



Navigating Child Find Myths with Families, Pediatricians, and Providers

Division for Early Childhood Conference
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Office of Special Education Programs
U.S. Department of Education

Hello, Portland!

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Three Child Find Model Demonstration Projects



- Connecticut Family Support, Tracking and Referral System (CT Family STARS)
- Collective Impact Model for IDEA Part C Child Find (CIM-C)
- Child Find ACCESS

Connecticut Family Support, Tracking And Referral System (CT Family Stars)

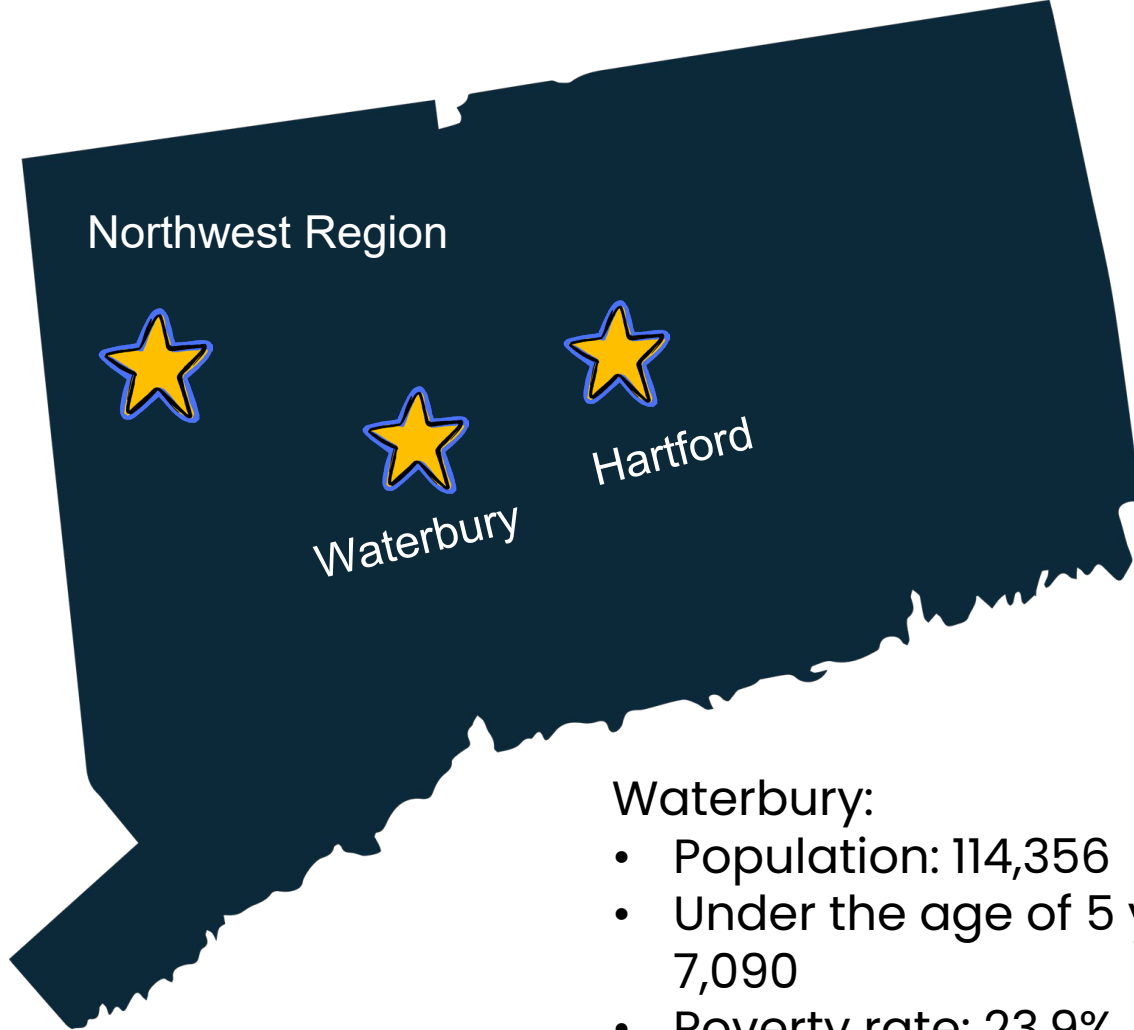
UCONN Center for Excellence in Developmental Disabilities

Purpose: Build state and community capacity to develop, demonstrate, evaluate, and replicate an interagency system to track, identify, screen, refer or monitor infants and toddlers at risk for, or having a delay or disability in CT.

Model Elements



- Implement Integrated data system across state systems for tracking and screening children from birth, or system entry
- Use Ages and Stages Questionnaire to identify and monitor children's development using a mobile app called Sparkler (and other options for families)
- Parent to Parent outreach to increase parent/caregiver participation in the tracking, identification, screening, referral or monitoring, and evaluation of services for their child



Hartford:

- Population – 119,970
- Under the age of 5 – 6,100
- Poverty – 25.5%

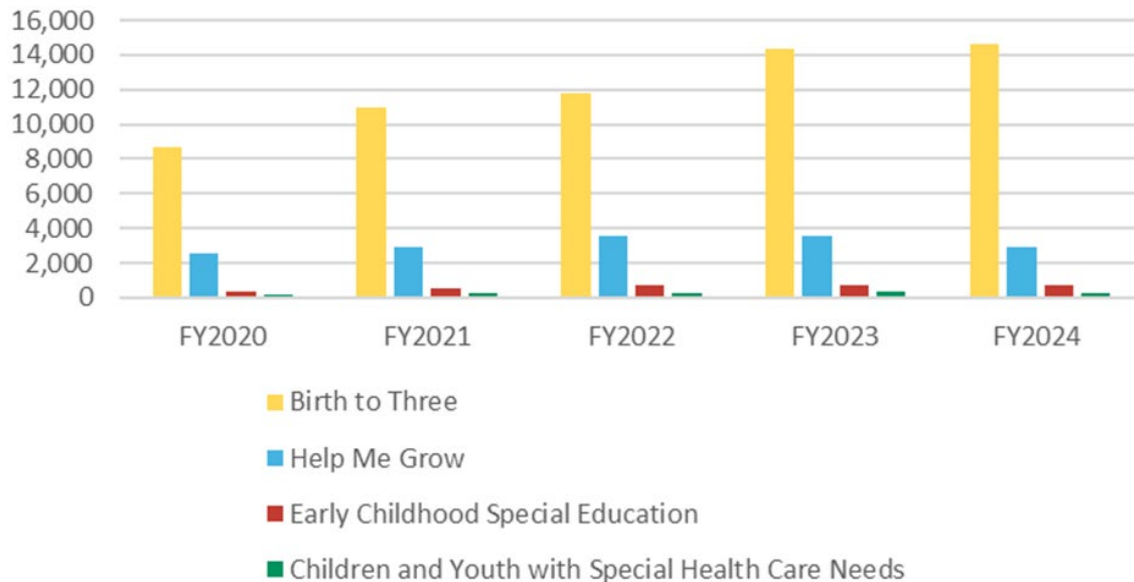
Northwest Region (13 towns)

- Population: 113,463
- Under the age of 5 years old: 4,765
- Poverty Rate: 13.4%

Waterbury:

- Population: 114,356
- Under the age of 5 years old: 7,090
- Poverty rate: 23.9%

Referrals



	Call Volume
<i>FY</i> <i>2020</i>	31,873
<i>FY</i> <i>2021</i>	42,984
<i>FY</i> <i>2022</i>	44,885
<i>FY</i> <i>2023</i>	44,563
<i>FY</i> <i>2024</i>	39,172

What have we learned?

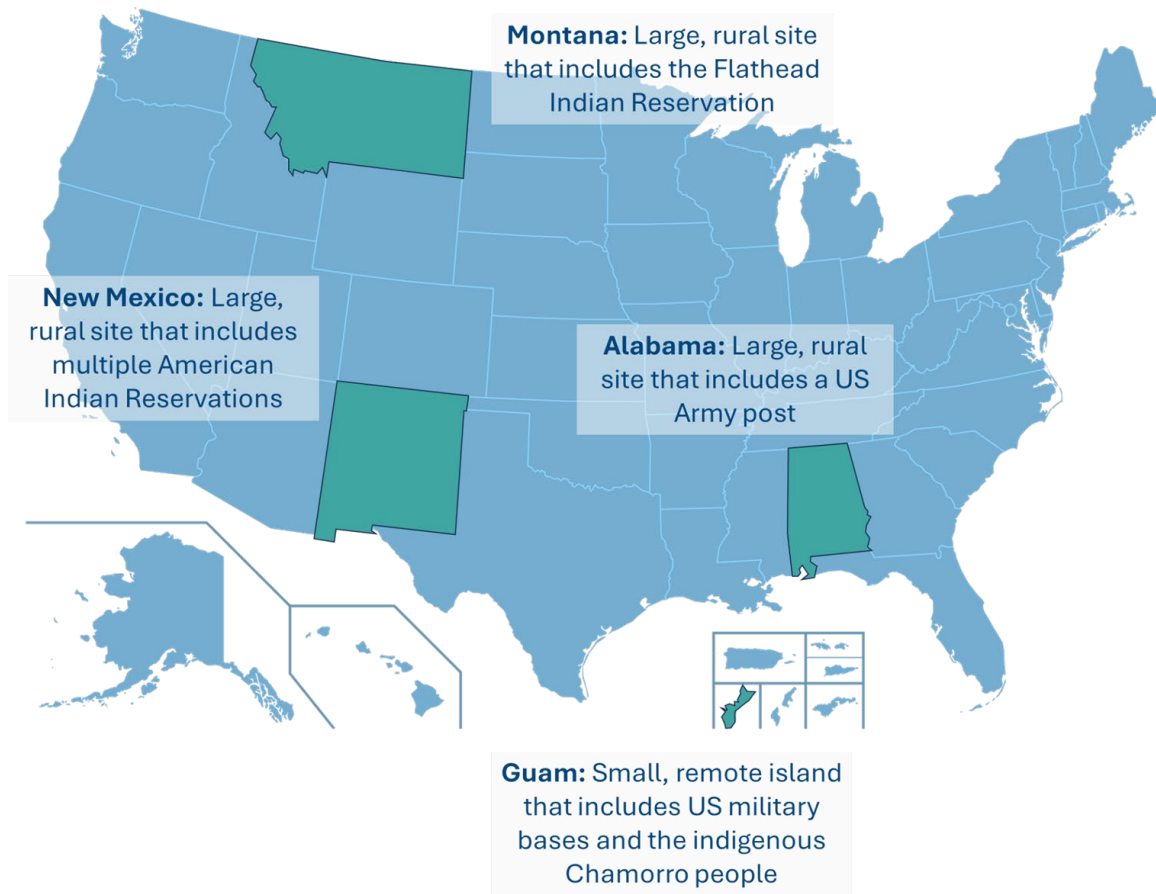


- **Limited awareness of Early Intervention services among families**
- **Gaps in communication between Healthcare providers and Early Intervention**
- **Families hesitant to accept referrals due to concerns about labeling**
- **Unaware that re-referral is possible after 30 days**
- **Denial or Uncertainty – Hoping the child will “grow out of it” or unsure if a delay is serious.**

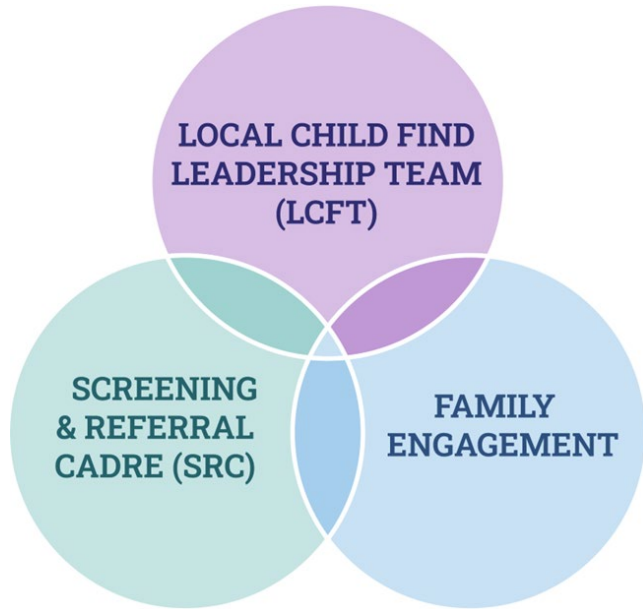
What are we doing?

- **Training for Pediatricians- developed checklist and video**
- **Training for EC Providers -**
 - ◆ **What is Early Intervention**
 - ◆ **How to talk to families about concerns**
 - ◆ **Increase messaging**
- **Improve Child Find in Connecticut**
- **Parent to Parent**

Collective Impact
Model for the
Individuals with
Disabilities Act
(IDEA) Part C
Child Find



Community-Centered Approach to Increasing Appropriate EI Referrals



- LCFT: Local Part C staff and non-Part C community partners such as therapists, teachers, pediatric medical staff, social workers, and EDIS providers (EI on military bases)
- Families: Share their experiences with screening and referral in surveys and interviews
- SRC: Focuses on learning about screening tools and ways to tailor language for families about child development

Learning from Families and Communities



“There’s a long wait list.”

“You have to reapply if you move.”

“My doctor said to wait and see how my child is doing at 24 months.”

“They told me EI was not worth it since my child was close to age 3.”

“You can’t get Part C services if you have private services.”



Family Survey:
Parents, Guardians,
and Caregivers

We want to hear from you! Please share your thoughts on our surveys.



“EI is just play – it’s not the same as it used to be.”

“What happened with the family I referred?”

“I used to know the intake coordinator by name, but now I don’t know who to call.”



Provider Survey:
Early Childhood and EI,
Child Care, Medical
Care

4-Part Approach to Responsive Screening & Referral





Guide for Talking with Families About Early Intervention (EI)

DEVELOPMENTAL SCREENING & RESULTS TALKING POINTS FOR PROFESSIONALS



Early childhood educators, medical providers, and other professionals who work with families often have questions and concerns about children's development. Regular screening offers information you can use to begin conversations with families about child development. Adapt these talking points for conversations about screening and referral with the families and communities that you serve.

I'd like to share how regular, routine screening helps us understand child development:

- ❑ Screening tools provide a quick check of children's development to identify potential developmental delays or concerns.
- ❑ Families hold the most knowledge of a child's skills, behaviors, strengths, and challenges. Your input about your child's development is very important. We can work together to complete and score this screening.
- ❑ Any questions or concerns before we begin?

If families express a child development concern, refer them to Part C – a system of EI services provided state-wide to infants and toddlers with developmental delays or disabilities ages birth through two years.

Communicate and provide materials in a language the family understands.

Let's talk about what we learned about your child's development:

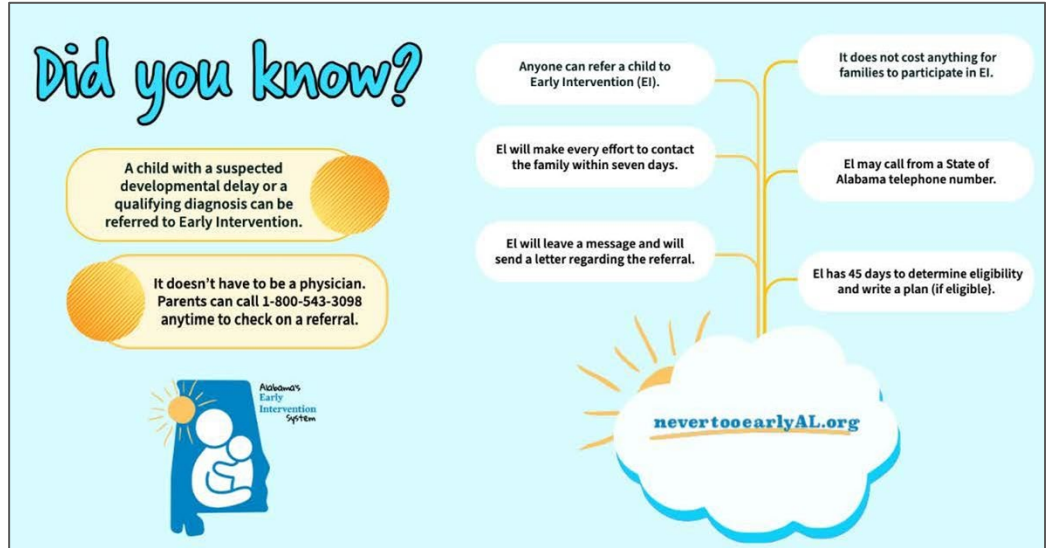
- ❑ Let's look at developmental milestones to understand the skills and behaviors we expect to see in children at specific ages. Think about your child's development. What have you observed? Next, we'll talk about what we learned from the screening.
- ❑ Here are the screening tool results. This screening tool tells us if a child is meeting developmental milestones, or if they are experiencing delays. What do you think of these results? What are your child's strengths and areas you want them to grow?

Build your understanding of child development milestones using CDC's "Learn the Signs. Act Early." resource.

Explore the CDC's guidance on Tips for Talking to Parents about Developmental Concerns.



Dispelling Myths and Strengthening EI Practices



Did you know?

- Anyone can refer a child to Early Intervention (EI).
- It does not cost anything for families to participate in EI.
- EI will make every effort to contact the family within seven days.
- EI may call from a State of Alabama telephone number.
- EI will leave a message and will send a letter regarding the referral.
- EI has 45 days to determine eligibility and write a plan (if eligible).
- A child with a suspected developmental delay or a qualifying diagnosis can be referred to Early Intervention.
- It doesn't have to be a physician. Parents can call 1-800-543-3098 anytime to check on a referral.

Alabama's Early Intervention System

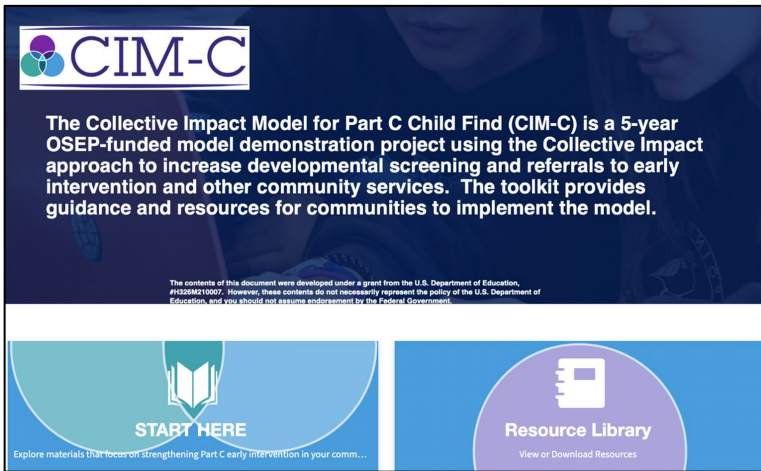
nevertoearlyAL.org


Our tools support programs to explore and collect data, evaluate the project, collaborate with community partners, track referrals, train professionals on screening tools and referral processes, and raise the awareness of EI.

CIM-C Resources

Sign up to access the free CIM-C toolkit for resources to strengthen your community's screening and referral practices:

<https://cimc.eipdonline.org?KeyName=CIMClearning>



 **CIM-C**

The Collective Impact Model for Part C Child Find (CIM-C) is a 5-year OSEP-funded model demonstration project using the Collective Impact approach to increase developmental screening and referrals to early intervention and other community services. The toolkit provides guidance and resources for communities to implement the model.

The contents of this document were developed under a grant from the U.S. Department of Education, #H228M210007. However, these contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government.

START HERE
Explore materials that focus on strengthening Part C early intervention in your comm...

Resource Library
View or Download Resources

**Join our virtual
2026 Screening
& Referral PLC**



Calling all teachers, childcare providers, medical practitioners, and other professionals working with young children!

Scan the QR code to sign up for the Screening and Referral Professional Learning Community (PLC).





Child Find ACCESS

Howard Morrison
Margaret Gillis
Mary Lee Porterfield



Child Find ACCESS Model Demonstration Project

- Three county-level sites in one state in the southeastern U.S.
- 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 and uptake of Part C services



Phased Implementation

NAVIGATE 1

CONVENE

Bring people together to define team roles, vision, and work agreement.

EXPLORE

Review current processes and use data to find challenges and opportunities.

BUILD 2

DESIGN

Identify implementation strategies, set goals, and develop action plan.

PREPARE

Create resources, set up data and communication processes, and train staff.

MANAGE 3

USE & REFINE

Use new practices, adjust with feedback, share lessons learned.

SUSTAIN

Update policies and procedures with what works and continue to collaborate with community.

Data from Family and Community Partners

- Administrative data on referrals, evaluations, eligibility, and enrollment
 - Disaggregated by demographics, referral sources
 - Year to year comparisons
 - Missingness (who is missing from EI based on special education enrollment)
- Child find system mapping with Part C Child Find Self-Assessment
- Family interviews
 - 24 families
 - Focused on families' experiences seeking services for their infant or toddler
- Surveys on awareness of the EI program, screening practices, and referral practices
 - Medical professionals (54 respondents)
 - Child care providers (50 respondents)



Centering Family Voice: Interviews

- $N = 24$ virtual interviews (~1 hr in length)
- Families shared their experiences seeking services for young children (prior to age 3)
- Categories that emerged:
 - Facilitators and Barriers:
 - Medical Community
 - Local EI Program
 - Public Awareness
 - Family Recommendations



Barriers

- Families' concerns dismissed – “wait and see” message from medical providers, family, and friends
- Families referred straight to therapists
- Families unaware they self-refer, confused about how to find EI, who was contacting, how they could benefit
- Conflicting messages, delays re: ASD-related diagnoses
- Family capacity when handling multiple medical appointments
- Limited Spanish-speaking EI staff

Facilitators

- Quick referrals to EI from their medical providers.
- Positive referral, evaluation, service-planning experiences, great connections to EI staff
- Some families know about the EI program from past experience, family, or friends
- Some families know about developmental milestones from experience with older children
- Some independent therapists connected families with the EI program



Participant Suggestions for Improvements

- Share information about EI and referral via social media, at community gatherings
- Share information on developmental milestones in pediatricians' offices (posters with QR codes)
- Provide EI info in packs that go home from neonatal intensive care unit
- Share info with pediatricians about how to talk with families who bring concerns
- Provide families with talking points for bringing concerns to pediatrician

Insights from Family Workgroup

- Parents who feel supported are more likely to take up/continue services for their child, however, on the whole:
 - Services feel impersonal
 - Lack of support/acknowledgement of lifestyles/routines
 - Constant focus on child deficits without acknowledging family efforts to support child progress
 - Parents are starved for connection and a place to feel understood and adequate

Family Workgroup Recommendations

- For service providers, take time to talk about what is going well for the child, give encouragement to the parent
- For decision-making groups, provide options for family-only working sessions or ad-hoc gatherings
- Find ways to make materials aimed at helping families adjust to their new path widely available (virtual and hard copy resources)
- Find ways to support families to tell their story

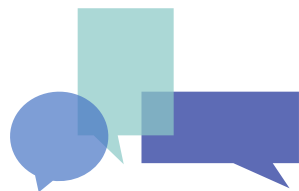
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Q&A

Questions for the teams?

- Bethanne and Mary Beth, UCONN: **CT Family STARS**
- Jenine, WestEd: **CIM-C**
- Howard, SRI: **Child Find ACCESS**





Discuss & Share . . .

What's going well with screening and referral in your community?

Where do you see opportunities for improvement, and who might you partner with to make those changes?

Thank You!

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