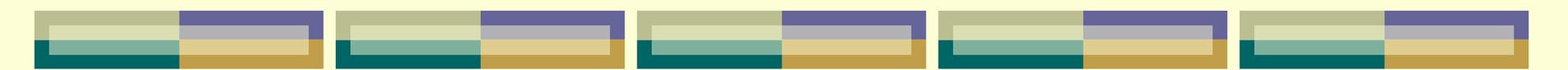


Part H of the IDEA Comes to NH

Continuation of the History of EI
1993 to today

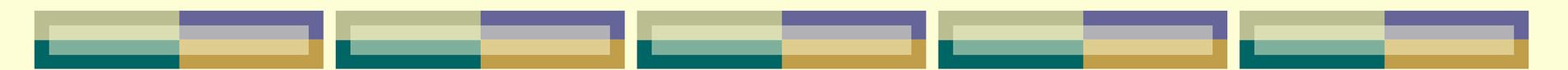


1993 is a landmark year for early intervention.....

❖ New Hampshire made the decision after much thought and deliberation, to adopt Part H of IDEA. The Lead Agency was now DHHS/DDS. The program went through several name changes in the first year or two; it was originally known as the “Infant Toddler Program,” then became known as “Family Centered Early Intervention” which was most popularly known as ‘EI’.

❖ He-M510 and He-M203 rules were both rewritten at this time to reflect the requirements of Part H of IDEA.



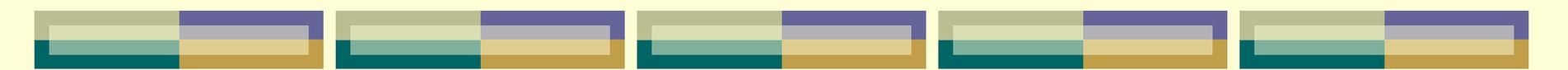


❖ There were fourteen early intervention programs supported by the Division of Developmental Services.

❖ Family Support Councils, early intervention providers, and the Part H initiative collaborate to support families.

❖ Computers were distributed to Early Intervention Programs so that statewide data could be collected through SPEDIS.





1995 The last name change came about as a result of a group of parents talking to their legislators about the negative connotation associated with the term “Early Intervention,” as the term implied that they and their children needed to have their lives intervened with simply because the children had developmental issues. But they did appreciate the supports and services that were provided. The name that resulted from this parent action, is:

Family-Centered Early Supports and Services

1997 The IDEA was reauthorized. At this time, Part H was renamed Part C.

2000 He-M510 and He-M203 were updated and newly adopted to reflect changes in the IDEA due to the 1997 reauthorization.





The major themes in Part C of IDEA
which guide how we provide early
supports and services today:

Family-Centered

Individualized

Coordinated

Community-Based





Over time, there has been a paradigm shift.....

● From:

● Child-centered

● To:

● Family-centered

● From:

● Focus on deficits

● To:

● Focus on Strength



- 
- From:
 - Segregated Settings

- To:
- Inclusive Communities

From:
Single Agency

To:
Interagency Collaboration

From:
Interventions in
Therapeutic Situations

To:
Interventions in Real-life
Situations





From:

Therapeutic, Discipline
Specific Goals

●To:

● Functional Outcomes

From:

Grant Based Funding

●To:

● Multi-funding Sources

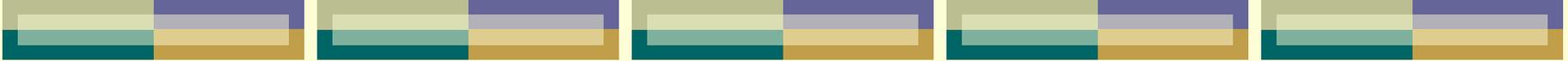
From:

Independent Agency

●To:

● Area Agency

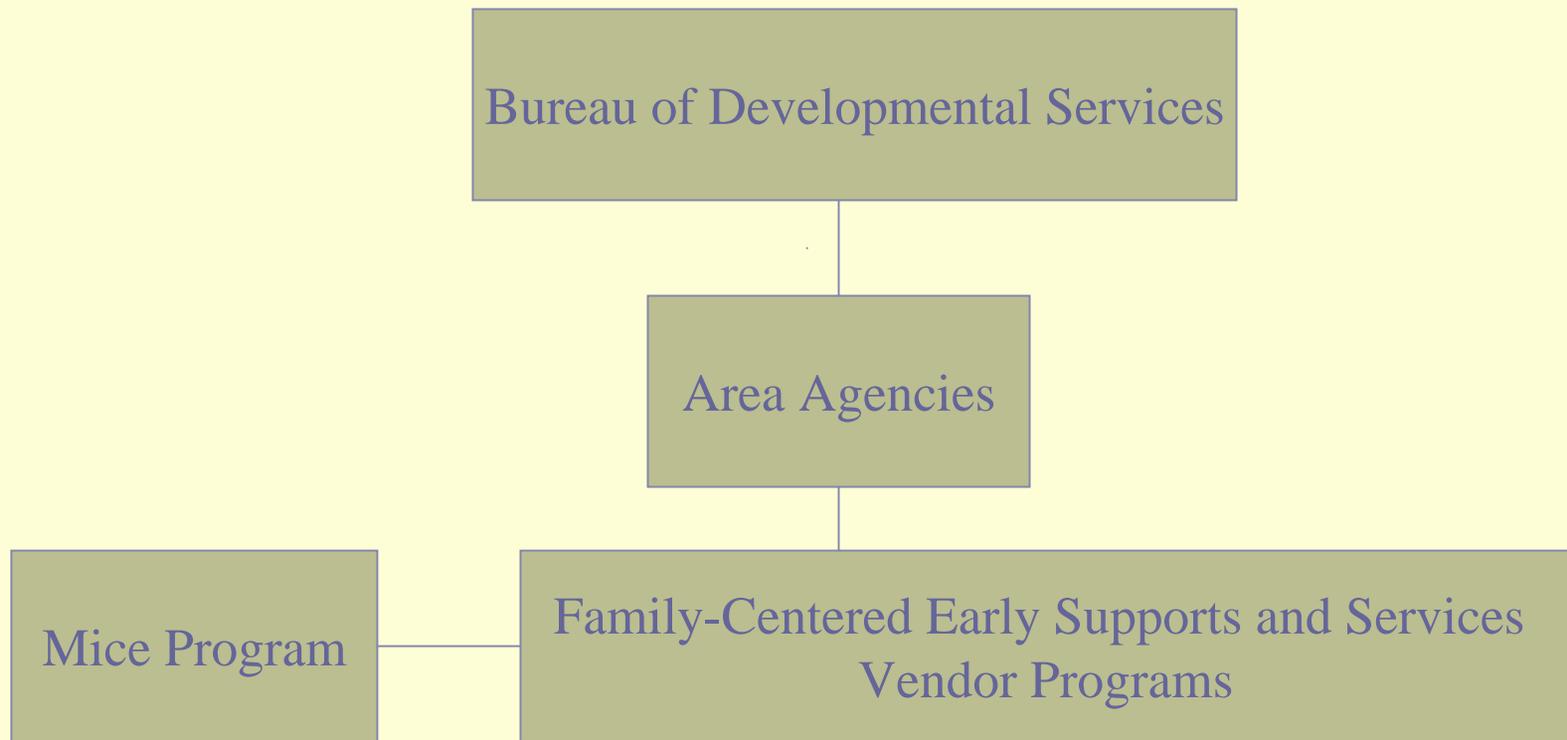


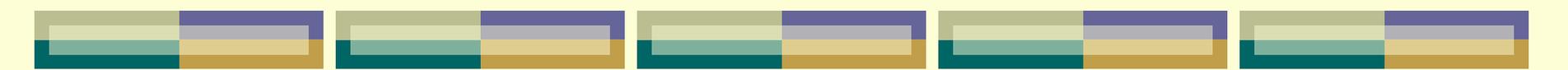


So, how does the system work today?



Department of Health and Human Services





December 2004 the IDEA was reauthorized once more.

So, what does this mean to me?

1. Greater emphasis on identifying children with at risk conditions:

- Founded abuse and neglect
 - Homeless
 - Exposed to illegal substances
 - Premature infants
- 

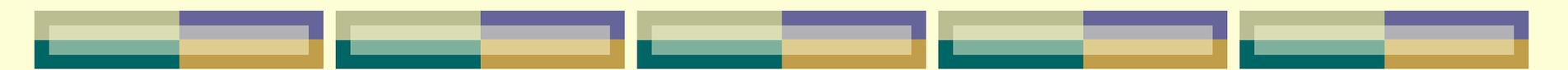
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2. Greater emphasis on early literacy and language development.
 3. Greater emphasis on providing early supports and services based on scientifically based research.
 4. Greater emphasis on demonstrating improved outcomes for infants and toddlers and their families.
- 

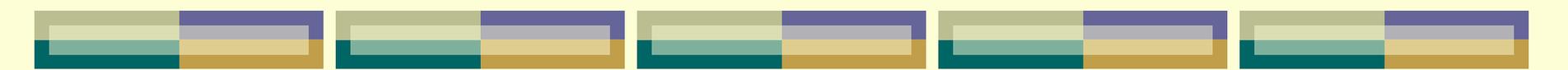


The vision, mission and strategic goals for the program have not changed over time.

Our vision

- ❖ *All children and families are supported and encouraged to grow, learn, plan and share their lives with other children and adults within their communities*
- 

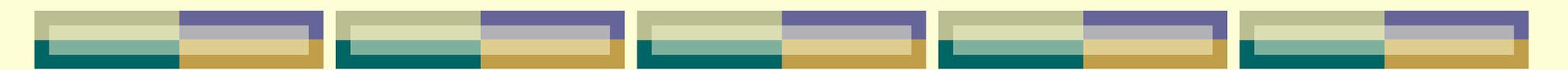
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- ❖ *All children and families have access to available community resources to assist them in achieving their chosen goals*
 - ❖ *All children and families are respected for their unique individual beliefs, values and culture*
-

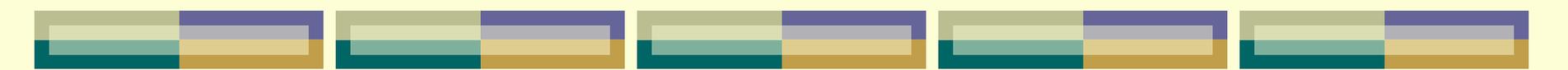


Our mission.....

We will:

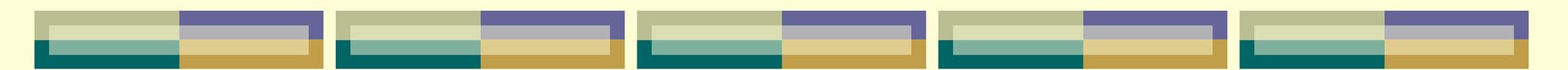
- ❖ enhance the development of children, ages birth through two years, who experience developmental issues and risks
 - ❖ assist and support families' ability to care for their children, ages birth through two years experiencing developmental issues and risks, and their families
- 

- 
- ❖ provide assistance and training to increase the ability and commitment of communities to embrace and support families and children ages birth through two years, experiencing developmental issues and risks
 - ❖ promote and expand family-centered supports, both formal and informal, throughout the state
-



We will accomplish our mission by:

- ❖ *providing ongoing information, education, training and assistance to children, families, communities, and professional*
 - ❖ *minimizing barriers and maximizing efficiency and resources for children and families through close collaboration with communities*
- 



❖ ensuring the quality, flexibility, and responsiveness of services and supports by monitoring their effectiveness and by collecting data and feedback from families, service providers, and communities.

