

COLLABORATION

issue



Dana McGrath
ECI Director

A Message from the Director

You may be wondering why there are food photos on the front of the *ECI Connection*. I encourage you to look deeper to see if you recognize the connection... Each of these items commonly “go together.” Likewise, in our work in ECI, we have a number of natural partners who when we work closely together, we make our services better.

One of the primary charges of the Individuals with Disabilities Education Act is the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families.

In this edition of the *ECI Connection*, you will hear from some of our partners about their services and how they can work with our ECI families. As local programs are challenged to do more with less, we cannot afford to operate in silos, but rather must continually leverage our community resources and partners by working together to efficiently and effectively serve families.

Enjoy this special edition!

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Impacting the Lives of Infants and Young Children with Visual Impairments

Holly Cooper, Ph.D. – Deafblind Early Childhood Specialist,
Texas School for the Blind and Visually Impaired



Did you know that vision is involved in 90% of the learning that occurs in early childhood? Babies and young children learn by looking at toys and objects, and watching what people around them are doing. They watch their own hands and feet, look at pictures, and imitate others. What if a baby doesn't see well, or doesn't see at all? Having a visual impairment can slow a child's acquisition of skills and understanding of the world. Special teaching techniques and tools support the developmental needs of children with visual impairments. One of the most important things you can do to help a child is to recognize there is a vision problem, so that the child can get specialized treatment.

ECI providers are not expected to be vision specialists, but because they are knowledgeable about early development, they may be able to identify vision problems. Watching a baby's eyes can provide a lot of information about how the little one sees the world. Does the baby look at his mother's eyes and face when she talks? Do the eyes look unusual? Does the baby squint or seem sensitive to light? Young children who rub their eyes, have excessive tearing, or tilt their head to look at something may have vision problems. Both eyes should look directly at a person or object by the time a baby is three or four months of age. When looking at something, the eyes should be still, and not drift or wiggle.

Infants and young children who have medical conditions or other health problems are at higher risk for vision impairment. Babies born prematurely, or who had head injuries, strokes or other conditions that caused oxygen deprivation can lose vision or the ability to cognitively process visual information. If a baby has cataracts or glaucoma, even if it has been treated, he or she may still have a permanent loss of vision. Albinism or lack of pigmentation of the skin usually affects the pigmentation of the eyes, causing visual impairment and light sensitivity. Genetic syndromes can cause visual impairment; these include Down syndrome and CHARGE syndrome. Other conditions such as cerebral palsy and optic nerve hypoplasia often are accompanied by vision impairment. In some cases, children can have surgery or wear glasses and have their resulting vision corrected to the normal range. For others, treatment may improve their vision but still not result in typical sight.

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Impacting the Lives of Infants and Young Children with Visual Impairments

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Vision milestones that happen in typical development

At birth:

- Focus on objects 8-10 inches away
- Have difficulty using both eyes together

At 3 months:

- Visually follow moving objects
- Eyes are beginning to work together
- Shows the beginning of a visually directed reach

At 6 months:

- Turns head to see objects
- Uses an accurate reach
- Has good color vision, may have a favorite color
- Sees at greater distances
- Picks up dropped toys

At 12 months:

- Shows interest in pictures
- Points and gestures
- Places shapes in board
- Judges distances
- Recognizes own face in mirror

At 18 months:

- Recognizes familiar objects
- Scribbles with crayons or pens
- Shows interest in exploring

If a child shows a delay in some of these skills, providers often assume it is due to a cognitive or motor delay, but a visual impairment should always be ruled out. If an infant or young child looks or behaves in a way that may indicate a problem with vision, refer the child for an eye examination, and depending on the results, testing by a visual impairment specialist at the child's LEA. The child should also be referred to the HHS Blind Children's Vocational Discovery and Development Program.

Even a child who wears glasses may still not see the way other children see and may benefit from services. A visual impairment is a significant disability, and helping a child and family access educational services during the earliest years can make a big difference in learning throughout childhood and later life.

Additional Vision Resources

Texas School for the Blind and Visually Impaired, Infant and Toddlers with Visual Impairment or Deafblindness

www.tsbvi.edu/outreach/4083-infants-toddlers-preschoolers-vi

www.tsbvi.edu/outreach/4058-infant-preschool-services-db

Perkins Scout: Visual Impairment in Early Childhood

www.perkinselearning.org/scout/early-childhood

Blind Children's Vocational Discovery and Development Program

hhs.texas.gov/services/disability/blind-visually-impaired/blind-childrens-vocational-discovery-development-program

Maintaining Relationships: What is Kinship Care?

Debbie Bouldin – Kinship/PCA Specialist, Department of Family and Protective Services

Kinship care is the care of a child by relatives or close family friends, also known as fictive kin. Kinship caregivers are the preferred placements for children who must be removed from their homes because it maintains the child's connections with their families and communities.

There are many benefits to placing a child with relatives or other kinship caregivers. A child in kinship care:

- Is less likely to re-enter care than a child in foster care.
- Experiences fewer placement changes.
- Is more likely to be placed with siblings and maintain relationships with birth parents and relatives.
- Is more likely to remain in their community of origin and maintain connections to cultural identity.
- Experiences less trauma than a child placed with strangers, and it enables a child to live with people they know and trust.

Despite its benefits, kinship care is not without challenges. Research shows that kinship caregivers are more likely than non-kinship foster parents to:

- Face racism, discrimination and have language barriers.
- Not have a high school degree or GED equivalent.
- Face physical and mental health issues.
- Be single and age 50 or older.
- Have unique work schedules.
- Lack adequate transportation.
- Face financial burdens.



Supporting Kinship Families

Because kinship care is so valuable to the safety, permanency, and well-being of children in substitute care, it is vital that support services are initiated soon after placement. To ensure placement stability and success, the Department of Family and Protective Services (DFPS) Kinship Program, also called the Relative and Other Designated Caregiver (RODC) Program, provides:

- Case management
- Referral to resources
- Daycare
- Advocacy
- Regular visits
- Training
- Continual assessments

DFPS also provides a monthly reimbursement payment of \$11.55 per day per child to qualifying kinship caregivers.

To be eligible, caregivers must:

- care for a child currently in CPS care.
- have a CPS approved home assessment.
- not be a verified foster home or group home receiving maintenance payments.
- sign and abide by the Kinship Caregiver Agreement.
- have a total household income that is not more than 300% of the federal poverty level. Total family income must include all household members. This includes parents and anyone who moved in on or after the child was placed in the caregiver's home.

The monthly reimbursement payment is provided to the eligible kinship caregiver for 12 months. DFPS may extend this reimbursement payment for an additional 6 months upon a "good cause" determination.

Additionally, if the kinship caregiver receives permanent custody (called "permanent managing conservatorship") of the child through the court, and meets the eligibility requirements, they can request a \$500 annual reimbursement for child-related costs. DFPS can reimburse caregivers for up to three years or until the child turns 18, whichever comes first.

For more information on kinship care support:

Debbie Bouldin
512-438-4937

www.dfps.state.tx.us/Adoption_and_Foster_Care/Kinship_Care/

www.facebook.com/TexasKinshipCaregivers

Talking Prevention and Intervention: A Look at PEI

Joe Olivieri – Public Awareness Specialist, PEI

The Prevention and Early Intervention (PEI) Division of the Department of Family and Protective Services (DFPS) uses a public health framework to prevent child maltreatment and fatalities and support positive child, family and community outcomes. The framework uses data and stakeholder feedback to assess the effectiveness of programs and adjusts program delivery accordingly.

PEI creates the infrastructure to apply research, data and expertise to a system of family strengthening programs. Through partnership and inter-agency collaboration, PEI helps address underlying issues that can lead to negative outcomes, including poverty, family instability, poor health, substance abuse, mental illness and more.

The division funds and manages programs targeted to families and youth from prenatal to age 18, and designs and delivers public awareness campaigns intended to normalize parenting stress and inform families about safe sleep practices.

PEI's early childhood programs include:

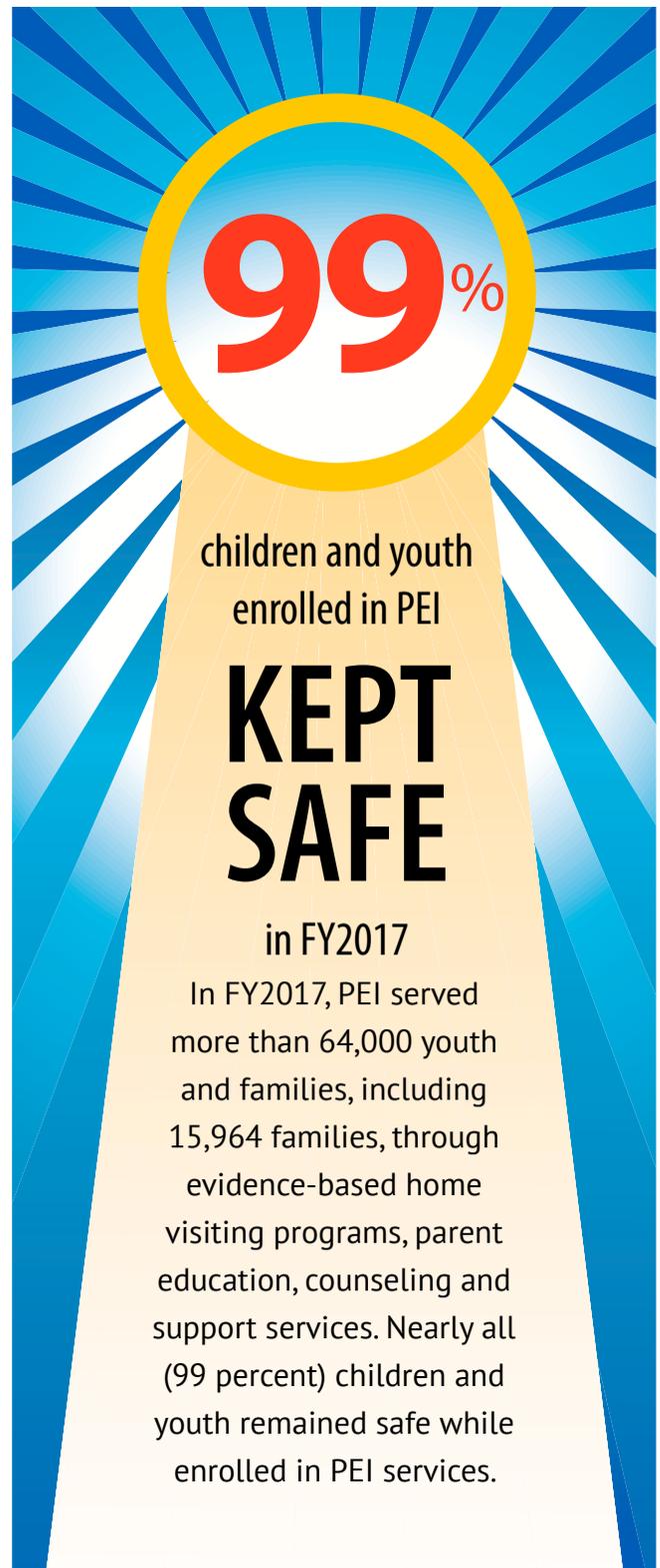
- Fatherhood EFFECT
- Home Visiting, Education and Leadership
- Helping through Intervention and Prevention
- Healthy Outcomes Through Prevention and Early Support
- Nurse-Family Partnership
- Texas Home Visiting

These programs are voluntary and free of cost, and are administered through contractors and subcontractors in communities across Texas. Program descriptions can be found at: www.dfps.state.tx.us/Prevention_and_Early_Intervention/About_Prevention_and_Early_Intervention/programs.asp.

PEI programs may be able to serve ECI families. To find service providers in your area, visit www.helpandhope.org/Find_Help/default.asp.

For more information about PEI's early childhood programs:

Audrey.Spanko@dfps.state.tx.us
Sofia.Santillana@dfps.state.tx.us



WIC: Your Health and Resource Partner

Melanie Smith – Communications Strategist, WIC

One out of every 10 children under the age of 14 has some type of special need. That means there are a lot of parents who need support and access to resources to help them and their children. WIC, the supplemental nutrition program for Women, Infants and Children, is a resource you may have heard of, but there is so much more to the program.

WIC is a nutrition education program. Our team of nutritionists, registered dietitians and lactation consultants are equipped with the knowledge to help children meet their unique nutritional needs.

Many people associate WIC with baby formula, and many clients stop using their WIC benefits after one year, but they are eligible for WIC until their child's 5th birthday. During that time, WIC staff will continue to track the child's growth and health to ensure the child is meeting his or her nutritional goals.

Parents also receive one-on-one nutritional counseling and healthy food. WIC families are required to take courses to help them learn about healthy eating and living. While WIC lasts five years, these lessons last a lifetime, leading to a healthier Texas.

Another unique benefit of WIC is that it allows families receiving Special Nutrition Assistance Program (SNAP) benefits, often referred to as food stamps, to stretch their monthly allowance. Many families find they can purchase higher quality and more nutritious foods when they use WIC and SNAP together.

Who WIC Helps

- Pregnant women
- Post-partum women
- Children under the age of five
- Parents, grandparents or guardians of children under the age of five

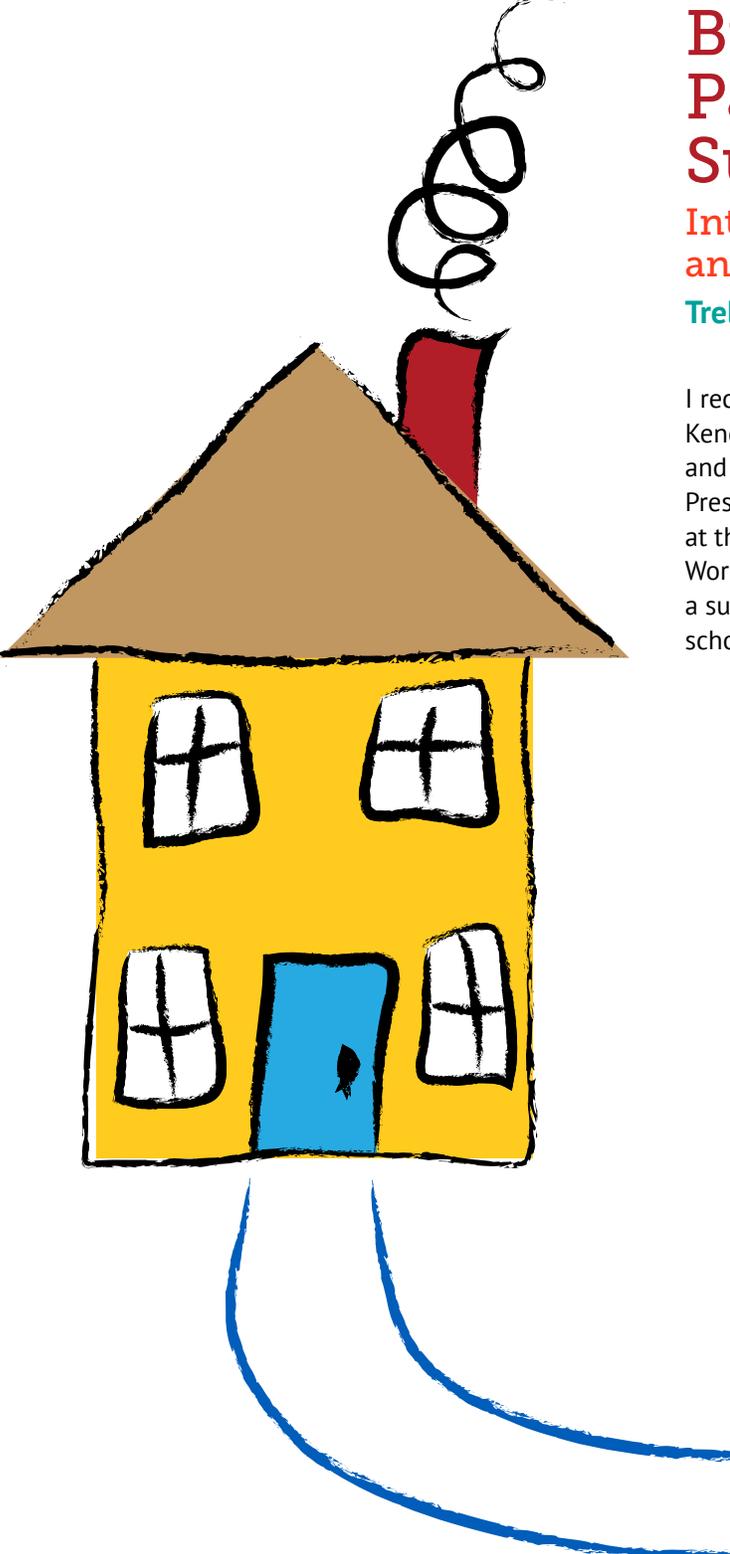
How to contact WIC

WIC is your health and resource partner. Have your clients call **1-800-942-3678** to get started today.

5 ways WIC helps families that you might not know about

1. WIC International Board Certified Lactation Consultants (IBCLCs) can help a mom get breastmilk for their premature infant.
2. WIC registered dietitians can help parents ensure they're meeting the nutritional needs of a child with dietary restrictions.
3. WIC staff can also guide parents to other resources a family may need such as help with developmental delays, or even making sure the bills get paid.
4. WIC provides online courses about healthy eating, food safety, active play for children, and many more subjects.
5. WIC provides nutritious food.

Remember: WIC assists families until their child's 5th birthday!



Building a Strong Partnership for Successful Transition

Interview with Laura Kender and Lynn Sullivan

Trellanie Bostic – Information Specialist, ECI

I recently had the opportunity to spend time with Laura Kender, ECI Program Director for MHMR of Tarrant County and Lynn Sullivan, Consultant for the Early Childhood / Preschool Program for Children with Disabilities (PPCD) at the Education Service Center (ESC) Region 11 in Fort Worth, to learn how they have established and maintained a successful partnership for a child's transition from ECI to school district services. Here are highlights of the interview.

How long have you two been working together?

Lynn: We've had the pleasure of working together for many years. When Laura was previously in the Fort Worth area, we developed a good working relationship. So when I heard she was returning, I knew this would be a great opportunity to strengthen what was a fragile relationship between our programs and to try to make it stronger.

Laura: Yes, we met many years ago. When I became the Program Director at MHMR of Tarrant County, our previous history together made it quite easy to pick up where we left off. We both wanted to improve the relationship between the ECI Program & the ESC, so that was a common goal.

What prompted you to begin working together?

Laura: I knew I needed to strengthen the working relationship with our ESC. Lynn took the time to educate me. We both knew we had to figure out a way to make this work and wanted to set aside any past experiences and focus on serving children and families. Any progress we made would strengthen our relationship and ultimately help us to provide better services for families. I always say, "Building the relationship – families first."

Lynn: It was plain and simple there was a lack of knowledge on our part about ECI, and the same was true for ECI about the ESC. We knew about our individual programs but not what we needed from each other to make things work well. We weren't listening for common ground to build upon. Laura and I spent many hours and Sundays planning our strategy to make this work. Like Laura mentioned, it was about "families first."

What steps did you take to initiate this successful partnership?

Laura: We created a new expectation that the ESC become familiar with ECI rules and vice versa. This was step one in understanding each other's perspective, and we became very fluent in each other's rules. My main message is: Know the Rules!

Lynn: Laura traveled, sometimes as far as two hours, to meet face to face with the ESC staff and special education directors. This made a very powerful statement that an ECI program director felt it was important enough for her to take the time to travel and meet them.

Laura: I knew meeting face-to-face would allow for better dialogue and it's something that Lynn and I try to do one to two times a year. It's our road trip!

How long did it take you to feel that this collaboration was in a good place?

Laura: While our partnership was moving along smoothly, we knew we had to get the school districts on board. We developed a comprehensive Memorandum of Understanding (MOU) which took us about a year to complete. However, once it was finalized it provided responsibilities and requirements of ECI and the Local Education Agency (LEA) to help ensure a seamless transition occurred for children.

Lynn: Not all school districts do things the same way. The MOU was our attempt to provide expectations about what was required to help children transition from ECI to the school district. Districts still had their individual processes but the MOU provided some semblance of order to the transition process.

What were some of the challenges you experienced moving this collaboration forward?

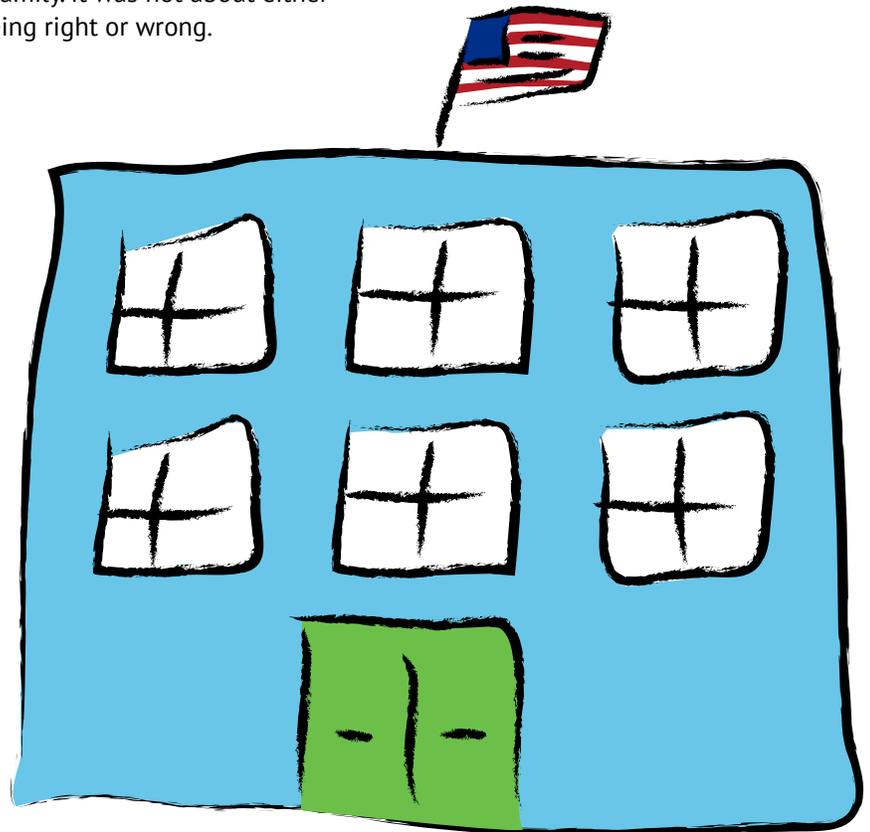
Laura: The biggest challenge for us was the size of our service area, which covers many districts, at least 100-150, and if you include charter schools, we're looking at 200.

Another challenge we've had to deal with is the lack of definition for "potential eligibility." It becomes difficult navigating when one district qualifies a child for special education but in another district a child with the same needs doesn't meet what they consider an educational need. I made a point to keep having conversations with districts about this to help both of us understand the challenges, and to keep the focus on the family. It was not about either of us being right or wrong.

What advice would you have for others about how to address the challenges?

Laura: It is important to understand that it is not our place to tell a school district what to do or that we alone decide what happens. Educating them on our process does take time but it can work. Having that MOU is worth it because expectations are outlined.

Lynn: The MOU is so important. I've seen Laura have a table at a large meeting with many districts in attendance. They can just stop by and sign their MOU and walk away with a copy. This makes it easy for districts to commit to the MOU.



What are you doing to address new challenges and keep the partnership strong?

Lynn: We meet on a regular basis to discuss any challenges. While we may not always agree, we do respect each other's point of view and work towards whatever we need to do that's in the best interest of the family.

Laura: I would agree. This approach has worked well for us.

Any words of wisdom you would like to share with other contractors that are interested in establishing a relationship with their Part B cohort?

Lynn: When there are multiple programs in one ESC's area, it's important that each program develop its own relationship. Each program will have its own needs and circumstances that will need to be addressed. This way your specific program can develop the MOU and tailor it accordingly.

Be creative and come up with ways to get everyone on the same page. For example, Fort Worth ISD and the ECI program share a Google calendar and keep up with appointments. While this took multiple years for everyone to understand, it works.

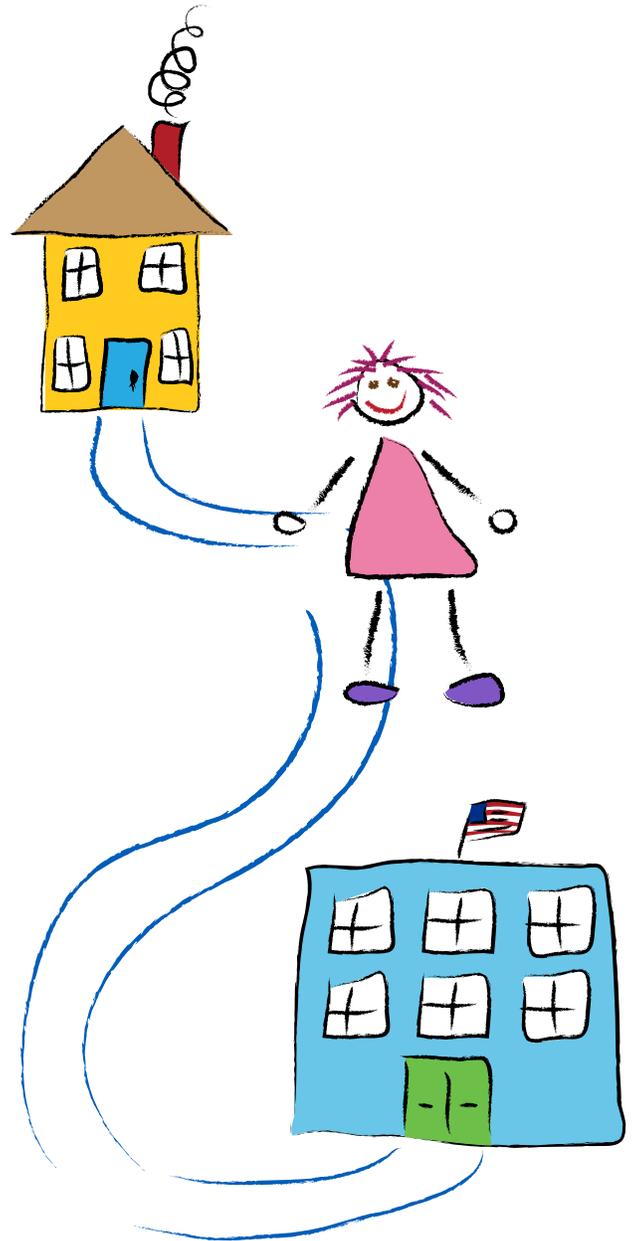
Laura: My advice is that even if you think you know, be open minded with the ESC directors. Make sure you read and understand their rules and understand the climate. Take 5-10 minutes and talk about ECI. Organize your information. A perfect example is when you have turnover, communicate who the new contact will be and in return they should do the same. No one should have to chase a contact. For my program, I am always the point of contact but more so if there is a break in communication for some reason with a staff person.

Here are a few other recommendations:

- Larger offices may want to train all of their staff about transition. Lynn educated me on how that should be done. Maybe smaller ECI programs can have one person handle transition to bring more consistency.
- It's very important to know the AI/VI contact and to tackle the AI/VI issue at the same time. The child still needs to transition to school even if she is already receiving AI/VI services.
- It is extremely helpful when the program director and the ESC's Preschool Program for Children with Disabilities (PPCD) contact person work together.
- Face-to-face meetings help to establish relationships and address issues that may not come up via telephone or email. Try to meet face-to-face with your districts' special education directors.

Final Thoughts

Lynn and Laura both agreed that partnerships always get stronger when the focus remains on children and families. Make a commitment to the work, acknowledge there will be ups and downs and recognize your successes along the way.



We welcome your input!

Email your feedback, suggestions or questions related to the *ECI Connection* newsletter to eci.connection@hsc.state.tx.us. Messages to the *ECI Connection* mailbox should pertain only to the newsletter.