West Virginia Early Childhood Community Collaboration Strategies

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A Technical Assistance Document to Support Local Collaboration Companion Document to the West Virginia Side-by-Side Summary of Key Requirements of Participating Early Childhood Systems

This document was prepared by the WV Early Childhood Transition Steering Committee. It is adapted from the Rhode Island Early Childhood Transition Task Force Side-by-Side Document. This document may be reproduced without permission.

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Community Collaboration Strategies

Introduction

This document has been developed as a companion to the West Virginia Key Legal Requirements of the Participating Agencies Side by Side document. It identifies strategies that community agencies can use in collaborating to address legal requirements for WV Birth to Three, preschool special education, Early Head Start and Head Start. The document was developed by the West Virginia Early Childhood Transition Steering Committee, with representatives including families, WV Birth to Three, Preschool Special Education, Head Start, Child Care, and other early care and education providers. The document is modified from a similar Collaboration Strategies document developed by the Rhode Island Childhood Interagency Task Force.

The document is not intended to be exhaustive in either the issues identified, or the strategies suggested for each issue. The strategies reflect various levels of compliance with legal mandates. Some strategies reflect minimum compliance with one or more agency's mandates and others more comprehensive compliance. Some strategies are not actual legal requirements for the referenced agencies, but rather are options that communities use in addressing particular mandates. Strategies include collaboration with community agencies and resources for which none of these mandates may apply. We hope that you find this to be a helpful resource in fostering collaboration in your community. For specific mandates, the reader is referred to the Key Legal Requirements of Participating Agencies Side by Side document.

Collaboration Area: Family Involvement

This area describes options and resources for family involvement in general. For family involvement in specific aspects of agency/interagency programs, see family involvement options and resources embedded under other collaboration areas.

Issue	Collaboration Strategies
1. Family Resources	1.1 Link families to agencies/supports in the community that can assist families in locating needed resources and information, including but not limited to the following: WV Family Matters 1-888-WVFAMILY, a toll free line where statewide information is available on a variety of resources WV Parent Training and Information Center (WVPTI) 1-800-281-1436 UACED- Resource Directory for Families Regional Resource and Referral Agencies (R&Rs) for Child Care Community Behavioral Health Centers Family Resource Networks (FRNs) Parent Educator Resource Centers (PERCs) Faith Based Groups Mountain State Parents Can (MSPCN) WVATS Assistive Technology Resource Libraries Office of Maternal, Child and Family Health Toll Free Line – 1800-642-9704 Online listservs Early Childhood Lending Library (adapted toys, switches, videos, books) 1.2 Link families to financial resources such as: CDCSP – Children with Disabilities Community Services Program (an option for accessing Medicaid funding based on the ts); severity level of the child's disability and the child's income, not the income of the parent SSI – Social Security Income; Title XIX Waiver – Home and Community Based Waiver Program (provides variety of services and Medical card for eligible individuals with severe disabilities) Eligibility is based on child's income and assets; CSHCN – Children with Special Health Care Needs (provides health screenings/diagnostics for any income and services for children who meet eligibility criteria and are income eligible; and;

		WV Family Support – Financial supports for families of children with developmental disabilities.
	1.3	Involve private sector in community collaborations for family support and resource sharing.
	1.4	Identify and make known to families resources that are available for loan – including adapted toys, videos, books, etc.
	1.5	Link families to home visiting programs through local Family Resource Networks, such as Parents as Teachers, MIHOW, Healthy Families America.
	1.6	Link families to Adult Basic Education in each county, to access training in a variety of topics, including GED.
	1.7	Collaborate with and link families to other community resources, including: Local Libraries WVU Cooperative Extension Services ECLL – Early Childhood Lending Library 1-800-642-9704 Parent Newsletters WVECTCR- Statewide Early Childhood Training Connections and Resources 1-888-943-2827 WV PEN Family Leadership Project
2. Family Leadership/Training Opportunities	2.1	Link families to family leadership opportunities such as Partners in Policymaking through the WV Developmental Disabilities Council.
	2.2	Provide or link families to resources for training.
	2.3	Collaborate to provide trainings on topics of high interest to families.
	2.4	Involve families in the design and delivery of training for both families and professionals.
3. Understanding Rights and Addressing Policy Issues	3.1	Link families to advocacy groups such as: WV Parent Training and Resources (WVPTI) - 1-800-281-1436 WV Advocates 1-304-346-0847 Parent Educator Resource Centers 1-800-642-8541

4. Options for Communicating with Families (including those with special circumstances)	4.1	Provide information to parents in written and video form as well as in various languages and alternate formats.
		Design/use parent materials that are of a third grade reading level.
	4.2	Individualize each child/family's plan to address their unique communication needs.
	4.3	Seek family input in identifying strategies they consider effective for communication with them.
	4.4	Use a variety of strategies for families that have no phone, such as:
		Conduct home visits.
		Ask the family for the best way of communicating, such as through a friend.
		Use Family Matters or other community agencies to link families to resources if they have phone service disconnected.
		Contact the family through the referral source or another agency you know to be serving the child/family, especially if they have home-based services and IF you have parent consent or it is otherwise permissible under your program rules.
	4.5	Provide alternatives for families if a parent/s has a disability or suspected disability or is otherwise challenged to participate:
		Provide intensive direct services through multiple agencies to the parent in the home as part of an interagency plan.
		Ensure that all meeting places and service settings are accessible.
		Provide staff training on this issue.
		Modify policies to assist and support individual needs identified or suspected.
		Assist the family to secure transportation for services.
		Help the family access a Department of Health and Human Resources family worker to assist the family and provide support.
	4.6	Develop strategies to support families whose primary language is not English or oral communication:
		Obtain interpreters to provide the family assistance and advocacy.
		Access sign language interpreters through the online directory provided by the WV Commission for the Deaf and Hard of Hearing.

Collaboration Area: Child Outreach/ Child Find; screening, referral, and evaluations

Issue	Collaboration Strategies
1. Informing Families and the Public Regarding Available Developmental Screening Opportunities	1.1 Provide information to new parents through family and community home visiting programs, newsletters, posters or flyers. 1.2 Conduct search and follow up for younger siblings identified through school district students' registration. 1.3 Use public awareness materials (written and video) in English and other primary languages to describe the various early childhood services. Materials could include an interagency brochure or video, and/or an interagency packet of materials from the respective programs to be placed in key locations such as physicians' offices, hospitals, YMCA, libraries, laundromat, grocery stores, or gas stations.
2. Enhancing Health Care Providers' Knowledge of the Referral Process and Evaluation Services Offered	2.1 Involve health care professionals in planning and advisory groups. 2.2 Involve families in making contact with health care providers. 2.3 Meet with physicians at their convenience. Options include meeting with a hospital's pediatric group, with the local medical association, or presenting during grand rounds. Be sensitive to their time limitations and be prepared to discuss with them potential issues of collaboration (e.g., the referral process, evaluation services, eligibility, and services available through early care and education agencies). Bring brief written information that you can leave with them. 2.4 Develop a "prescription pad" referral form and provide to all physicians. 2.5 Send child find brochure with a cover letter describing services and asking that they display these in medical offices.
3. Assisting Families and Other Community Partners in Gaining Greater Understanding of the Referral Process	3.1 Develop a child find letter that can be sent to parents and early childhood partners to increase their awareness of their rights to refer children directly to the appropriate agency. 3.2 Develop referrals with parents through parent interview process. 3.3 Organize a refresher child development training for parents and early childhood partners (e.g., by using the WVECTCR). 3.4 Use transition checklist developed through the state Early Childhood Transition Steering Committee.
4. Correlating Child Find Results and Observations of Child in Home or School Settings	4.1 Use developmental checklist and observe child in typical setting. 4.2 Involve families in their use and understanding of the developmental checklists.

5. Developing Collaborative Community Child Find Plans	5.1	Work with early childhood partners that conduct child find activities, including WV Birth to Three, childcare, Head Start, Early Head Start, and preschool special education to develop child find strategies appropriate to the community. Strategies could include:
		    joint screening;
		    screening incorporated during other planned activities;
		    development of joint materials; and
		    coordination and sharing of available information by partners.

	5.2	Work with other community partners such as Right From the Start, Starting Points centers, Health Departments, Department of Human Services, civic groups, and health care providers.
	5.3	Coordinate transportation if needed to make developmental screening available to children.
	5.4	Provide a summary of screening results to the family and appropriate agencies with parent permission.
6. Early Identification of Children with Social/Emotional, Behavioral and/or Mental Health Needs	6.1	Establish community strategies for incorporating recommendations of the Infant Mental Health workgroup (WVECTCR).
	6.2	Encourage training to increase awareness of prevention, identification, and intervention related to temperament, self-regulation, social/emotional, and behavioral or mental health needs of young children.

	6.3	Access training and materials such as those available through:
		    WVECTCR (with request to host a local interagency training)
		    Early Childhood Lending Library (for books, videos, assessment tools)

7. Evaluations and Assessments	7.1	Work with family and other agencies involved with the child to determine the most appropriate setting for evaluation and assessments.
	7.2	Identify current evaluation or assessment information, which may be available.
	7.3	Develop joint strategies for conducting evaluations and exchanging information within confidentiality requirements.
8. Multidisciplinary Team	8.1	Invite family members to be equal members of the team.
	8.2	Identify and invite representation from all appropriate agencies.
	8.3	Share information and results of comprehensive evaluation.
	8.4	Coordinate activities to meet regulatory timelines for the completion of the evaluation process.

Collaboration Area: Service Eligibility

Issue	Collaboration Strategies
1. Addressing Discrepancies in Eligibility Criteria Across Agencies	1.1 Periodically review eligibility requirements of the respective agencies and community partners in order to identify similarities and differences (refer to West Virginia Side by Side Summary of Key Requirements of Participating Early Childhood Systems). 1.2 Identify similarities and barriers and brainstorm strategies to maximize the options. Many times the differences in eligibilities can be an advantage, and provide a greater array of service options. 1.3 Develop cooperative interagency solutions for supporting all children and families (e.g., for children who do not qualify for public school preschool special education upon transition from WV Birth to Three, or families who identify a need for ongoing family support). 1.4 Ensure that all families have information and options for referrals to additional services and community programs.

Collaboration Area: Individual Program Planning

Issue	Collaboration Strategies
1. Enhancing Family Involvement in Planning for Their Child	1.1 Provide families with training and information on advocacy and how to be active participants in making decisions about their child and family's services. 1.2 Link families to resources for parent training and support. 1.3 Have agencies plan joint meetings for families, remembering family needs since family schedules do not always meet agency schedules. 1.4 Conduct a family needs and interests survey.
2. Assuring a Family Friendly Planning Process for Child and Family	2.1 Respect families by collaborating between and among agencies on developing and using practices that will better support families during the service planning process. 2.2 Offer family centered joint trainings for parent involvement, possibly through Parent Education Resource Centers or WVPTI.
3. Coordinating Referrals and Community Programs	3.1 Develop written local agreements between programs to identify specific roles and responsibilities of each agency addressing the needs associated with the referral process and the development of services. 3.2 Identify a primary contact person or liaison within each agency to function as a "service coordinator" with other agencies. 3.3 Clarify roles and responsibilities of community partners including service coordinators. 3.4 Conduct planning meetings (e.g., IEP, IFSP) at locations convenient to community partners.

Collaboration Area: Service Delivery in settings which to the maximum extent possible, are in natural settings typical for the age of the child and which educate children with disabilities along with children without disabilities

Issue	Collaboration Strategies
1. Services in inclusive, natural, least restrictive settings	1.1 Support young children through their typical learning opportunities in home and community settings, including playgrounds, Mother's Day Out, libraries, and early care and education programs such as child care, Early Head Start, Head Start, and preschool settings.
	1.2 Consider current settings for continuation of service program delivery when a child is old enough to exit WV Birth to Three and enter public school.
	1.3 Consider staffing options such as assigning school district staff to work in a community program as their full day assignment and/or providing itinerant services to that site. Services may include education and/or related services using either a consultation or direct service model.
	1.4 Have the school district provide inclusive preschool services by supporting children with disabilities in a preschool program for children without disabilities either in programs which they (the school district) operate or in early care and education programs within their community. For an integrated preschool within an elementary school, tuition for children without disabilities may be charged to help with costs.
	1.5 Use service provider logs between the teacher and/or caregiver and the service provider to share planning and implementation around child/family outcomes/goals. Build in consultation time in early care and education settings.
	1.6 Consider the child's total needs. If necessary, dual placements may be used when appropriate for the child. For example, a child could be enrolled in two programs, attending one program in the AM and another program in the PM. Or, the child could be in one program part of the week and in the other program part of the week. In dual enrollment situations, it is essential for programs to collaborate on all programmatic aspects, especially family involvement.
	1.7 Co-locate programs (e.g., location of a Head Start or early care and education program within a school district setting or preschool special education class within an early care and education program).
	1.8 Value family input in decisions about service delivery and settings. Support the family in a discussion about a range of placement options that include inclusive, natural, least restrictive environments.
	1.9 Assure that transportation needs are addressed as part of the service planning process.

2. Program Quality and Continuity in All Settings (Including Birth to Three, Child Care, school district and Head Start)	2.1 Participate in State Training and Registry System (STARS). 2.2 Periodically review resources/training available through WV Early Childhood Training Connections and Resources (WVECTCR). 2.3 Identify joint training needs across early care and education providers. 2.4 Arrange for cross program visitation by staff in respective programs. 2.5 Access Tadpole trainings, Celebrating Connections, Child Care Resource and Referral Agencies, for individual on-site training and technical assistance to early care and education programs. 2.6 Have all community partners include other agencies in their professional development workshops and public forums. 2.7 Use substitutes to free up teachers. 2.8 Collaborate among agencies in provision of trainings for staff and parents about children with behavioral challenges. 2.9 Collaborate among agencies to support children with behavioral/mental health needs (e.g., community mental health agencies, use psychology interns to assist with behavior interventions at community and school district sites). 2.10 Share the cost of specialists if feasible across agencies and counties. 2.11 Provide training and develop strategies for use of the transdisciplinary service model. 2.12 Observe other community programs that use a collaborative inclusive model.

Collaboration Area: Resource Sharing (including but not limited to, facilities, materials, and equipment, collaborative services, screening, etc.)

Issue	Collaboration Strategies
1. Establishing an Interagency Structure and Communication	1.1 Make a priority of establishing good rapport, mutual respect and regular communication on an interagency basis among administrators and program staff. 1.2 Develop a joint vision and mission statement with agencies having compatible philosophies as this strengthens interagency efforts by underscoring mutual commitment to working with children and families. 1.3 Conduct regularly scheduled Tadpole meetings as a means for people to meet face-to-face and build positive personal relationships as well as effectively pursuing interagency issues. 1.4 Negotiate a written interagency agreement to create a framework for interagency work among early childhood providers and other community agencies. 1.5 Establish agreement on procedures for addressing collaboration areas on an informal basis as well as a formal basis (e.g., written agreement). Sometimes, it is easier to "field test" informal agreements prior to formal adoption. Also, it may be helpful to formally address procedures that are likely to change frequently on a broad basis, leaving details to informal procedures (e.g., articulating through joint agency timelines or a common form that will be used for a particular purpose).
2. Facilities	2.1 Use school district space for local Head Start programs to allow for inclusive educational opportunities. 2.2 School districts may provide special education services to children in Head Start or child care settings to address the issue of placement options.
3. Fiscal Resources	3.1 Minimize duplication, by sharing resources among Head Start, Birth to Three and school district. Resource sharing may not necessarily involve the exchange of funds, but rather the joint utilization of services. 3.2 Funds may be blended across agencies for resource sharing and training among Birth to Three (Part C), Head Start, Public School Preschool Part B and/or Title I services. 3.3 Coordinate other community financial resources such as public health programs including Health Check, Children with Special Health Care Needs, and non-emergency medical transportation, (NEMT).
4. Time for Collaboration	4.1 Plan meeting times in collaborative manner in order to allow for mutually convenient times. 4.2 Seek funding for release time to work on interagency projects.

5. Getting Support From Decision-makers	5.1	Clarify decision-making channels and timelines both within the interagency group and within each of the respective agencies represented. Interagency agreements/ procedures should address which issues the interagency group can decide on its own vs. those issues that need to be passed by decisions makers outside of the inter-agency group.
	5.2	Keep decision-makers informed and solicit their input. This is an effective method for assuring that they will be more likely to accept recommendations when finalized.
6. Before and After-school Child Care	6.1	Schools, childcare providers, and Head Start providers can work together to ensure that children have access to full day early care and education. (Jointly address needs for after school care)
7. Summer Services	7.1	Address extended school year in interagency agreements, identifying how early childhood partners such as Birth to Three, child care, or Head Start can assist in providing documentation to determine the need for extended school year services.
	7.2	Provide collaborative summer camp experiences such as Energy Express.
	7.3	Provide services through parks and recreation and other community programs.
8. Playgrounds	8.1	Work with School Improvement Councils and/or Family Advisory Councils to ensure that playgrounds are accessible.
	8.2	Explore community grants, childcare improvement grants, and other options for support.
	8.3	Pursue projects on an interagency basis to improve community playgrounds, e.g., to make accessible for people with disabilities, to provide a place for parents to meet, to provide a source of special adaptive playground equipment (at least one per community), or to test for health hazards such as lead.
9. Respite Care	9.1	Link families to respite through the regional Developmental Disabilities Family Support Program, or through the regional Department of Human Services for at-risk children.
	9.2	Link families of children with extreme disabilities to apply for Home and Community Based Waiver services, where respite is an available service.
10. Natural social opportunities for children with special needs (friends, play, parties, groups)	10.1	Develop a network among special education, Birth to Three, Head Start, childcare and community agencies, libraries and businesses, including parks and recreation services, as a way to provide community-based opportunities.
	10.2	Provide assistance to enable families to maintain their natural support networks.

Collaboration Area: Transition

Issue	Collaboration Strategies
1. Coordination of Transition Procedures and Timelines	1.1 Establish an interagency early care and education committee (e.g., school district, child care, Birth to Three, Head Start) as a vehicle for coordinating transition and other collaboration activities. 1.2 Establish one contact in each agency for transition activities. This helps to eliminate confusion for staff and families. 1.3 Develop interagency procedures and timelines to assure smooth transition (rather than last minute) from early care or education programs/systems to school district programs. Schedule one transition meeting/process at least 6 months prior to the child transitioning into a school district. 1.4 Negotiate a common form between WV Birth to Three and WIC to be sent to doctors for health information that is updated annually and can be used for transition to school districts. 1.5 Use the Transition Checklist developed by the WV Early Childhood Transition Steering Committee as a basis for negotiating overall timelines and for tracking transition activities for individualized children.
2. Transition Forms Developed and Used on a Collaborative Basis	2.1 Develop a standard form for transition from one early care or education program/system to another (e.g., Birth to Three to school district, Head Start to school district, child care to Head Start). 2.2 Use forms to refer children to other early care and education programs when found not eligible for initial referral program. 2.3 Develop and use an interagency form to help parents prepare for their child's IFSP/IEP meeting.
3. Evaluations at the Time of Transition	3.1 Establish procedures for not duplicating evaluations between sending and receiving agencies during transition. 3.2 For referrals to school districts, provide each school that has a child entering their program with an early care and education informational packet (early care or education program summary, family profile information, health summary and a "readiness" checklist. 3.3 Develop procedures so that receiving program staff can evaluate or observe children in the sending agency early care or education setting.

4. Assisting Children Through Transition		
	4.1	Establish an early care and education interagency committee to develop common curriculum benchmarks in order to facilitate program continuity among all providers.
	4.2	Develop and implement inclusive early care and education programs.
	4.3	Provide receiving teacher with informational packet for each child transitioning into her/his program. Informal packets may contain work samples, readiness checklists and other information to augment information in the official record of referral information.
	4.4	Arrange for a children's field trip to the receiving program prior to transition. If appropriate, use this field trip as an opportunity for screening activities and/or for parents to register for the program.
	4.5	Arrange for receiving agency/school to host an activity for any child that may be transitioning into the particular program. Children attending the activity are assigned to a kindergarten or other appropriate child group for a snack and/or ride on a school bus (if appropriate).
5. Assisting Families Through Transition		
	5.1	Provide families with information on local agencies (Parent Educator Resource Center, WVPTI, Special Education Advisory Council, Policy Council, Parent Advisory Council) that would be helpful in supporting families during transition.
	5.2	Provide families with access to consultation and training in preparing them for transition and in the expectations of receiving agency. In providing parent training, include parents who have been through the process to share their experiences.
	5.3	Link parents to other parents who have been through the transition process, either formally or through an "informal" buddy system.
	5.4	Provide families with written, audio and/or video information on the transition process, and the program(s) into which they are transitioning.
	5.5	Provide families with the opportunity to visit service options prior to transition planning.
	5.6	Develop a transition packet or handbook for families.
	5.7	Assign one agency staff member to be available throughout the transition process in order to provide continuity of people for the family.
	5.8	Provide for receiving agency staff to meet with the parent/family ahead of time to assist them in preparing for the transition process so that they can have a "personal" contact in "the system" and access information they need.

6. Difference in Philosophies Between Early Care and Education Programs and School District	6.1 Link families to other agencies that can provide services that may not be available in the receiving agency. 6.2 Make efforts to change parental perception of education/special education so that they will see these services are more family friendly. 6.3 Use IFSP/IEP Side by Side developed by the WV Early Childhood Transition Steering Committee to help families understand the differences. 6.4 Link families to USE (Understanding Special Education) courses available through local Parent Educator Resource Centers at the county school.
7. Administrative and Direct Staff Having Knowledge and Skills Needed for Their Roles in Transition (including support to families and interactions with other agencies)	7.1 Establish and distribute written interagency transition procedures and forms so that all interagency staff is following the same guidelines. 7.2 Use joint staff training as a way to assure that all staff in all agencies have the same information as well as a way to help staff get to know each other, building positive relationships that will be beneficial during transition. 7.3 Set up cross program visitation for staff so that they will be familiar with the settings from which children and families come and into which they will be transitioning. 7.4 Make available to staff information that they can give to parents to help them in transition, e.g., explanation of the transition process, information on resources and services that can support families in transition or substitute for services previously provided by the sending agency but which will not be available in the receiving agency.

Collaboration Area: Joint Staff Training

Issue	Collaboration Strategies
1. Joint Staff Training	1.1 Offer workshops across agencies with common interests. Cross-agency training can be cost effective and can help assure that staff from multiple agencies has a common knowledge basis. Being trained together is also an excellent way for staff from various agencies to get to know each other better, building positive relationships that serve as a foundation for effective collaboration. 1.2 Collaborative early childhood community partners can request support for a local training through the WVECTCR. 1.3 Have school districts offer training on screening for staff from community programs (e.g., Head Start, child care) to assure that appropriate screening procedures for school district entry are understood utilized. 1.4 Provide teacher mentoring and transition training using round table discussions facilitates to promote sharing of information. Consider providing a meal and baby-sitting. 1.5 Provide training for staff from multiple agencies, on a topic of mutual interest such as 'children with behavioral issues'. 1.6 Enroll early childhood partners on the email list for WVECTCR and through the Child Care Resource and Referral Agencies.
2. Knowledge of Community Agencies as Well as Skills for Working Together Effectively	2.1 Provide written information on community resources, including materials that could be helpful for both staff and families (depending on format) to increase their knowledge of the resources, limitations, terminology and responsibilities of the various agencies in the community. 2.2 Provide cross-agency training regarding working with various agencies. 2.3 Plan activities that require teamwork among agencies for relationship building, e.g., joint training on conflict resolution. 2.4 Pool monies across agencies for training among Birth to Three, Head Start, schools and child care. This is possible with no federal complications, assuming the expenditure is for an allowable cost. If funds are not available from all participants, either let them participate at no cost or let them contribute in-kind, e.g., providing training space, sharing audio visual equipment, or copying handouts.
3. Professionals Trained in Mental Health at the Early Childhood Level	3.1 Conduct joint training across agencies with families and staff, e.g., techniques to help children develop behavioral self –control (promotes consistent strategies across settings). 3.2 Access resource people on this topic through the WVECTCR.

	3.3 Provide cross-agency training on ways to structure programs or modify curricula to provide opportunities for more appropriate behavior. 3.4 See www.ideapractices.com and other online resources for intervention strategies. 3.5 Borrow resource materials from ECLL.