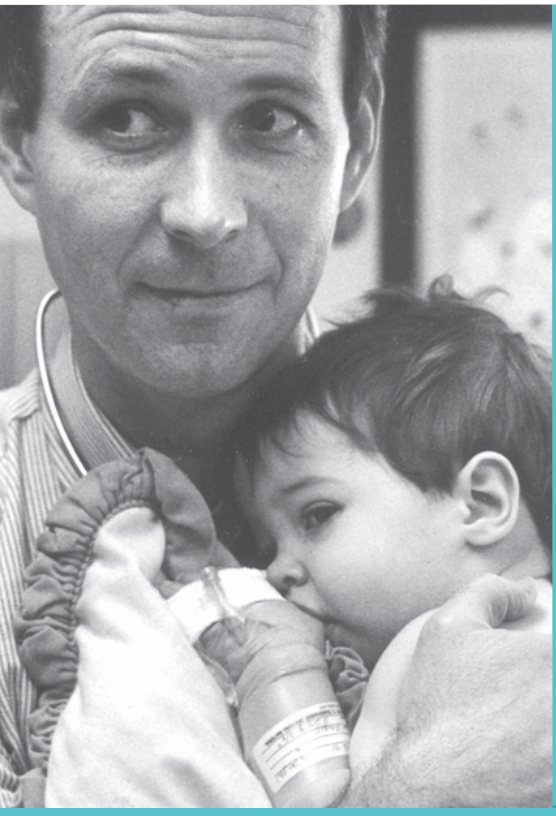
The Primary Health Care Provider's Role in Early Intervention

CALIFORNIA

EARLY START



A statewide interagency system of coordinated early intervention services for infants and toddlers with or at risk of disabilities or developmental delay and their families.

WHAT IS EARLY INTERVENTION?

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THE PRIMARY HEALTH CARE PROVIDER'S ROLE IN EARLY INTERVENTION

California Early Start

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WHAT IS EARLY INTERVENTION?

Early intervention promotes a child's growth and development and supports the family during the critical early years. Early intervention services are not a cure for disabilities or risk conditions; however, services provided during the first three years of life can have significant effects on the cognitive and social development of young children with disabilities.

WHAT ARE EARLY INTERVENTION SERVICES?

Early intervention services to eligible children and families are federally mandated by the Individuals with Disabilities Education Act and in California by the California Early Intervention Services Act. California Early Start provides many necessary early intervention and related services based on assessed need of the child. The Early Start system is required to use generic resources. These services may be provided if they are not in the child's health care plan. Services may be provided in the home, child care or other community settings where typically developing children participate. Your local education agency, regional center, family resource center, and health care provider work together to provide these services to eligible children and their families.

Services May Include:

- assistive technology devices/services
- medical services, for diagnostic or evaluative purposes only
- family training, counseling and home visits
- audiology services
- nursing
- occupational therapy
- psychological services
- service coordination
- special instruction
- transportation services
- health services necessary for a child to benefit from other early intervention services
- nutrition counseling
- physical therapy
- respite
- social work services
- speech-language pathology
- vision services
- others as needed

Who is Eligible for Early Intervention Services?

Infants and toddlers from birth to 36 months may be eligible for and benefit from early intervention services if one of the following factors is present:

Significant developmental delay in one or more of these areas:

- cognitive development, e.g., limited interest in environment, limited interest in play and learning
- physical and motor development, e.g., hypertonia, dystonia, asymmetry and other orthopedic impairments
- communication development, e.g., limited sound repertoire, limited responses to communication with others
- emotional-social development, e.g., unusual responses to interactions, impaired attachment, self-injurious behavior
- adaptive development, e.g., feeding difficulties

Established risk conditions of known etiology or those conditions expected to result in significant developmental problems such as

- chromosomal disorders
- neurological disorders
- inborn errors of metabolism, or
- vision and hearing, and severe orthopedic impairments.

High risk of having a substantial developmental disability due to a combination of risk factors such as

- prematurity (less than 32 weeks gestation and/or low birth weight of less than 1,500 grams),
- asphyxia or need for ventilator assistance,
- central nervous system infection or abnormality,
- biomedical insult (including, but not limited to, injury, accident or illness which may seriously or permanently affect developmental outcome), parent with a developmental disability

What is the Referral Process?

You or the family may contact the local regional center or education agency (call 800.515.BABY for contact information) to begin the referral process. If you have concerns about a child in your care, discuss your concerns with the family. Parental concerns mandate serious attention; however, the absence of parental concerns does not preclude the possibility of serious developmental delays. A diagnosis of a disorder is not necessary for referral.

Within 45 days after the referral is received

- a service coordinator is assigned,
- an evaluation for eligibility is completed,
- an assessment is conducted for program planning,
- a peer parent contact is made available, and
- a meeting will be held to develop the Individualized Family Service Plan (IFSP) to initiate child and family services (the primary health care provider's input is an important part of this process).

WHAT IS THE EVALUATION PROCESS?

Evaluation to determine eligibility shall be based on informed clinical opinion* and include:

(1) A review of pertinent records related to the infant or toddler's health status and medical history provided by qualified health professionals who have evaluated or assessed the infant or toddler;

(2) Information obtained from parental observation and report; and

(3) Evaluation by qualified personnel of the infant or toddler's level of functioning in each of the following areas:

a. cognitive development;
b. physical and motor development, including vision and hearing;
c. communication development
d. social or emotional development; and,
e. adaptive development.

*Informed clinical opinion means the judgment of a qualified professional who is a member of the multidisciplinary team. Informed clinical opinion is based on but is not limited to opinions derived from: a review of records, parental and professional observation of the infant or toddler, and professional knowledge. [Title 17, Section 52000 (b)(29)]. [Title 17, Section 52082, (b)(1-3)]

Participation on the IFSP Team

Primary health care providers are important members of the early intervention team. Their central role is to participate in the Individualized Family Service Plan (IFSP) development. This means providing clinical assessments and information about the child's health care status, hearing, vision, and development. The child's development is enhanced when the primary health care provider collaborates with community resources in treatment planning.

Primary health care providers may offer:

- to provide written communication
- to participate by conference call
- an alternative means to provide input to, and receive feedback from, the assessment team

The primary health care provider may also attend IFSP team meetings when possible.

What early intervention programs want to know from health care providers and clinicians:**

- Any concerns the primary health care provider or clinician may have regarding the child's medical condition, limitations, medications, family dynamics, etc.
- Major changes in medical services or health conditions that have direct implications for services provided by early intervention service providers
- Child's progress on health-related outcomes included in the IFSP (if applicable)
- Whether or not families frequently miss scheduled appointments

**Adapted from The Medical Home and Early Intervention Programs, Medical Home Initiatives; IDEAs That Work; and the American Academy of Pediatrics.

How Can I Be a Member of the Multidisciplinary Team?

What health care clinicians want to know from early intervention programs:

- Acknowledgment that the early intervention program received the referral
- Inability or difficulty in contacting the family
- Initiation date of services/treatments
- Progress or lack of progress in services/treatments
- Disposition (program eligibility, discharge from services, change in program participation)
- Contact information for the early intervention service coordinator and those providing direct services through the early intervention program
- Bulleted list of services received by the child and/or family (summary statement)
- Early intervention assessment and evaluation findings
- Medical concerns noted by early intervention program staff

Together we make a difference!

Contact

800.515.BABY

Website: www.dds.ca.gov/earlystart

Email: earlystart@dds.ca.gov