



# **King County**

**DEPARTMENT OF COMMUNITY AND HUMAN SERVICES  
DEVELOPMENTAL DISABILITIES DIVISION**

**KING COUNTY EARLY INTERVENTION SERVICE PLAN**  
For October 1, 2006 to September 30, 2009

Recommended for approval by the King County Interagency Coordinating Council on:  
November 1, 2006

Approved by the King County Board for Developmental Disabilities:  
December 6, 2006

## SECTION I. INTRODUCTION

### A. Purpose of the EI Plan

The King County Early Intervention Service Plan (the “EI Plan”) will guide King County funded services for children ages birth to three who have a developmental delay or disability, and their families. The EI Plan describes the current early intervention service system, identifies system issues, and establishes goals and strategies the County will take to address issues.

The EI Plan meets a State contract requirement; Washington State annually applies for and receives federal funding for early intervention services.<sup>1</sup> The funding is provided by the United States Department of Education under the Individuals with Disabilities Education Improvement Act of 2004 (“IDEA”), Part C – Infants and Toddlers with Disabilities<sup>2</sup> and related regulations.<sup>3</sup> The Washington State Department of Social and Health Services, Aging and Disability Services Administration, Infant Toddler Early Intervention Program (“ITEIP”) administers these federal funds.

ITEIP provides Part C funds under contracts with counties and other organizations throughout the State that are designated as local lead agencies for specific geographic areas. ITEIP requires each local lead agency to coordinate a local early intervention service system that meets the standards set forth in the State’s application for Part C funds. The contract also requires each local lead agency to implement, maintain, and monitor a three year local early intervention service plan.

### B. The Early Intervention Service Plan and the King County Plan for Developmental Disabilities Services

The EI Plan augments the King County Plan for Developmental Disabilities Services for July 1, 2005 through June 30, 2009, (the “Four Year Plan”) which was approved by the King County Board for Developmental Disabilities on June 15, 2005.<sup>4</sup> The Four Year Plan includes the mission, vision, and core values that guide all activities of the King County Developmental Disabilities Division (“KCDDD”) including early intervention services. Chapter 3 of the Four Year Plan includes a description of the early intervention system in King County, which is superseded by the information in this EI Plan. The Four Year Plan also establishes goals, objectives, and strategies, which are amended by the EI Plan.

### C. How the EI Plan was Developed

The EI Plan was developed by KCDDD staff and a Planning Subcommittee of the King County Interagency Coordinating Council (“CICC”) in July and August 2006. A draft EI Plan was made available for public comment on the KCDDD website between August 25, 2006 and September 13, 2006. Information regarding how to obtain the draft document and comments were posted on the website, mailed, and e-mailed to

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<sup>1</sup> Washington State’s Federally Approved Plan, Federal Fiscal Year 2006, available online at: <http://www1.dshs.wa.gov/iteip/FedAppPolicies.html>.

<sup>2</sup> PL 108-446, sections 631 through 644, 118 Stat. 2744, codified at 20 USC 1431 through 1444.

<sup>3</sup> 34 CFR 303.

<sup>4</sup> The Four Year Plan is available on line at <http://www.metrokc.gov/dchs/ddd/plans/dddplan.aspx>.

individuals and organizations on KCDDD’s mailing list. The public was invited to submit comments by completing an online comment form on the KCDDD website or mail their written comments to KCDDD. The King County Parent Coalition also coordinated a meeting for parents to provide public comment to KCDDD staff. Eleven written public comments and notes from the Parent Coalition meeting were received and reviewed by KCDDD staff and the Planning Subcommittee. The CICC reviewed the EI Plan and recommended approval to the King County Board for Developmental Disabilities (“the Board”) on November 1, 2006. The Board approved the EI Plan on \_\_\_\_\_, 2006.

**D. How the EI Plan is Organized**

Section II provides an overview of early intervention services in King County including information about the children and families served by King County’s early intervention system, King County’s local lead agency responsibilities, and early intervention service provider responsibilities.

Section III describes KCDDD’s coordination with other agencies serving children ages birth to three.

Section IV describes public awareness efforts.

Section V describes evaluation and assessment services.

Section VI describes Family Resources Coordination (“FRC”).

Section VII describes how services are provided in home and community settings.

Section VIII describes the KCDDD’s self-assessment process, identifies system issues, and establishes goals and strategies for addressing issues.

**SECTION II. OVERVIEW OF EARLY INTERVENTION SERVICES IN KING COUNTY**

**A. Families with Children Ages Birth to Three**

There are an estimated 67,168 children ages birth to three in King County (See Table 1.) It is not possible to determine with any accuracy the number of children ages birth to three in King County who have a developmental delay or disability. This is because there are no national, state, or county registries or reporting systems.

**Table 1: King County Births 2002 - 2004**

	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>Three-year total</b>
Total number of births (to residents of King County)	21,863	22,431	22,874	67,168

Source: Washington State Department of Health, Center for Health Statistics, Birth Data, Natality Table D7 Birth Weight in Grams by County of Residence available online at [http://www.doh.wa.gov/ehsphl/chs/chs-data/birth/bir\\_VD.htm](http://www.doh.wa.gov/ehsphl/chs/chs-data/birth/bir_VD.htm). As of September 2006, the most recent year for which birth data are available is 2004.

The King County Early Intervention System served 1,767 unduplicated children ages birth to three in 2005. This represents 2.6% of the County’s estimated birth to three population (See Table 2.)

**Table 2: Total Number of Children Served by the King County Early Intervention System Per Year**

	1/1/03 – 12/31/03	1/1/04 – 12/31/04	1/1/05 – 12/31/05	First Half 2006 1/1/06 – 6/30/06
Total number of children served (active IFSPs)	1,431	1,446	1,767	1,382
Percent of King County children ages 0-3	2.1%	2.2%	2.6%	2.1%

Source: ITEIP Data Management System; total number of King County children birth to three is 67,168 per Table 1.

The County's day in time count of children receiving early intervention services was 917 on December 1, 2005, and 910 on June 30, 2006. These counts represent 1.4% of the County's total birth to three population (See Table 3.)

**Table 3: Total Number of Children Served by the King County Early Intervention System by Day in Time**

	12/01/2003	12/01/2004	12/01/2005	First Half 2006 6/30/2006
Children ages 0-1	75	76	67	83
Children ages 1-2	256	263	299	270
Children ages 2-3	417	510	551	557
TOTAL	743	849	917	910
Percent of King County children ages 0-3	1.1%	1.3%	1.4%	1.4%

Source: ITEIP Data Management System; total number of King County children birth to three is 67,168 per Table 1.

Washington State's Part C State Performance Plan for 2005-2010 indicates that the State's Part C system served 3.1% of the State's total birth to three population in Federal Fiscal Year 2005.<sup>5</sup> The number of birth to three children served on December 1, 2004, was 1.68% of the State's total birth to three population.<sup>6</sup> The State Performance Plan establishes a target of serving 1.8% of children birth to three in Federal fiscal year 2006-07 and 1.9% in 2007-08 (based on December 1 day-in-time count.)<sup>7</sup>

The children and families receiving early intervention services reflect the diversity of the County's population. Comparison of the race and ethnicity data of King County early intervention participants in Table 4 with 2004 race and ethnicity data for the County population in Tables 5 and 6 indicates that there is a higher proportion of children who are Latino or multi-racial receiving early intervention services than there are in the County's overall population. Children who are White non-Hispanic appear to be underrepresented in the early intervention system.<sup>8</sup>

<sup>5</sup> Washington Part C State Performance Plan for 2005-2010, pp. 30-31, available on line at: <http://www1.dshs.wa.gov/word/adsa/iteip/SPP05-10.doc>.

<sup>6</sup> Washington Part C State Performance Plan for 2005-2010, pp. 30-31.

<sup>7</sup> Washington Part C State Performance Plan for 2005-2010, p. 30.

<sup>8</sup> Considering that birth rates may differ among ethnic and racial groups, the percent of the County's total birth to three population in a particular ethnic or racial group may not correspond to the percent of that group in the County's overall population.

**Table 4: Race and Ethnicity of Children Served by the King County Early Intervention System by Day in Time**

	12/01/2003	%	12/01/2004	%	12/01/2005	%	First Half 2006 6/30/2006	%
Native American	8	1.1%	6	.7%	7	.7%	12	1.3%
Asian/Pacific Islander	72	9.7%	81	9.5%	114	13.2%	109	12%
African American	47	6.3%	57	6.7%	61	6.5%	61	6.7%
Hispanic	82	11%	111	13.1%	106	12.5%	118	13%
White (non-Hispanic)	448	60%	502	59.1%	518	52.9%	494	54.3%
Other	72	9.7%	21	2.5%	10	.2%	0	0%
Multi-Racial	17	2.2%	63	7.4%	87	10%	82	9%
Does not wish to provide	0	0%	8	1%	22	4%	34	3.7%
<b>TOTAL</b>	<b>746</b>	<b>100%</b>	<b>849</b>	<b>100%</b>	<b>925</b>	<b>100%</b>	<b>910</b>	<b>100%</b>

Source: ITEIP Data Management System

**Table 5: King County Population by Race 2004**

	2004 King County Population	%
White	1,286,848	74%
Black or African-American	104,482	6%
American Indian and Alaska Native	12,896	.7%
Asian	222,891	12.8%
Native Hawaiian and other Pacific Islander	10,599	.6%
Other	39,884	2.3%
Multi-Racial	61,296	3.5%
<b>TOTAL</b>	<b>1,738,896</b>	<b>100%</b>

Source: Table B02001. Race - Universe: Total Population, 2004 American Community Survey, US Census Bureau.

**Table 6: King County Population by Hispanic or Latino Origin 2004**

	2004 King County Population	%
Hispanic or Latino	113,120	6.5%
Not Hispanic or Latino	1,625,776	93.5%
White (Not Hispanic or Latino)	1,229,757	75.6%

Source: Table B03002. Hispanic or Latino Origin by Race - Universe: Total Population, 2004 American Community Survey, US Census Bureau.

The geographic distribution of children served by King County's early intervention system in 2005 is shown in Map 1: Children Served by King County's Early Intervention System in 2005 by School District of Residence (reference available at <http://www.metrokc.gov/dchs/ddd/publications/default.aspx>.)

#### B. King County's Role as Local Lead Agency

King County is the local lead agency for Part C early intervention services in King County except for the northeast portion of the County where the Skykomish School District is located. Snohomish County is the local lead agency for early intervention services in the Skykomish School District. The rural communities in the Skykomish School District are connected by a road to Snohomish County. It is therefore more convenient for families in that area to access early intervention services in Snohomish County.

King County's local lead agency responsibilities are carried out by KCDDD, which is part of the County's Department of Community and Human Services. As the local lead agency, KCDDD is responsible to ITEIP for implementation of the ITEIP-KCDDD contract as well as other ongoing local lead agency responsibilities such as:

- Maintaining a countywide early intervention system that provides services in accordance with the State's Federally Approved Plan, and federal laws and regulations;
- Develop and monitor subcontracts with provider agencies to ensure appropriate early intervention services are provided to eligible children and families in accordance with the State's Federally Approved Plan, State RCWs and WACs and federal laws and regulations.
- Providing training for all FRCs;
- Ensuring public awareness/childfind activities are carried out and documenting the distribution of public awareness materials;
- Maintaining a CICC to advise and assist the county in managing the early intervention system, identifying sources of financial support, updating the EI Plan, and seeking information from families, providers and others about issues that affect service delivery and strategies for improvement; and
- Reporting on performance compared to targets established in Washington's Part C State Performance Plan for 2005-2010.

#### C. Early Intervention Providers

KCDDD subcontracts with the following public and nonprofit agencies to provide early intervention services:

Birth to Three Developmental Center, Federal Way  
Boyer Children's Clinic, Seattle  
Childhaven, Seattle  
Children's Hospital & Regional Medical Center, Seattle

Children's Therapy Center (as of September 2006, South King Intervention Program), Kent  
Encompass, North Bend  
The Hearing, Speech and Deafness Center, Seattle  
The Kindering Center, Bellevue  
Listen and Talk: Education for Children with Hearing Loss, Bothell  
Northwest Center, Seattle  
University of Washington – Experimental Education Unit, Seattle  
Vashon Island School District, Vashon Island  
Wonderland Developmental Center, Shoreline

Provider responsibilities are defined in an annual King County subcontract and include screening, evaluation to determine eligibility, working with each family to develop an Individual Family Service Plan (“IFSP”), ongoing assessment and provision of services needed to meet the outcomes identified in each child’s IFSP.<sup>9</sup> Part C services include:

- Assistive technology devices and assistive technology services
- Audiology (hearing)
- Early identification, screening, and assessments services
- Family Resources Coordination
- Family training, counseling, and home visits
- Health services
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Social work services
- Special instruction
- Speech-language pathology
- Transportation and related costs necessary to enable a child and family to receive early intervention services
- Vision services

In addition, KCDDD subcontracts with the Washington Health Foundation – Community Health Access Program (“CHAP”) in Seattle to serve as the central point of contact, the Lead FRC and independent FRC.

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<sup>9</sup> For a description of the IFSP see the Four Year Plan, pp. 16-17.

KCDDD also contracts with the following agencies that are not early intervention providers for services that support the early intervention system:

- The Arc of King County provides community outreach to families in several ethnic communities and coordinates the King County Parent Coalition, the Parent to Parent Program, and a parent training program. One of the Parent Coalition coordinators works specifically with parents of younger children with developmental delays and disabilities;
- Child Care Resources provides training for child care providers; and
- O'Neill and Associates provides administrative support and assistance in obtaining training and technical assistance for early intervention providers, families and others related to the provision of early intervention services

The King County early intervention system has responded to the growth in the number of children receiving early intervention services without substantial increases in IDEA Part C funding or State Division of Developmental Disabilities (DDD) funding. In 2006, KCDDD reimbursed early intervention subcontracted agencies, for each child served, \$110 per month in Part C funds and \$192 per month in State DDD Child Development Service funds.

Early intervention providers can receive funding for eligible children from partner school districts via direct contracts with the school district or through a contract with the Lead Agency, or both. The amount available to participating school districts from the Office of the Superintendent of Public Instruction ("OSPI") is approximately \$400 per child per school year month. Of this amount, school districts typically pass on to the early intervention system approximately \$350 to \$400 per child per month. In accordance with State legislation passed in March 2006, all school districts will be required as of September 1, 2009, to provide or contract for early intervention services in partnership with local lead agencies and early intervention providers.<sup>10</sup>

In addition to these public funds, early intervention providers routinely use private insurance and Medicaid for early intervention services. Children's Therapy Center, Boyer Children's Clinic and Kinderling Center are also "Neurodevelopmental Centers" which receive State Department of Health funds to support agency infrastructure. Many of our providers receive United Way funding which they utilize to support the provision of services, and most provider agencies engage in fund raising activities such as auctions, dinners and golf tournaments in order to provide additional funding for the provision of early intervention services.

There is a requirement that states must incorporate into their Annual Performance Report data on child and family outcomes.<sup>11</sup> KCDDD will work with ITEIP and providers on developing Washington State's implementation plan. In addition, IDEA requires States to have policies to ensure that early intervention services are based on scientific research to the extent practical.<sup>12</sup> KCDDD will work with ITEIP and providers as this requirement is implemented in Washington State.

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<sup>10</sup> Washington State Laws of 2006, Ch. 269 codified at RCW 28A.155.070 and RCW 28A.155.

<sup>11</sup> 20 U.S.C. 1416 (b) (2) (C) (ii) and 20 U.S.C. 1442

<sup>12</sup> PL 108-446, section 101, 118 Stat. 2747, codified at 20 USC 1435(a)(2).



### **SECTION III. COORDINATION WITH OTHER AGENCIES SERVING CHILDREN AGES BIRTH TO THREE**

There are hundreds of agencies serving families with young children in King County. KCDDD continually assesses opportunities for coordination with these agencies, especially those with whom we share clients. Coordination activities include:

- An ongoing partnership as the third party administrator with Seattle Public Schools. Typically 10-12 providers at a given time receive funding from Seattle Public Schools for 280 to 300 children per month during the school year. This contract has resulted in increased opportunities to collaborate on shared priorities such as Child Find and the transition to school process.
- Contracting with the Kent School District to ensure the provision of funding for children receiving services from early intervention providers not contracting directly with the Kent District. This contract has resulted in opportunities to discuss Child Find in South King County and transition.
- Collaborating with Project SOAR on implementing the Early Childhood and School Readiness Action Agenda (the “Action Agenda.”) SOAR is a joint project between the City of Seattle, the King County Children and Family Commission and United Way of King County. Project SOAR’s work is carried out by several action teams each of which is focused on a Project SOAR Action Agenda goal. The Project SOAR Prevention/Early Intervention Action Team, which is also a subcommittee of the CICC, is leading efforts on the following Action Agenda goal:
  - Prevent problems for children’s development. Intervene early if problems arise. Children and families most in need of services to help their development get high quality, affordable and culturally competent services early.
  - The Action Team’s efforts focus on building public-private partnerships in support of early intervention public awareness, early identification of children with delays, increasing the capacity of child care providers to serve children with disabilities, and universal developmental screening.
- Maintaining a working relationship with DSHS Children’s Administration for referral and tracking of children birth to three involved in a substantiated case of child abuse or neglect and in the foster care system. The KCDDD, DSHS, and CHAP staff meets regularly to refine the referral process and track disposition.
- Participating in the Head Start Disability Advisory Committee, the King County Committee to End Homelessness and the Washington Health Foundation’s Community Health Access Program Advisory Committee.

- Collaborating with Child Care Resources, Public Health Seattle & King County, Northshore School District, and Family and Child Early Support (FACES) North on developing resource packets for child care providers.<sup>13</sup>
- Collaborating with local lead agencies in Pierce, Snohomish, and Yakima Counties to provide training for early intervention providers on implementation of natural environments and evidence-based practices.

#### **SECTION IV. PUBLIC AWARENESS AND CHILD FIND**

The KCDDD's public awareness and Child Find activities include wide distribution of ITEIP public awareness materials,<sup>14</sup> numerous presentations to community organizations, childcare providers, the medical community, libraries, and conferences and participation in local Child Find screening events. These efforts augment ITEIP's statewide public awareness efforts.<sup>15</sup>

CHAP is responsible for public awareness in King County. During the six months between October 2005 and March 2006 CHAP distributed:

- 1,000 "Please Ask, Babies Can't Wait" brochures, 750 in English and 350 in Spanish;
- 710 Parent's Rights Brochures, 600 in English and 110 in Spanish;
- 455 "A Families Guide to Early Intervention," 300 in English and 155 in Spanish; and
- 1,100 Birth to Six Growth Charts, 750 in English, and 350 in Spanish

The County's early intervention providers accept referrals and conduct screening at no cost to families. A wide variety of screening tools are used including, but not limited to, those available on the ITEIP website.<sup>16</sup> In addition, screening is performed by primary referral sources such as health care providers and childcare providers. If the screening results indicate more in-depth evaluations are appropriate, these primary referral sources are required to refer to early intervention within two days.

In response to a recommendation from the SOAR/CICC Action Team, KCDDD contracted with a marketing firm in 2006 to develop local public awareness materials targeted to parents who speak English, Vietnamese, Spanish, and Somali. The project includes research about each audience and testing messages and designs with parent focus groups. The materials that will be developed include: interior bus advertisements, brochures, and exhibit displays.

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<sup>13</sup> The FACES group in each of four King County subregions is a consortium of early childhood educators, providers, agencies, funders, school staff and advocates who meet monthly to coordinate efforts to support children, families and early childhood education and school readiness programs.

<sup>14</sup> "Please Ask, Babies Can't Wait" brochures, "Parent Rights" brochure, "A Family's Guide to Early Intervention Services", "Birth to Six Growth and Development Charts" are available on line at <http://www1.dshs.wa.gov/iteip/Publications.html>.

<sup>15</sup> Described in Washington Part C State Performance Plan for 2005-2010, pages 23 and 28.

<sup>16</sup> ITEIP screening tools are available on line at: <http://www1.dshs.wa.gov/iteip/Publications.html>.

## **SECTION V. EVALUATION AND ASSESSMENT**

Between March 2005 and March 2006 CHAP, as the central point of entry, referred 434 families to early intervention system provider agencies. During that same period, according to the ITEIP Data Management System, an additional 528 referrals were made directly to early intervention provider agencies, to total 1,012 referrals reported in King County. Families interested in early intervention can contact CHAP, or any of the early intervention providers, to arrange for an intake and evaluation to determine eligibility. Early intervention providers accept referrals and conduct evaluations to determine whether a child has a developmental delay.<sup>17</sup> These evaluations are available at no cost to the family. However, if the family has insurance to cover the cost of the service, it is expected that they will allow the provider to bill their insurance carrier, which may result in the family being responsible for a co-pay, co-insurance or deductible.

Evaluations cover five developmental areas:

- Cognitive - ability to learn and how a child learns
- Physical - ability to move, see, and hear
- Communication - ability to understand language and express needs
- Social or emotional - ability to relate with others
- Adaptive skills - ability to dress, eat, and take care of themselves

A wide variety of evaluation tools are used including, but not limited to, those identified on the ITEIP website.<sup>18</sup> In accordance with ITEIP requirements, an evaluation requires two professional disciplines and two evaluation tools. Assessments are typically provided as an on-going element of service provision and discussed with families frequently, but at least at the six-month and annual IFSP reviews.

## **SECTION VI. FAMILY RESOURCES COORDINATION**

As of August 25, 2006, there were 83 FRCs registered in King County. These individuals together represent 30 full time equivalents (“FTE”), with an average caseload of 32 families. ITEIP’s recommended ratio is 1 FTE staff to 45 families with active IFSPs. This includes comprehensive service coordination as well as data management. The FRC count includes 1.5 FTE independent FRCs available through CHAP. The remaining FRCs are employed by provider agencies and a family typically works with an FRC housed with the provider.

In order to be a registered FRC, an individual must attend State sponsored FRC training and must be employed by one of the early intervention system provider agencies. Additional on-going training is provided by King County through CHAP and FRC input is solicited to determine training topics. These topics tend to be focused on local resources, but may also examine statewide topics. Attendance at three of the four

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<sup>17</sup> Developmental delay is defined in the State’s Federally Approved Plan, Section IV.A, State Definition of Developmental Delay.

<sup>18</sup> ITEIP screening tools are available on line at: <http://www1.dshs.wa.gov/iteip/Publications.html>

annual local trainings is mandatory. Local FRC training brings together representatives from other service systems to enhance local coordination. In addition, the County's Mental Health, Chemical Abuse and Dependency Services Division offers cross-systems training for professionals who work with children.

FRCs work with other agencies' case managers to coordinate services, define roles and responsibilities, eliminate duplication of services and reduce multiple family plans. Through interviews during the IFSP process and ongoing conversations with the family, the FRC learns about where coordination with other agencies might benefit the family. Examples include insurance company case managers, Public Health Seattle & King County – Children with Special Health Care Needs and Child Care Health case managers, and State DDD case managers.

Families are informed of FRC services, which include at least two FRC options, one of which is having an FRC who is not employed by the agency where the child receives direct services. KCDDD subcontracted early intervention providers inform families that they have a right to a second FRC option. KCDDD has been conducting quarterly new parent orientations where families are informed that they have a choice of FRC. KCDDD's website also includes information about the choice of FRC.

## **SECTION VII. EARLY INTERVENTION SERVICES IN HOME AND COMMUNITY SETTINGS**

As of June 30, 2006, King County early intervention programs served 56.6% of all children in their home or in programs designed for typically developing children (See Table 9.) This reflects substantial progress since 2005 when 35% of all children received services primarily in their home or in programs designed for typically developing children. King County has also been involved in the following activities intended to provide leadership in the provision of providing services in natural environments:

Collaborating with Local Lead Agencies in Pierce, Snohomish, and Yakima Counties on:

- Developing a shared vision;
  - Coordinating training and technical assistance opportunities; and
  - Establishing Natural Environments Leadership Teams (NELT) in each county. King County's NELT, consisting of members from the CICC, providers, a parent, and KCDDD staff, advises KCDDD in the development of guidelines and procedures specific to the implementation of services in natural environments, and training and technical assistance needs
- King County allocated almost \$60,000 in King County DD millage funds in 2006 in order to provide up to \$10,000 per provider for technical assistance, training, or administrative supports needed to assist agencies with the transition from center-based service to services in natural environments. As a result of that, six providers are currently participating in technical assistance offered by the County to implement natural environments.

- King County has provided a natural environments bonus for several years, which is intended to provide a small incentive or additional funding to help in paying additional costs associated with traveling into the community to provide services. In 2005 the KCDDD sponsored a training with Dr. Robin McWilliam who discussed the primary service provider model and routines-based interviewing. Some of the provider agencies have implemented portions of this training into their model of services.

**Table 9: Percent of Children Served in King County Early Intervention Programs by Type of Setting**

Primary Service Settings	12/01/2003	%	12/01/2004	%	12/01/2005	%	First Half 2006 6/30/2006	%
Program designed for children with developmental delays or disabilities	131	17.6%	224	26.7%	248	27.3%	121	13.3%
Program designed for typically developing children	58	7.7%	75	8.9%	128	14.1%	319	35.2%
Home	314	42.1%	179	21.4%	189	20.8%	194	21.4%
Hospital (inpatient)	0	0%	0	0%	0	0%	0	0%
Residential Facility	1	.1%	0	0%	3	0.3%	8	0.9%
Service Provider Location	225	30.2%	359	42.9%	319	35.2%	238	26.2%
Other	17	2.3%	1	.1%	20	2.3%	27	3.0%
<b>TOTAL</b>	<b>746</b>	<b>100%</b>	<b>838</b>	<b>100%</b>	<b>907</b>	<b>100%</b>	<b>907</b>	<b>100%</b>
<b><i>TOTAL in Home or Programs designed for typically developing children</i></b>	<b>372</b>	<b>50%</b>	<b>254</b>	<b>30.3%</b>	<b>317</b>	<b>35%</b>	<b>513</b>	<b>56.6%</b>

Source: ITEIP Data Management System

## **SECTION VIII. SELF-ASSESSMENT, ISSUES, GOALS, AND STRATEGIES**

### A. Self-Assessment

ITEIP's contract with local lead agencies requires the county and the CICC to conduct a self-assessment prior to developing a new local early intervention service plan. The

State self-assessment tool is supplemented by information gathered from the following activities:

- Conducting a survey of local early intervention providers (See Appendix A for results of King County's June 2006 Provider Survey);
- Reviewing results of a 2006 survey of families transitioning out of services (See Appendix B for results of King County's 2006 Family Survey);
- Reviewing results of ITEIP 2005 King County Family Survey (See Appendix C for results of King County portion of the State Family Survey);
- Conducting focus groups between July 2005 and January 2006 (See report on the Early Intervention Services Focus Groups at <http://www.metrokc.gov/dchs/ddd/publications/default.aspx>);
- Reviewing of reports from the ITEIP data management system;
- Monitoring of subcontractor contract compliance;
- Obtaining feedback from ITEIP on King County's performance on State Performance Plan goals; and
- Obtaining feedback from providers, community-based agencies, and other stakeholders

## B. Issues, Goals, and Strategies

Through the self-assessment activities described above, KCDDD has identified several issues to focus on during this EI Plan period as well as goals and strategies to address issues. The issues are summarized below, grouped by topic area and numbered for reference only. The order in which issues appear does not reflect their relative importance. Goals and strategies follow one or more issues. The order in which goals and strategies appear does not reflect their relative importance. There are eight goals identified in this plan.

### *Topic Area: Public Awareness Issues*

Issue 1: The KCDDD conducted a series of focus groups in late 2005 to obtain input from parents on early intervention services including public awareness activities. The focus groups identified a **concern regarding timeliness of referrals, particularly for children without a medical diagnosis.**<sup>19</sup> The focus groups reported that Primary referral sources are not always making referrals to the early intervention program within two working days after a child has been identified as having a delay. Federal regulations for IDEA Part C identify primary referral sources as:

- Hospitals, including prenatal and postnatal care facilities
- Physicians

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<sup>19</sup> King County Developmental Disabilities Division, Report on the Early Intervention Services Focus Groups, February 2006, pp. 5-6, available on line at <http://www.metrokc.gov/dchs/ddd/publications/EIfocusgroupreport.pdf>.

- Parents
- Day care programs
- Local educational agencies
- Public health facilities
- Other social service agencies
- Other health care providers<sup>20</sup>

The early intervention parent focus groups indicated a concern that physicians create barriers to accessing early intervention.<sup>21 22</sup> The physician focus groups indicated that physicians want more information on how to converse with families about delays and wanting feedback from early intervention providers after they make a referral.<sup>23</sup> Early intervention provider focus groups indicated that physicians that have a relationship with early intervention programs are likely to refer families and the majority of referrals come from the medical community. They also indicated the “wait and see” attitude of physician’s delays referrals.<sup>24</sup>

Local data on physician referral practices are not available. National data, however, indicate problems with physician referrals nationwide. A national survey of pediatricians conducted in 2002 indicated that over 70% use clinical assessment or other nonstandard methods to screen for developmental delays although clinical assessment alone detects fewer than 30% of children with developmental disabilities. Identification of developmental delay is improved when standardized tools are used rather than informal clinical assessment.<sup>25</sup> The 2002 survey also indicated that 64% practicing general pediatrics believe that an established medical diagnosis is important in deciding whether to refer a child to early intervention.<sup>26</sup> Referral to and eligibility for early intervention does not require a medical diagnosis.

Goal for Issue 1: Improve the timeliness of referrals

Strategies: See combined strategies for Issue 1 and 2 under Goal 2.

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<sup>20</sup> 34 CFR 303.321(d).

<sup>21</sup> “While most parents relied on advice from their physicians, other health care professionals, family and friends, they were told to ‘wait and see’, ‘give it some time’, or ‘deal with medical issues first’ which often resulted in delays in getting the child assessed (sic) and into services”, King County Developmental Disabilities Division, Report on the Early Intervention Services Focus Groups, February 2006, p.9.

<sup>22</sup> “Many parents said that physicians presented a significant barrier. They gave examples such as: Taking a “wait and see” attitude; Physicians not knowing about disabilities issues and the difficulty of diagnosing some disabilities; Physicians not knowing about available resources; Prioritizing medical issues over developmental issues; Not communicating (e.g., not listening to parents’ concerns or not being “comfortable” discussing developmental issues with parents. King County Developmental Disabilities Division, Report on the Early Intervention Services Focus Groups, February 2006, p.11.

<sup>23</sup> King County Developmental Disabilities Division, Report on the Early Intervention Services Focus Groups, February 2006, p.5.

<sup>24</sup> King County Developmental Disabilities Division, Report on the Early Intervention Services Focus Groups, February 2006, p.5.

<sup>25</sup> Sand, Nina, et al, *Pediatricians’ Reported Practices Regarding Developmental Screening; Do Guidelines Work? Do they help?*, Pediatrics, July 2005, 116, 1, 174-179.

<sup>26</sup> Silverstein, M, et al, *Pediatrician Practices Regarding Referral to Early Intervention Services: Is an established diagnosis important?* Ambulatory Pediatrics, March-April 2006, 6, 2, 105-109.

Issue 2. **King County is not meeting State Performance Plan targets for the percentage of children under age one enrolled in early intervention.** Over each of the last three years based on a day in time data, King County has served between .29% and .4% of all children under age one who were born in the County (See Table 7.) The State Performance Plan establishes a statewide target of serving .7% of all children under age one in 2007, .8% in 2008, and .97% in 2009.<sup>27</sup>

**Table 7: Number and Percent of King County Children Under Age One in Early Intervention**

	12/01/2003	12/01/2004	12/01/2005	First Half 2006 6/30/2006
Children ages 0-1 in King County Early Intervention	75	76	67	83
Total Number of Children in King County Early Intervention	746	838	917	910
Percent of Children in King County Early Intervention who are < age 1	10.1%	9.1%	7.3%	9.1%
Percent of all King County Children < age 1	0.34%	0.33%	0.29%	0.4%

Source: ITEIP Data Management System; The total number of King County Children under age one is 22, 874 per Table 1.

Goal for Issue 2: Meet State Performance Plan Targets for the percentage of children under age one enrolled in early intervention in King County.

Strategy: This strategy combines Goals for Issues 1 and 2.

- a. Expand outreach to primary referral sources including the medical community, childcare providers and school districts.
- b. Expand a community education campaign and networking with community-based organizations and other social service providers who serve families and children, particularly those that provide:
  - i. Emergency shelter, transitional housing, and support services for homeless families;
  - ii. Services for children born affected by substance abuse or prenatal drug exposure;
  - iii. Services for children born prematurely; and
  - iv. Services for children involved in a substantiated case of abuse or neglect who remain in the family home.

Issue 3: The Early Intervention Focus Group Report indicated that **many parents find it difficult to obtain information about early intervention when they need it.** Issues identified by the focus groups include:

<sup>27</sup> Washington Part C State Performance Plan for 2005-2010, p. 27.



- The term “early intervention” was not familiar terminology that families associated with the help they were seeking,<sup>28</sup> and
- Difficulty obtaining information in a timely manner.<sup>29</sup>

The results of a 2005 family survey, conducted by ITEIP for King County, indicated that 21% of 240 family survey respondents found it difficult to find out about early intervention services. That same survey showed results that families were unaware that they could be evaluated at no cost to the family and that results of the evaluations would be used to make a plan specific to the child and family (60% of the survey respondents indicated this was a problem.)

Public awareness needs to be culturally competent. The 2005 family survey indicated a need for public awareness information and outreach to be more effective in its outreach to King County’s diverse communities.<sup>30</sup> According to the results, Asian/Pacific Islander, African/American, and Multiracial ethnic groups identified a higher level of difficulty in accessing information about public awareness than other groups. More comprehensive and culturally competent outreach needs to occur for our diverse communities.

Goal for Issue 3: All parents can easily find out about early intervention and access screening and evaluation services.

Strategies:

- a. Distribute newly developed local public awareness materials and explore additional channels for messaging such as public service announcements.
- b. Develop local public awareness materials targeted to additional immigrant and refugee populations whose primary language is not English.
- c. Increase community awareness of CHAP as a central point of entry for early intervention services.
- d. Collaborate with Project SOAR in their efforts to implement universal screening.

*Topic Area: Coordination Issues*

Issue 4: State law requires school districts to provide or contract for early intervention services in partnership with local lead agencies and birth to three providers by September 1, 2009.<sup>31</sup> The May 16, 2006, ITEIP Clarification memo entitled, “Roles and Partnerships with the Washington State Infant Toddler Early Intervention Program and

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<sup>28</sup> King County Developmental Disabilities Division; Report on the Early Intervention Services Focus Groups, February 2006, p.7.

<sup>29</sup> King County Developmental Disabilities Division, Report on the Early Intervention Services Focus Groups, February 2006, p.9.

<sup>30</sup> 2005 ITEIP Parent-Family Survey Results

<sup>31</sup> Laws of 2006, Chapter 269, section 2, codified at RCW 28A.155.

School Districts” stated that “Local Lead Agencies should work with schools to request they access special education funding and negotiate with school districts and boards as to how this might look for the community. It is also important for Local Lead Agencies to continue to work with each local school district to develop a strong system with clear roles and responsibilities. **State law (RCW Chapter 70.195 through 70.195.030), ITEIP policies and procedures, and DSHS ITEIP contracts require that these roles and responsibilities be clearly defined in local interagency agreements and county plans.** New agreements, local contracts, and county plans are a component of each Local Lead Agency’s three year contract with ITEIP.”<sup>32</sup> Because children receive services from any of the contracted early intervention providers based on unique child and/or family needs, children receiving services from a provider agency that does not have a contract with a school district may not have access to their district’s Part C revenues. This creates an inequitable access to funding in the King County early intervention system, especially with regard to the payer of last resort requirements.

Goal for Issue 4: Define roles and responsibilities in agreements with school districts to ensure a comprehensive system and equal access to school district funding for early intervention services.

Strategy: Build relationships with school districts and Puget Sound Educational Service District (ESD).

Issue 5: The IDEA Infant Toddler Coordinators Association (ITCA) recommends making available mental health consultation to early intervention teams in order to support their intervention with specific children and families, as well as to promote the capacity of providers to use appropriate approaches.<sup>33</sup> **King County’s early intervention system does not have working agreements or consultative arrangements to ensure early intervention providers have access to specialists with expertise in both mental health and early childhood development.**

Goal for Issue 5: Ensure that King County’s early intervention system uses best practices in addressing infant and toddler mental health issues.

Strategy:

- a.) Evaluate the capacity of King County’s early intervention system to address mental health issues in infants and toddlers to determine what steps are needed to implement the ITCA and other publications and evidence based best practice recommendations.

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<sup>32</sup> DSHS/ ITEIP Clarification Memo, #06-003 May 16, 2006, <http://www1.dshs.wa.gov/iteip/Publications.html>.

<sup>33</sup> IDEA Infant Toddler Coordinators Association position paper “Infant Mental Health Approaches and IDEA Part C”, p.7, available on line at [http://www.ideainfanttoddler.org/ITCA\\_infant\\_Mental\\_Health\\_7\\_05.pdf](http://www.ideainfanttoddler.org/ITCA_infant_Mental_Health_7_05.pdf).

- b.) Collaborate with the Mental Health system and other mental health stakeholders to develop appropriate protocol to ensure cross system expertise.

Issue 6. The early intervention focus groups indicated that **immigrants and refugees who do not speak English face barriers to accessing early intervention services** including: families are unaware of services, services are often provided in unfamiliar locations and there are language as well as transportation barriers. Resources such as family support groups and printed information are predominantly available in English or, if translated, use unfamiliar terms. Families rely on other family members, friends and neighbors to connect them with local programs.<sup>34</sup>

*Goal for Issue 6:* Families who do not speak English will have increased access to early intervention services and supports.

Strategy:

- a.) Expand and enhance relationships with community-based organizations that serve immigrant and refugee families who do not speak English.
- b.) Continue to identify strategies to provide informational materials in languages other than English.
- c.) Survey users and investigate current status of interpreter availability. Provide recommendations to alleviate shortages and lack of access in some languages.

Issue 7. The 2005 family survey indicated that **few families received information or invitations to participate in meetings, trainings, and/or support groups** (Table 8.)

**Table 8: Percent of 2005 Family Survey Respondents who reported that they were given information and invited to participate in meetings, trainings, and/or support groups**

% of 245 survey respondents who reported that they were given information and invited to participate in...	Type of activity
19%	Community workshops/trainings
3.9%	CICC meetings and activities
19.5%	Dads' support groups
16.6%	Parent to Parent
7.2%	Parent Coalitions
15.9%	Parent Trainings
10.7%	Specific Disability Information
2.0%	Washington PAVE
1.3%	Ethnic Outreach Coordinator
2.7%	Other

Source: 2005 ITEIP Parent/Family Survey Results for King County

<sup>34</sup> King County Developmental Disabilities Division, Report on the Early Intervention Services Focus Groups, February 2006, p.4.

Goal for Issue 7: Ensure that all families receive timely and accurate information about opportunities for training, support and participation in system-level decision-making.

Strategy:

- a. Provide multiple ways for families to receive information about workshops, trainings and support activities that enhance their ability to meet their family's unique needs.
- b. Provide multiple ways for families to provide input and/or participate in agency, local and state level early intervention system development. Ensure multiple avenues for providing parents and other stakeholders with information regarding KCDDD committees and advisory groups.
- c. Supplement or expand survey in order to determine participation in support opportunities not included on current survey list.

*Topic Area: Home and Community Settings Issues*

Issue 8. **King County needs to meet State Performance Plan targets for services provided at home or in community settings designed for typically developing children.** The State Performance Plan establishes a statewide target of 65% in Federal Fiscal Year 2006-07, increasing to 70% in 2007-08 and 80% in 2008-09.<sup>35</sup> KCDDD's efforts to increase the delivery of early intervention in natural environments will continue until we reach the targets identified in the State Performance Plan.

Goal for Issue 8: Increase service delivery in home and community settings.

Strategy:

- a. Collaborate with ITEIP, other Local Lead Agencies, local stakeholders, and families to further clarify federal and state requirements to meet targets identified in the State Performance Plan.
- b. Support providers in their implementation of strategies to meet federal requirements to provide early intervention services primarily in home and community settings.
- c. Review and award funds for October, 2006 proposals for natural environments technical assistance. Four providers are awaiting word on the award of those funds.

Issue 9: The King County NELT has identified a **concern that parents not lose opportunities to connect with other parents as services shift increasingly from centers to home and community settings.**

Goal for Issue 9: Ensure there are opportunities for family members to meet other family members and access support.

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<sup>35</sup> Washington Part C State Performance Plan for 2005-2010, p.9.

Strategies:

- a. Collaborate with families and providers in the identification of multiple opportunities to meet other parents and obtaining the support they need. Ensure these opportunities are inclusive of various cultural groups.
- b. Support providers in implementation of strategies and activities that provide families with multiple opportunities for meeting other families and obtaining needed family support.

Issue 10: The King County NELT has identified a concern that **some providers and parents believe that increasing service delivery in home and community based settings will adversely affect children and families.**

Goal for Issue 10: Provide opportunities to share evidence based practice materials with parents and other stakeholders and establish broad representation of stakeholders in advisory groups.

Strategies:

- a. Ensure parent representation and opportunities for parent input on advisory groups.
- b. Provide ongoing information, training, and technical assistance to stakeholders.
- c. Establish easy to access web links to evidence based practice.

*Topic Area: Provider and System Evaluation*

Issue 11: The Lead Agency (KCDDD) has a responsibility to ensure the local system meets State Performance Plan (SPP) targets. Beyond SPP targets, KCDDD currently monitors and evaluates providers on compliance with contract requirements. **KCDDD does not presently monitor qualitative components to the contract including IFSP content and the use of evidence based practices in service delivery.**

Goal for Issue 11: **Ensure high quality, evidence based services are available for each child and family receiving services in our community.**

Strategies:

- a. Collaborate with ITEIP, providers and families to develop and implement the State's plan for measuring child and family outcomes.
- b. Collaborate with providers and parents to develop a qualitative review protocol which will help inform the County and providers about areas of needed qualitative improvements in order to ensure the provision of appropriate technical assistance and training.

- c. Report to the KCICC for their advice and guidance on the work of the ITEIP Statewide Outcomes implementation, the County SPP target performance and other data.
- d. Annual review of the Self-Assessment Tool, including parent survey information.

## APPENDIX A

### LOCAL EARLY INTERVENTION PROGRAM REVIEW SURVEY

**Number of Respondents: 5 (36%)**

QUESTIONS	YES	NO	DON'T KNOW	COMMENT
1. Local policies have been developed, with family participation that meet needs of children with delays and disabilities and their families and they are easy to understand.	3	0	2	_____
2. Agencies in our community work together to improve services for children with delays and disabilities, birth to three and their families.	5	0	0	_____
3. People in local communities are informed about funding sources for Part C and funding information is easily accessible to families.	1	2	2	See attached
4. People in local communities know who Family Resources Coordinators are.	1	2	2	See attached
5. Families know how to get screening for their children when needed.	3	2	0	See attached
6. People in local communities know or are aware of planning efforts to improve services to families.	2	1	2	_____
7. Families are informed of their rights, allowed to select services they think are right for their child, and receive copies of reports about their child.	5	0	0	_____
8. Problems are resolved quickly when necessary.	4	0	1	_____
9. Providers in local community are aware of ethnic and cultural representation and hire and keep qualified and well trained staff to provide services to children with delays and disabilities and their families.	4	0	1	_____
10. In our community, people know that a child can be evaluated by qualified people at no cost to the family, and the results of the evaluations will be used to make a plan specific to the child and family.	1	3	1	See attached
11. In our community, people know that an Individualized Family Service Plan (IFSP) is developed after a child is determined eligible for services and that IFSP includes families' wishes, priorities, and child's needs.	1	3	1	See attached
12. In our community early intervention services are provided in natural environments.	2	2	1	See attached

## ADDITIONAL QUESTIONS / RESPONSES

### 1. Do the answers you expressed here represent experiences of other service providers that you know of?

Yes.

I do think this is an accurate awareness of all the intervention programs in King County. The agencies in King County work well together and share information about programs.

The questions were very difficult. I believe that other providers may have other experiences. The population that we serve is totally unaware of early intervention until they get into services with Childhaven or have a caseworker with DSHS who is aware.

No

Yes, I believe so.

### 2. What do you like most about your Early Intervention Program?

Our Early Intervention Program has active family involvement. We provide resources to families. Services are provided by well trained staff who communicate well with other providers.

Flexibility on how families' needs are met.

The network of providers is dedicated to serving families and children in the best possible way.

It is comprehensive and offers appropriate intensity and duration.

There is a centralized agency in the County to answer questions and to provide resources for support.

Trainings are offered such as Robin McWilliams to enrich programs.

New partnership with school districts have increased communication and assisted with transitions.

The opportunity to help parents grow into good advocates for their families and children.

Encompass runs a very family centered program. We provide great wrap-around services for all our families. We offer all services in home, and work very closely with each family to address all concerns and priorities. We contract with Bi-lingual



Speech Therapist who provides speech therapy for Spanish speaking families and interprets or co-treats for all other disciplines involved with these families.

### **3. What would you change about your local Early Intervention Program?**

We are in the process of huge changes.

Reduce the paperwork around Part C.

Not sure but maybe more connection with DDD in DSHS. Maybe that would cut down on paperwork-another frequent concern.

Each program follows the natural environment characteristics in a different way. I think sometimes it is hard for families to transfer from one Birth to Three agency in the county to another, because the programs look and feel very different.

Provide more time for FRCs help develop family statements.

### **ADDITIONAL COMMENTS**

#### Question #1

We need to keep working on this.

I am assuming this question is regarding policies developed on a county level.

#### Question #2

We could improve this.

#### Question #3

The community is not aware of what funding is for Part C. It is not simple for families that are in the Part C services. There are different funding sources for different families. It is not clean and easy to follow.

Families in our Birth to Three Program are aware of funding sources for Part C, but I don't think that the community as a whole is aware of funding sources.

#### Question #4

Families in the Part C system are aware of what FRCs are, but people in the local community do not know what an FRC is.

Families in our Birth to Three Program know who Family Resource Coordinators are, but I don't think that others in the community know who they are.

#### Question #5

Some families that are able to navigate the system and look are able to find out how to get services, families where English is the second language are not. Still 95% of the families we see are referred by doctors. When families have concerns about their child they typically are going through their doctors.

Some families are aware that they can call Encompass for a screening because they have heard about us through friends or family.

Sometimes

#### Question #6

There is becoming more awareness about services offered for children birth to three without disabilities and how important early intervention is, which in turn brings more attention to all children, including children with disabilities.

#### Question #9

Most of the time

#### Questions #10-12

People in the general community are not aware of evaluation processes, IFSPs and what they are or how services are delivered. The families that are involved in services for children with disabilities are aware of these procedures and paperwork.

#### Question #10

Parents often self-refer for an evaluation, but I still feel that there are a lot of families unaware that they could call Encompass for an evaluation at no cost to them.

#### Question #11

All families involved with the Birth to Three Program are aware of this, but I don't think that the community members as a whole are aware of the IFSP process.

#### Question #12

Sometimes

## APPENDIX B

2006 Parent/Family Survey Responses Upon Transition	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree	Left Blank	Total Surveys Returned	Avg. Score
<b>REFERRAL</b>							
In the beginning, it was easy to find out about services available for my child	3	3	20	17	2	45	3.19
In the beginning, someone was available to listen to my concerns and questions	2	3	22	16	2	45	3.21
Someone explained my rights to early intervention services	2	5	18	19	1	45	3.23
Overall, my first contacts with services were helpful	2	1	18	23	1	45	3.41
<b>FAMILY RESOURCE COORDINATION</b>							
I know who my FRC is.	0	1	13	31	0	45	3.67
I was given a choice who my FRC would be.	11	21	8	5	0	45	2.16
My FRC is well-informed and helpful.	1	0	15	29	0	45	3.60
I get enough help from my FRC in coordinating the services	1	1	16	27	0	45	3.53
My FRC respects my family's cultural heritage.	0	1	17	26	1	45	3.57
Overall, my FRC has made things easier for me.	1	1	16	25	2	45	3.51
<b>EVALUATION</b>							
My child was evaluated as quickly as I expected.	0	3	17	25	0	45	3.49
I was given enough choice as to who would evaluate my child.	5	15	13	11	1	45	2.68
I was offered evaluation in all developmental areas.	1	2	16	24	2	45	3.47
I had a choice about the date, time and locations of most evaluations.	0	0	26	18	1	45	3.41
Overall, the evaluation process was helpful.	0	0	22	22	1	45	3.50
<b>IFSP (INDIVIDUALIZED FAMILY SERVICE PLAN)</b>							
Someone clearly described the IFSP process and the IFSP meeting to me.	0	2	21	21	1	45	3.43
It was clear to me that I could decide who would attend my child's IFSP meeting	2	6	19	16	2	45	3.14
My concerns and priorities were the most important part of the meeting.	0	2	22	20	1	45	3.41
I was given choices about services for my child and family.	0	5	23	16	1	45	3.25
I was given choices (if available) about where my child and family could get services.	0	5	25	14	1	45	3.20
<b>TRANSITION</b>							
I was told ahead of time that services would change for my child at age 3.	0	0	14	28	3	45	3.67
I was given information about what choices are available for my child after age 3	1	1	19	20	4	45	3.41
My 0-3 service providers and the 3 to 5 service providers worked well together to plan for new services	1	4	14	14	12	45	3.24
Overall, the transition process went smoothly.	1	2	15	16	11	45	3.35
<b>COUNTY INTERAGENCY COORDINATING COUNCIL</b>							
I know about the CICC in my area	20	15	7	1	2	45	1.74
I am invited to take part in the CICC meetings in my area.	18	14	6	3	4	45	1.85
<b>Total Number Returned:</b>						<b>45</b>	