

Sources of Information About Partnership and Collaborative Projects

David C. Diehl and Carol M. Trivette

This *Milemarkers* bibliography includes selected references to sources of information about partnership and collaborative projects that are the basis of locating children who may be eligible for early intervention or preschool special education. Sources of information about partnerships and collaborative arrangements in physician office-based programs, hospital-based programs, and partnerships with other programs and agencies, are included. The references should be useful to practitioners who plan to develop partnerships and collaborative projects with primary referral sources for increasing referrals to early intervention or preschool special education.

Partnerships and collaborations with programs and organizations that serve infants and young children who may be eligible for early intervention or preschool special education services constitutes one approach for increasing the effectiveness of child find activities. The use of primary referral sources, especially health care professionals, is clearly emphasized in both the Individuals with Disabilities Education Act Amendments (1997) and the reauthorization of the IDEA Act (2004) as one approach to child find. Professionals working in physician offices, hospitals, and other medical settings frequently encounter infants and children who may be eligible for early childhood intervention services. Similarly, community agencies and programs such as Early Head Start and the child welfare system encounter many children who may benefit from early intervention and preschool special education.

A review of the literature finds that partnership and collaborative projects can be organized into the following categories: (1) *physician office-based programs* where early intervention staff do screenings or provide educational opportunities to physicians on the importance of early intervention (Reisinger & Lavigne, 1980); (2) *hospital-based programs* that typically focus on the early identification of infants who may be eligible for early intervention services, especially those born prematurely or with identified medical conditions (Browne, Langlois, Ross, & Smith-Sharp, 2001), and (3) *other partnerships* between early childhood intervention programs and other community agencies and programs (Summers et al., 2001).

This *Milemarkers* includes selected references to research and practice for each of these types of partnerships and collaborations that practitioners responsible for locating eligible children should find informative and useful for improving child find activities. Partnerships and

collaborative projects are one type of child find activity (Dunst & Trivette, 2004) that constitutes the focus of research and practice at the Tracking, Referral and Assessment Center for Excellence (www.tracecenter.info).

Partnership and Collaborative Projects

Physician Office-Based Collaborations

Office-based partnerships and collaborations with physicians include a variety of activities that can strengthen child find activities and promote the referral of children with disabilities or at risk for disabilities to early intervention or preschool special education programs (Buck, Cox, Shannon, & Hash, 2001). Pediatricians and family practitioners, as well as other physicians, are especially important partners for identifying infants and young children who may be eligible for early childhood intervention services. Collaborative arrangements with physicians often include activities where medical and early intervention staff develop procedures and practices that enhance services for young children.

The types of collaborations vary from those increas-

Milemarkers is a publication of the Tracking, Referral and Assessment Center for Excellence (TRACE) funded by the U.S. Department of Education, Office of Special Education Programs (H324G020002). Opinions expressed in this publication are those of TRACE and do not necessarily reflect the views of the U.S. Department of Education. TRACE is a major initiative of the Center for Improving Community Linkages, Orelena Hawks Puckett Institute, www.puckett.org. Copyright © 2006 by the Orelena Hawks Puckett Institute. All rights reserved.

ing referral communication to the joint development of an intervention program including screening, to those focusing on eligibility determination and service provision in pediatric settings (Reisinger & Lavigne, 1980). PEDI-Link (2005) identified two collaborative models between pediatric health care providers and early intervention specialists that are likely to increase referrals to early intervention. One model focused on joint developmental screenings and the second model focused on improved developmental assessments that enhance further referral when appropriate.

The resources in this section of the bibliography provide information on partnerships with physicians, and materials and presentations to support physicians as part of child find activities.

- Buck, D. M., Cox, A. W., Shannon, P., & Hash, K. (2001). Building collaboration among physicians and other early intervention providers: Practices that work. *Infants and Young Children, 13*(4), 11-20.
- PEDI-Link. (2005). *PEDI-Link web site*. Retrieved on June 26, 2005, from <http://www.uvm.edu/%7Ecdci/pedilinks/homepageframe.htm>.
- Project Seek. (n.d.). *A user's guide to early intervention services: Seminar I. Realistic strategies to identify children eligible for early intervention services in primary care practice*. Retrieved on June 26, 2005, from <http://www.seek.hawaii.edu/Presentations/presentation.htm>.
- Project Seek. (n.d.). *A user's guide to early intervention services: Seminar II. Simple ways to ensure children get needed early intervention services*. Retrieved on June 26, 2005, from <http://www.seek.hawaii.edu/Presentations/presentation.htm>.
- Reisinger, J. J., & Lavigne, J. V. (1980). An early intervention model for pediatric settings. *Professional Psychology: Research and Practice, 11*, 582-590.
- Shapiro, B. J., & Derrington, T. (2003, November). *Improving identification of babies with special needs: Working both sides of the public/private divide*. Presentation at the Association of University Centers on Disabilities Annual Meeting, Bethesda, MD, November 11, 2003. Retrieved on June 26, 2005, from <http://www.seek.hawaii.edu/Presentations/presentation.htm>.
- Shapiro, B., Derrington, T., & Smith, B. (2003). Educating the health community: Selling early intervention to primary care physicians. *California Journal of Health Promotion, 1*, 105-124.
- Solomon, R., Clougherty, S. L., Shaffer, D., Hofkosh, D., & Edwards, M. (1994). Community-based developmental assessment sites: A new model for pediatric "child-find" activities. *Infants and Young Children, 7*(2), 67-71.

Hospital-Based Collaborations

Hospital-based collaborations and partnerships focus on fostering mutual cooperation between hospital- and community-based programs to identify children who might be eligible for early intervention or preschool special education services and on facilitating a transition from hospital care to home- and community-based service provision (Boone, Freund, Barlow, Van Ark, & Wilson, 2004). Hospitals are natural partners for developing collaboration with early intervention programs because infants and children who are at risk for developmental disabilities or delays often receive intensive care in hospitals at birth or early in life. For example, children who are born prematurely or who have identified special health care needs are more likely to need early intervention services. Hussey-Gardner and his colleagues (2002) described a model where health care partners work with early intervention staff to identify and serve infants who are eligible for early intervention services. Infants identified in the neonatal intensive care unit as being in need of services are referred directly to early intervention staff at the hospital, where identification and enrollment occur quickly while the infant is in the hospital. In many cases, this collaboration results in enrollment in a single day. This model maximizes the likelihood of identifying at-risk infants very early in their lives, streamlines entry into the early intervention system, reduces duplications of evaluations, and speeds up the delivery of services to families.

Partnerships between hospitals and early intervention programs frequently take place in the context of developmentally based care and family-centered practice, and desire to embrace a comprehensive, cross-disciplinary approach to working with young infants, their families, and community partners (Boone et al., 2004; Miller, Mutton, & Williams, 1993). Pre-service training of early intervention practitioners by NICU nurses is another means of establishing communication and encouraging partnership between hospital staff and early intervention practitioners (Miller et al., 1993). The resources in this section of the bibliography provide information on collaboration with hospital-based programs that should be helpful in developing partnerships with and referrals to community-based early intervention programs.

- Boone, H. A., Freund, P. J., Barlow, J. H., Van Ark, G. G., & Wilson, T. K. (2004). Community Pathways: Hospital-based services that individualize supports for families and children. *Young Exceptional Children, 7*(2), 10-19.
- Browne, J. V., Langlois, A., Ross, E. S., & Smith-Sharp, S. (2001). Beginnings: An interim individualized family service plan for use in the intensive care nursery. *Infants and Young Children, 14*(2), 19-30.

- Hadden, D. S. (2000). The long anticipated day: Strategies for success when a premature infant comes home from the neonatal intensive care unit. *Young Exceptional Children*, 3(2), 21-26.
- Hussey-Gardner, B., McNinch, A., Anastasi, J. M., & Miller, M. (2002). Early intervention best practice: Collaboration among an NICU, an early intervention program, and an NICU follow-up program. *Neonatal Network: The Journal of Neonatal Nursing*, 21(3), 15-22.
- Miller, M., Mutton, C., & Williams, B. F. (1993). Collaborative experiences for NICU and early childhood education personnel. *Neonatal Network*, 12(7), 37-42.

Community-Based Collaborations

Early childhood intervention programs can also create a variety of collaborative arrangements with community programs and agencies for child find purposes. These types of partnerships and collaborative initiatives are often established with community-based programs where early intervention or preschool special education staff conduct screenings or provide services to infants, toddlers, and preschoolers. Early Head Start and Part C programs, for example, often work closely together on the delivery of services to young children with disabilities (Johnson et al., 2004; O'Hare & Printz, 2003; Peterson et al., 2004; Summers et al., 2001).

Summers and her colleagues (2001) examined collaboration between six Early Head Start programs and their corresponding Part C agencies in five states. Areas of collaboration focused on joint screenings at events such as community health fairs. These opportunities streamline the referral process and enhance program knowledge among professionals. Other collaboration efforts included the acceptance and use of each others' assessment forms and evaluation information so that the burden on families is reduced.

In addition to Early Head Start, staff in other programs, especially in the child welfare system, are showing increased interest in collaboration regarding early intervention. Because many children in the child welfare system are at risk for poor developmental outcomes, partnerships with the child welfare programs have become increasingly important (Robinson & Rosenberg, 2004). Strategies for developing community level collaboration efforts between child welfare and Part C are described by Robinson, Rosenburg, Teel and Stainback-Tracy (2003). These partnerships can increase joint trainings between child welfare and Part C practitioners to increase knowledge that will lead to referrals and increase enrollment of eligible infants into Part C. This type of collaboration will increase attention to the special needs of children within the child welfare system.

The resources in this section of the bibliography

focus on the creation of formal relationships between early intervention and other programs and agencies in the community as well as training and capacity-building approaches that are designed to maximize the ability of community-based programs to identify and refer children who are eligible for early childhood intervention. The references in this section of the bibliography focus on the partnership with Head Start and child welfare agencies and information on building partnerships that apply to other community groups such as homeless shelters providing care to families who are raising children at risk for poor outcomes.

- Johnson, S., Marlow, N., Wolke, D., Davidson, L., Marston, L., O'Hare, A., Peacock, J., & Schulte, J. (2004). Validation of a parent report measure of cognitive development in very preterm infants. *Development Medicine and Child Neurology*, 46, 389-397.
- Long, T. M. (2001). *Serving children with disabilities: Handbooks for child welfare workers*. Georgetown University Child Development Center, Center for Child Health and Mental Health Policy. Retrieved June 26, 2006, from http://gucchd.georgetown.edu/topics/special_health_needs/object_view.html?objectID=2597.
- O'Hare, M. C., & Printz, P. H. (2003). *Collaboration in New Hampshire: A look at service integration between Early Head Start and family-centered early supports and services*. Newton, MA: Education Development Center.
- Peterson, C. A., Wall, S., Raikes, H. A., Kisker, E. E., Swanson, M. E., Jerald, J., Atwater, J. B., & Qiao, W. (2004). Early Head Start: Identifying and serving children with disabilities. *Topics in Early Childhood Special Education*, 24, 76-88.
- Robinson, C., Rosenberg, S. A., Teel, M. K., & Stainback-Tracy, K. (2001). *Interagency collaboration: A guidebook for child welfare & Part C (U.S. DOE Project #CFDA 84.324T)*. Denver: University of Colorado Health Sciences Center, JFK Partners.
- Robinson, C. C., & Rosenberg, S. A. (2004). Child welfare referrals to Part C. *Journal of Early Intervention*, 26, 284-291.
- Summers, J. A., Steeples, T., Peterson, C., Naig, L., McBride, S., Wall, S., Liebow, H., Swanson, M., & Stowitschek, J. (2001). Policy and management supports for effective service integration in early Head Start and Part C programs. *Topics in Early Childhood Special Education*, 21, 16-30.

Summary

Partnership and collaborative projects are a promising approach to improving child find activities in both

medical and nonmedical settings. Such collaborative approaches are encouraged in the IDEA regulations, but much of the literature focuses on the challenges of engaging partners in serious partnerships that lead to better child find activities. This *Milemarkers* includes selected references to a variety of models and approaches that contribute to our understanding of how to form more effective partnerships between professionals and organizations as one way of improving child find.

Acknowledgments

Appreciation is extended to Teresa Imfeld for editing and Kaki Roberts for final layout of the manuscript.

Authors

David C. Diehl, Ph.D., is Associate Research Scientist at the Orelena Hawks Puckett Institute in Austin, Texas (ddiehl@puckett.org). Carol M. Trivette, Ph.D., is Co-Principal Investigator of the Tracking, Referral and Assessment Center for Excellence (TRACE) and Research Scientist at the Orelena Hawks Puckett Institute in Morganton, North Carolina (trivette@puckett.org).

References

Boone, H. A., Freund, P. J., Barlow, J. H., Van Ark, G. G., & Wilson, T. K. (2004). Community Pathways: Hospital-based services that individualize supports for families and children. *Young Exceptional Children, 7*(2), 10-19.

Browne, J. V., Langlois, A., Ross, E. S., & Smith-Sharp, S. (2001). Beginnings: An interim individualized family service plan for use in the intensive care nursery. *Infants and Young Children, 14*(2), 19-30.

Buck, D. M., Cox, A. W., Shannon, P., & Hash, K. (2001). Building collaboration among physicians and other early intervention providers: Practices that work. *Infants and Young Children, 13*(4), 11-20.

Dunst, C. J., & Trivette, C. M. (2004). Toward a categorization scheme of child find, referral, early identification and eligibility determination practices. *Tracelines, 1*(2), 1-18. Available at http://www.tracecenter.info/tracelines/tracelines_vol1_no2.pdf

Hussey-Gardner, B., McNinch, A., Anastasi, J. M., & Miller, M. (2002). Early intervention best practice:

Collaboration among an NICU, an early intervention program, and an NICU follow-up program. *Neonatal Network: The Journal of Neonatal Nursing, 21*(3), 15-22.

Individuals with Disabilities Education Act Amendments, 20 U.S.C. § 1431(a)(4) (1997).

Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. § 1435(a)(5).

Johnson, S., Marlow, N., Wolke, D., Davidson, L., Marston, L., O'Hare, A., Peacock, J., & Schulte, J. (2004). Validation of a parent report measure of cognitive development in very preterm infants. *Development Medicine and Child Neurology, 46*, 389-397.

Miller, M., Mutton, C., & Williams, B. F. (1993). Collaborative experiences for NICU and early childhood education personnel. *Neonatal Network, 12*(7), 37-42.

O'Hare, M. C., & Printz, P. H. (2003). *Collaboration in New Hampshire: A look at service integration between Early Head Start and family-centered early supports and services*. Newton, MA: Education Development Center.

PEDI-Link. (2005). *PEDI-Link web site*. Retrieved on June 26, 2005, from <http://www.uvm.edu/%7Eeccdci/pedilinks/homepageframe.htm>

Peterson, C. A., Wall, S., Raikes, H. A., Kisker, E. E., Swanson, M. E., Jerald, J., Atwater, J. B., & Qiao, W. (2004). Early Head Start: Identifying and serving children with disabilities. *Topics in Early Childhood Special Education, 24*, 76-88.

Reisinger, J. J., & Lavigne, J. V. (1980). An early intervention model for pediatric settings. *Professional Psychology: Research and Practice, 11*, 582-590.

Robinson, C., Rosenberg, S. A., Teel, M. K., & Stainback-Tracy, K. (2003). *Interagency collaboration guidebook: A strategic planning tool for child welfare & Part C agencies*. JFK Partners Early Identification Project. Retrieved on June 26, 2005, from <http://jfkpartners.org/Content/PDF/Interagency-Guidebook.pdf>

Robinson, C. C., & Rosenberg, S. A. (2004). Child welfare referrals to Part C. *Journal of Early Intervention, 26*, 284-291.

Summers, J. A., Steeples, T., Peterson, C., Naig, L., McBride, S., Wall, S., Liebow, H., Swanson, M., & Stowitschek, J. (2001). Policy and management supports for effective service integration in early Head Start and Part C programs. *Topics in Early Childhood Special Education, 21*, 16-30.