcomes by referral source
- Referral outcomes by race/ethnicity
- Year to year percent change in referrals overall and by race/ethnicity

- **Evaluations**

- Overall
- By race/ethnicity

- **Eligibility**

- Overall
- By race/ethnicity
- By developmental delay or established condition and race/ethnicity
- Type of established condition by race/ethnicity

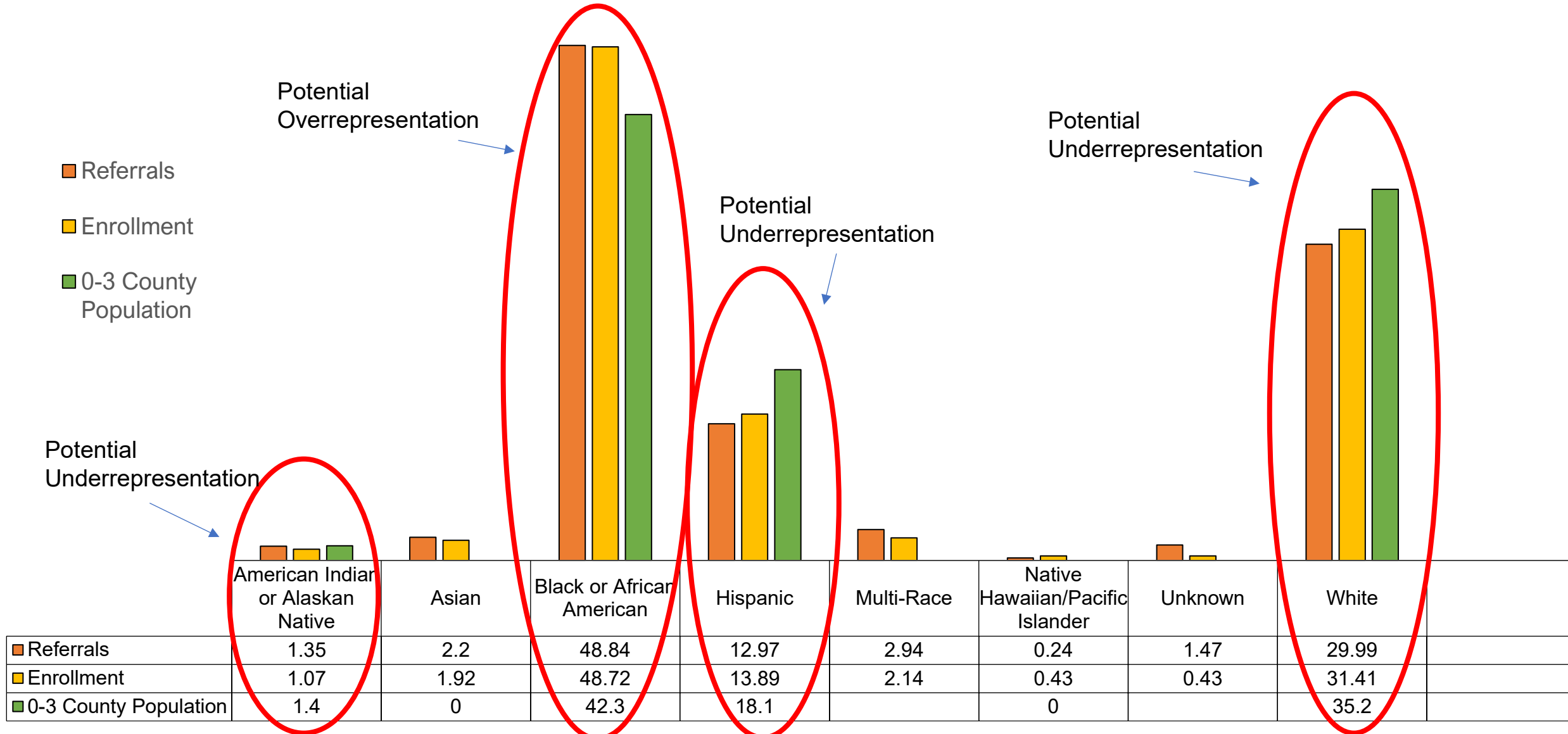
- **Enrollment in Part C**

- Over time
- Compared to county population
- By race/ethnicity
- Compared to the county population by race/ethnicity
- Year to year percent change in enrollment overall and by race/ethnicity

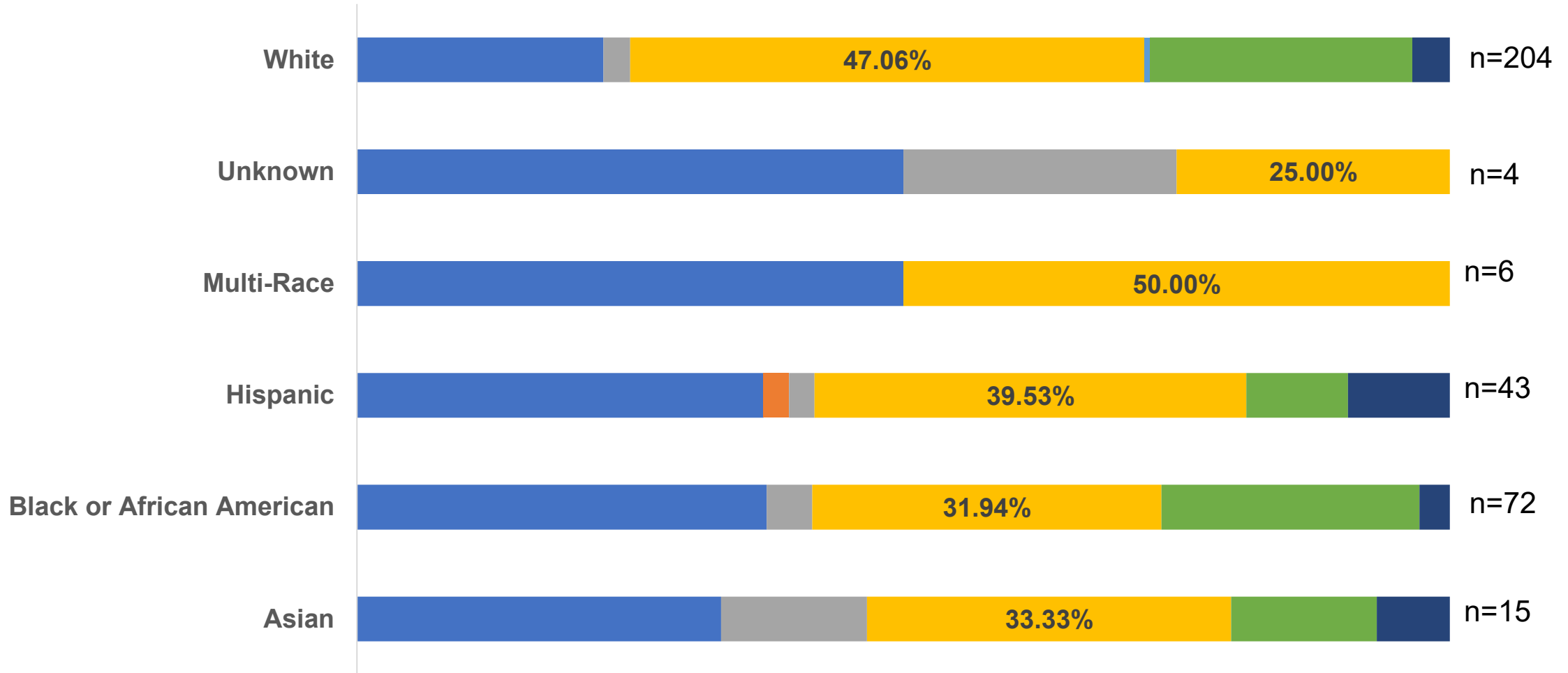
- **Comparisons**

- Overall numbers referred, evaluated, and enrolled
- Referred, evaluated, and enrolled by race/ethnicity
- Year to year percent change in referrals by referral source
- Year to year percent change in referral outcomes
- Year to year percent change in referral outcomes by referral sources

Example: Representation in referrals and enrollment



Example: Referral Outcomes by Race/Ethnicity



■ Attempts to contact the parent and/or child were unsuccessful

■ Does not meet eligibility criteria for ITP

■ Late Referral

■ Parent declined enrollment although eligible

■ COVID-19-Parent declined eligibility determination

■ IFSP Developed

■ Parent declined eligibility determination

Example: Change in Select Referral Outcomes from Prior Year for Most Predominant Referral Sources

Referral Outcome	Percent Change for Physician Referrals	Percent Change for Parent/Caregiver Referrals
IFSP Developed	25%	36%
Attempts to contact unsuccessful	-33%	0%
Parent declined eligibility determination or enrollment although eligible (including due to COVID)	-47%	100%*

*n changed from 1 to 2

Explore Phase – Child Find System Mapping

- Completed Child Find Self-Assessment adapted for the local level
 - Local program staff
 - Completed Quick Start Guide to identify challenges
 - Completed Section I to document how the program was supporting meeting the regulatory requirements related to child find
 - CLT
 - Engaged in discussions across several meetings related to the best practices in Section II to document the current child find system
 - Rated implementation of the best practices and prioritized best practice theme areas



<https://ectacenter.org/topics/earlyid/tools.asp>

Explore Phase – Data Collection and Analysis

- **Family Interviews**

- Zoom/phone interviews with 24 families (3 in Spanish)
- Families had concerns about their child when the child was 0-3 but may or may not have engaged with EI
- Focused on families' experiences seeking services for their infant or toddler
- Themes that emerged focused on
 - The medical community
 - Autism Spectrum Disorder-specific issues
 - The local program
 - Public awareness
 - Early care and education





Explore Phase - Surveys

- **Purpose:** to gather information related to awareness of the early intervention program, screening practices, and referral practices to inform the CLT's action planning related to outreach and training for these key referral sources
- **Child Care Provider Surveys**
 - ECE teachers and program administrators, including family child care home providers, working with children under age 3 in the three communities
 - 50 respondents
- **Medical Professional Surveys**
 - Medical professionals working with children under age 3 statewide
 - 54 respondents

Survey Content



- Respondent characteristics
- Practice or child care program characteristics
- Familiarity with the EI program
- Engaging with families
- Developmental monitoring and screening practices
- Actions taken based on screenings or concerns
- Challenges and training needs
- Barriers to screening and referring children to EI

Explore Phase – Identifying Challenges

- Synthesized information across data sources to identify challenges in the local child find system
- Challenges included
 - Families unaware of the EI program, where to find it
 - Families unaware that they could self-refer
 - Pediatricians taking a wait and see approach to family concerns
 - Pediatricians referring to private therapists instead of EI
 - Limited referrals from early care and education programs
 - Lack of coordination between out of county NICUs and local EI programs
 - Lack of bilingual staff limits connections with non-English speaking families
 - Families are unaware of the benefit/value of EI for very young children or family

Explore Phase - Looking at Root Causes of Challenges

Mindsets	Regulations	Connections	Components	Resources	Power
Attitudes, values, beliefs that shape behavior.	Policies, practices, procedures, routines that shape behavior of individuals, groups, organizations.	Relationships, interactions among individuals, organizations, sub-systems.	Range, quality, location, and effectiveness of services, supports, opportunities.	Human, financial, community, social resources used within the system.	How decisions are made, who participates, structures to include all voices.

From ABLe Change: http://systemexchange.org/application/files/4515/9111/1141/ABLe_Change_Process_for_Community_Systems_Change_Tools_and_Resources.pdf

Let's try it out!



- Challenge: **pediatricians refer families to private therapists instead of EI**
- What are potential root causes of this challenge in each of the root cause categories?
 - Mindsets
 - Regulations
 - Connections
 - Components
 - Resources
 - Power
- Use the QR code or click the [link](#) to access Padlet

Pediatricians Referring Families Straight to Therapists

Mindsets

Not recognizing/acknowledging the value in access to a broader system of services and supports

pediatricians don't understand the benefits that the CDSA can offer

pediatricians may believe a family doesn't need to more comprehensive services of the CDSA but just needs those discrete services

Regulations

Lack of awareness of process that needs to happen to connect with the CDSA first

Lots of complicated moving components that take awhile to get the family services which the pediatrician is trying to get the family around

Connections

Lack of understanding/clarity around the process of referral and how the early intervention system works

The pediatricians have relationships with the therapist

Staff shortages can cause wait lists for therapies when referrals go straight to therapists.

Components

Resources

Turnover in the workforce which impacts the process such as getting paperwork to the therapist

Power

Pediatricians and therapists aren't aware they are required to refer to the CDSA within 7 days of becoming aware of a child who may qualify.

Medical

Design Phase – Strategizing

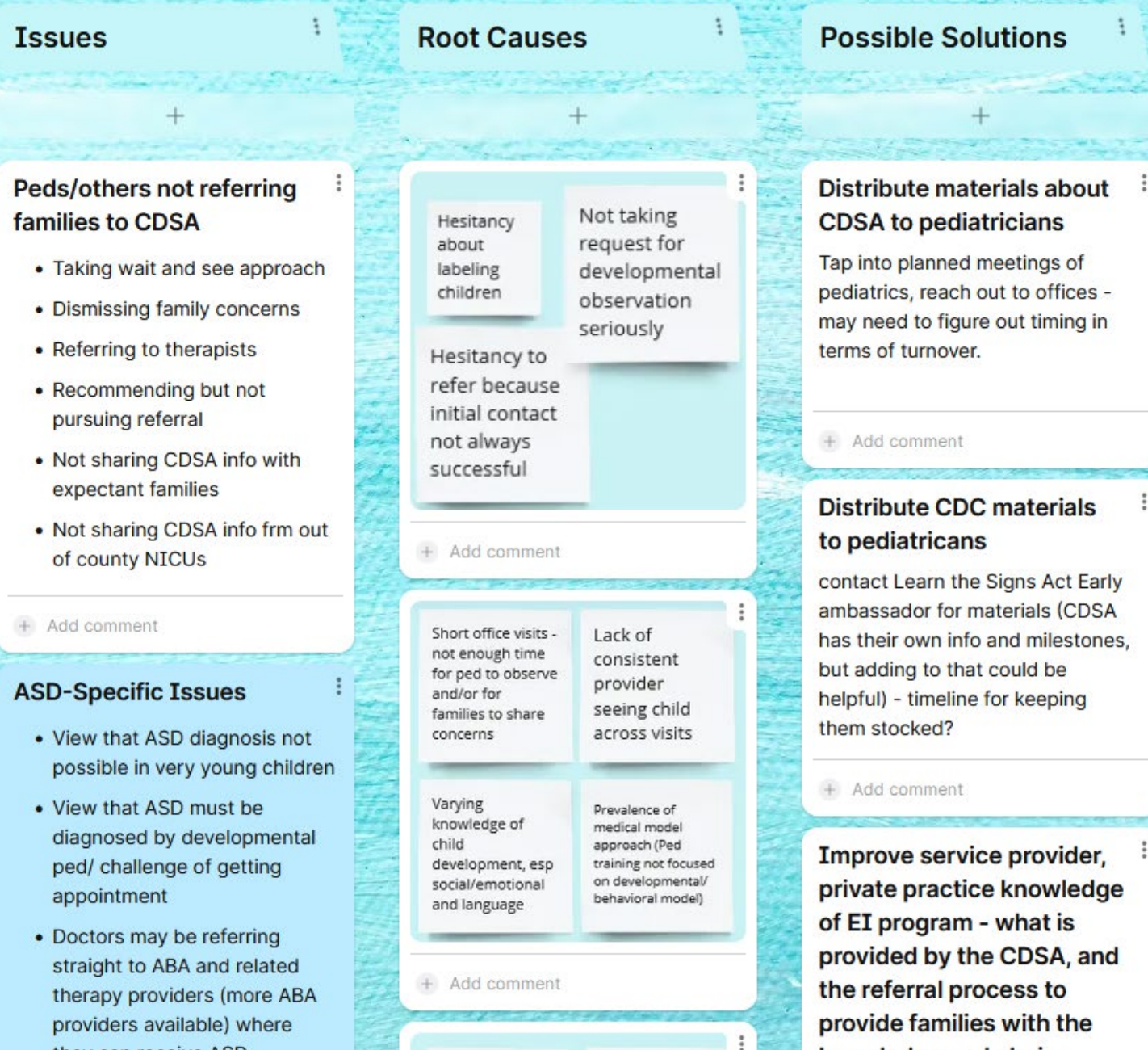


- Brainstormed strategies to address the identified root causes of challenges
- Considered strategies that could use multiple leverage points to address root causes (i.e., that would address multiple categories of root causes of the issue)

Design Phase – Guiding Questions

Focus	Questions
Strategize	<p>How can the CLT address the root causes for why this challenge is happening? What example strategies can the CLT draw from? What existing opportunities can the CLT build on? Which organizations/individuals have capacity and ability to implement? What input does the CLT need – especially from families and other referral sources?</p>
Prepare	<p>What are the activities and action steps to carry out this strategy? Who will be responsible for implementing specific activities and action steps, and what will be the mechanisms for reporting progress back to the CLT? What materials does the CLT need to obtain and/or create? What buy-in, skills, or supports (e.g., financial, material, and staffing resources) are needed? How will the CLT know our strategies are making a difference? What data will we access or collect to evaluate the effectiveness of our strategies?</p>

Putting it All Together - Medical Community - August 8, 2024



Let's continue building out what we started



- Challenge: **pediatricians refer families to private therapists instead of EI**
- Based on the root causes we discussed earlier, what might be some possible solutions that a community leadership team might implement?
 - These may be carried out by the EI program, key partner organizations, others, or a combination!
- Use the QR code or click the [link](#) to access Padlet

Next Steps

- Continuing the design phase
 - Prioritizing strategies
 - Identifying actionable goals
 - Building out an action plan
- CLTs will begin implementing their action plans!
- Continuing to work with CLTs to establish cultural brokers in each community





What Say You?

- How have you been digging into your child find system?
- What might this process look like in your community?
- How do you or can you engage key partners?
- What resources would be helpful for you to support this type of a process?

Resources

- Foster-Fishman, P. G., & Watson, E. R. (2012). The ABLe Change Framework: A conceptual and methodological tool for promoting systems change. *American Journal of Community Psychology*, 49(3-4), 503–516.
<https://doi.org/10.1007/s10464-011-9454-x>
- Government Accountability Office. (2023). *Special education: Additional data could help early intervention programs reach more eligible infants and toddlers.*
<https://www.gao.gov/products/gao-24-106019>
- [Examining Data to Improve Child Find Systems Working Series materials](#)
- [Child Find Self-Assessment](#)
- [ABLe Change Process: Tools and Resources for Community Systems Change](#)
- [ABLe Change Agent Field Guide](#)

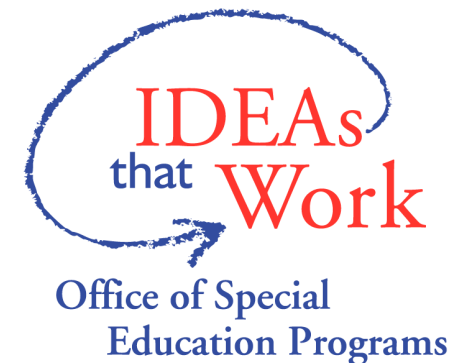
Questions,
comments?



Thank you!

Be sure to fill out your session evaluation.
You might win a prize!

Mary Lee Porterfield (marylee.porterfield@sri.com)
Margaret Gillis (margaret.gillis@sri.com)



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