

NH Application for FFY 2014 Grant Award

Section II A. Subpart C – Submitted and Approved
State Policies and Procedures

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A. 2. Description of services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system (34 CFR §303.203(a)).

"Family-centered early supports and services (FCESS)" means a wide range of activities and assistance that develops and maximizes the family and other caregivers' ability to care for the child and to meet his or her needs in a flexible manner and that include:

1. Information;
2. Training;
3. Special instruction;
4. Evaluation;
5. Therapeutic interventions;
6. Financial assistance;
7. Materials and equipment;
8. Emotional support; and
9. Any of the services listed below.

303.13(a)

Services listed below and other services provided by personnel who meet the standards of NH including the requirements of the IDEIA in accordance with 303.13(a)(5). Services:

1. Are provided under public supervision.
2. Are selected in collaboration with the parents.
3. When the family has private or public insurance, with parent consent the insurance is billed. If the family does not have either Private or Public insurance, services are provided at no cost to the family. Families are never charged co-pays or deductibles, these costs are absorbed by the Lead Agency. There are no family fees.
4. Meet the developmental needs of the infant and toddler with a disability and family and enhance the infant's or toddler's development as identified by the IFSP Team in one or more of the following areas: Physical, Cognitive, Communication, Social/emotional, or adaptive development;
5. Are provided by qualified personnel who comply with state laws regulating the professional practice of persons providing services, as well as the requirements of Part C of the IDEIA;
6. To the maximum extent appropriate, be provided in natural environments; and
7. Be provided in conformity with an IFSP.
8. The following services are provided to families at no cost. Although private and public insurance is billed when possible.
 - a. Child Find,
 - b. Evaluation and assessment,
 - c. Service coordination services (includes transition),
 - d. IFSPs, and
 - e. Procedural Safeguards

303.13(b)

Types of services include:

1. An assistive technology device shall be any item, piece of equipment or product, whether acquired commercially "off the shelf", modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. Assistive technology devices shall not include medical devices that are surgically implanted, including a cochlear implant, or the optimization, such as mapping, maintenance, or replacement of such devices
2. Assistive technology services shall directly assist an infant or toddler with a disability in the selection, acquisition, or use of a commercially available, modified, or customized assistive technology device such as any item, piece of equipment, or product system

that is designed to increase, maintain, or improve the functional capabilities of the an infant or toddler_with a disability, including:

- a. The evaluation of the needs of an infant or toddler_with a disability, including a functional evaluation of an infant or toddler with a disability in the child's customary environment;
 - b. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by the family;
 - c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - d. Coordinating and using other therapies, supports, or services with assistive technology devices, such as those associated with existing IFSPs, rehabilitation plans and programs;
 - e. Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
 - f. Training or technical assistance for professionals, including persons providing FCESS and other persons who provide services to, or are otherwise substantially involved in the major life functions of, infant or toddlers with disabilities.
3. Audiology services shall include:
- a. Identification of children with auditory impairments, using at risk criteria and appropriate audiologic screening techniques;
 - b. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 - c. Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment;
 - d. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 - e. Provision of services for prevention of hearing loss; and
 - f. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
4. Family training, counseling, and home visits shall include assistance to the family of an infant or toddler with a disability, provided as appropriate by social workers, psychologists or other qualified personnel, in understanding the special needs and building on the interests of the child and enhancing the child's development.
5. Health services shall include services necessary to enable an infant or toddler with a disability to benefit from the other FCESS under He-M 510 during the time that the infant or toddler is eligible to receive other FCESS, in accordance with 303.16, including:
- a. Such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
 - b. Consultation by physicians with other FCESS providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other FCESS.
 - c. Health services shall not include:
 - i. Services that are surgical in nature, such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus;
 - ii. Services that are purely medical in nature, such as hospitalization for management of congenital heart ailments or the prescribing of medicine or drugs for any purpose;

- iii. Services related to the implementation, maintenance, replacement, or optimization, such as mapping, of a medical device that is surgically implanted, including cochlear implants;
 - iv. Devices such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps necessary to control or treat a medical condition; or
 - v. Medical-health services, such as immunizations and regular "well baby" care that are routinely recommended for all children.
 - d. Nothing in the state rule (He-M 510) shall:
 - i. Limit the right of an infant or toddler with a disability who has a surgically implanted device, such as a cochlear implant, to receive the early supports and services that are identified in the child's IFSP as necessary to meet the child's developmental outcomes; or
 - ii. Prevent the provider from routinely checking that either the hearing aid or the external components of a surgically implanted device, such as a cochlear implant, of an infant or toddler with a disability, are functioning properly.
- 6. Medical services means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.
- 7. Nursing services shall include:
 - a. The assessment of a child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - b. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
 - c. The administration of medications, treatments, and regimens prescribed by a licensed physician.
- 8. Nutrition services shall include:
 - a. Conducting individual assessments in:
 - i. Nutritional history and dietary intake;
 - ii. Anthropometric; biochemical, and clinical variables;
 - iii. Feeding skills and feeding problems; and
 - iv. Food habits and preferences;
 - b. Developing and monitoring appropriate plans to address the nutritional needs of children based on the findings in 8. a. above; and
 - c. Making referrals to appropriate community resources to carry out nutrition goals.
- 9. Occupational therapy shall be services that:
 - a. Address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development;
 - b. Are designed to improve the child's functional ability to perform tasks in home, school, and community settings; and
 - c. Include:
 - i. Identification, assessment, and provision of needed supports and services;

- ii. Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- iii. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

10. Physical therapy shall be services that:

- a. Address the promotion of sensorimotor function through enhancement of:
 - i. Musculoskeletal status;
 - ii. Neurobehavioral organization;
 - iii. Perceptual and motor development;
 - iv. Cardiopulmonary status; and
 - v. Effective environmental adaptation; and
- b. Include:
 - i. Screening, evaluation, and assessment of children to identify movement dysfunction;
 - ii. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - iii. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

11. Psychological services shall include:

- a. Administering psychological and developmental tests and other assessment procedures;
- b. Interpreting assessment results;
- c. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
- d. Planning and managing a program of psychological services, including:
 - i. Psychological counseling for children and parents;
 - ii. Family counseling;
 - iii. Consultation on child development;
 - iv. Parent training; and
 - v. Education programs.

12. Service coordination. Service coordination services mean services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required by Federal Law. A Service Coordinator shall be appointed to each infant and toddler with a disability and the child's family in accordance with 303.34(a)(2). Each Service Coordinator is responsible for coordinating all services required under part C across agency lines and serving as the single point of contact for carrying out the activities described below.

Service Coordination services shall:

- a. Be services provided by a service coordinator to assist and enable an infant or toddler with a disability and the child's family to receive the services and rights, including procedural safeguards, required under this part, He-M 203, and He-M 310;
- b. Be an active, ongoing process that involves:
 - i. Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the FCESS required under this part; and

- ii. Coordinating the other services identified in the IFSP that are needed by, or are being provided to, the infant and toddler and toddler with a disability and that child's family; and
- c. Include:
 - i. Coordinating all services required under this part across agency lines;
 - ii. Serving as the single point of contact for carrying out the activities described in c. iii-xii below;
 - iii. Assisting parents of infants and toddlers with disabilities in obtaining access to needed supports and services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;
 - iv. Coordinating the provision of FCESS and other services, such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes, that the child needs or are being provided;
 - v. Coordinating evaluations and assessments;
 - vi. Facilitating and participating in the development, review, and evaluation of IFSPs;
 - vii. Conducting referral and other activities to assist families in identifying available EIS providers;
 - viii. Coordinating, facilitating, and monitoring the delivery of services required under this part to ensure that the services are provided in a timely manner;
 - ix. Conducting follow-up activities to determine that appropriate part C services are being provided;
 - x. Informing families of their rights and procedural safeguards, as set forth in He-M 203 and He-M 310 and related resources, including organizations with their addresses and phone numbers that might be available to provide legal assistance and advocacy, such as the Disabilities Rights Center, Inc. and NH Legal Assistance;
 - xi. Coordinating the funding sources for services required under this part; and
 - xii. Facilitating the development of a transition plan to preschool, school, or, if appropriate, to other services.

13. Use of the term “service coordination” or “service coordination services” by an FCESS program or provider shall not preclude characterization of the services as case management or any other service that is covered by another payor of last resort, such as Title XIX of the Social Security Act—Medicaid, for purposes of claims in compliance with the requirements of 34 CFR 303.501 through 303.521.

14. Sign language and cued language services shall include:

- a. Teaching sign language, cued language, and auditory/oral language;
- b. Providing oral transliteration services, such as amplification; and
- c. Providing sign and cued language interpretation.

15. Social work services shall include:

- a. Home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- b. Preparing a social or emotional developmental assessment of the infant or toddler within the family context;

- c. Providing individual and family/group counseling with parents and other family members and appropriate social skill building activities with the infant or toddler and parents;
 - d. Working with the family to resolve problems in the family's living situation, home, or community that affect the child's and family's maximum utilization of FCESS; and
 - e. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from FCESS.
16. Special instruction shall include:
- a. Designing learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
 - b. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP;
 - c. Providing families with information, skills, and support related to enhancing the skill development of the child; and
 - d. Working with the infant or toddler with a disability to enhance the child's development.
17. Speech-language pathology services shall include:
- a. Identification of children with communicative or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
 - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or language disorders and delays in development of communication skills; and
 - c. Provision of services for the habilitation, rehabilitation, or prevention of communicative or language disorders and delays in development of communication skills.
18. Transportation services shall include reimbursing the family for the cost of travel such as mileage, or travel by taxi, common carrier, or other means, and other related costs such as tolls and parking expenses, that are necessary to enable an eligible infant or toddler with a disability and the child's family to receive FCESS.
19. Vision services shall include:
- a. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
 - b. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
 - c. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

303.13(c)

Personnel, who are qualified provide family-centered Supports and Services in collaboration with parents under public supervision. All personnel shall have specific training and experience in child development and knowledge of family support.

Qualified personnel who may provide early intervention services shall be drawn from the following categories of licensed, licensed or certified assistants, and unlicensed or uncertified personnel. Although all personnel have some similar requirements as listed below, the tasks which they may conduct without supervision varies according to their level of training and

expertise. Below is a list of personnel from each category, and the activities which they are authorized to conduct:

1. New Hampshire licensed, department of education certified, or bureau of developmental services certified professionals, including, at a minimum:

- a. Advanced practice registered nurse;
- b. Audiologist;
- c. Clinical mental health counselor;
- d. Clinical social worker;
- e. Dietitian registered;
- f. Early childhood educator;
- g. Early childhood special educator;
- h. Early intervention specialist;
- i. Marriage and family therapist;
- j. Occupational therapist;
- k. Orientation and mobility specialist.
- l. Pastoral psychotherapist;
- m. Physician;
- n. Physician assistant;
- o. Psychologist;
- p. Physical therapist;
- q. Registered nurse;
- r. Speech language pathologist;
- s. Speech-language specialist;
- t. Special education teacher in the area of blind and vision disabilities;
- u. Special education teacher in the area of deaf and hearing disabilities;
- v. Special education teacher in the area of emotional and behavioral disabilities;
- w. Special education teacher in the area of intellectual and developmental disabilities;
- x. Special education teacher in the area of physical and health disabilities;
- y. Special education teacher in area of specific learning disabilities; and
- z. Vision specialist including ophthalmologists and optometrists;

2. New Hampshire licensed or certified professional assistants, including:

- a. Licensed physical therapy assistant;
- b. Licensed occupational therapy assistant; and
- c. Certified speech and language assistant; and

3. Unlicensed or uncertified personnel, including personnel who have education, training, or experience relevant to the provision of FCESS

All personnel shall utilize support strategies, assessment procedures, and treatment techniques considered best practice in working with a child and family applying for or receiving FCESS.

All personnel shall ensure the effective provision of FCESS, via a minimum of the following:

- (1) Consulting with parents, other providers, and representatives of appropriate community agencies;
- (2) Participating in the child's multidisciplinary evaluation and the development of service outcomes for the IFSP; and
- (3) Training parents and other persons chosen by the family regarding the provision of the services.

Personnel identified in 1. above shall:

- (1) Conduct multidisciplinary evaluations;
- (2) Conduct assessments;
- (3) Develop or amend IFSPs;
- (4) Supervise, when appropriate, licensed assistants and unlicensed personnel; and
- (5) Provide service coordination.

Personnel identified in 2. above shall:

- (1) Contribute to the multidisciplinary evaluation;
- (2) Contribute to assessments;
- (3) Contribute to the development or amendment of IFSPs;
- (4) Be supervised, as required by their license or certification; and
- (5) Provide service coordination.

Personnel identified 3. above shall:

- (1) Contribute to the multidisciplinary evaluation;
- (2) Contribute to the assessment;
- (3) Contribute to the development or amendment of IFSPs;
- (4) Be supervised by a licensed or certified professional at least once a month in the setting where FCESS is provided, with additional supervision as needed; and
- (5) Provide service coordination.

303.13 (d)

The services and personnel identified and defined above shall not comprise exhaustive lists of the types of services that may constitute FCESS or the types of qualified personnel that may provide FCESS in accordance with 303.13(d). Nothing in this section shall prohibit the identification in the IFSP of another type of service as a family-centered early support or service provided that the service meets the criteria in He-M 510.03 (a).

Children and families who qualify for services under He-M 510 might have access to respite services under He-M 513 and He-M 519 as well as other services authorized by the department that meet the intent and purpose and are consistent with evidence-based nationally recognized treatment standards.

303.31

Qualified Personnel means FCESS personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.

Specifically:

An FCESS program director shall:

- (1) Be a licensed or certified professional pursuant to (b)(1) above;
- (2) Have 3 years of professional experience providing family-centered early supports and services; and
- (3) Have one year of professional experience in a management or administrative role.

A service coordinator shall:

- (1) Have completed the orientation program outlined in He-M 510.12 (b); and
- (2) Together with the family and other IFSP team member(s), be responsible for accessing, coordinating, and monitoring the delivery of services identified in the child's IFSP, including transition services and coordination with other agencies and persons.

An individual who wishes to obtain certification as an early intervention specialist shall submit information to the bureau documenting:

- (1) Possession of a minimum of a bachelor's degree in:
 - a. Human services;
 - b. Family studies;
 - c. Psychology;
 - d. Child development;
 - e. Communication;
 - f. Child life;
 - g. Education; or
 - h. Early intervention;
- (2) Completion of the orientation program outlined in He-M 510.12 (b);
- (3) A minimum of 2 years' experience in an FCESS program for degrees listed in (1) a-g above;
- (4) A minimum of 6 months' experience in an FCESS program for the degree listed in (1) h above; and
- (5) Training and experience in conducting multidisciplinary evaluations, conducting assessments, and developing or amending IFSPs.

Upon completion of the requirements described above, the bureau shall certify the individual as an early intervention specialist. To continue to be certified as an early intervention specialist, these individuals shall demonstrate ongoing professional development. An early intervention specialist shall have as a goal in his or her annual personnel development plan acquisition of at least 8 hours of continuing education credit in subject matter relevant to his or her job description, as determined by the program director.

Family-centered early supports and services shall incorporate the concerns, priorities, and resources of the family to:

1. Identify and promote the use of natural supports as a principal way of assisting in the development of the child, including supports from:
 - d. Relatives;
 - e. Friends;
 - f. Neighbors;
 - g. Co-workers; and
 - h. Cultural, ethnic, or religious organizations;
2. Foster the family's capacity to make decisions and provide care and learning opportunities for their child;
3. Respect the cultural and ethnic beliefs and traditions, and the personal values and lifestyle of the family;
4. Respond to the changing needs of the family and to critical transition points in the family's life; and
5. Mobilize community resources to support families and link them with other families with similar concerns and interests.
6. Family-centered early supports and services shall include training, support, evaluation, special instruction, and therapeutic services that maximize the family's and other caregivers' ability to understand and care for the child's developmental, functional, medical, and behavioral needs at home as well as in settings described in (a) above.

Family-centered early supports and services to the child and family and other caregivers shall be founded on scientifically-based research to the extent practicable, as defined in the Elementary and Secondary Education Act (ESEA), Title IX, Part A, section 9101(37) and 20 U.S.C. 7801(37) and include assistance in the following areas as identified in the family's IFSP:

1. Understanding the child's special needs;
2. Support and counseling for families;
3. Management and coordination of health and medical issues in collaboration with the primary physician or medical home;
4. Enhancement of the cognitive, social interactive, and play competencies of the child at home and in community settings;
5. Enhancement of the ability of the child to develop age-appropriate fine and gross motor skills and overall sensory and physical awareness and development;
6. Enhancement of the ability of the child to develop functional communication methods and expressive and receptive language skills;
7. Guidance and management of a child with very active, inappropriate, or life-threatening behaviors;
8. Consultation regarding appropriate diet and the child's eating and oral motor skills to insure proper nutrition; and
9. Linkage with assistive technology services that might enhance the child's growth and development.

Family-centered early supports and services shall promote local and statewide prevention efforts to reduce and, where possible, eliminate the causes of disabling conditions.

A-5 If the State provides services under Part C to at-risk infants and toddlers through the statewide system, the application must include:

- (a) The State's definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C (consistent with §§303.5 and 303.21(b)); and
- (b) A description of the early intervention services provided under Part C to at-risk infants and toddlers with disabilities who meet the State's definition described in §303.204(a).

NH's Part C definition of "at-risk infants and toddlers with disabilities":

"At risk for substantial developmental delay" means that a child, birth through age 2, experiences 5 or more of the following, as reported by the family and documented by personnel listed in He-M 510.11 (b) (1):

1. Documented conditions, events, or circumstances affecting the child including:
 - a. Birth weight less than 4 pounds;
 - b. Respiratory distress syndrome;
 - c. Gestational age less than 27 weeks or more than 44 weeks;
 - d. Asphyxia;
 - e. Infection;
 - f. History of abuse or neglect;
 - g. Prenatal drug exposure due to mother's substance abuse or withdrawal;
 - h. Prenatal alcohol exposure due to mother's substance abuse or withdrawal;
 - i. Nutritional problems that interfere with growth and development;
 - j. Intracranial hemorrhage grade III or IV; or
 - k. Homelessness; or

"Homeless children" means children under the age of 3 years who meet the definition given the term "homeless children and youths" in section 725 (42 U.S.C. 11434a) of the McKinney-Vento Homeless Assistance Act, as amended, 42 U.S.C. 11431 et seq.

2. Documented conditions, events, or circumstances affecting a parent, including:
 - a. Developmental disability;
 - b. Psychiatric disorder;
 - c. Family history of lack of stable housing;
 - d. Education less than 10th grade;
 - e. Social isolation;
 - f. Substance addiction;
 - g. Age of either parent less than 18 years;
 - h. Parent/child interactional disturbances; or
 - i. Founded child abuse or neglect as determined by a district court pursuant to RSA 169-C:21.

Services provided to children in this eligibility category:

"Family-centered early supports and services (FCESS)" means a wide range of activities and assistance that develops and maximizes the family's and other caregivers' ability to care for the child and to meet his or her needs in a flexible manner and that includes:

1. Information;
2. Training;
3. Special instruction;
4. Evaluation;
5. Therapeutic interventions;
6. Financial assistance;

7. Materials and equipment;
8. Emotional support; and
9. Any of the services listed in **A-2**

Section II A. 7. Referral for early intervention services of children with a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

New Hampshire's comprehensive child find system is the ongoing mechanism by which NH will identify, locate, and evaluate infants and toddlers in need of family-centered early supports and services as outlined in Part C of the IDEA. Information about how to refer a child is available on the website: <http://www.dhhs.nh.gov/dcbcs/bds/earllysupport/refer.htm>

Information about the Family Centered Early Supports and Services (FCESS) program is provided to primary referral sources and early childhood partners through presentations and the dissemination of information such as:

1. The information card called "Family Guide",
2. The pamphlet entitled "Family Centered Early Supports and Services, A Guide for Families which was developed by the NH Parent Information Center which operates under the requirements of a IDEIA Part D Parent Training and Information Center grant.
3. The Lead Agency website: <http://www.dhhs.nh.gov/dcbcs/bds/earllysupport/index.htm>
4. Presentations at early learning conferences and other meetings such as the Spark NH! Council (NH Early Childhood Advisory Council)
5. Direct contact with NICU and hospitals with birthing centers
6. Watch Me Grow (WVG) – a statewide developmental screening program that provides information about the child's development to families and referral to appropriate services as needed such as the FCESS program. This system is administered locally by the Family Resource Centers, which under contract with the Division of Children, Youth and Families to provide resources to families in addition to developing community networks to assist them in administering the Watch me Grow System. Funding for WVG is provided by Part C, Head Start Collaboration, and the Maternal and Child Health Early Childhood Comprehensive Systems (ECCS) grant.

Primary referral sources include, but are not limited to:

- Hospitals (including prenatal and postnatal care facilities);
- Physicians;
- Parents, including parents of infants and toddlers;
- Child care programs;
- Local Educational Agencies and schools;
- Public health facilities;
- Other public health or social service agencies;
- Other clinics and health care providers;
- Public agencies and staff in the child welfare system, including child protective service and foster care;
- Homeless family shelters; and
- Domestic violence shelters and agencies.

Referral procedures:

It is expected that a child under the age of three will be referred as soon as possible, but in no case more than seven days after the child has been identified as having a developmental delay, has an established condition known to lead to developmental delay, or be at risk for substantial developmental delay. This includes children who are the subject of a substantiated case of child abuse or neglect or identified as being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Any primary referral source may refer a child considered potentially eligible for family-centered early supports and services to the area agency in the region of the child's residence. Each Area Agency must assign a staff member to receive referrals from any primary referral source. The Area Agency Intake Coordinator accepts referrals by telephone, written, or personal contact. Referral should contain sufficient information about the infant or toddler to identify and locate the child and family. Information shall be considered sufficient if it includes all the following:

- Child's name, gender, and birth date;
- Parent or primary caregiver's name;
- Parent or primary caregiver's address; and
- Reason for referral.

In order to determine the extent to which primary referral sources are disseminating information about the State's system of family-centered early supports and services, the following procedures will be followed.

1. The staff of the area agency shall gain from the family the names of the primary referral sources the family has had contact with and which of these referral sources has provided the family with information about the State's system of family-centered early supports and services.
2. This information will be recorded as part of the initial data collection process on all new children and their families coming to the area agencies for family-centered early supports and services.
3. This data will then be made available to the Department of Health and Human Services where it can be analyzed to determine the extent to which primary referral sources are disseminating information about the State's system of family-centered early supports and services.

The regional area agency shall provide a description of the referral process to all primary referral sources listed above. The regional area agency shall provide evidence to the Bureau of Developmental Services/DHHS that primary referral sources (especially hospitals and physicians) are disseminating information on the availability of family-centered early supports and services to parents of infants and toddlers with disabilities. Such information shall then be made available to the Department of Health and Human Services

Children with founded abuse or neglect are typically referred by the child protective agency having custody of the child, to the regional area agency for the community in which the child currently resides. The procedures listed above would then apply. Children with this condition may be found eligible for family-centered early supports and services under the category of "At risk for substantial developmental delay". This category requires the identification of 5 factors, 2 of which are "history of abuse or neglect" on the part of the child, and "founded child abuse or neglect as determined by a district court pursuant to RSA 169-C: 21." The child may also be eligible under any of the other eligibility criteria including "atypical behavior".

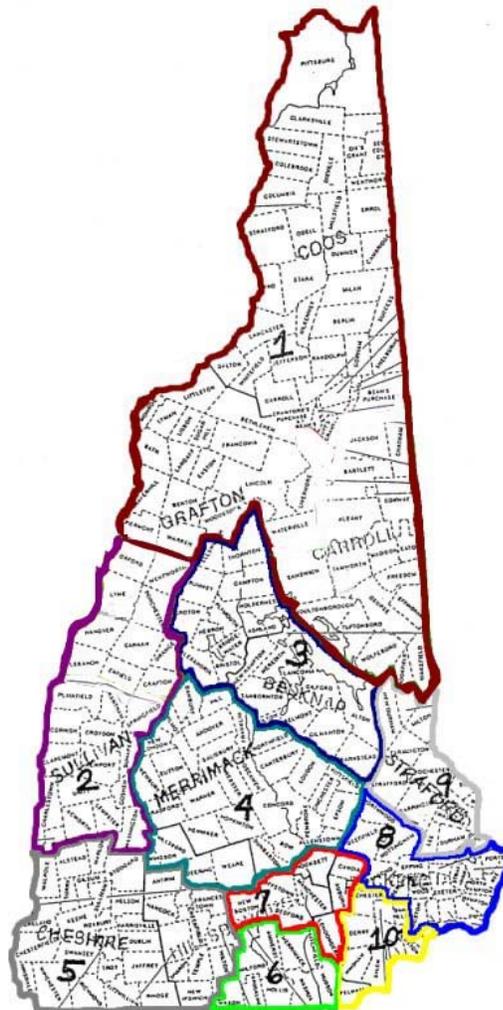
Children with a documented history of being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure are typically referred by hospitals. They are eligible for services under the eligibility category of "established condition" with a condition such as: "developmental delay secondary to severe toxic exposure".

A-8 A description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State (34CFR §303.207)

The Governor of the State of New Hampshire has formally designated the New Hampshire Department of Health and Human Services (DHHS) to be the lead agency for the purposes of administering Part C of the Individuals with Disabilities Education Act (IDEA) in New Hampshire. This designation occurred on December 27, 1991. The Department of Health and Human Services is responsible for administration of funds and the assignment of responsibility to the appropriate agency provided under Part C of IDEA. The Bureau of Developmental Services has been assigned by the Department of Health and Human Services to administer the Family-Centered Early Supports and Services Program.

The Bureau of Developmental Services administers Family-Centered Early Supports and Services through 10 Developmental Services Area Agencies throughout the state. These 10 Area Agencies have the option of providing early supports and services through their own programs, or by contracting with local programs. Below is a list of the Area Agencies showing the regions and towns that they serve.

	<u>Region 1 - Northern Human Services</u>
	<u>Region 2 - PathWays of the River Valley</u>
	<u>Region 3 - Lakes Region Community Services</u>
	<u>Region 4 - Community Bridges</u>
	<u>Region 5 - Monadnock Developmental Services, Inc.</u>
	<u>Region 6 - Gateways Community Services (Formerly known as Area Agency of Greater Nashua, Inc.)</u>
	<u>Region 7 - Moore Center Services, Inc.</u>
	<u>Region 8 - Region VIII One Sky Community Services, Inc. (formerly known as Community Developmental Services)</u>
	<u>Region 9 - Community Partners</u>
	<u>Region 10 - Community Crossroads (formerly known as Region 10 Community Services Support, Inc.)</u>



Towns and Cities by Region

Region I

B **E** **R** **L** **I** **N** **/** **L** **I** **T** **L** **E** **T** **O** **N** **/** **C** **O** **N** **W** **A** **Y**
 Albany
 Barlet
 Bath
 Berton
 Berlin
 Bethlehem
 Brookfield
 Canoll
 Clarksville
 Chatham
 Colerbrook
 Columbia
 Conway
 Dalton
 Dixville
 Dunmer
 Easton
 Eaton
 Effingham
 Errol
 Franconia
 Freedom
 Gorham

Groveton
 Hart's Location
 Haverhill
 Jackson
 Jefferson
 Lancaster
 Landaff
 Lincoln
 Lisbon
 Littleton
 Livermore
 Lyman
 Madison
 Milan
 Millsfield
 Monce
 Moultonboro
 Northumberland
 Ossipee
 Piermont
 Pittsburg
 Randolph
 Sanbornville

C **L** **A** **R** **E** **M** **O** **T** **/** **L** **E** **B** **A** **N**
 Acworth
 Caraan
 Chalestown
 Claremont
 Cornish
 Croydon
 Dorchester
 Enfield
 Goshen
 Grafton
 Grantham
 Hanover
 Langdon
 Lebanon
 Lemster
 Lyme
 Newport
 Orange
 Orford

L **A** **C** **O** **N** **I** **A** **/** **L** **A** **K** **E** **S**
 Alexandria
 Aton
 Ashland
 Bamstead
 Belmont
 Bridgewater
 Bristol
 Campton
 Ctr. Harbor
 Ellsworth
 Gilford
 Gilmanston
 Groton
 Hebron
 Holderness
 Laconia
 Meredith
 New Hampton
 Plymouth
 Rumney

C **O** **N** **C** **O** **R** **D**
 Allentown
 Andover
 Boscamen
 Bow
 Bradford
 Cantebury
 Chichester
 Concord
 Darbury
 Deering
 Durbarton
 Epsom
 Franklin
 Henniker
 Hill
 Hillsboro
 Hopkinton
 Loudon
 Newbury

Region IV

C **O** **N** **C** **O** **R** **D**
 Allentown
 Andover
 Boscamen
 Bow
 Bradford
 Cantebury
 Chichester
 Concord
 Darbury
 Deering
 Durbarton
 Epsom
 Franklin
 Henniker
 Hill
 Hillsboro
 Hopkinton
 Loudon
 Newbury

Region III

L **A** **C** **O** **N** **I** **A** **/** **L** **A** **K** **E** **S**
 Alexandria
 Aton
 Ashland
 Bamstead
 Belmont
 Bridgewater
 Bristol
 Campton
 Ctr. Harbor
 Ellsworth
 Gilford
 Gilmanston
 Groton
 Hebron
 Holderness
 Laconia
 Meredith
 New Hampton
 Plymouth
 Rumney

Region II

C **L** **A** **R** **E** **M** **O** **T** **/** **L** **E** **B** **A** **N**
 Acworth
 Caraan
 Chalestown
 Claremont
 Cornish
 Croydon
 Dorchester
 Enfield
 Goshen
 Grafton
 Grantham
 Hanover
 Langdon
 Lebanon
 Lemster
 Lyme
 Newport
 Orange
 Orford

L **A** **C** **O** **N** **I** **A** **/** **L** **A** **K** **E** **S**
 Alexandria
 Aton
 Ashland
 Bamstead
 Belmont
 Bridgewater
 Bristol
 Campton
 Ctr. Harbor
 Ellsworth
 Gilford
 Gilmanston
 Groton
 Hebron
 Holderness
 Laconia
 Meredith
 New Hampton
 Plymouth
 Rumney

Region V

K **E** **E** **N** **E**
 Alstead
 Atun
 Berrington
 Ches terfield
 Dublin
 Fitzwilliam
 Frances town
 Gilsun
 Greenfield
 Greenville
 Hancock
 Harrisville
 Hinsdale
 Jaffrey
 Keene
 Lyndeborough
 Marlborough
 Marlow

M **E** **R** **I** **M** **A** **C** **K** **/** **N** **A** **S**
 Anheist
 Brookline
 Hollis
 Hudson
 Litchfield
 Mason
 Merrimack
 Milford
 Mt. Vernon
 Nashua
 Wilton

M **A** **N** **C** **H** **E** **S** **T** **E** **R**
 Auburn
 Bedford
 Candia
 Goffstown
 Hooksett
 Londonderry
 Manchester
 New Boston

Region VI

M **E** **R** **I** **M** **A** **C** **K** **/** **N** **A** **S**
 Anheist
 Brookline
 Hollis
 Hudson
 Litchfield
 Mason
 Merrimack
 Milford
 Mt. Vernon
 Nashua
 Wilton

M **A** **N** **C** **H** **E** **S** **T** **E** **R**
 Auburn
 Bedford
 Candia
 Goffstown
 Hooksett
 Londonderry
 Manchester
 New Boston

Region VII

M **A** **N** **C** **H** **E** **S** **T** **E** **R**
 Auburn
 Bedford
 Candia
 Goffstown
 Hooksett
 Londonderry
 Manchester
 New Boston

Region VIII

P **O** **R** **T** **S** **M** **O** **U** **T** **H** **/** **S** **E** **A** **C** **O** **A** **S**
 Brentwood
 Deerfield
 East Kingston
 Epping
 Exeter
 Ferris
 Greenland
 Hampton
 Hampton Falls
 Kensington
 Kingston
 New Castle
 Newfields
 Newington
 Newmarket
 North Hampton
 Northwood
 Nottingham

Region IX

D **U** **R** **H** **A** **M** **/** **D** **O** **V** **E** **R**
 Barrington
 Dover
 Durham
 Farmington
 Lee
 Madbury
 Middleton
 Milton
 New Durham
 Rochester
 Rollinsford
 Somersworth
 Stafford

Region X

A **T** **K** **I** **N** **S** **O** **F** **E** **L** **L** **M**
 Altonson
 Chester
 Danville
 Derry
 Hampslead
 Newton
 Pelham
 Plaistow
 Salem
 Sandown
 Windham

Region/Programs Identified as Area Agency (AA) or Private Programs (Private)

- Region 1 Northern Human Services Family-Centered Early Supports and Services
Family-Centered Early Supports and Services (AA program)
Children Unlimited, Inc. (Private)
- Region 2 PathWays of the River Valley
Family-Centered Early Supports and Services (AA program)
- Region 3 Lakes Region Community Services
Family-Centered Early Supports and Services (AA program)
- Region 4 Community Bridges
Family-Centered Early Supports and Services (AA program)
- Region 5 Monadnock Developmental Services, Inc.
MDS Family-Centered Early Supports and Services (AA program)
Rise...for baby and family (Private)
- Region 6 Gateways Community Services
The Children's Pyramid (Private)
Gateways Early Supports and Services Program (AA program)
- Region 7 The Moore Center
Easter Seals NH Manchester (Private)
The Moore Center Early Supports and Services Program (AA program)
- Region 8 One Sky Community Services
Child and Family Services (Private)
Richie McFarland Children's Center (Private)
- Region 9 Community Partners: Behavioral Health & Developmental
Services of Strafford County
Family-Centered Early Supports and Services Program (AA program)
- Region 10 Community Crossroads
The Children's Pyramid (Private)
Easter Seals NH Salem (Private)

Section II A. 10. Description of the policies and procedures the state will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from Part C to preschool or other appropriate services.

Policies and procedures used to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to preschool or other appropriate services for toddlers with disabilities or exiting the program for infants and toddlers with disabilities are incorporated into State rule He-M510. These policies and procedures are described below.

10 (a)(3) Interagency Agreement

§303.209 (a)(3)(i)(A) and (B)(ii)

An interagency agreement between the NH Department of Education and the NH Department of Health and Human Services (Part C Lead Agency) to facilitate the provision and coordination of services for all infants, toddlers, children, youth and adolescents who are IDEA eligible has been drafted. This agreement will be signed by both Department Commissioners in 2014 and is considered effective until amended. It will take the place of any prior transition agreements between the agencies.

In addition to the agreement to the State level agreement, local early intervention programs are required to develop a regional written agreement with the LEA that describes:

- Practices that will enable FCESS and LEA personnel to collaborate effectively;
- When and how information will be shared, including a statement of confidentiality;
- A process to facilitate involvement of families, FCESS staff, and LEA staff in transition conference planning activities and meetings; and
- Transition activities that will take place such as home and program visits, observations, and evaluations.

10 (b) Notification to the SEA and appropriate LEA

34 CFR §303.209(b) Transition Notification

Not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for special education preschool services the lead agency notifies the SEA and LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the IDEA in accordance with State law. Please, see “parent option to object to disclosure” below for exceptions to this policy.

Sect. §303.209(b)(1)(ii)

If a toddler is eligible for early intervention services under Part C of the IDEA more than 45 but less than 90 days before that toddler’s third birthday and if that toddler may be eligible for preschool services under part B of the IDEA, the Lead Agency, as soon as possible after determining the child’s eligibility, notifies the SEA and LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under part B of the IDEA, as determined in accordance with State law.

If the toddler is referred to DHHS fewer than 45 days before that toddler’s third birthday and that toddler may be eligible for preschool services under Part B of the IDEA, the lead agency, with parental consent, refers the toddler to the SEA and LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances.

Notification to the SEA is accomplished by electronic transfer of data from the lead agency data system to the SEA data system as soon as possible but not less than 90 calendar days before the child’s third birthday, unless the child is referred fewer than 45 days before the toddler’s 3rd

birthday in which case the data is transferred as soon as possible with parental consent. Local programs notify the LEA by sending a standard letter and any additional information the family has given consent to share as soon as possible, but not less than 90 calendar days before the child's third birthday.

Information provided in the notification to the SEA includes the child's name, the child's date of birth, and parent contact information including the parents' names, addresses, and telephone numbers. The service coordinator's name and contact information is also included on the notification form. This information and any additional information for which the parent has given consent is sent to the LEA.

§§303.209(b)(2), 303.401(d), Disclosure of Information and Parent Opportunity to "Opt. Out" of LEA notification and disclosure.

The lead agency must disclose to the SEA and the LEA where the child resides the personally identifiable information mentioned below not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for preschool services under part B of the IDEA.

If a child is determined to be potentially eligible for preschool special education services, the service coordinator shall provide parents information describing the notification requirement at the IFSP meeting that was convened to develop the child's transition plan between 27 and 32 months. The notification requirement is for the program to refer the child to the responsible LEA and NH Department of Education if the parent does not inform the program in writing within 7 calendar days that they object to personally identifiable information being sent to the LEA. The parent is also notified that the personally identifiable information that will be provided is limited to the child's name, date of birth, parents' names and parents' contact information including addresses and telephone numbers and that the service coordinator's name and contact information is also included on the notification form. Additional information such as the IFSP and evaluation will be provided in the LEA notification only if the parent gives consent to this additional information being shared.

If families notify the service coordinator within 7 calendar days from the day that the child is determined to be potentially eligible that they do not wish to have limited contact information sent to the local school system about their children, they will be given an opportunity to "opt-out" of this notification. If families indicate they do not want limited contact information sent to the local school system, their choice to "opt out" will be documented by having them sign the "Opting Out of LEA Notification" form."

Information about the parent option to object to disclosure to the LEA and SEA that a child is potentially eligible is provided in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

10 (c) Conference to discuss services:

§303.209(c)(1)

If a toddler with a disability may be eligible for preschool services under Part B of the IDEA, the lead agency, with the approval of the family of the toddler, convenes a conference, among the lead agency, the family, and the LEA not fewer than 90 days – and, at the discretion of all parties, not more than 9 months – before the toddler's third birthday to discuss any services the toddler may receive under Part B of the IDEA.

§303.209(c)(2)

If the lead agency determines that a toddler with a disability is not potentially eligible for preschool services under Part B of the IDEA, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of others appropriate services for the toddler to discuss appropriate services that the toddler may receive.

§§303.343(a), 303.209(e)

A transition conference meeting must include the following people

1. The parent or parents of the child;
2. Other family members, as requested by the parents, if feasible to do so;
3. An advocate or person outside of the family, if requested by the parents;
4. The LEA representative;
5. The designated service coordinator;
6. A person or persons directly involved in evaluations and assessments; and
7. As appropriate, persons who will be providing EI services to the child and family.

The transition conference and meeting to develop a transition plan may be combined into one meeting but must meet the requirements in §§303.342(d) and (e) and 303.343(a).

§303.342(d) and (e)

The meeting must be conducted in a setting and at a time that is convenient for the family, and in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

10 (d) Transition Plan:

§§303.209(d)

The State lead agency must ensure that for all toddlers with disabilities:

1. It reviews the program options for the toddler with a disability for the period from the toddler's third birthday through the remainder of the school year; and
2. Each family of a toddler with a disability who is served under this part is included in the development of the transition plan required under this section and 303.344(h)

§303.209(d)(2)

The transition plan is established in the IFSP not fewer than 90 days – and, at the discretion of all parties, not more than 9 months – before the toddler's third birthday.

§§303.344(h), 303.414

The IFSP must include the steps and services to be taken to support the smooth transition of the child, in accordance with §§303.309 and 303.211(b)(6), from part C services to:

1. Preschool services under Part B of the Act, to the extent that those services are appropriate; or
2. Other appropriate services.

The steps referred to above must include:

1. Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;

2. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
3. Confirmation that child find information about the child has been transmitted to the LEA or other relevant agency, in accordance with §303.209(b) and NH's policy to allow parents to object to sharing information with the SEA and LEA, and, with parental consent if required under 303.414
Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.

§303.209(d)(2)

The transition plan is established in the IFSP not fewer than 90 days – and, at the discretion of all parties, not more than 9 months – before the toddler's third birthday/

§303.209(d)(3)

The transition plan in the IFSP includes, consistent with §303.344(h), as appropriate:

1. Steps for the toddler with a disability and his or her family to exit from the part C program; and
2. Any transition services that the IFSP Team identifies as needed by that toddler and his or her family.

§303.342(d) and (e)

The meeting to develop the transition plan must be conducted in a setting and at a time that is convenient for the family, and in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so. Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend.

§§303.343(a), 303.209(e)

A transition conference meeting must include the following people

1. The parent or parents of the child;
2. Other family members, as requested by the parents, if feasible to do so;
3. An advocate or person outside of the family, if requested by the parents;
4. The LEA representative;
5. The designated service coordinator;
6. A person or persons directly involved in evaluations and assessments; and
7. As appropriate, persons who will be providing EI services to the child and family.

§303.209(e)

The transition conference and meeting to develop a transition plan may be combined into one meeting but must meet the requirements in §§303.342(d) and (e) and 303.343(a).

§303.209(f) Applicability of transition requirements

The transition requirements in (b)(1)(i) and (b)(1)(ii), (c)(1), and (d) of this section apply to all toddlers with disabilities receiving services under this part before those toddlers turn age three, including any toddler with a disability under the age of three who is served by a State that offers services under 303.211.

10 (f) §303.211 State option to make services available to children ages three and older
NH does not make Part C services available to children ages three and older.

A-11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, et seq., as amended), early education and childcare programs, and services under Part C. (34 CFR §303.210)

Collaborative activities:

1. Head Start Collaboration Office

The Head Start Collaboration Office, Debra Nelson, Director, is located in the Department of Health and Human Services, which is also the Lead Agency for the Part C program. For this reason, there is no interagency agreement, but there has been a great deal of collaboration between the two programs for many years. Documentation of this collaboration is attached at the end of this document: Additional documentation is available if needed.

2. Watch Me Grow Screening and Information System –

The Watch Me Grow Screening and Information System was developed and is currently managed through a partnership between Head Start Collaboration, Comprehensive Early Childhood Systems grant, and Part C. Attached is a description of the system with a list of the management team members at the bottom. Leadership of the Steering Committee is largely shared between the three members of the management team, although recently it has grown to include representative from the University of NH to be a co-chair with the Part C Coordinator. The Co-Chair position will rotate every 2-3 years so that a member of the management team co-chairs with a representative from the private sector. Attached is a copy of most recent meeting; additional meeting agendas/notes can be provided if desired.

3. NH Head Start Association

A Memorandum of Understanding (MOU) between Part C Lead Agency and the NH Head Start Association has recently been developed for the following purposes:

- A. To improve the quality of services for NH's children with disabilities, birth to age three, and their families;
- B. To promote collaboration regarding the agreement among the NH FCESS and NH HS and their local counterparts; and
- C. To define the roles and responsibilities within respective mandates of FCESS and HS.

All Early head Start Programs (3) currently have MOUs with local FCESS (Part C) programs, but differ in content. The statewide MOU will serve as a model for future local EHS/FCESS local programs MOUs.

4. Early Childhood Advisory Council

Development of the Council prior to submission of application for ARRA funds was accomplished throughout a collaboration of early childhood partners including the Part C Coordinator. The Head Start Collaboration Director and Part C Coordinator co-chaired the Quality Committee beginning in 2011 when the ECAC first started meeting. Below is greater detail about the ECAC which is an active Council to date as evidenced by Council and committee meeting notes kept on the website: <http://sparknh.com/history>

Like many states at the time the "Improving Head Start for School Readiness Act of 2007" was passed, NH had several councils focusing wholly or in part on young children and families, but none that met all of the Act's requirements. Included were the NH Child Care Advisory Council (CCAC), the NH Interagency Coordinating Council (ICC), the Council for Children and Adolescents with Chronic Health Conditions (CCACHC), and the Governor's P-16 Working Group³. In response, a broad group of leaders from the unified early childhood system initiative, developed recommendations for a NH Early Childhood Advisory Council over a 12-month period

of intensive planning, outreach to existing councils, and research on similar efforts in other states. In November 2009, Governor Lynch approved the recommendations and appointed representatives to the Council, with the understanding that membership would be expanded and the Council would be fully functioning by fall 2010. The Part C coordinator has been appointed to serve on the Council. The Council, as required by the Act and endorsed by the Governor, will:

- Serve as the primary advisory body to the Governor's Office, state legislature, and state agencies regarding early care and education issues in the State of NH;
- Conduct a needs assessment on early childhood education program quality and availability for expectant families and children aged birth through grade 3 and their families, including pre-kindergarten services for children in families with low incomes;
- Identify opportunities and barriers regarding collaboration and coordination among federally- and state-funded early care and education programs and the state agencies that administer these programs;
- Coordinate early care and education-related resources;
- Promote changes in policy, legislation and practice that support and/or improve the lives of families who are expecting a child and/or who have children aged birth through grade 3;
- Assess the capacity and effectiveness of NH's Institutions of Higher Education to support the development of early childhood educators;
- Generate recommendations for:
 - Increasing participation in federal/state/local early childhood education programs
 - Establishing a unified data system for public early childhood care and education programs and services to facilitate data-informed decision making
 - Promoting statewide professional development/career advancement for early childhood educators
 - Improving state early learning standards
- Provide strategic direction to state and community leaders
- Hold public hearings

The Part C Coordinator and staff participated in the development of the Council and currently chair and serve on several committees of the Council:

Co-Chair: Communications and Public Awareness Committee

Chair: Quality of Early Childhood Programs and Services Committee

Serve on: Early Childhood Data System Committee

Policy Committee

Workforce and Professional Development Committee

5. NH Interagency Coordination Council

There has been a Head Start provider or Head Start Collaborative office representative in a leadership position (Chair or Vice Chair) on the ICC for the past 6 years. See attached membership lists.

Since 1997, New Hampshire has maintained an established Interagency Coordinating Council with members appointed by the Governor.

The New Hampshire Interagency Coordinating Council is an advisory body to the Department of Health and Human Services, Bureau of Developmental Services and the Department of Education, Bureau of Special Education. The purpose of the NH ICC is to assist these agencies to promote and increase the quality of Family Centered Early Supports and Services (Part C of

IDEA) and Preschool Special Education (Part B/619) supports and services to eligible children, birth through five years, and their families. Four major goals underlie the ICC's mission:

1. Assure that supports and services are: high quality; family centered; evidence based and provided within natural settings for children and their families;
2. Support the lead agencies to implement a statewide monitoring, data collection and improvement system that identifies strengths and needs and utilizes results to improve programs and services;
3. Facilitate interagency collaboration at the federal, state, regional, and local levels in order to assure that: quality supports and services exist for children and their families; duplication and gaps in supports and services provided are identified; and sufficient public and private resources are identified, allocated equitably and appropriately utilized; and
4. Address immediate and relevant issues regarding the viability, finances, implementation, philosophy, practices, and/or quality of supports and services via subcommittees, work groups or other responsive mechanisms.

The ICC members include Head Start staff as well as Part B, parents, and the Parent Information Center. The Interagency Coordinating Council has determined through a facilitated process that its work is still relevant and appropriate to the goals.

Three ICC members are appointed members of the Early Childhood Advisory Council (Spark NH!):

Vice Chair – Head Start providers and representative of the ICC on the Council

ICC member – Representative for the Association for Infant Mental Health

ICC member - Preschool Special Education

Most of the Early Childhood Advisory Council (Spark NH!) have at least one ICC member participating.

A .12. A description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C.

The Department of Health and Human Services (DHHS) has taken the following steps to ensure that there is equitable access to, and participation in, family-centered early supports and services (Part C) in New Hampshire as required by section 427(b) of GEPA.

DHHS has a statewide system of 10 regional area agencies providing family-centered early supports and services through 16 family-centered early supports and services programs, 10 Family support councils and family support coordinators, and a statewide program for infants and toddlers with sensory impairments. These entities provide supports and services to all geographic areas of the State, and they have significant influence on the development of family-centered early supports and services and family support regionally and statewide. Distribution of resources is based on data confirming the need for supports and services, expansion of service options for families, and undeserved populations through the Bureau of Developmental Service contract Reporting Requirements. New Hampshire periodically evaluates its allocation methodology to address any inequities that may be identified.

Additional ways that barriers are addressed:

- Resource and referral information is available through a toll free number at the State Library;
- Informational materials can be translated in languages other than English (including Braille) in those communities that have this need;
- Referral and other information is available in the local community at a wide variety of locations including:
 - Health care facilities,
 - The public library system and State Library website: <http://www.nh.gov/nhsl/frc/directory.html>
 - Child care programs
 - Regional Child Care Resource and Referral sites,
 - Social service agencies,
 - Educational facilities,
 - Federal, State, and regional offices,
 - Lead Agency website: <http://www.dhhs.nh.gov/dcbcs/bds/earlysupport/refer.htm>
- Interpreters (for languages other than English, including Sign Language) are available if there is a need, at no cost to the family;
- Parent to Parent program connects families with similar concerns; and
- The regional family support staff work closely with family-centered early supports and services programs to ensure families in need of literacy or other educational opportunities are connected to local resources and are provided financial support as needed.
- Statewide web-based data system collects data used for Federal reports as well as for identifying and confirming the need for supports and services as noted above.