

Background

- Early Intervention (EI) programs in the U.S. struggle to identify and enroll infants and toddlers in Early Intervention (McCoy et al., 2017).
- The proportion of children in EI is low compared with the proportion of school-age children served in special education (Rosenberg et al., 2008)
- Cross-sector collaboration around outreach and referral practices and systems could reduce barriers to early identification (Edwards et al., 2021, Barger et al., 2018)

Context

- Community engaged/ informed model demonstration project aiming to improve access to and uptake of EI services
- Funded by U.S. Office of Special Education Programs
- Operating in three counties in North Carolina (southeastern U.S.)
- Engages families and cross-sector community partners whose agencies and programs connect with families of young children
- Tapping these multiple perspectives informs community teams in exploration of their early identification and referral practices, referral data, and family stories; consideration of issues that impede early identification and referral; and conceptualization and implementation of strategies to address challenges.

References

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- McCoy, D.C., Yoshikawa, H., Ziol-Guest, K.M., Duncan, G.J., Schindler, H.S., Magnuson, K., Yang, R., Koepp, A., & Shonkoff, J.P. (2017). Impacts of early childhood education on medium- and long-term educational outcomes. *Educational Researcher, 46*(8), 474–487.
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Child Find ACCESS Model Components

The Leadership Team (LT):

A LT with representation of the EI program, families with EI or early childhood special education experience, other primary referral sources, and key partner agencies uses effective teaming practices to develop a guiding vision and provide collaborative leadership of all model components.

Data Access, Collection, Analysis, Use:

The LT regularly accesses, analyzes, and uses relevant disaggregated state or local administrative data; collects and analyzes data from other sources; and engages multiple perspectives in interpreting data.



Strategic Planning/ Implementation:

LT identifies challenges in the early identification system and root causes of those challenges, designs and implements strategies to address root causes, and uses an iterative process to gather feedback and update the plan as needed.

Family Perspectives:

- Family perspectives are centered in all aspects of the LT's work, with families engaged as members of the LT; family experiences incorporated into data collection; family input provided in collecting and interpreting data, identifying challenges and root causes, designing strategies to address root causes, and feedback and iteration on the strategic plan.
- Family navigators serve as a bridge between the EI program and families, supporting families through the referral process and assisting the LT in better understanding families' perspectives and needs.

Key Partner and Community Engagement:

The LT engages others in their organizations and constituencies to address needs and opportunities related to data collection/ analysis/ use and strategic planning design and implementation.

Outcomes

- LTs successfully engaged families and cross-sector members to explore local early identification and referral practices; identify areas for improvement; and design/implement strategies to address issues.
- EI program leaders recognized there was more happening in their communities related to supporting early identification and referral than they had realized - yet some things that had been in place had been paused or discontinued.
- Through exploring existing practices and data, LTs discovered simple steps they could take to address some areas of need/improvement (e.g., collaborate with neonatal intensive care units, share referral information with child care programs).
- LT members used survey data from primary referral sources about their early identification and referral practices to test the LT's assumptions about root causes of challenges.
- Through collaborative root cause analysis and improvement planning, LTs developed several strategies to better target outreach to referral sources (including families, physicians, and child care providers) within their communities.
- LT members strengthened their cross-agency relationships through participating on the LT.

Conclusions

- Engaging community teams allows for multiple perspectives to inform a holistic portrait of challenges and opportunities.
- Centering family perspectives helps LTs identify where misunderstandings impede timely referrals and ensure planned strategies reach and resonate with families.
- Grounding the iterative work of the LT in data creates a culture of data use among members.