

Section A

COMPREHENSIVE CHILD FIND SYSTEM

The Department of Human Resources is responsible for ensuring that a comprehensive Child Find system is in place which assures that all infants and toddlers in the State who are eligible for services under Part C are identified, located and evaluated; and an effective method is developed and implemented to determine which children are receiving needed early intervention (EI) services, and which children might be eligible but are not receiving those services.

FEDERAL POLICY

1. Public Awareness Program

Each system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under Part C and includes the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services. The public awareness program must provide information for informing the public about:

- a. The State's early intervention program;
- b. The child find system, including
 1. Purpose and scope of the system;
 2. How to make referrals; and
 3. How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and
 4. The central directory.

2. Comprehensive Child Find System

Each system must include a comprehensive child find system that is consistent with Part B of the Individuals with Disabilities Education Act (IDEA).

The Lead Agency, with the advice and assistance of the State Interagency Coordinating Council (SICC) shall be responsible for implementing the child find system.

Procedures:

The child find system must include the policies and procedures that the State will follow to ensure that:

- a. All infants and toddlers in the State who are eligible for services under this part are identified, located and evaluated; and
- b. An effective method is developed and implemented to determine which children are receiving needed early intervention services.

Coordination:

The lead agency, with the assistance of the SICC shall ensure that the child find system is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health and social service programs relevant to Part C, tribes and tribal organizations that receive payments under Part C, and other tribes and tribal organizations as appropriate, including efforts in the

- a. Program authorized under Part B of the IDEA;
- b. Maternal and Child Health program under Title V of the Social Security Act;

- c. Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under Title XIX of the Social Security Act;
- d. Developmental Disabilities Assistance and Bill of Rights Act;
- e. Head Start Act; and
- f. Supplemental Security Income program under Title XVI of the Social Security Act.

The lead agency, with the advice and assistance of the SICC, shall take steps to ensure that:

- a. There will not be unnecessary duplication of effort by the various agencies involved in the State's child find system under Part C; and
- b. The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner.

Referral Procedures:

The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for:

- a. Evaluation and assessment;
- b. As appropriate, the provision of services;

These procedures must:

- a. Provide for an effective method of making referrals by primary referral sources;
- b. Ensure that referrals are made no more than two working days after a child has been identified; and
- c. Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate the information prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.

Primary referral sources include:

- a. Hospitals, including prenatal and postnatal facilities;
- b. Physicians;
- c. Parents;
- d. Day care programs;
- e. Local educational agencies;
- f. Public health facilities;
- g. Other social service agencies; and
- h. Other health care providers.

Timelines for Public Agencies to Act on Referrals:

Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

Within 45 days after it receives a referral, the public agency shall:

- a. Complete the evaluation and assessment activities; and
- b. Hold an IFSP meeting.

BABIES CAN'T WAIT (BCW) PROGRAM STANDARDS

A. Public Awareness Program

1. The public awareness program must focus on both internal and external audiences to involve and communicate with major organizations throughout the State that have a direct interest in Part C.
 - a. Internal Audiences include all appropriate state agencies (e.g. Division of Public Health), Division of Family & Children Services, Mental Health, Developmental Disabilities and Addictive Diseases, Department of Community Health, Department of Education, Department of Early Care and Learning) and the local district personnel who work with Early Intervention (e.g. Women, Infant, and Children Nutrition), High Risk Infant Follow-Up, Children's Medical Services, Universal Newborn Hearing Screening, Newborn Metabolic/Genetic Screening, Children 1st, and others).
 - b. External Audiences include the medical community (physicians, hospitals, including all birthing facilities and regional perinatal centers), advocates, public and private service providers, parents/legal guardians, civic, business and professional organizations, faith-based organizations, homeless family shelters, childcare, Early Head Start, educators, and teachers.
2. Implementation of a comprehensive well planned targeted outreach and public awareness activities at the state, district and county levels to include:
 - a. Use of population and program data to inform outreach;
 - b. Use of family and child risk factors to predict and identify children who are most likely to have significant developmental delays;
 - c. Identification of suspected developmental delays using a developmental screener which would trigger a referral to BCW;
 - d. Provision of information about BCW to other Public Health programs and child care providers that may serve potentially eligible children, and
 - e. Education and awareness activities with physicians, hospitals, community agencies and the general public to ensure that they understand BCW and the functions of Children 1st as the Maternal and Child Health (MCH) system's Single Point of Entry (SPOE) and how this referral process benefits children, families and providers.
3. The Early Intervention (EI) public awareness activities shall be continuous and coordinated with other Child Find efforts in the State (e.g. the Powerline, Georgia Learning Resource System, United Way 211, Healthy Mothers Healthy Babies, Early Head Start and Head Start Programs, Part B/Special Education, Family Connections, Prevent Child Abuse Georgia, etc.).
4. Materials shall be available in a variety of media, utilize a variety of settings, and reflect the diversity of individuals by using appropriate prevalent languages that are relevant to the community (ies), and ensuring the materials are user-friendly and sensitive to cultural diversity.

5. Community-based providers (e.g., family shelters, faith-based organizations, and recreation organizations) will be engaged through outreach efforts.
6. The BCW graphic and Department of Human Resources (DHR) logo shall be used on all correspondence and public awareness/child find materials. Materials will include common language on programs and services available to the birth to five year old population and how Children 1st serves as the SPOE or the front door for Georgia's Public Health MCH system, including BCW.

B. Central Directory

1. The State Lead Agency shall ensure the establishment and maintenance of the State's Central Directory, which shall include information about the following:
 - a. Public and private EI services, resources, and experts available in the State;
 - b. Public and private EI services, resources, and experts available at the district, county and community levels;
 - c. Research and demonstration projects being conducted in the State;
 - d. Professional and other groups that provide assistance to children eligible under Part C and their families; and
 - e. Training opportunities (e.g., continuing education courses, in-service training, and professional meetings).
2. The State Lead Agency shall ensure that a toll-free Central Directory number is available to the general public and staffed by trained personnel.
3. The State Lead Agency shall ensure that the Central Directory is updated annually. Each health district is responsible for assisting with keeping the Central Directory information up-to-date for their local catchment area.
4. Each health district is responsible for disseminating information about the Central Directory throughout their local catchment area.
5. The State Lead Agency shall ensure the Directory is available to all persons through the toll-free statewide number; a telecommunications device (TDD) is available for persons who are speech and hearing impaired; and upon request printed information is available in large print face or Braille for those who are visually impaired.

C. Referrals and Screening

Referrals of children birth to five years of age to public health services including EI services provided through BCW, will come through Children 1st. Children 1st is Georgia's Maternal and Child Health program single point of entry. Children 1st is considered the primary referral source. Secondary referral sources are those outside of Children

1st Secondary referral sources, such as child care or physician communities, are informed through a variety of methods about referral procedures and the benefits of referring children birth to five years of age, though the Single Point of Entry, Children 1st.

Calls may come directly to BCW from families, other agencies or the public. Family information will be gathered on the C.1st Screening and Referral form and sent to the weekly staffing meeting to be reviewed by the Birth to Five Review Team, to ensure the most appropriate referral(s) are made on behalf of the child and family.

Referral:

The referral process for BCW involves the following steps:

1. Category 1 Referrals:

A referral from any source with medical documentation (with confirmed ICD-9 code) of a Category 1 condition.

- a. Category 1 referrals (confirmed diagnosis) are sent by Children 1st directly to BCW within 2 days of identification. BCW receives the referral, completes the Maternal and Child (MCH) Integrated Assessment, the BCW intake process and enrolls the child, if appropriate.
- b. Upon receipt of the referral at the local lead agency (BCW) the 45-day timeline begins.
- c. The referral is sent to the next staffing of the Birth of Five Review Team (BCW, Children 1st, High Risk Infant Follow-Up (HRIFU) Children's Medical Services (CMS), Child Health or some combination there of) to determine most appropriate Public Health program referral(s).

2. Category 2 conditions:

Suspected developmental delay or CAPTA/Foster Care Referrals:

- a. When Children 1st receives a referral of suspected developmental delay from a physician's office it goes directly to BCW within 2 days of identification. BCW receives the referral, completes the MCH Integrated Assessment, developmental screening, and the BCW intake process and enrolls the child, if appropriate.
- b. When Children 1st receives a referral from all other community resources, they request a faxed copy of the most current standardized developmental screening results from the referral source within 24 hours of receipt of the referral.
- c. The referral is sent to the next staffing of the Birth of Five Review Team (BCW, Children 1st, High Risk Infant Follow-Up (HRIFU) Children's Medical Services (CMS), Child Health or some combination there of) to determine most appropriate Public Health program referral(s).
- d. Staff from the Birth to Five system make the initial home visit and completes the MCH Integrated Assessment. If developmental screening results have not been received from the referral source within 48 hours of the request, the Birth to Five staff also completes a standardized developmental screening. The child is referred to BCW within 2 calendar days of completion of the screening, along with the screening results and the MCH Assessment.
- e. Upon receipt of the referral at the local lead agency (BCW) the 45-day timeline begins.

3. For All Referrals:

- a. Babies Can't Wait must notify the secondary referral source (e.g. physician's office, childcare centers, etc) of the disposition of the referral within three (3) working days of receipt of referral.
- b. When the child's primary health care physician makes the referral the provider will be asked the best way to maintain contact with his or her office and how he or she wants to be involved with BCW.
- c. All children found not eligible for BCW or the family refuses services, are referred back to Children 1st for appropriate monitoring and follow-up, if informed, written parental/legal guardian consent is given.
- d. Any referrals made by the BCW program to Children 1st, other health department programs or other agencies, programs, or providers must be done with informed, written parental/legal guardian consent.
- e. Children 1st will maintain data on primary referrals (number of Category 1 and Category 2) to BCW.