### Technical Assistance Brief



Division for Developmental Disabilities

Infants and Toddlers with Social Emotional Delays or Mental Health Concerns and Colorado's Early Intervention System

August, 2007 • Volume 2, Number 4

This technical assistance brief clarifies the supports and services outlined within the reauthorized Individuals with Disabilities Education Improvement Act of 2004 (IDEA), including child identification and referral practices for infants and toddlers with social emotional delays or mental health concerns. The brief highlights eligibility criteria for Colorado's Early Intervention system and provides guidelines for the identification, screening, and evaluation of children exhibiting suspected social emotional delays. Finally, the brief outlines specific funding available in Colorado for mental health services, including social/emotional intervention. The Colorado Interagency Coordinating Council in conjunction with the Colorado Department of Public Health and Environment, the Colorado Department of Human Services Division of Mental Health Services, and Division for Developmental Disabilities developed this technical assistance brief.

# The following Federal Rules and Regulations and Colorado's State Plan provide policy guidance on this topic:

Colorado's Early Intervention system has defined the following categories of eligibility for supports and services under Part C of the Individuals with Disabilities Education Improvement Act (IDEA):

- a.) Children with significant delays in development. Colorado has defined "significant delay" as development that qualified personnel determine to be significantly outside the range of "normal" or "typical" for a same aged peer.
- b.) Children with a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. In this document, the phrase "a diagnosed physical or mental condition means an established condition that has a high probability of resulting in developmental delay" and applies to a condition if it typically results in developmental delay.

"Colorado has developed a list of categories that correspond to the categories referenced in IDEA, Part C...including attachment and regulatory disorders based on the Diagnostic Classification: 0-3" (2004 Colorado State Plan). The diagnoses in this list only serve to provide examples and should not be considered an exhaustive list of eligible diagnoses.

Written documentation of eligibility based on an established condition typically resulting in significant delays in development shall consist of physician's report, health & medical history information or other medical records. Children eligible under this criterion are entitled to a multidisciplinary assessment as part of the process of developing an Individualized Family Service Plan (IFSP) and determining what supports/services are needed.

(References: CFR 303.16 (a)(2), and Colorado State Plan II. A. 1.)

In Colorado, the Division for Developmental Disabilities (DDD), as lead agency, is responsible:

- for ensuring that there is a local community system in place within each designated service areas to provide for a timely, comprehensive, multidisciplinary evaluation of each infant or toddler who is referred, and
- for ensuring a family-directed identification of the needs of each child's family to appropriately assist in the development of the child is completed.

DDD contracts with Community Centered Boards (CCB) at the local level to help facilitate a collaborative community process. Who is ultimately involved in each community varies and is influenced by available unique community resources and interagency partnerships. At a minimum, this system should be developed in collaboration with local school districts/Board of Cooperative Education Services (BOCES) and other appropriate community partners. It may involve local school district/BOCES personnel performing screenings and evaluations, and the local CCB providing public awareness and service coordination. It may also involve evaluation teams comprised of CCB staff or contracted CCB providers, or it may involve a combination of the two.

#### What signs indicate that a significant social-emotional delay may exist?

Concerns about social emotional development may arise from either the child's behavior or identified risk factors within the family. Some specific infant and toddler behaviors that may be signs of unmet emotional needs depending upon the chronological age of the child include:

- Lacking emotional display, such as cooing, babbling, or whimpering;
- Having a sad affect;
- Resisting being held or touched;
- Being difficult to sooth or console;
- Appearing fearful;
- Rarely making eye contact;
- Clinging to caregiver;
- Inability to comfort or console oneself; and
- Reluctance to explore his or her environment and develop motor skills associated with free movement in space <sup>1</sup>.
- Disrupted or disturbed relationship

#### Family risk factors include:

- Maternal depression;
- Caregivers with substance abuse and or mental illness;
- Domestic Violence;
- Foster care:
- Poverty<sup>2</sup>;
- Adoption; and
- Exposure to maltreatment. (Note: The Child Abuse Prevention and Treatment Act requires a referral of a child under the age of 3 who is involved in a substantiated case of abuse or neglect to Early Intervention Services.)

Neither the specific behavior(s) listed above nor the family risk factors alone mean a child has a social emotional delay, and is, therefore, eligible for early intervention services. They are merely indicators or signs that further assessment might be appropriate.

<sup>&</sup>lt;sup>1</sup> Graham, M., White, B., Clarke, C., & Adams, S. (2001). Infusing *Infant Mental Health into Front-Line Caregiving*. Denver, CO: Resources and Connections: 1(5)

<sup>&</sup>lt;sup>2</sup>Earls, Dr. Marian and Hay, Sherry "Setting the Stage for Success" Integrating Developmental Screening and Surveillance in Primary Care Practice State Handbook

### What kinds of social-emotional screening tools are appropriate to use with infants/toddlers?

Screening can be the first step to identifying children who are at-risk for developmental delays and may benefit from early intervention services. Screening is a quick low-cost exploration of a child's current behavior and provides information on whether a child should be seen for a more in-depth evaluation and assessment. In many cases screening may happen in community settings, such as childcare or the pediatrician's office. These results can then be shared with the Child Find team who will conduct a more in-depth evaluation and assessment.

When screening infants and toddlers either as a universal prevention strategy or when a concern has been identified, it is important to ensure that social-emotional screening is a mandatory component of a comprehensive screening process. Best practice would indicate that social emotional screening be a part of all Child Find evaluation and assessments even when it is not identified as a concern.

Formal screening includes several necessary components.

- 1. The use of a screening tool that has been demonstrated to be valid and reliable is key.
- 2. The input of parents, teachers and others who know the child is invaluable.
- 3. Observations of the child add great detail to the screening information.
- 4. A resource of qualified therapists is available to review the information and determine if a referral for further evaluation is needed.

Well-implemented screening programs in places where young children and families typically go may help in assuring that children with social and emotional concerns and their families receive appropriate intervention.

A screening paper written in 2004 (Stainback-Tracy) based on the work of a group of Colorado experts outlines the types of screening tools that might be appropriate for a Child Find process. The following excerpt describes the types of screenings that would be helpful.

"In Colorado, Child Find is responsible for the screening, evaluation, and assessment services required by the Individuals with Disabilities Education Improvement Act (IDEA). Typically, Child Find consists of multidisciplinary teams who conduct screenings or assessments in home, community, or education settings. When Child Find teams conduct a screen, they are typically meeting the family for the first time, so they need tools that allow them to gather information through a one-time observation and/or parent report. The workgroup determined that parent report tools may be the most useful for Child Find teams, because they allow the team to gather information about the child's typical behavior, which may be different than the "snapshot" observed by the provider during the screening process. *Suggested Tools for Screening Social/Emotional Development:* TABS Screener, BITSEA, ASQ-SE, the Temperament and Atypical Behavior Rating Scale (TABS) Screener, Brief Infant Toddler Social-emotional Assessment (BITSEA), and the ASQ-SE are all based on parent report and have suggested cut-off scores for when further evaluation is indicated." <sup>3</sup>

<sup>&</sup>lt;sup>3</sup> Stainbach-Tracy, K. (2004). Social and Emotional Screening: Identifying Social and Emotional Difficulties in Infants, Toddlers, and Preschoolers. Denver, CO: JFK Partners Technical Assistance Brief, Vol. 2, No. 4

#### Who can make a referral to the Early Intervention system?

Anyone who is concerned about a child's development can make a referral to the Early Intervention system. A diagnosis is not necessary at the time of referral. The referral is made to the local early intervention system, which can be accessed through the local Community Centered Board (A list of Colorado's 20 Community Centered Boards and the geographic service areas each covers can be obtained by going to <a href="https://www.eicolorado.org">www.eicolorado.org</a> or by calling (888-777-4041). Upon referral, a service coordinator is assigned to the family to assist the family in accessing evaluation, assessment and other early intervention supports or services for their child and family.

### Who is responsible for determining and documenting eligibility for early intervention supports and services?

As mentioned earlier in this brief, there are two ways in which a child may be determined eligible for early intervention supports and services: when a child is exhibiting a significant delay in their development or when a child is diagnosed with a physical or mental condition that has a high probability of resulting in a significant developmental delay. Regardless of the reason for referral, each referred child is entitled to a multidisciplinary evaluation. This evaluation is completed by at least two qualified professionals with one professional having expertise in the primary area of developmental concern for the child. This process is described in further detail below. Consent must be given by the parent or legal guardian of the child in order for a multidisciplinary evaluation to occur.

When a child is referred due to a suspected significant delay in their development, information from a multidisciplinary evaluation is used to determine a child's eligibility and assess a child and family's strengths and needs. The evaluation process uses a multidisciplinary team of appropriate qualified professionals to review information gathered through multiple methods and procedures that meet acceptable and professional standards for evaluation and assessment, including informed clinical opinion. The CCB, based on input from the multidisciplinary team, will determine if a child has a significant delay in one or more areas of development thus qualifying him or her for early intervention services. The team will establish the child's current levels of functioning in all areas of development; the child's strengths and needs; and the family's concerns, priorities and resources related to their child's needs. The multidisciplinary team consists of the parent(s) of the child and at least two early childhood professionals who are appropriately qualified in their areas of expertise, at least one of whom is qualified in the child's primary area of concern. When a social-emotional concern exists, the team may include an early childhood mental health specialist, an early childhood special educator, psychologist, or social worker.

The process for determining eligibility for a child referred based on a diagnosis is different. When a child diagnosed with an established condition is referred, the CCB will verify that the diagnosis or condition is one of the approved conditions to establish a child's eligibility into Colorado Early Intervention system and that it has been appropriately documented on the referral form. Documentation should be considered appropriate when it includes the date of referral, the name of the established condition, the name of the qualified medical or mental health professional who can verify the diagnosis, and the name of the facility making the referral. Some examples of established conditions that have been identified in the social emotional area are Deprivation/Maltreatment Disorder (formerly Reactive Attachment disorder) and Regulation Disorders of Sensory Processing, as defined by the DC: 0-3R.<sup>4</sup> A complete list of established conditions, along with the referral form, is located on the state Early Intervention Colorado website (www.eicolorado.org) within the referral section.

Technical Assistance Brief, Vol. 2, No. 4

<sup>&</sup>lt;sup>4</sup> Zero to Three (2005) DC: 0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy ands Early Childhood: Revised Edition, Washington D.C.

Once eligibility is confirmed for an infant or toddler based on their diagnoses, a comprehensive, multidisciplinary assessment must be completed for the child in order to identify the child's current functioning in all areas of development, the child's strengths and needs, and the parents concerns, priorities, and resources so that an IFSP can be developed. If a social emotional concern is identified after the IFSP has been completed additions can be made to the functional outcomes and the appropriate services and providers to meet new outcomes.

### What kinds of social-emotional assessments are appropriate to use with infants/toddlers?

In Part C of IDEA, an <u>Evaluation</u> means the procedures used by appropriate, qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in 303.16 including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section.

<u>Assessment</u> means the ongoing procedures used by appropriate, qualified personnel throughout the period of a child's eligibility under this part to identify

- a. The child's unique strengths and needs and the services appropriate to meet those needs; and
- b. The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

A Child Find team must include evaluation and assessment of the child in all areas of development, including social and emotional development. If the child is referred due to concerns with social emotional development or screening indicates possible concerns, the Child Find team should include at least one discipline with expertise in the area of social emotional development. The evaluation and assessment should assess areas such as overall socialemotional development, self-regulation, relating to others and affect development. Based on information gathered during the Child Find evaluation and assessment, the team may recommend a further social emotional evaluation for the child. If the regular Child Find team does not have a qualified professional to address social/emotional concerns, there are other community agencies that may have personnel to complete a social-emotional evaluation. These include the following: the community mental health center or a private mental health agency, school district special education personnel, specially trained personnel at various early care and education settings or persons at institutions of higher education. It is important to ensure the personnel at these agencies have the necessary expertise and credentialing as noted in the 2004 Colorado State Plan. The mental health community providers' evaluation then becomes an integral component of the child's overall evaluation and assessment through the Early Intervention system.

A more in-depth social emotional evaluation and eligibility determination is based on the Diagnostic Classification Revised: 0-3 (DC: 0-3R). The DC: 0-3R is a diagnostic classification of mental health and developmental disorders of infancy and early childhood and is becoming the recognized tool for mental health providers to use when describing the outcomes of a child's evaluation. The DC: 0-3R is a system that provides a way for clinicians to organize their observations, assist them in formulating recommendations for interventions or further monitoring and provides a common language and an initial framework from which further refinements and changes can be made.

## What should happen once the evaluation and assessment have been completed and a child is determined eligible for early intervention services?

Once the evaluation and assessment process has been completed and a child is determined eligible for early intervention services, the team uses the information gathered in the evaluation and assessment process to develop an IFSP. The IFSP identifies the outcomes (goals) the family would like to see for their child and family, as well as the supports and services needed to reach those outcomes. The supports and services recommended in the IFSP should be initiated within 28 calendar days of the parent giving consent for the services. The early intervention service coordinator and family will work together to identify appropriate service providers and funding.

#### How do I talk with parents about social and emotional delays?

- 1. Early intervention supports and services are strengths based, and practitioners already have at hand the best way to approach concerns about social and emotional development. Clearly understanding and using the strengths of the family and the child is the best foundation for talking with parents about problems.
- 2. Remember that motivation can be a strength.
  - a. Understand that a child's difficult behavior as being motivated by wanting to communicate, connect and learn or to cope with his or her own difficult experience of the world because of sensory or other problems.
  - b. Understand that a parent's frustration and anger may come out of motivation of wanting their child to succeed, to be happy and capable, to learn the rules of social interaction and be respectful of others helps when confronting difficult relationships.
  - c. Understand that parents have been practicing ways of relating to their child that don't work for a long time and it will take time to learn different ways of relating that might be more effective with this particular child, just like you might have to find new ways of feeding a child with oral issues or adapting the environment in other ways for a child with special needs.
- 3. Remember that the tension and negativity that you may see in a parent-child relationship may be the result of social and emotional delays rather than the cause, and that parents want a way to improve these difficult interactions.
- 4. Help parents understand that their reactions are shared by other parents. Parents may tend to feel blame and guilty when any social and emotional problem is addressed, even more than when there is a physical problem.
- 5. Offer hope that things can be better and that identifying and talking about the problems is the first step towards improving things for the child and the family. Stay focused on the family's wishes for their child and help them see a path to move towards those ultimate goals.

One must be especially careful not to use blaming or judgmental language but rather describe the concerning behavior or lack of expected behavior. One must be sensitive to the families grieving process at not having the child they expected. Practitioners should be sensitive to the cultural explanations of developmental differences. Parents may need to hear information several times at varying levels of detail as they come to terms with their child's issues.

### What are appropriate types of supports and services that may be written into the IFSP for children with significant social-emotional delays?

In the spirit of the family-centered values, the IFSP written for a child experiencing significant delays/disabilities must first and foremost recognize the importance of the parent as the child's first teacher and partner in all interventions. Promoting healthy social and emotional development within the child's natural environment, utilizing the family's strengths and building the family's resources are all important aspects of the supports and services that need to be written into the IFSP.

It is also important to include the child's primary health care provider in planning and implementing services. As children develop medical homes the primary health care health provider plays an important role in coordinating services.

Social/Emotional Intervention is a service related to meeting outcomes related to social emotional concerns. The definition of this category follows:

#### Social/Emotional Intervention

- a) Assessment and intervention services that address the social and emotional development of an infant or toddler with a disability in the context of the family and parent-child interaction;
- b) Making home visits to evaluate an infant or toddler's living conditions and patterns of parent-child interaction;
- c) Preparing a social or emotional developmental assessment of an infant or toddler within the family context;
- d) Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
- e) When necessary, provide referral for community services, health or other professional services;
- f) Providing individual or family-group counseling to the family of an infant or toddler with a disability related to the infant's or toddler's disability and enhancing his or her development;
- g) Providing social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers;
- h) Addressing issues in the living or care-giving situation of an infant or toddler with a disability and the family or caregiver that may affect the infant's or toddlers Development;
- i) Identifying, mobilizing and coordinating community resources and services to enable an infant or toddler with a disability and the family to receive maximum benefit from other early intervention services; and
- j) Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to social and emotional development and to enhance his or her development.

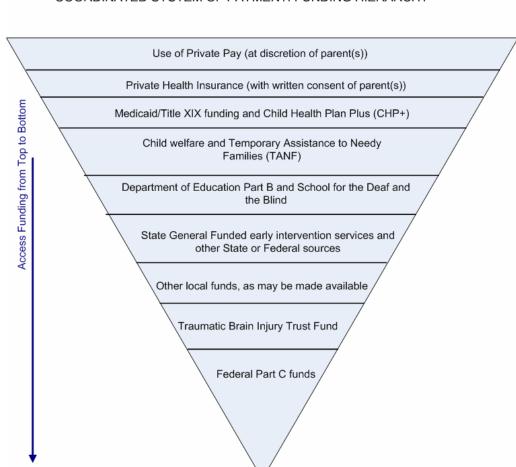
Other examples of activities that may fall within these descriptions include behavioral or mental health support to maintain a child in a childcare setting commonly described as mental health consultation or specialized mental health therapy for the family that would address interactions between the parent and child.

In addition to Social/Emotional Intervention, other allowable early intervention services that may be appropriate to address the identified outcomes in a child and family's IFSP are Psychological Services and Developmental Intervention. A complete list and description of allowable services can be downloaded at <a href="https://www.eicolorado.org">www.eicolorado.org</a>.

#### What type of funding is available to use for children with significant socialemotional delays?

When developing an IFSP, the family and service coordinator must consider the Funding Hierarchy to determine how the service will be covered. The Funding Hierarchy is used to determine a funding source for Early Intervention/Part C supports and services identified in a child's IFSP. Families may also choose to access a variety of other community supports and services that are not provided as allowable Early Intervention/Part C services. The service coordinator and other IFSP team members shall assist the family in identifying possible funding sources for those optional services and supports. For example, other community programs may provide additional supports and services beyond those provided by the early intervention system.

The Funding Hierarchy that is considered when determining the funding source for supports and services in a child and family's IFSP. The most current list for the hierarchy includes:



#### Private Insurance Plans

To obtain funding for both therapeutic and support services, the family's insurance should first be explored. Private insurance will have many different restrictions, but the service coordinator should ask whether the services identified on the IFSP could be paid for with insurance. It may be important to look at the insurance definitions of covered services to see any of the services on the IFSP, meet the definition of a covered service as described by the insurance company/. Family Voices of Colorado <a href="http://www.familyvoicesco.org/">http://www.familyvoicesco.org/</a> can serve as a resource to help identify similarities between insurance language and IFSP goals.

#### Public Insurance (Medicaid/Title XIX funding)

If the child has Medicaid, he or she is entitled to a comprehensive treatment package. If the child is not on Medicaid but the service coordinator believes they may be eligible, the family should be referred to the Department of Social Services in the county in which they live to apply for Medicaid.

Medicaid mental health services are initiated by a call to a Behavioral Health Organization <a href="https://www.cdhs.state.co.us/dmh/directories-bho.htm">www.cdhs.state.co.us/dmh/directories-bho.htm</a>. Some providers not working at the mental health center may be included in a network. It is important to ask about clinicians with an early childhood background.

#### Children's Basic Health Plan (CHP+)

www.cchp.org/chpweb/webpdfs/SEDlist.pdf

CHP+ also provides an outpatient and inpatient mental health treatment benefit. Many children who are eligible for this program have not applied. There are many outreach locations across the state where children can apply for CHP+.

#### Child Welfare and Temporary Assistance to Needy Families (TANF)

www.cdhs.state.co.us/servicebycounty.htm

If the family is involved with either child welfare or TANF (Temporary Assistance to Needy Families, a.k.a. Colorado Works), a call to the caseworker would be in order to see if funds might be available to help pay for treatment and supports. If the family is not involved with social services but is an adoptive family or at risk of social service involvement, the Promoting Safe and Stable Families Program might be an option. This would cover support services and possibly clinical services as well, if the family was eligible. Contact Jill Jordan <a href="mailto:jill.jordan2@state.co.us">jill.jordan2@state.co.us</a> for a list of contacts in the Promoting Safe and Stable Families Program (303) 866-3796.

#### Dept. of Education Part B and School for the Deaf and the Blind

www.csdb.org/chip/ch main.html

The Colorado Home Intervention Program (CHIP) serves infants and toddlers who are Deaf and Hard of Hearing in their own home. A CHIP facilitator works with the family, to design an individualized program that fits both the family's needs and the child's learning style. The facilitator helps family members develop techniques to encourage development of their child's speech, language, and listening skills. The program starts at the time of diagnosis. A referral can be accepted from an audiologist, a medical doctor, a local Part C team, and/or the family. Early intervention services continue until a smooth transition to preschool services is accomplished.

#### DDD Early Intervention Funding and other State and Federal Resources

Mental Health Centers

www.cdhs.state.co.us/dmh/directories cmhc.htm

Mental health centers have funding from the state (other than Medicaid) to serve children with mental health issues. Each mental health center now has an early childhood specialist to serve Non-Medicaid children. Some centers receive grant funds from other sources and may have additional programs available.

#### Community Centered Boards (CCBs)

#### www.eicolorado.org

Community Centered Boards (CCBs) are the community-based organizations that provide services to individuals with developmental disabilities. They receive both state appropriated dollars for early intervention services, as well as federal Part C dollars. CCBs assist eligible children and families to access identified IFSP services in their community. Some examples of services are social-emotional intervention, developmental intervention, and psychological services.

#### Other Local Funds, as may be made available

Some communities have local funding available to provide services, please check with providers in your community.

#### Traumatic Brain Injury Trust Fund

www.cdhs.state.co.us/tbi/childrensservices.htm

The Traumatic Brain Injury Trust fund is for children who have received an injury to the brain caused by external physical force trauma and does not include congenital causation, degenerative diseases, surgical interventions or anoxia. This fund provides a variety of services for a maximum of one year.

#### Federal Part C Funding

www.eicolorado.org

In addition to receiving state appropriated funds for early intervention services, Community Centered Boards (CCBs) also receive federal Part C dollars. Federal Part C dollars are used as the payer of last resort. Therefore, if no other resources are available to cover a service identified in a child and family's IFSP, federal Part C funds may be used.

#### Other Community Resources

#### Head Start

www.acf.hhs.gov/programs/hsb/hsweb/search.jsp

Another avenue to explore is an Early Head/Head start program, which generally provides comprehensive services including mental health. Ten percent of the slots in Head Start can be used for children above the poverty guidelines with a disability.

#### Family Resource Centers

www.familyresourcecenters.info/

Community Family Resource Centers may be especially helpful in providing community supports. They may also know professionals in the community who may work on a sliding scale or reduced rate. If there is not a family center in the community, churches or civic organizations may also be sources of help.

- ❖ Three statewide organizations that might offer or know of community resources including parent support groups are:
  - Mental Heath Association of Colorado (Offers pro-bono counseling in the metro area) (303) 377-3080
     www.mhacolorado.org
  - Federation of Families for Children's Mental Health (303) 572-0302
     http://www.ffcmh.org/

National Association of Mental Illness (NAMI)
 (303) 321-3104
 www.namicolorado.org

When a child is 2 ½, they may be eligible for preschool services from Part B of IDEA.

<u>Colorado Department of Education (CDE/Part B)</u> www.cde.state.co.us

Children who are 2 ½ years old may be eligible for services funded by Part B of IDEA and defined by an Individualized Education Plan (IEP) if they will turn three prior to the end of the first semester of the school year. These services might include supports related to social-emotional development. It is at the local school district's discretion as to whether the child should begin services under Part B prior to turning 3 years of age.

#### NOTES:

The Division for Developmental Disabilities (DDD) and Colorado Department of Education (CDE) are working to better clarify roles and responsibilities in regards to child find activities, particularly related to the responsibilities of local CCBs and school districts/BOCES. Additional clarification on these roles will be provided through joint communication from DDD and CDE regarding Senate Bill 07-255 that was signed by the Governor on May 31, 2007 amending C.R.S. 27-10.5-140 and 22-20-118.

A sample HIPAA/FERPA compliant consent form is available on www.eicolorado.org.