

Nebraska Early Childhood Planning Region Team



Resource Guide

EDN

Early Development Network





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INTRODUCTION / PURPOSE

Membership on the Planning Region Team (PRT) is a serious responsibility. The member's role is that of reviewer of data/information, gaps and barriers eliminator, decision maker, communicator, and committed community leader. This Team has numerous goals and objectives. All members need to be active participants.

This Resource Guide has been created to assist Planning Region Teams to implement and sustain a community-based, interagency and supportive environment for ongoing planning, delivery and evaluation of supports and services for young children birth to five with disabilities and their families. Community members, agency personnel and families of young children recognize the need to plan together to improve and coordinate services.



This Resource Guide is designed to accomplish four functions in support of Nebraska's statewide system of family-centered and integrated early childhood services for children birth to age five.

1. Provide an overview of the Nebraska system's structure, program and activities.
2. Serve as an orientation/training/reference resource for PRT members, and for program staff at the state and local/regional level.
3. Provide resources and contacts for further information to assist in fulfilling PRT responsibilities.
4. Provide contact information for PRTs across the state to encourage and facilitate peer-to-peer collaboration and networking statewide.

While this guide will be updated periodically on the Nebraska Early Development Network web site, we encourage you to use the numerous enclosed web sites and resources to access the most up-to-date information.

As you read and refer back to this document, please ask questions of other team members, your lead agency personnel, and state level supports. It is important that you understand the information shared within this Resource Guide.

Part I

STATE AND FEDERAL LEGISLATIVE HISTORY

This section of the Resources Guide is included to give you the background of your work as a member of your Planning Region Team (PRT). Federal and State information is meant to build your awareness of changes over the years that have led us to where programs, services, and supports are today.



NEBRASKA AND FEDERAL LEGISLATION

In 1975, with the passage of Public Law 94-142, school districts began providing special education and related services to children ages 5 – 21.

In 1978, the Nebraska Legislature passed landmark state legislation known as a “birth mandate” for special education and related services. This legislation, amending the state Special Education Act, required that Nebraska school districts extend the provision of free, appropriate public education to children with disabilities beginning at birth or date of diagnosis. Nebraska’s birth-mandate became effective July 1, 1979. The law also required that each school district participate in a regional plan of services for children with disabilities birth to five. The Nebraska Department of Education was authorized to establish planning regions and determine the content of regional plans through state special education rules and regulations, now known as NDE Rule 51. (Neb Rev Stat 79-1132 and 79-1135).

In 1979, *Planning Region Teams* were established to plan for services across agencies in each region serving children with disabilities birth to five. Originally, 27 Planning Regions were established by the Nebraska Department of Education, made up of the 17 Educational Service Units and the 10 largest school districts. Today, there are 28 Planning Region Teams throughout the state (refer to map and contacts, <http://edn.ne.gov/prtcontacts.html>). The 1995 passage of Nebraska’s Early Intervention Act further defined the work of the interagency planning teams (Neb Rev Stat 43-2512).

In 1986, Part B of the Individuals with Disabilities Education Act (IDEA), the federal special education law, was amended to require that all states extend the availability of free appropriate public education and related services to children with disabilities beginning at age three, according to eligibility criteria established by each state. This section of IDEA did not impact Nebraska, which had been providing services to children with disabilities birth to five since 1979. In addition, the federal IDEA amendments of 1986 added a new section that described the availability of federal dollars to states who wish to extend services to children with disabilities birth to age three.

In 1987, the Nebraska Interagency Coordinating Council (NICC) was formed to meet the requirements of the federal law, IDEA Part C. The Council must be composed of parents (20% of the membership), and at least one member from each of the following groups: public or private service providers, personnel preparation, state legislature, Nebraska Health and Human Services System, Nebraska Department of Education, Nebraska Department of Insurance, Head Start agency, child

care agency, and other members appointed by the Governor. NICC was involved from the very beginning in Nebraska's efforts to enhance, expand and improve services for young children.

In 1991, Nebraska legislation established two projects to develop and pilot Services Coordination and Individual Family Service Plans (IFSPs) for eligible infants and toddlers and their families. Located in Scottsbluff and Omaha, the projects also piloted a new state funding mechanism designed and created to support services coordination statewide, known as Medicaid in Public Schools (MIPS).

In 1993, based on the success of the 2-year pilot projects, the Nebraska Legislature passed LB 520, the Early Intervention Act. This ensured a free appropriate public education and related services for infants and toddlers with disabilities, services coordination and development of an Individualized Family Service Plan (IFSP) at no cost to their families. The complete text of the Early Intervention Act can be found at <http://www.ifspweb.org/article25.html>.

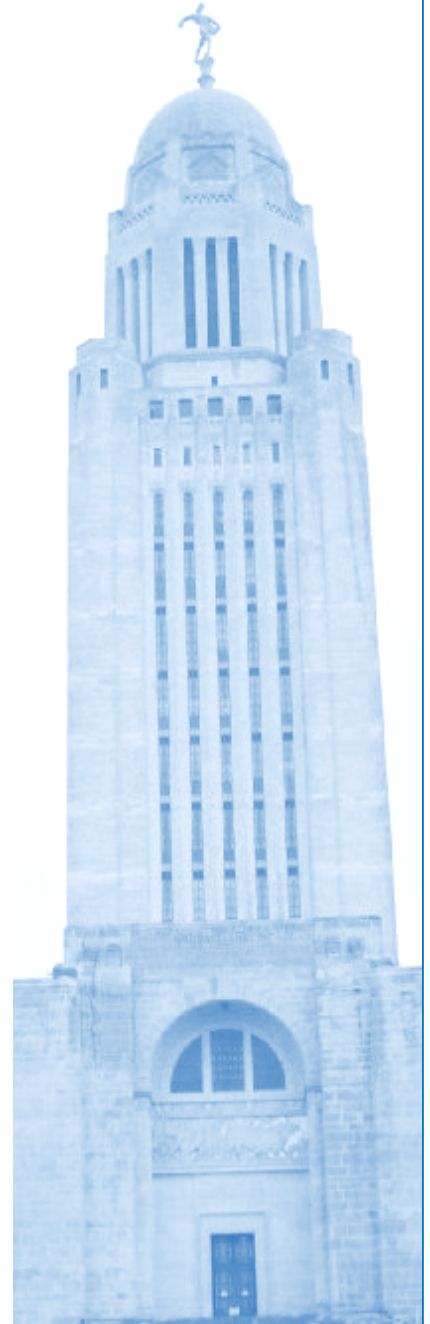
The Nebraska Legislature identified the following goals for the **Early Intervention Act**:

It shall be the policy of the State of Nebraska, through the implementation of the Early Intervention Act, to promote, facilitate, and support:

- (1) Healthy families, enhancing the well-being of each family member as well as that of the family as a unit and encouraging family independence and decision-making about the future of their children.*
- (2) Service systems which are responsive, flexible, integrated, and accessible to children and their families.*
- (3) Community ownership, recognizing that families live and children grow up in communities, that programs are implemented in communities, and that all families need supportive communities; and*
- (4) Maximum impact of prevention and early intervention, encouraging and supporting active parent and family partnership in all programs and services.*

The Early Intervention Act defined a number of key components to facilitate implementation of its goals, including:

- Developmental delay as an eligibility category.
- The Individualized Family Service Plan, which means the written



process of periodically determining appropriate early intervention services for an eligible infant or toddler with a disability and his or her family (refer to [IFSP web](http://ifspweb.org), <http://ifspweb.org>).

- Services Coordination, which means the process of interaction by a services coordinator to assist the family of an eligible infant or toddler with a disability within a community to identify and meet his or her needs (refer to [Services Coordination Manual](http://edn.ne.gov/pdf/chapter-10.pdf), <http://edn.ne.gov/pdf/chapter-10.pdf>).
- Early intervention services are provided, to the maximum extent appropriate, in natural environments including home and community settings in which infants and toddlers without disabilities participate (refer to [Rule 51](http://www.education.ne.gov/legal/cover51.html), www.education.ne.gov/legal/cover51.html or [Early Intervention Act](http://www.ifspweb.org/article25.htm), www.ifspweb.org/article25.htm)

By 1995, Early Intervention services and systems had been implemented across the state. Services are provided to children, birth to age 21, and their families under the federal IDEA and NDE Rule 51, include but are not limited to:

1. Audiology
2. Family Training, Counseling, and Home Visits
3. Health Services
4. Medical Services (only for diagnostic or evaluation purposes)
5. Nursing Services
6. Nutrition Services
7. Occupational Therapy
8. Physical Therapy
9. Psychological Services
10. Social Work Services
11. Special Instruction
12. Speech-Language Pathology
13. Transportation
14. Assistive Technology Devices and Services
15. Vision Services
16. Hearing Services



These and other services may be provided based on the needs and eligibility of the child and family. Nebraska law states that, “Except for services coordination, the Early Intervention Act shall not be construed to create new early intervention or family services or establish an entitlement to such new services.” (Neb Rev Stat 43-2507.01)

In 2000, a coordinated and comprehensive statewide public awareness campaign for Part C was launched. As part of this campaign, a new logo was developed and the name of the program in Nebraska was changed to the “Early Development Network.” The Network functions through shared responsibilities and multiple lines of communication.

Also in 2000, the Nebraska Interagency Coordinating Council (NICC) was replaced by the Early Childhood Interagency Coordinating Council (ECICC). Legislation was enacted in the 2000 legislative session which created this new council to improve collaboration between all programs serving young children (Birth to age 5).

On December 3, 2004, President George Bush signed the most recent amendments to the Individuals with Disabilities Education Improvement Act. **In 2003**, the Child Abuse Prevention and Treatment Act (CAPTA) was amended to require that all states have provisions and procedures for the referral of children under the age of three who are involved in substantiated cases of child abuse or neglect to early intervention services funded by Part C.



Part II

SYSTEMS AND REQUIREMENTS

This section of the Resources Guide is included to provide information about the State agencies and programs that lead the systems and services provided to children and their families. This State information is meant to build awareness and support understanding of resources and requirements.

NEBRASKA'S SYSTEM

Nebraska's Part C Co-Lead management of the **Early Development Network** is unique among states. The Nebraska Department of Education was originally designated as the Lead Agency for Part C in 1987, but when it became necessary to have a statutory partnership for implementation of Services Coordination with funding from Medicaid in the Public Schools, the Nebraska Department of Health and Human Services and the Department of Education became Co-Lead Agencies as designated by the Governor [Neb Rev Stat 43-2505(8) and 43-2515]. By design, the program benefits from the unique co-leadership of two state agencies.

Under this co-lead arrangement, programs and services at the state and regional levels are integrated, from design through implementation. The Co-Lead Agencies provide management, quality assurance,

staffing and guidance to the program. Using a consensus decision making model, they make joint decisions on all important policy and program matters. Various groups are involved in the Early Development Network at the state and regional levels. An organizational chart showing the agencies and their relationships with one another is located in Appendix A, page 32.



CO-LEAD AGENCIES

The Co-Lead Agencies are also responsible for the identification and coordination of all other available resources from federal, state, local, and private sources to support the Early Intervention Act, including the use of federal Medicaid funds. The Co-Lead Agencies are responsible for designing, supporting and implementing a statewide training and technical assistance plan which includes preservice, in-service and leadership development for service providers and parents of eligible infants and toddlers with disabilities.

Specifically, Co-Lead responsibilities include the following:

- Definitions
- Timetables for serving eligible children
- Child Assessment
- Individualized Family Services Plan (IFSP)
- Services Coordination
- ChildFind
- Public Awareness
- Central Directory
- Comprehensive System of Personnel Development (CSPD)
- Determination of Lead Agencies and duties
- Policy development pertaining to contracts for services coordination and Early Development Network reimbursement
- Procedural safeguards
- Data collection
- Final oversight review for all contractors
- Development of rules and regulations



Statewide training and technical assistance

NEBRASKA'S BIRTH TO FIVE SERVICES

As programs and services in Nebraska have evolved, and agencies providing these programs and services to children birth to age five and their families have collaborated, the following have become evident:

- One agency cannot provide all services needed by young children who have disabilities and their families.
- Agencies with limited resources and specific functions must coordinate efforts to avoid waste, duplication and service gaps.
- Family-centered, responsive services are best planned through collaboration between the family and professionals.
- There is an advantage to the community when there is a continuum of service provided through a variety of programs.



Collaboration benefits children, families and agencies involved in the process because:

- Existing services become easier to identify and access.
- Gaps and barriers to service delivery are identified and families and agencies work together to address them.
- This effort supports families to be less frustrated in searching for services.

- This effort works to assure that families are less likely to fall through the cracks of a large and interwoven system.
- Scarce resources are used with increasing efficiency.
- Work continues to assure that duplication of services is avoided.
- Communication between and among agencies is increased.
- A community system is created for ChildFind and identification, information exchange, referral and access to services, personnel development, comprehensive service delivery, and transition between agencies.

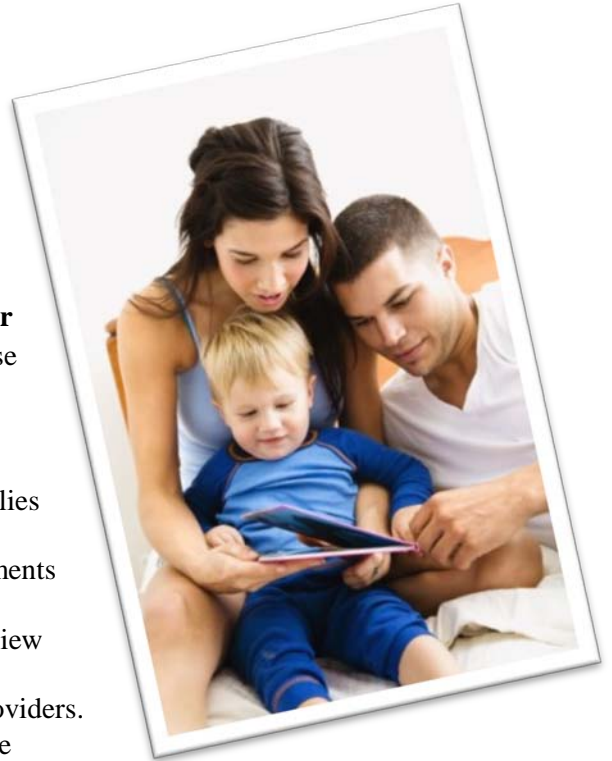
EDN SERVICES COORDINATORS

<http://www.dhhs.ne.gov/hcs/services/edn-services.htm>

<http://edn.ne.gov>

As families of infants and toddlers with disabilities often need many different services, the **EDN Services Coordinator** is instrumental in working with the agencies that provide these services to make sure the child and family get the help they need. Specific Services Coordinator activities include:

- Serving as the single point of contact in helping families to obtain the services and assistance they need .
- Coordinating and scheduling evaluations and assessments of the child.
- Facilitating and participating in the development, review and evaluation of the IFSP.
- Assisting families in identifying available service providers.
- Coordinating and monitoring the delivery of available services.
- Informing families about advocacy and support groups.
- Coordinating with medical and health providers.
- Facilitating the development of a transition plan to preschool services, if appropriate.
- Assisting families in identifying and accessing available waivers and other financial supports.



Families are entitled to the assistance of a Services Coordinator from the time of referral to the time of the multidisciplinary assessment and after the assessment if the child is verified for special education. Each child eligible to receive EDN services and the child's family must be provided with one services coordinator who is responsible for coordinating all services across agency lines and serves as the single point of contact in helping families to obtain the services and assistance they need. The Services Coordinator shall arrange a personal contact within seven calendar days of the initial contact with the family, unless the family requests a delay. The Services Coordinator shall personally contact the family at least monthly to review the progress of the IFSP; assess the child's/family's needs; and assist in meeting these needs while working toward family self-direction and empowerment. The family also may choose at any time not to use the help of a Services Coordinator. In that case, the child's services are coordinated by the family and their local school district. Current referral contacts can be found at <http://edn.ne.gov/referral-map.html>.

HOME AND COMMUNITY-BASED WAIVER SERVICES

<http://www.dhhs.ne.gov/hcs>



Home and community-based waiver services for children offer a choice without regard to family income between entering a nursing facility, or receiving supportive services in their homes. Waiver services build on child/family strengths and are intended to support informal and formal services already in place. Home and community-based waiver services are child-focused, family centered, comprehensive, coordinated, community-based and culturally competent, enhancing the development and dignity of the child and promoting family direction in all aspects of planning and service delivery.

If an infant or toddler is receiving services through the Early Development Network, the Services Coordinator provides ongoing coordination for the Medicaid Home and Community-Based Waiver. This waiver is titled the “Aged and Disabled (A&D) Waiver” and is provided to children to meet their needs by receiving services not traditionally considered medical. These services are respite, transportation, independence skill management, and childcare.

Children eligible for the waivers are also eligible for Medicaid funding. Medicaid provides funding for basic medical services, such as hospitals, prescription drugs, and physician charges. Children with special needs may also receive coverage of medical supplies such as diapers, dietary formulas, and disability-related equipment including wheelchairs, braces, and bath lifts. Other Medicaid services may be accessed depending on identified needs for personal care aid, home health care, psychiatric services, and health checks.

Early Development Network Services Coordinators initiate the eligibility determination process, assist in arranging waiver services and develop a plan of services with the family, the Individualized Family Service Plan (IFSP).

EARLY CHILDHOOD INTERAGENCY COORDINATING COUNCIL (ECICC)

www.education.ne.gov/ecicc

The Early Childhood Interagency Coordinating Council (ECICC) was created to advise and assist the collaborating agencies in carrying out the provisions of the Early Intervention Act, the Quality Child Care Act, sections 79-1101 to 79-1104, and other early childhood care and education initiatives under state supervision [Section 43-3401, Neb. Rev. Stat.]. It is focused on children and families birth to age five. The ECICC is identified by the governor as the State Early Learning Council to meet the federal requirements of the Improving Head Start for School Readiness Act [December 2007, PR 110-134].



The Early Intervention Act requires that members of the Council be appointed by the Governor and must include, but are not limited to: 1) families with children eligible for disability-related early intervention and educational services (20% of the membership); and 2) representatives of school districts, social services, health and medical services, family child care and center-based early childhood care and education programs, agencies providing training to staff of child care programs, resource and referral agencies, mental health services, developmental disabilities services, educational service units, Head Start, higher education, physicians, the Legislature, business persons, and the collaborating agencies. The Improving Head Start for School Readiness Act also requires membership from the Head Start State Collaboration Office in the state [Section 43-3401, Neb. Rev. Stat.].

Responsibilities of ECICC include the following:

- Advise Head Start.
- Advise state agencies regarding state policy.
- Achieve full participation, collaboration, and cooperation of all appropriate agencies.
- Make recommendations to state agencies responsible for the regulation of early childhood services on program needs, priorities, and policies relating to such programs throughout the state.
- Review and make recommendations for state applications for funding.
- Study and recommend additional resources for early childhood care and education programs.
- Report biennially to the Governor and the Legislature on the status of early intervention and early childhood care and education in the state.

Concerns, priorities and resources are included in outcomes to be accomplished through the support of the waivers are also recorded. The IFSP becomes a comprehensive, child-focused and family-centered living document.

PART C MONITORING SYSTEMS

Improving Learning for Children with Disabilities (ILCD)

School districts and planning regions in Nebraska engage in a continuous process of self-assessment called Improving Learning for Children with Disabilities (ILCD). The process is led by the district and supported by the Nebraska Department of Education and the Educational Service Units. The process requires the collection of multiple sources of data over several years. The data includes survey data from families of children birth to age 3, surveys from parents of children age 3-21, staff surveys, provider surveys, planning region survey data, review of individual student files, as well as a host of data including:

- Data which addresses district policies and procedures.
- Data that utilizes sources such as file review, surveys, and other activities to measure compliance with special education and early intervention laws and regulations.
- Data that utilizes performance data, such as suspension/expulsion rates, graduation and dropout rates, and additional student outcome data, to determine the effectiveness of special education and related services.
- Data that measures parent participation and family outcomes.
- Data to evaluate the effectiveness and impact of services coordination, ChildFind activities and Planning Region Teams.

The ILCD process documents, through self-assessment activities, the effectiveness of a district's special education program based on student performance, staff leadership, parent participation and district wide measured outcomes. The ILCD self-assessment also includes a summary of the district's compliance with special education and early intervention laws and regulations. The self-assessment contains eight inquiries:

- parent involvement and family-centered services;
- public awareness - ChildFind and identification practices;
- the provision of appropriate services;
- behavior;
- assessment and early childhood outcomes;
- natural and least restrictive environments;
- transition to adult living and Part C (infant/toddler) to Part B (three to five year old) transitions; and
- general supervision.

An ILCD committee in each school district is responsible for the collection and analysis of the data. Participants on the committee represent teachers, providers and parents of children birth through age 21. They must also be representative of general education and special education. The expectation is that through analysis of the data, the committee will identify strengths and weaknesses, with a goal of ensuring quality instruction, equity and accountability for every child.



Results of the ILCD process are aligned with each school's overall improvement process (Continuous Improvement); as well as the state's performance plan (SPP). This shared vision results in enhanced services for children and strengthens the partnership among families, service agencies, general education, special education; and local and state educational institutions.

EDN Services Coordination Quality Assurance (QA) Review

In addition, the EDN Services Coordination Agencies in Nebraska engage in a quality assurance process with the Department of Health and Human Services (DHHS) to monitor compliance with Part C and Medicaid/Waiver regulations, ensure coordination among local and state organizations, and assure a quality system of delivery. The DHHS EDN Program Coordinator conducts monitoring for the Services Coordination agencies on a 3 year cycle. This QA process documents the effectiveness of a services coordination agency's delivery of services to children and families involved in the EDN and/or Medicaid Waiver programs. It also determines level of compliance and quality of the agency's compliance with early intervention laws and services coordination regulations. The Services Coordination Agency must share the findings of the monitoring report with the Planning Region Team members and the involved school districts for purposes of analysis and evaluation of the QA data in combination with the ILCD data.



Results Matter

Results Matter in Nebraska is a child and family outcomes assessment designed to improve programs for all young children birth to age five who are served through school districts, the Early Development Network and community partners. It is responsive to the federal mandate of the Individuals with Disabilities Act (IDEA) Part C (programs and services for children who are birth to age three) and Part B, 619 (programs and services for three to five year olds), and the requirements of Nebraska Department of Education Rule 11 (Regulations for Early Childhood Programs).

The system employs both child outcome assessment and program quality assessment to accomplish these purposes:

- Improve experiences, learning, development, and lives of young children (birth to age five) and their families.
- Inform program practices.
- Demonstrate program effectiveness.
- Guide the development of local and state policies and procedures.
- Provide data to demonstrate results.



Nebraska's Results Matter child outcome assessment is based on ongoing observation of children engaged in real activities, with people they know, in natural settings. It reflects evidence-based practices and engages families and primary care providers as active participants. The purpose of the Results Matter process is to integrate information gathered across settings. Because it is individualized, each child's unique ways of learning can be identified. The data gathered through observations inform decisions about day-to-day learning opportunities for children.

The Results Matter process reflects the research that shows development and learning are rooted in culture supported by the family. The component that assesses family outcomes allows families to effectively communicate their children's needs. It helps parents foster their child's development and learning and ensures that families know their rights.

The internet site http://ectc.nde.ne.gov/special_projects/results_matter/results_matter.htm can be accessed to locate additional and updated information regarding the Results Matter system.

Part III

PLANNING REGION TEAMS

Networks of numerous agencies and organizations with shared responsibilities and multiple lines of communication exist at local and regional levels. The specific agencies and programs involved at the local level may differ by region. This section will give you information about Planning Region Team structure, functioning, and activities.



TEAM STRUCTURE

PLANNING REGION TEAMS (PRTs)

In Nebraska, Early Childhood Planning Region Teams function as local interagency coordinating councils. There are 28 Planning Regions in the state. Each one covers a specific geographic area, ranging from one school district to several counties. Every area of the state is within the boundaries of a Planning Region. A Planning Region Team is responsible for implementation of an interagency system of services in its region. A Planning Region statewide map and contact information can be found at <http://edn.ne.gov/prtcontacts.html>.

PRT RESPONSIBILITIES

Planning Region Teams provide the community level mechanism for planning and assisting with the implementation of the Early Intervention Act. The purpose of the Act is to support healthy families who are able to make their own decisions to have access to services and resources as early as possible. Specifically, the responsibilities of the local PRT include:

- Discussing issues of regional concern,
- Making recommendations and providing feedback to local agencies,
- Identifying the potential agency to provide services coordination for the region,
- Working with the Services Coordinator(s) to identify gaps and develop resources and services needed,
- Identifying training and technical assistance needs,
- Conducting meetings at least quarterly, and
- Working on ChildFind and public awareness to identify young children.

PRT MEMBERSHIP

The membership of the PRT should be as broad-based as the needs of the children and families it represents and the demographics of the area it serves. Membership should include all groups and programs in the community that work with young children and represent the population of the area with consideration for ethnicity, socio-economic status and education level.

Each team is required by law to include representatives from:

- Families of children with special needs, age 12 or younger (at least 20% of the membership).
- Local School Districts and Educational Service Units (ESUs).
- Health and Human Services.
- The services coordination contracting agency.
- Health/Medical and Developmental Disabilities Services.
- Head Start or Early Head Start.
- Underserved children and families, including low income, inner city, Indian, homeless, migrant, and minority populations, and rural areas as applicable for the region.
- Child care.
- Regions are also encouraged to have representatives from other public and private agencies, business community leaders and clergy.



LOCAL LEAD AGENCY FOR THE PLANNING REGION TEAM

The local lead agency assists in the coordination of the Planning Region Team activities. A lead agency is chosen by each Planning Region Team. The PRT's choice of lead agency must be approved by the Co-Lead Agencies (92 NAC 51-005.01).

The lead agency serves as fiscal agent for the PRT with expenditures approved by the PRT. The lead agency and/or Treasurer of the PRT provides a financial report at each PRT meeting. The lead agency contact person works with the PRT Chair, Co-Chairs, or Executive Committee to develop the agenda for PRT meetings.

SPECIFIC DUTIES OF THE LEAD AGENCY

The local lead agency should insure that:

- PRT meetings are conducted at least quarterly.

- PRT membership is consistent with stated requirements.
- There is clerical support for the team.
- Public awareness of the PRT, the Early Development Network, and Services Coordination is a priority objective.
- Coordinated training, information and skill-building activities for families, service providers and administrators across agencies are provided.
- Communication occurs among team members regarding development of service provision.
- The PRT will work to promote changes in local agencies/programs to better accommodate families.
- Resources are identified that may be shared or developed in the region.
- Common referral, intake and assessment processes are used.
- The Systems Support/Change Grant Proposal includes regional priorities and documentation of the use of the PRT funds is maintained.
- Required reports are submitted by the stated deadline.
- Representatives attend statewide/regional meetings sponsored by the Co-Lead Agencies.

THE EDN SERVICES COORDINATION AGENCY

The EDN Services Coordination Agency assumes the responsibility for delivery of the entitlement of Services Coordination in the region.

...the activities carried out by a Services Coordinator to assist and enable a child eligible under Part C and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the Nebraska Early Intervention Program.

(Nebraska DHHS Finance and Support Manual, Title 480, NAC Chapter 10)

The Services Coordination Agency may directly hire Services Coordinators, or may sub-contract with another agency to provide Services Coordination, supervision and/or administrative support. The agency is responsible for assuring that Services Coordinators have the training they need to carry out their duties.

Services Coordination includes:

- Assisting families of eligible children in gaining access to Early Development Network services and other services identified in the IFSP to benefit the development of each child for the duration of the child's eligibility.
- Facilitating and coordinating the timely delivery of available services.
- Following procedures in the DHHS manual for the coordination of services around the IFSP.
- Consulting with the PRT to identify gaps in services.



TEAM FUNCTIONING

PRT OPERATING PROCEDURES

Operating Procedures provide a working structure for the PRT by defining responsibilities of the PRT and its members, and outlining the PRT's policies and procedures. Operating Procedures are required by 92 NAC 51-005.01B1.

Information in the Operating Procedures should include but is not limited to:

- Representative membership and suggested number of members.
- Selection criteria or considerations for membership.
- Responsibilities of members for attendance and participation.
- Procedures for defining and replacing noncontributing or inactive members.
- Term limits for serving on the PRT.
- Officers and their responsibilities.
- Procedures for how decisions will be made (i.e., majority rules, consensus).
- Procedure for resolving disagreements.
- PRT planning and evaluation procedures.
- Procedure for reporting PRT activities.



Sample Operating Procedures can be found in Appendix B, page 34 and at <http://edn.ne.gov/prt.html>.

GRANTS TO PRTs

A Systems Support/Change Grant application is written by the PRT each year, through the local/regional Lead Agency. The amount of the grant is determined in accordance with a formula based on the number of children being served per the Nebraska Student and Staff Record System (NSSRS) count taken each year on October 1. Each region receives a \$5,000 base allotment, and an additional \$750 for every 5 children served, ages birth to three.

The Systems Support/Change Grants are awarded for the period of September 1 through August 31 of each year. The Lead Agency is responsible for ensuring that the grant application and required reports are submitted. The grant application must contain the PRT's goals for the coming year.

Goals are written in the four priority areas of the grant which are: Public Awareness and Outreach; Training, Skill Building and Technical Assistance; EDN Services Coordination Support; and Improving Learning for Children with Disabilities (ILCD) and EDN Services Coordination Quality Assurance Processes. A copy of the grant application can be found at, <http://edn.ne.gov/grants.html>. The PRT Grant Writing Guide can be found in Appendix B, page 51.

PRT OFFICERS



PRTs typically elect a slate of officers, using the positions and process established in their Operating Procedures. The chairperson of the PRT is responsible for developing agendas and will preside at meetings of the PRT. Many PRTs choose to have co-chairpersons with a PRT member who is a parent serving as one of the co-chairpersons. PRTs also are encouraged to designate an Executive Committee, usually composed of the officers of the PRT, which can meet and make time sensitive decisions. A sample of Officer duties can be found in Appendix B, page 47.

PRT MEETINGS

PRT meetings are governed by the Nebraska Open Meetings Act (LB898, Sections 84-1407 to 84-1414). A copy of the Act can be found at, <http://www.nebraska.gov/calendar/OpenMeetingAct.pdf>. In part, the Act requires that meetings of a public body:

- Give reasonable advance publicized notice of the time, place and agenda of each meeting.
- Provide the public opportunity to speak at the meeting (a time limit may be set).
- Post a copy of the Open Meetings Act in the meeting room and announce its location at the beginning of the meeting.
- Keep minutes of all meetings showing the time, place, members present and absent, and the substance of all matters discussed.
- Take a roll call vote on any question or motion duly moved and seconded in open session, and the record shall state how each member voted or if the member was absent or not voting.
- Provide the minutes of all meetings, evidence and documentation received or disclosed in open session for public inspection during normal business hours.
- Provide written minutes to be available for inspection within ten working days or prior to the next convened meeting.



An Annual Preschool Meeting must be conducted prior to July 1 of each year. Its purpose is to bring together all of the regional stakeholders for services to children birth to five. At this meeting the regional plan of services for children birth to five is updated. This includes gaps and barriers in service delivery, training and technical assistance needs and updating available resources. A Planning Region Team meeting as described in 92 NAC 51-005.01 may serve as the Annual Meeting provided the requirements of 92 NAC 51-005.02 are met. Strategies for Effective PRT Meetings can be found in Appendix B, page 48.

Sample Family Invitation Letters can be found in Appendix B, page 45.

Sample Agency Invitation Letters can be found in Appendix B, page 46.

RESOLUTION OF CONFLICTS

If there is a dispute as to who has responsibility for developing or implementing requirements of Part C (birth-age 3), the Co-Lead Agencies resolve the dispute or assign responsibility. For the implementation of requirements of Part B-619 (age 3-5) the Department of Education will resolve the dispute or assign responsibility.

Mediation is offered as an option for dispute resolution, but may not be used to deny or delay a family's right to a due process hearing. Mediation is a process in which a neutral third party who is qualified to mediate special education disputes meets with families, school personnel, and others involved in a disagreement about any part of the IFSP process. The mediator assists all parties in communicating their issues, concerns and interests to each other, and manages the mediation process to achieve a mutually beneficial agreement that is acceptable to all parties. Discussions that occur during the mediation process are confidential; parties to the mediation process may be required to sign a confidentiality pledge. Any information shared during mediation cannot be used as evidence in any future due process hearings or civil proceedings. There is no guarantee that an agreement will be reached.

Information about approved mediation centers is available from Services Coordinators, school personnel (local principal, school district administrator, director of special education), or the Nebraska Department of Education. There is no charge to school districts or families who choose to use the voluntary process of mediation. Additional mediation information can be found at www.taalliance.org and www.directionservice.org/cadre.



CONFIDENTIALITY

Each agency participating in the PRT shall protect the confidentiality of personally identifiable information and obtain parental consent before information is disclosed to anyone. Collaboration and sharing of information are essential to implementation of the federal IDEA, the Nebraska Early Intervention Act and birth mandate. Federal and state confidentiality mandates, as well as professional codes of ethics, restrict the sharing of information. All participants must be mindful of their responsibility to maintain confidentiality.

FUNDING

PRT grant funds must go through a Lead Agency to be used in achieving the goals identified in the PRT's activities and grant priority areas. In addition, funding may be considered for the following:



- Families may receive reimbursement for child care, mileage, meals and lodging, and/or stipend(s) for meetings/trainings.
- Funding for clerical support, Team chairperson, project director and financial staff may be reimbursed.
- Funding for other personnel must be specified.
- Items listed in the budget should reflect the goals identified in the project's activities, including support for ChildFind, Services Coordination support, Results Matter, Positive Behavior Supports, Child Abuse Prevention Treatment Act (CAPTA), services in natural and least restrictive environments, activities related to the Improving Learning for Children with Disabilities (ILCD) process, transition planning, meeting the 45-day IFSP/MDT timeline and other identified training efforts.

PRT POTENTIAL ACTIVITIES

A primary role of the PRT should be to continuously identify and address gaps and barriers to providing services to children with disabilities and their families in the region. As mentioned above, PRTs also should focus on the goals outlined in their System Support/Change grant proposal.

See specific examples of types of activities PRTs might carry out in Appendix B, page 56.

PUBLIC AWARENESS / CHILDFIND

To ensure the public is aware of services and issues, families of children with (or at risk for) developmental disabilities, service providers, the medical community, local agencies, legislators, other government officials and the general public must be reached through awareness efforts.

Public awareness tools used by PRTs have included:

- Brochures.
- Resource directories (may include agency name, address, phone, brief listing or description of services, hours of operation, eligibility requirements, contact person).
- Web sites containing information on the local/regional program as well as links to other helpful sites.
- Flyers (useful to advertise an urgent message or a coming event).
- Fact sheets (brief, concise summary of an issue or service).
- Exhibit boards for displays in libraries, conferences, health fairs, public offices, etc.
- Placemats/tray liners with a slogan, service information, or other message. These often are sponsored by local restaurants, with the restaurant or a local printer donating printing costs.

- Slide or videotape programs (useful for agency in-services, family meetings, presentation to community groups, etc.).
- News articles (announcements of coming events or feature articles about a particular child/family, service program, celebration, or other items of general interest).
- Public Service Announcements for radio or television which advertise a particular local resource, service, event, etc.
- Information and referral service (often community-wide).
- Open houses (opportunities to meet and talk with children, families, service providers, elected officials; provide displays, demonstration, tours, and food).
- T-shirts, coffee mugs, bumper stickers, magnet, post-it notes (with brief message or slogan).
- Newsletter.
- State brochures and developmental wheels.
- You Tube video.

Additional resources regarding evidence-based practices for public awareness and ChildFind can be found at the Tracking, Referral and Assessment Center for Excellence (TRACE) web site. The web site is designed specifically for early childhood intervention practitioners and other professionals who have responsibility for these activities. The TRACE web site includes materials and products for early childhood personnel working in Part C Early Intervention Programs and Part B (619) Preschool Special Education Programs authorized by the Individuals with Disabilities Education Act (IDEA).



See the following for specific research about the characteristics of effective printed materials:

www.tracecenter.info/endpoints/endpoints_vol2_no4.pdf

For evidenced-based practices related to increasing and sustaining referral sources, see the following: www.tracecenter.info/endpoints/endpoints_vol1_no1.pdf
www.tracecenter.info/endpoints/endpoints_vol2_no1.pdf

Part IV

PARENT / FAMILY PARTICIPATION

ROLE OF FAMILIES



The involvement of families in the Early Development Network process is a critical component to increasing effectiveness of the delivery of services.

The perspective of family members is unique and can be inspiring to providers, encouraging them to respond to the needs of families and the community in new and more effective ways. Families also facilitate communication within the community about the work of the Early Development Network. They can actively network to disseminate accurate information on timely topics.

Family members on the PRT represent families as a whole in the region and offer their perspective on the PRT. They assist the PRT by helping identify and expand resources. Assisting with public awareness efforts and family education are ideal activities for family members.

Recruiting and Retaining Family Representatives on Planning Region Teams and Frequently Asked Questions About Serving on PRTs as a Family Representative can be found in Appendix B, page 43.

PRINCIPLES OF FAMILY PROFESSIONAL COLLABORATION

To work effectively, families and professionals need to form an equal partnership, mutually respectful of the experience and expertise of each other. The Principles of Family-Professional Collaboration include:

- Promoting a relationship in which family members and professionals work together to ensure the best services for the child and the family.
- Recognizing and respecting the knowledge, skills and experience that families and professionals bring to the relationship.
- Acknowledging that the development of trust is an integral part of a collaborative relationship.
- Facilitating open communication so that families and professionals feel free to express themselves.
- Creating an atmosphere in which the cultural traditions, values and diversity of families are acknowledged and honored.
- Recognizing that negotiation is essential in a collaborative relationship.
- Bringing to the relationship the mutual commitment of families, professionals and communities to meet the needs of children with disabilities and their families.

SUPPORTING EFFECTIVE FAMILY REPRESENTATION

Planning Region Teams can provide tangible supports to family representatives on the team. Many PRTs use a portion of their Systems Support/Change Grant funding to offset these expenses. For example, the PRT might:

- Provide a stipend to compensate families' time and cover travel and child care expenses.
- Provide child care at the meeting site.
- Provide transportation.
- Schedule PRT meetings at times convenient for family representatives.
- Provide a personal orientation for the family representative before their first PRT meeting.
- Encourage the family representative to call on the Family Partner for support.
- Provide ongoing education and information.
- Provide scholarships and other financial support for families to attend.
- Include family representatives in significant ways in specific projects.



FAMILY PARTNER AND SUPPORTING PARENT PROGRAMS

The Family Partner and the Supporting Parent programs, funded by a grant from the Co-Lead Agencies, are employed at the Parent Training and Information Nebraska - PTI. The Family Partner provides mentoring for family members who serve on the ECICC and Planning Region Teams and is available to assist planning regions with family-related issues. The Supporting Parent program provides training, information and technical assistance to match parents who provide support to other parents throughout the state. Family members on the PRT are encouraged to consider becoming supporting parents to mentor others in their community.

In 2003 an addition was made to the family partner role through a contract with Munroe Meyer Institute, Office of Consumer/Family Coordination. The contract established staff time to be devoted to the family partner role.

Part V

STATEWIDE SUPPORT

A number of programs provide support for Planning Region Teams as they serve Nebraska infants and toddlers with disabilities and their families.

PTI NEBRASKA (PARENT TRAINING AND INFORMATION OF NEBRASKA)

www.pti-nebraska.org

PTI Nebraska is a statewide resource for families of children with disabilities and special health care needs, providing parents with information and training about their child's disability or special health care need, the education system, the health care system and other available services in the state. Training, information and support are provided for parents, family members, students, school personnel and interested others. PTI Nebraska receives funding from the U. S. Department of Health and Human Services and the Nebraska Department of Education, Special Education (NDE).

Staff members are usually parents of children with disabilities. Staff is available in person, by telephone (800-284-8520) or electronically to talk with other family members about their child's special education program and other issues related to raising a child with a disability. Statewide workshops are provided. Information is mailed to families about special education programs, the IEP and IFSP, basic rights, transition and many other specialized topics.

PTI Nebraska coordinates a statewide parent-to-parent project for families of young children with disabilities which is funded by NDE, providing training, information and support to families whose children with disabilities are infants and toddlers. Regular contacts by phone, e-mail, and attendance at Planning Region Team (PRT) meetings help families with very young children become fully participating, equal members of their children's IFSP and IEP teams. Trained parents are matched with new parents, thus maintaining a network of knowledgeable families and increasing the maximum potential for the children.

EARLY CHILDHOOD TRAINING CENTER (ECTC)

<http://ectc.nde.ne.gov>

The Nebraska Department of Education Early Childhood Training Center (ECTC) provides, enhances and coordinates professional development opportunities across the state for those who provide care and education to young children and their families.

While the ECTC serves the broad field of early childhood, significant emphasis is placed on Early Development Network and early intervention in preschool activities. ECTC is the collaboration of



expert practitioners from the fields of education; social services, health and continuing education, as well as with families of children with special needs.

EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT PARTNERSHIP (ECPDP) / REGIONAL TRAINING COALITION (RTC)

<http://www.education.ne.gov/ECH/ESU/mapesu.html>

The mission of the Professional Development Partnership is to build an effective, coordinated system for preparing, supporting, and recognizing the early childhood care and education workforce. All areas of Nebraska are served by either an Early Childhood Professional Development Partnership (ECPDP) or a Regional Training Coalition (RTC). These coalitions and partnerships are local networks consisting of early childhood professionals working collaboratively to support professional development for early childhood caregivers/teachers in home, center, and school-based programs. A paid coordinator in each area provides leadership in maintaining and expanding existing partnerships provide needed training.

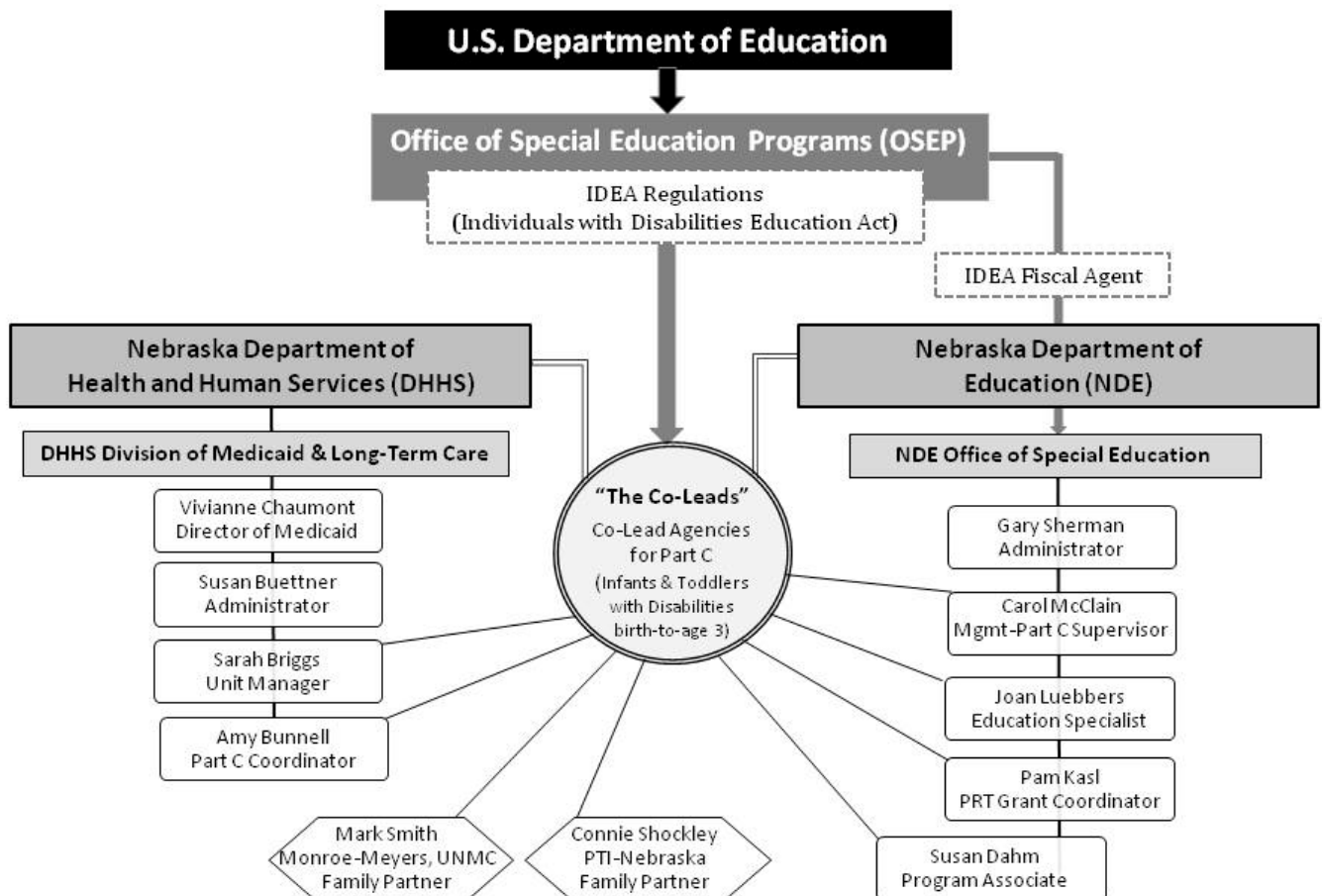


Appendices

APPENDIX A

NEBRASKA'S EARLY DEVELOPMENT NETWORK

Administration of IDEA–Part C in Nebraska



2-2-2010 sd

APPENDIX B

PROCESS MATERIALS AND PLANNING TOOLS

SAMPLE OPERATING PROCEDURES FOR PRT

ARTICLE I

Organization Name

The name of this organization shall be **The Region ____ Early Childhood Planning Region Team.**

ARTICLE II

Purpose of Organization

Insert PRT's mission or vision statement hear.

ARTICLE III

Membership

Section 1

Define who the members are.

Is there a limit to the number of members?

Are the members representing themselves, or do they represent their agency (if they are employed by an agency)?

Section 2

Define the term of the members.

Do they serve staggered terms so that one-third or one-half of the PRT are always experienced members?

Are members restricted to serving a maximum length of time before they have to rotate off?

Section 3

Define procedure for defining and replacing non-contributing or inactive members.

Section 4

Define voting rights of members.

Does each agency get one vote?

Which agency member gets that vote?

Are proxy votes to be allowed?

Section 5 Define procedures for filling member vacancies due to resignation.

How do members resign?

Section 6 Define responsibilities of the members, including what to do if the member cannot attend a meeting.

ARTICLE IV

Officers

Section 1 Define who the officers will be for the PRT.

Section 2 Define how the officers are nominated and elected.

When will this be done?

Section 3 Define the duties of each officer that are beyond their regular duties as PRT members.

For example, who will receive information from the ICC?

Who will notify the State Department staff contact person when PRT chairpersons/contact people change?

Will one member serve as a Legislative Contact for the PRT?

Section 4 Define the terms of each officer.

Section 5 Define the Executive Committee membership and responsibilities if one will be used.

ARTICLE V

Meetings

Section 1 Define meeting time, date, and place. Time should include the beginning and ending times for the meeting. All meeting sites must be barrier free and accessible for persons with disabilities including the provision of an interpreter when appropriate. Meetings shall meet all the requirements of the Nebraska Open Meetings Act (LB898).

Section 2 Define parameters for specially “called meetings” as necessary.

Who can call for a special meeting?

For what purposes can a special meeting be called?

How are members notified?

Section 3 Define a quorum.

Will a quorum be required for the PRT to transact business?

- Section 4 Define how members will develop and receive a meeting agenda.
- Will the agenda for the next meeting be set at the end of every meeting?
How will new or late-breaking or time-limited information be handled?
Will agendas be mailed in advance of the meeting, or will they be presented by the chairperson at the meeting?
- Where will the public announcement of the meeting be made?
- Section 5 Define role of non-member agencies or public-at-large.
- Define the public comment period.
- When will it be held during the meeting?
- Will each speaker be given a time limit?
- Do non-member agencies or public-at-large have to request to be on the agenda of a meeting? If yes, how would they do this?
- Section 6 Formal voting of the Planning Region Team shall be conducted by Robert's Rules of Order. Action shall be voted upon by roll call vote.
- Section 7 Member Expenses
- What expenses will be paid by the PRT and what is the reimbursement process?

ARTICLE VI Committees

- Section 1 Define standing committees and their tasks.
- Section 2 Define procedures for deciding who serves on a particular committee.
- Is this by appointment, election, or default?
- How will the chairperson of the committee be selected?
- Section 3 Define procedures for updating the PRT on the committees' work.
- Section 4 Define procedure for forming ad hoc committees or task forces to handle a short-term need or issue. Ad hoc committees and task forces are generally formed to investigate a specific need or problem, and to make recommendations for action to the larger committee. Ad hoc committees are usually made up of PRT members; task forces include non-PRT members with special expertise. The larger committee then votes to accept or reject any or all recommendations received.

ARTICLE VII Confidentiality

- Section1 Define PRT activities in which confidentiality is an issue.
- Section2 Define procedures to ensure client confidentiality.
- Section3 Define how to handle persons representing non-member agencies or citizens-at-large when confidential information is presented or is planned for presentation.

ARTICLE VIII Financial Records and Minutes

- Section1 Define who maintains the financial records and minutes of PRT activities and where these are kept. Include descriptions of the records of the PRT.
- Section 2 Define ways that members may access PRT books, records, and minutes. Minutes must be made available ten working days following the meeting. How will others be allowed access to these materials?

ARTICLE IX Amendments

- Section 1 Define how the Operating Procedures may be changed. Include number or percentage of members required to pass a change and how notice will be given for a proposed change.

ARTICLE X Parliamentary Authority

- Section 1 Define procedures for guiding the PRT on points not covered in the Operating Procedures. (Most agencies use a consensus model, Robert's Rule of Order Revised, or similar reference.)
- Section 2 Define procedures for resolving conflict among PRT members.
- Section 3 Define procedure for taking action to conduct PRT business.
 - Will all issues be discussed and then resolved when members reach consensus?
 - Will issues be resolved by calling for a vote and majority rules?
 - Will discussions be open-ended or will time limits be established?

RECRUITING AND RETAINING REPRESENTATIVES ON PLANNING REGION TEAMS

The following are suggestions on assisting Planning Region Teams to recruit and retain members and to assist them in being effective participants.

Prepare

- Evaluate the team's mission
 - Do the mission and Operating Procedures reflect the importance of member involvement?
 - Are the team's policies, structure and practices developed to address member involvement at every level?
 - Is ensuring balanced representation an effort to comply with legal requirements or an effort to develop the skills to respond to broad community needs?
- Consider these three areas:
 - Logistical (time of meeting, childcare, transportation, reimbursement)
 - Structural (group size, orientation, number of parents, decision-making process)
 - Climate (welcoming, relationship-building, vocabulary feeling useful)
- Discuss local and regional demographics with PRT members
- Provide training for PRT members on a variety of topics
 - Reflect on the importance of parent involvement
 - Diversity
 - Communication
 - Networking
- Develop a mentoring program for new members
- Develop/update a variety of ways for family representatives to participate/stay involved: teleconferencing, videoconferencing, webcasts, support/networking, parent committees, parent retreats.

Review Recruiting Process

Review and evaluate the current process for the recruitment and nominations of Family and Agency Representatives. Having an effective recruitment plan in place can make finding and nominating potential members easier. The recruitment process should be active and on-going.

Steps to consider when developing a recruitment process:

1. Maintain an up-to-date list of potential candidates.
2. Develop an Application Form for prospective new members. This should include a written description of the responsibilities of the position.
3. Set a meeting with potential candidates.
4. Current members of the PRT should meet with the prospective representatives.
 - a. Provide an overview of the team.
 - b. Provide relevant materials describing the Planning Region Team.
 - c. Provide a job description and application form.

- d. Describe the orientation and supports to members.
 - e. Provide names of several members who the prospective new member might contact with any questions.
5. Invite the prospective member to a meeting.
 - a. Notify current members that a potential new member will be attending.
 - b. Use name tags to help the potential members become acquainted with team members.
 - c. Introduce the new member at the beginning of the meeting.
 - d. Ask the potential new members if they have any questions and thank them for coming.
6. After the meeting, call the prospective new member.
 - a. Answer any questions the individual has.
 - b. If they wish to apply, collect the completed application and provide all applications to the full team for their review and election.
7. Notify individuals who have been selected and invite them to subsequent team meetings and the team orientation.

Finding Potential Family Representatives

Below is a list of potential contacts to assist with locating new representatives

- Members of the Planning Region Team
 - EDN Service Coordinators
 - Local school districts
 - Head Start
 - Child care agencies, etc
- Current representatives often serve as effective recruiters
 - Teams could host an open house/lunch
 - Ask each representative to bring a guest who is a potential member.
- Form a nominating committee.
 - Prepare a list of well-connected people who may not be a part of the PRT, but might recommend candidates.
 - Invite them to a brainstorming meeting.
 - Describe the organization and what qualities are needed in representatives.
 - Ask for the name of one person they think would be a potential member.
 - Call the potential member and explain who suggested their participation.
- Parent Centers
 - Parent Training and Information Centers
 - Community Parent Resource Centers
- Disability organizations
- Participants in leadership training programs
- Individuals serving on other advisory councils, committees, boards
- Individuals involved in legislative advocacy
- **Place a "Help Wanted" AD.** A recruitment notice could be placed in district publications, school newsletters, district websites, local papers, and public-access television. Be specific about the skills and expertise you are looking for in the new member.
- **Collaborate with** local organizations you may not have contact with.
- Parent trainings

Ensure diversity among members:

- Honor the racial, ethnic, cultural, and socioeconomic diversity of your region.
- Provide all materials in the members' preferred language
- If needed, have interpreter services available at meetings or a co-leader who is bilingual.
- Recruit broadly from the community and the population the program serves
- Adapt collaborative models to diverse cultures. Manage changing distribution of power and responsibility. Incorporate principles of collaboration into professional education.
- Ensure broad representation among groups based upon the community(s) in question.
- Be particularly careful to include members of traditionally underserved groups.

What are things parents consider when thinking about serving?

Consider preparing answers to the following questions for individuals who are asked to participate.

Before they join:

- Why should I serve?
- What is the time commitment?
- Can I really make change happen?
- How much responsibility will I have?
- How do I find out more about the Planning Region Team?

After they join:

- What can I contribute?
- How can I represent children with different kinds of disabilities?
- How can I make sure my ideas and suggestions are heard?

Orientation of New Representatives

- Assign a mentor
- Model and teach them about telling “their story” and the “story of the issues”
- Provide training and opportunities to foster leadership development, knowledge and skill development
- Provide orientation to members on current issues and PRT process.
- Prepare informational support for members to be prepared to participate as equal partners with their professional counterparts.
- Provide technical assistance, leadership mentoring, training, and other leadership teaming.
- New members should receive a copy of this manual informing them of the duties of the team and should be oriented to the structure and work required.

Retention of Representatives

Members will become and remain engaged if they believe:

- The issue is important to them and their family/community.
- They have something to contribute.
- They will be listened to and their contributions will be respected.
- Their participation will make a difference.

Before the Meeting:

- Contact Family representatives prior to each meeting(through a team member, mentor, other family representative, in person or via conference call).
- Discuss the upcoming PRT meeting and provide information to parents on issues to be discussed and items to be added to the agenda.

At the Meeting:

- Provide name tags or name tents
- Establish a positive working atmosphere
- Have an agenda
- Guide meetings for full participation
- Thank members for coming and acknowledge the value of their participation
- Actively solicit member input at each meeting
- Set a time limit on the meeting and stick to it. If possible tell people before they come how long the meeting will last.
- Have representatives introduce themselves and give the opportunity to say what has been happening in their lives since the last meeting.
- Give representatives the opportunity to speak on issues that they would like to raise or have been concerning them. Some issues may be something simple that can be taken back to agency or program leadership to handle.

After the Meeting:

- Conduct individual follow-ups
- Have a procedure in place to inform absent members of what happened during the meeting so they may stay on top of the activities/issues of the team.
- Recognize good work. This can be informal notes to a more formal acknowledgement such as a certificate.
- Compensate parents for their expenses in a timely manner.

Other suggestions on retaining representatives:

- New members should be given smaller roles and responsibilities
- Provide on-going training opportunities
 - Invite representatives to attend relevant staff in-service
 - Offer parent scholarships to conferences or seminars
- Evaluate the team's effectiveness at recruiting and retaining members
- Provide input into federal, state, and local laws, regulations, policies, and procedures.
- Participate in the State Performance Plan/Annual Performance Report process for Part B and Part C
- Participate with the Systems Support/Change Grant
- Collaboration with other agencies and organizations serving people with disabilities.
- Learn about and participate actively in public policy work
 - The legislative process – influencing laws, regulations, and appropriations on a state and national level
 - Get involved with coalitions or groups

- Serving on local councils/board to help develop policies and procedures to implement laws and regulations

Resources:

- NCEDL Spotlights No. 23 June 200 – Parent Involvement in Decision-Making
<http://fpg.unc.edu/ncedl/PDFs/spot23.pdf>
- NICHCY – A Parent’s Guide: Serving on Boards and Committees
<http://nichcy.org/informationresources/documents/nichcy%20pubs/pa11.pdf>
- National Early Childhood Technical Assistance Center – Recruiting and Retaining Diverse Parent Representation on Interagency Coordinating Councils
<http://nectac.org/~pdfs/pubs/nnotes17.pdf>
- Federal Interagency Coordinating Council - Principles of Family Involvement
http://www.google.com/url?sa=t&source=web&ct=res&cd=1&ved=0CAYQFjAA&url=http%3A%2F%2Fwww.eifamilyalliance.org%2Fdocuments%2FPrinciples%2520of%2520Family%2520Involve%2520ment.2.doc&ei=0HfDS_HIJoyB8ga1wvCmCQ&usg=AFQjCNHNRheMcg88AL-NH8fzu_k9-6SHWw&sig2=ayJ712jkU311zQJnRQPytA
- Pacer Action Information Sheet – Increasing Parent Involvement on Special Education and Disability-Related Interagency Committees, Councils and Boards
<http://pacer.org/parent/php/php-c98.pdf>

FREQUENTLY ASKED QUESTIONS ABOUT SERVING ON PLANNING REGION TEAMS (PRTS) AS A FAMILY REPRESENTATIVE

To join or not to join...this is the big question most parents' start off asking. It's nice to be invited, it's even nicer to have expertise to share, but ...but...

“Do I have enough time?” and “How will this affect my family?”

Why should I serve?

- Having a chance to help others, share what you have learned, and to help others learn.
- Influencing the direction of activities, services, and policies. Your opinion matters. You can help shape how services or policies unfold.
- Learning more about programs that may benefit your child and other children. This puts you in an excellent position to help your family and other families find and use helpful services and programs.
- Learning skills that will help you in your present job or help you get a better one. You can add your PRT experience to your resume – especially any special projects you work on. Serving on the PRT may broaden your network and contacts.
- Making a difference. This is your opportunity to create positive change in the lives of individuals with disabilities and their families. Your concrete and practical knowledge about disabilities can help ensure that the decisions made by the larger organization are informed ones.

With all my responsibilities, how can I make time for this?

You will be asked to attend meetings, and you may need to do research between meetings. Find out how much of a time commitment is involved, and make sure you have – or can make – the time before you say yes. It may help to look at this time commitment as an investment: an investment in your family, in your community, and in yourself.

Can I really make change happen?

Usually, change happens when people become aware of what needs to happen, how it needs to happen, and care that it happens. You can make change happen by getting involved, giving your time and energy to the Council, and helping others to get involved.

What is a Planning Region Team?

A Planning Region Team is a local interagency coordinating council made up of parents, local schools, health and human service agencies, Head Start, and others. The purpose of a PRT is to work together with families, a variety of local agencies, and organizations to plan and develop systems family-centered and community-based for all children, with an emphasis on those with disabilities, birth to age five.

Some Questions You May Wish to Ask

- Exactly what will my responsibilities be?
- How long will I be expected to serve?
- How often do you meet? At what time? Where?
- Are there any travel requirements?
- Do you provide orientation or ongoing training for new members?

- What authority does the PRT have for aspects such as: the budget, services/programs/policies, personnel, public awareness, legislative or advocacy activities, and review of performance?
- Who wants the group, and why?

Impact of Family Representatives on PRTs:

- Giving PRT members access to an experienced, diverse group of families willing to serve in a consulting capacity for policy and program development and evaluation.
- Provides the opportunity to receive ongoing feedback that goes beyond what would be learned from satisfaction surveys and focus groups.
- Having a forum available to develop creative, cost-effective solutions to problems.
- Having a mechanism in place for receiving and responding to community input on a regular basis.

The work of Family Representatives can lead to:

- Services and programs that respond more effectively to consumer needs and priorities.
- Increased understanding and collaboration between families and professionals.
- Wiser use of scarce resources.

Adapted from A Parent's Guide: Serving on Boards and Committees by Sherri Coles. and Developing and Sustaining a Patient and Family Advisory Council, by Patty Devine Webster and Beverly H. Johnson.

SAMPLE FAMILY PRT INVITATION LETTER

Dear _____,

As a member of a family who have an infant or toddler with a disability, your perspective is important in planning the services that are offered in our area of Nebraska. To better coordinate services for young children with disabilities and their families, Planning Region Teams (PRT) have been organized in every area of the state. The PRT members are local parents and agency representatives who meet quarterly. Name of agency has taken the lead in providing services for families in our area. To ensure that family members' points of view are represented on the PRT, we invite you to serve on our regional PRT.

The purpose of the PRT is to provide a forum for discussion of issues related to the needs of young children with developmental delays or disabilities and their families and the barriers to finding services. The team initiates and continues to assure the provision of a planning process for comprehensive, coordinated early intervention services and supports in the local communities.

The first meeting for this year will be held on date from start time until ending time at name and address of site. *Add explanation of any stipends or expenses available to family members.*

Enclosed in this mailing are the following items:

- Agenda for the first meeting-Each team member will have a few minutes to introduce themselves and their family;
- List of proposed meeting dates for the year-Please come to the first meeting prepared to select future meeting dates; and
- Roster of PRT members.

Please RSVP by contacting name at phone/email address by reservation deadline.

We look forward to seeing you at the first PRT meeting. Thank you in advance for your cooperation and your interest.

Sincerely,

PRT Chairperson

SAMPLE AGENCY PRT INVITATION LETTER

Dear _____,

In order to better coordinate services for young children with disabilities and their families, Planning Region Teams (PRT) have been organized in every area of Nebraska. The PRT members are local parents and agency representatives who meet quarterly. Name of agency has taken the lead in providing services for families in our area. To ensure that all agencies participating in serving young children are represented on the PRT, we invite your agency to identify an individual to serve on our regional PRT.

The purpose of the PRT is to provide a forum for discussion of issues related to the needs/problems of young children with developmental delays or disabilities and their families. The team initiates and continues to assure the provision of a planning process for comprehensive, coordinated early intervention services and supports in the local communities.

The first meeting for this year will be held on date from start time until ending time at name and address of site.

Enclosed in this mailing are the following items:

- Agenda for the first meeting-Each team member will have a few minutes to introduce themselves and their agency;
- List of proposed meeting dates for the year-Please come to the first meeting prepared to select future meeting dates; and
- Roster of PRT members.

Please RSVP by contacting name at phone/email address by reservation deadline.

We look forward to seeing the representative of your agency at the first PRT meeting. Thank you in advance for your cooperation and your interest.

Sincerely,

PRT Chairperson

SAMPLE DUTIES OF THE OFFICERS OF THE PRT

Chairperson or Co-Chairperson	Presides at PRT meetings.
	Establishes agenda for each meeting with input from the members.
	Appoints members and chairperson(s) for all PRT committees.
	Calls all emergency or special meetings.
Vice Chairperson	Performs duties of chairperson in her/his absence.
	Oversees all ad hoc committees or task forces.
Past Chairperson	Serves as chairperson of the nominating committee.
	Provides support to current chairperson.
	Serves as PRT parliamentarian.
Secretary	Maintains current membership roster.
	Records minutes of PRT meetings.
	Mails meeting notices two weeks in advance of next meeting.
Treasurer	Provides up-to-date and accurate financial records of the PRT, and presents financial statements at each PRT meeting.
	Oversees annual audit of the PRT.
	Receives basic legislative packets sent to the PRT, usually from the Legislative Contact.
Legislative Contact	Monitors legislative activity. Takes lead role in organizing PRT members to respond to legislative issues and concerns.

STRATEGIES FOR EFFECTIVE PRT MEETINGS

A meeting is considered effective:

- 1) if the desired results are accomplished (problems are solved/decisions are made), and**
- 2) when the process of the meeting facilitates achieving those results.**

Strategies to achieve the desired results and outcomes from PRT meetings include:

- **Schedule regular PRT meetings**

Meetings scheduled on a regular basis convey a sense of organization and purpose, and allow sufficient time for group development and achievement of tasks. Each PRT must meet a minimum of four times each year.

- **Rotate PRT meeting sites**

Rotating meeting sites can increase members' understanding of services, programs and staff within each community agency. It also reinforces the belief that each agency is an equal partner in the PRT.

- **Meet in locations that are accessible**

Meetings should be held in locations that are easy to get to (by public transportation if possible), have convenient parking and are accessible to persons with disabilities.

- **Meet in locations conducive to task orientation**

Meeting rooms for the PRT should be pleasant, comfortable, quiet, well-lighted and well-ventilated. Equipment to support the PRT's agenda activities (flipcharts, computer with projector, etc.) should be arranged.

- **Maintain a Positive Climate**

Seating should be arranged so that it reinforces a sense of equal relationships and responsibilities. A round table or tables arranged in a hollow square (where all members can see each other face-to-face) promote this climate.

- **Establish the "norm state/ground rules"**

A norm state reinforces the belief that every member has expertise, knowledge and skills to contribute to the process. The facilitator or chairperson ensures that each member is participating in an equitable manner by asking questions of individuals and acknowledging contributions. The facilitator or chairperson really listens to what members are saying, clarifies, reiterates participant responses, reconnects previous comments and information, and helps

organize information into themes. *Note: Facilitation services are available from the Early Childhood Training Center.*

Ground rules are agreed upon by members of the group. Issues that may impact the effectiveness of the PRT can be addressed in the ground rules. Examples include: Turn off cell phones, respect all opinions, use people-first language, etc.

- **Use familiar terms**

Discussions that are filled with unknown terms, acronyms and other jargon can isolate and shut out individual members, especially new members. Members should ask for clarification, use substitute terms and explain jargon.

- **Integrate new PRT members**

As new members join the PRT, the facilitator or other assigned individual orients and integrates them into the group. This can be done by seeking their opinions, involving them in discussion and encouraging them to share specific information.

- **Begin and end meetings on time**

If meeting time is not used wisely and productively, members will not place a priority on attending.

- **Prepare a meeting agenda**

The facilitator or chairperson develops clear meeting goals, designs an agenda which serves as a structural guide for the meeting, selects group processes, and uses appropriate tools (such as visual aids) to accomplish meeting goals. The agenda is prepared and sent to all members in advance of the meeting, and includes the following components:

- Meeting purpose,
- Discussion of PRT goals and services coordination concerns and needs,
- Funding status,
- Methods to solicit additional input,
- Information sharing, announcements, and
- Time for planning the next meeting, including location and agenda.

- **Focus on the task**

The facilitator or chairperson has a definite plan for the meeting as outlined in the agenda, clearly communicates the agenda tasks to the members, and uses the agenda to keep everyone

on task. The facilitator or chairperson sets time limits, enforces ground rules, provides models/frameworks/processes to guide the group, takes breaks at appropriate times or allows the group to call for breaks.

- **Preplan and distribute written materials**

The facilitator or assigned individual plans and prepares a sufficient number of written materials related to the discussion topics for distribution to members during or prior to the meeting.

- **Prepare and disseminate meeting minutes**

Minutes of PRT meetings are written in a standard format and distributed by the assigned individual.

- **Summarize effectively**

Information is clarified and summarized during the meeting, as well as at the end, so that team members leave the meeting with a clear understanding of what was recommended, decided or continued for discussion at the next meeting. The facilitator or chairperson helps the group take responsibility for the meeting and its outcomes and helps members create follow-up plans.

Adapted from *Collaborating for Comprehensive Services for Young Children and Their Families: The Local Interagency Council* by W. Swan and J. Morgan, 1993.

WRITING THE PRT GRANT PROPOSAL

The following points of reference can be used by any PRT as a means of preparing for the annual grant application. Writing objectives and action plans for the grant that take into account regional or district data can serve as a framework for review and discussion during PRT meetings and activities throughout the year. It is very important that all PRT members participate in the grant writing process to ensure that all constituents are represented in the identification of gaps and barriers and development of proposed activities.

Data Gathering

Prior to meeting and grant writing, the existing regional data sources must be pulled together for Team review and consideration. These sources may include but are not limited to:

- Referral numbers – number of referrals versus percentage of verifications
- Referral sources – who is making referrals and who isn't, why
- CAPTA referrals versus percentage of verification
- Other CONNECT data and trends
- NSSRS Child Count – October 1st report to NDE
- Family Survey results – choose potential activities from the Family Improvement Activities list
- MDT procedures – are all domains addressed, are tools used appropriate and valid for the kind of information that is needed
- Gaps/barriers identified during the year and at the Annual Meeting
- Training records
- Child outcomes – Results Matter process, IFSP/IEP development
- CAP – Correction Action Plan from IFSP/IEP file review findings
- ILCD action plans and improvement activities
- Timelines, continuous services, and other compliance requirements
- Availability of services and resources
- Settings and practices where services are provided
- Transitions: Part C to Part B; home to community settings
- PRT self-assessment and any subsequent follow-up
- Previous year's grant – unfinished items, items worth repeating
- Previous year's use of funds – were they all utilized effectively and budgeted properly

Team Planning

Prior to bringing PRT members together to discuss the priority areas for the grant application, it will be helpful to have the planning region chairs/co-chairs, lead agency representatives, etc. develop an agenda to facilitate discussion. Consider inviting any other program, agency, and district representatives or other stakeholders who have input or access to data about the status of supports and services for children and families birth to age five. Keep in mind the need for any accompanying materials which might be helpful in guiding the meeting discussion.

Hold a meeting

Gather all PRT members as well as other community and regional stakeholders/interested parties. If necessary, review the PRT function and responsibilities with the group to ensure that all participants understand their role in the discussion. Although a few members may take the lead in drafting the grant application, all participants should have the opportunity to assist in clarifying the priorities. Many PRT's have found it useful to hold this type of discussion either as a part of, or following the Annual Preschool Meeting at an annual grant writing retreat.

- Meet with the PRT to review the data that was collected.
- Discuss projects of interest and need to the region.
- Develop partnering plans with local agencies, consider: Early Head Start/ Head Start, ECPDP/Regional Training Coalitions, Early Childhood Endowment Grant holders, DHHS local office staff – specifically waiver and children/family services staff, Migrant Office Recruiters/Directors and Indian programs, Early Childhood mental Health providers, WIC, Dental/Medical Clinics and Hospitals and other relevant agencies in the region.
- Consider use of small groups to develop proposed objectives to present to the team for feedback.

Writing Objectives, Actions and Evaluations

General Comments

- The Grant has been divided into four main priority areas/goals: Public Awareness and Outreach; Training, Skill Building and Technical Assistance; Services Coordination Support; and Improving Learning for Children with Disabilities (ILCD) and Services Coordination Quality Assurance. Under each of these priority areas the CoLead Agencies have provided examples of items that teams may consider. These are examples. You do not need to write an objective for each of these ideas. Your PRT may have other ideas that are not listed.
- Write multiple **objectives** under each goal that meet the specific needs of the region. Write **actions** that are specific and measureable steps to be taken to meet the objective. There may be several actions that would help to fulfill an objective. Include strategies that have already proven to be successful. An **evaluation** should be done to determine the effectiveness of the action. Consider any change that has occurred in the data not just if the action was carried out.

Membership

- Review the team membership requirements. If all categories are not filled, an objective should be written about how the team can find people to fulfill these rolls on the team. What other agencies in the community are not being represented – how can you connect with them?

EXAMPLE

OBJECTIVE: Recruit a Child Care representative to serve on the PRT.

ACTION: The public awareness committee will visit the home and center-based child care providers in the community by November 1, will share awareness materials with them and will talk with them about serving on the PRT and what their contribution can do to help children in the community.

EVALUATION: New membership on the PRT.

OBJECTIVE: Recruit clergy to serve on the PRT.

ACTION: John and Jane will visit five churches by November 1, will share awareness materials with them and will talk with them about serving on the PRT and what their contribution can do to help children in the community.

EVALUATION: New membership on the PRT.

Public Awareness and Outreach

- Look at agencies with low referrals rates and make a plan to target them.
- Consider activities in the community that would be good venues for distributing information.
- Plan events to stay connected with Protection and Safety/Children & Family Services workers.
- Think outside the box for ways to reach under-served populations: minority, homeless, mobile, low-income, Indian.
- Consider what literature and awareness items the PRT would like to purchase.
- Look at the need for interpreters and translation of materials.

EXAMPLE

OBJECTIVE: Increase community and provider awareness of EDN services to assure that every child entitled to the benefits of the system will have access to services.

ACTION: The PR Committee will disseminate EDN materials to hospitals, clinics, dentist offices, ophthalmologists, mental health agencies, child care providers, and churches.

ACTION: The PR Committee will attend community health fair, county fair, Week of the Young Child.

ACTION: The lead agency staff will maintain the local EDN Website.

ACTION: The co-chair will purchase pens and tote bags for distribution by December.

EVALUATION: An increase in referrals rates and/or increase in the number of kids receiving services.

OBJECTIVE: Promote effective working relationships with Protection and Safety workers.

ACTION: Services Coordinators will attend DHHS staff meetings, interagency team meetings, LB 1184 county Treatment Team meetings.

ACTION: Services Coordinators will attend Helping Babies From The Bench workshop.

ACTION: The PR Committee will provide books for judges to disseminate to families.

EVALUATION: Services Coordinators will be in attendance at stated meetings and a documented increase in DHHS referrals.

Training, Skill Building and Technical Assistance

- Consider surveying providers, Services Coordinators, administrators, parents, and team members to determine what their training needs may be. Look at gaps and barriers to help determine needs.
- Talk with the EC Professional development partnership/Regional Training Coalition representative about upcoming training plans in the area and the PRT needs.
- Talk with the ECTC about available training topics.
- Review potential activities from the Family Improvement Activities list based on the PRTs scores on the Family Survey.

EXAMPLE

OBJECTIVE: Provide pertinent and timely trainings to all EDN audiences.

ACTION: In November, provide training on Social-Emotional Development to service providers and parents.

ACTION: In September, submit document to the ECTC requesting free training on Cultural Responsiveness.

ACTION: Pay expenses for Services Coordinators to attend all state sponsored training.

EVALUATION: Document training dates, topics and number of attendees. Ask Services Coordinators to share what they learned at trainings.

OBJECTIVE: Support Professional Development Partnership trainings.

ACTION: Assist with advertising and promoting trainings, provide needed supplies, and pay stipends for parents to attend.

EVALUATION: Document training dates, topics and number of stipends.

Services Coordination Support

- Talk with the Services Coordinators and the supervisors in the region about the support and assistance that they will need in the coming year.
- Review gaps and barriers from the Annual Meeting and PRT meetings.
- Consider potential activities that can be done in collaboration across agencies.
- Discuss data that could be reviewed from CONNECT.
- Research the reason some families decline services coordination.

EXAMPLE

OBJECTIVE: Continue to support Services Coordinators to maximize their effectiveness with families, local and state agencies, service providers, school districts and other Services Coordinators in the region.

ACTION: Support Services Coordinators by working with area psychologists to examine a variety of social emotional screening instruments to determine effectiveness and promote their use to the Early Intervention Teams.

EVALUATION: Districts will document results of social emotional instruments.

ACTION: Increase staff capabilities of using CONNECT and creating reports by attending a CONNECT training.

EVALUATION: Staff attends at least one CONNECT training during the year and develops the skills to run a variety of reports.

Improving Learning for Children with Disabilities (ILCD) and Services Coordination Quality Assurance

- In addition to reviewing the data to identify needs, consider surveying school districts and Services Coordinators to determine information that they would like to review or training that they need.
- Consider file review findings and any Corrective Action Plans.

EXAMPLE

OBJECTIVE: Assist each school district in meeting the 45-day timeline for each family.

ACTION: At the January meeting, the Training Committee will provide districts with legitimate and not legitimate reasons for exceeding the 45 days.

ACTION: In January, develop and disseminate a suggested timeline for the district process of handling referrals.

ACTION: At the January meeting, provide information about general best practices including appropriate tools, MDT makeup, parent communication, etc.

EVALUATION: All districts in the region meet the 45-day timeline all of the time.

OBJECTIVE: Support each school district in providing continuous services.

ACTION: As a resource for districts, compile and disseminate in April contact information for providers willing to provide summer services.

ACTION: In January, the Training Committee will provide examples of legitimate and not legitimate reasons for decreasing services.

EVALUATION: Two early intervention team meetings are held during the year and information is shared.

Complete the grant application

- The objectives, actions, evaluations and other needed information are entered into the template within the NDE Grant Management System (GMS). Be sure to make a plan for how this written document can be used and reviewed throughout the year.

POTENTIAL PRT ACTIVITIES

Area	PRT Activities
Family Involvement	Promote and develop family support groups
	Provide information on agencies and services in the community
	Compile family guides and brochures
	Coordinate family education activities
Public Awareness	Educate families and the medical community of the need for early identification and the availability of services
	Utilize ChildFind services and activities
	Explore the most effective ways to reach ethnic/cultural communities and other underrepresented populations in the region
	Develop brochure to explain services
	Promote mailing campaigns to physicians, preschools, hospitals, family groups and child care providers
	Develop a directory of services or provide information on a web site
	Present to family groups and offer information on child development
Referral	Develop effective referral procedures to assure appropriate referrals
	Track most common sources from which referrals are received or not being received
Screening and Identification	Identify current sources of screening/evaluation
	Develop effective and culturally-unbiased assessment procedures
	Develop coordinated community-wide system for referral and identification
	Develop collaborative programs for screening children in conjunction with local health providers
	Promote family awareness of typical child development milestones and the need for early identification of children with disabilities
	Educate private physicians about the availability of programs and services to children
Program Delivery	Assist one another in upgrading program standards
	Influence policy makers regarding need for program improvements and modifications, and/or expansion
	Identify programs and services available
	Eliminate duplication of services
Support for Services Coordination	Identify gaps in the service delivery system
	Direct planning to address identified service gaps
	Provide training opportunities for Services Coordinators
Transition	Ensure a seamless transition to preschool special education and other community services when the child turns three and exits Part C (infant/toddler)
	Explore ways to assess and ensure the readiness of families to begin

	self-directed services coordination
Information	Improve awareness and understanding of agencies' operating procedures and services provided
	Improve understanding of eligibility and procedures
	Exchange new or updated information
	Share information about funding sources
	Share records/reports in an effective and efficient manner
Collaboration	Improve collaboration with child care programs, Early Head Start, Migrant Head Start and tribal organizations
	Formulate agreements among programs and agencies
	Share resources
	Explore sharing of physical space and facilities
	Plan and implement interagency approaches to program evaluation and quality improvement
Staff Development	Establish a network to share staff expertise
	Conduct training needs assessments
	Coordinate training and in-services
	Identify available consultants and professional experts
	Share training materials

APPENDIX C

GLOSSARY OF TERMS

ADA	Americans With Disabilities Act. A comprehensive civil rights law for people with disabilities that eliminates barriers that prevent full participation in society.
A&D Waiver	Aged and Disabled Waiver. Provided through the Department of Health and Human Services to children to meet their needs by purchasing services not traditionally considered "medical," including respite, transportation, independence skill management, and childcare.
Administrative Hearing	A formal process for settling disagreements.
Advocate	Someone who takes action to help someone else (as in "family advocate"). Also, to take action on someone's behalf.
Answers 4 Families	Internet-based information and support community of Early Development Network families, Services Coordinators, peer supporters and related agencies.
Appeal	A written request for a change in a decision. Also, to make such a request.
ARC	Formerly the Association for Retarded Citizens, now known as "The Arc." National Association that has local chapters and a state chapter. Works to encourage programs and activities for persons of any age with mental retardation.
Assessment for Infants and Toddlers	The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify (1) the child's unique strengths and needs and the services appropriate to meet those needs, and (2) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler with a disability.
Assistive Technology	Services, devices and supports used to increase, maintain, or improve the functional capabilities of a person with a disability.
Birth Mandate	Part B categories are used for verifying all children with disabilities from birth to 21 years of age. Nebraska has been a birth mandate state for special education services since 1979.
CAPTA	The Child Abuse Prevention and Treatment Act (PL 1-8-36). This law includes the requirement that Protection and Safety refer a child under the age of three who is involved in a substantiated case of child abuse or neglect to EDN.
CAP	Corrective Action Plan from IEP/IFSP file review findings

ChildFind	All children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State and children with disabilities attending nonpublic schools, regardless of the severity of their disability, and who are in need of special education and related service, are identified, located, and evaluated; and a practical method is developed and implemented to determine which children are currently receiving needed special education and related services. (PL 99-457).
Cognitive Development	The skills and knowledge that infants develop with their brains (e.g., understanding cause and effect, or learning how to talk).
Co-Lead Agencies	The Early Development Network system is unique, with co-leadership by the Nebraska Department of Education and the Department of Health and Human Services as Co-Lead Agencies.
Communication Development	Skills that a child develops as she/he grows, that allow the child to tell others what she/he wants by using signs and gestures when she/he is very young (such as looking and pointing), and using language as she/he gets older.
Conflict of Interest	State law which prohibits anyone with an actual or potential monetary interest or gain from participating in decision-making (i.e., voting, evaluating) which may benefit them, their families, or agencies. This includes persons serving on boards of agencies.
Consortium	A group of people in a community representing agencies that provide Early Development Network services to children and families in that community. This group meets to make sure that children who are referred for Nebraska's Early Development Network (Part C) services receive a multidisciplinary evaluation in a timely manner, as well as services which they need. In Nebraska, these groups are called Planning Region Teams.
Continuous Services	By law, services must be available as specified in the IFSP and cannot be interrupted for periods of time (e.g. during the school's summer vacation).
CPS	Child Protective Services under the local office of the Nebraska Health and Human Services System.
CSPD	Comprehensive System of Personnel Development.
DD	Developmental disability or delay. There is no single definition, and different programs use different definitions. In common understanding, DD refers to impairment and is usually associated with functional limitations.
DHHS	Nebraska Department of Health and Human Services, a co-lead agency for the Early Development Network.
DHHS Manual	NE Department of Health and Human Services guide to Early Development Network Services Coordination. (Manual Letter #70-94, 480 NAC 10-000.)
Developmental Delay	Developmental delay is one criterion for eligibility for special education services. It can be measured using standardized testing, informed clinical opinion or identification of a diagnosed condition. Nebraska law requires the use of developmental delay as a criterion for eligibility through age 4, with discretionary option for school districts to use for children ages five through eight.

Developmental Milestones	The skills a child learns at certain times throughout infancy and childhood (e.g., sitting, crawling, walking, etc.).
Due Process	Legal action that protects a person's rights.
ECICC	Early Childhood Interagency Coordinating Council, also known as the State Interagency Coordinating Council. The council is composed of individuals appointed by the Governor to advocate for young children and their families and to advise the Co-Lead Agencies. The appointment of this body is a federal requirement of IDEA.
Early Development Network	Nebraska's system of services for children birth to age three with disabilities. These services are provided by a variety of agencies to children found to be eligible and their families, based on their unique needs; see Early Intervention.
Early Intervention	Early intervention is the identification of children who have a developmental delay or may be at risk for developing a disability, and then providing different types of services to support the family and the child. It is the common name of services provided under IDEA. Nebraska's Early Intervention system of services was established in the Nebraska Early Intervention Act, and was re-named the Early Development Network in 2000.
ECSE	Special education programs and related services designated to serve children below age five with verified disabilities.
ECTC	Early Childhood Training Center. Provides, enhances and coordinates professional development training opportunities across the state and promotes an interdisciplinary model of training. Provides facilitation services and the opportunity for Planning Region Teams (PRTs) to request one training topic annually at no cost to the team.
Emotional Development	The basic sense of self that a baby develops about himself or herself as a person.
Empowerment	A feeling of self-worth that allows people to define their own goals and make decisions and choices for themselves that meet their needs and priorities.
ESU	Educational Service Unit. May contract with local school districts to provide assessments and assist in service delivery for young children.
Family Centered Service	Core to family-centered services is sensitivity and respect for the culture and values of individual family members and each family's ecology, as members define the people, activities and beliefs important to them. The purpose of early intervention is to achieve family outcomes as well as child outcomes. Preschool special education services must include family involvement as well as accomplish child outcomes.
FAPE	Free and Appropriate Public Education. Special education and related services that are provided at public expense, under public supervision, and direction, and without charge, meet the standards of the state; include an appropriate preschool, elementary school, or secondary school education in Nebraska and are provided in conformity with an individualized education program (IEP) that meets the requirements of 92 NAC 51-007.
FERPA	Family Educational Rights and Privacy Act.
FICC	Federal Interagency Coordinating Council. Required by IDEA (PL 99-457). Meets quarterly in Washington, D.C.

Fiscal Year	A 12-month accounting period for purposes of funding and reporting. For Nebraska state government, the fiscal year is July 1-June 30. For the federal government, the fiscal year is October 1 -September 30. For Early Development Network Program funding, the fiscal year is October 1-September 30.
IDEA	Individuals with Disabilities Education Act. Federal Law (PL 99-457) which requires special services for children birth to age 21 years.
IEP	Individual Education Program. The written document which lists the services and resources a child will receive when he/she is eligible to receive his/her education through the public schools (age 3-21). 92 NAC 51-007
IFSP	Individualized Family Service Plan. A process to plan for a child (birth to age 3) and her/his family, and a written document of that process. The process involves a joint effort between families and specialists. The written document lists the Early Development Network services a child needs in order to grow and develop, and the services the family needs to help the child grow. 92 NAC 51-007
ILCD	Improving Learning for Children with Disabilities. A state supported, district-led, self-assessment process.
Inclusion	Services which are provided to children with special needs in settings which also serve those who do not have special needs. These services are typically located in a preschool, child care center, developmental delay program or child care home. When a child is in an inclusive setting, the Early Development Network professional works with the child in that setting and provides consultation, training and support to the staff of the setting. Other terms often used are <i>mainstream</i> , <i>most natural environments</i> , and <i>least restrictive environments</i> .
Interagency Agreement	A written document between agencies in which responsibilities and operating procedures are defined. At the state level, the major agencies serving young children and their families are the Nebraska Department of Education and Nebraska Department of Health and Human Services, which serve as Co-Lead Agencies for Nebraska's Early Development Network.
LEA	Local Education Agency (local school district).
Lead Agency	An agency designated by the Planning Region Team (PRT) members to be responsible for the operations of the PRT. The lead agency distributes proposals for a services coordination contract for the planning region, maintains records, arranges team meetings and manages the membership of the Planning Region Team.
LRE	Least Restrictive Environment. An educational setting or program that provides a student with special needs with the opportunities to work and learn to the best of his/her ability. It also provides the student with as much contact as possible with children without disabilities, while meeting all the child's learning needs and physical requirements.
MDT	Multidisciplinary Team. See Multidisciplinary Evaluation.
MIPS	Medicaid in Public Schools. Program that allows schools to bill Medicaid for providing occupational, physical and speech therapy to children eligible for

	special education services.
Multidisciplinary Evaluation	A process that involves professionals from a variety of disciplines such as nursing, special education, physical therapy, psychology, and others. The multidisciplinary evaluation helps in determining a child's eligibility for services, provides a description of the child's development, and serves as the basis for developing an Individualized Family Service Plan (IFSP)/Individual Education Program (IEP).
NAEYC	National Association for the Education of Young Children.
Natural Environments	Settings that are natural or normal for the child's age peers who have no disability (e.g., the home, child care center, park or other community setting).
NDE	Nebraska Department of Education, a co-lead agency for the Early Development Network.
Nebraska Early Intervention Act	Families were instrumental in creation of the Act in 1993. The Act promotes, facilitates and supports a family-centered philosophy including: 1) healthy families; 2) service systems which are responsive, flexible, integrated and accessible to children and their families; 3) community ownership and maximum impact of prevention and early intervention which encourages and supports active parent and family partnership in all programs and services. Established the Nebraska Early Intervention system of services, and created the Co-Lead Agencies and the Nebraska Interagency Coordinating Council, in 2000, the state programs were renamed the Early Development Network and Early Childhood Interagency Coordinating Council.
NEC*TAS	National Early Childhood Technical Assistance System. Assists states and demonstration projects in developing policies and practices to expand and improve comprehensive early intervention services.
NICHCY	National Information Center for Children and Youth with Disabilities.
NRRS	Nebraska Resource and Referral System. A searchable database of 10,000 Nebraska health and human services resources.
NSSRS	Nebraska Student and Staff Record System . The Nebraska Student and Staff Record System (NSSRS) became the official method for submitting student and staff data to the Nebraska Department of Education (NDE) beginning in 2007-2008. This data is reported to NDE by October 1 of each year.
Occupational Therapy (OT)	Services provided by a qualified occupational therapist who works with children to develop the child's fine motor skills (e.g., using buttons, writing, holding small objects). These services can be provided in a variety of settings.
OSEP	Office of Special Education Programs. Part of the U.S. Department of Education in Washington, D.C.
OCR	Office of Civil Rights. Part of the U.S. Department of Education in Washington, D.C.
Part B	Special Education program under IDEA (PL 99-457) for three- to 21-year-olds.
Part C	Special Education Infant-Toddler Program under IDEA (PL 99-457) for children birth to three years old. Known in Nebraska as the Early Development Network.

Physical Development	Skills that a child develops as he or she grows that allow the child to move using large muscles (gross motor) and small muscles (fine motor). These skills include the child's ability to roll over, crawl, sit up, walk, and run. Physical development also includes the development of vision and hearing.
Physical Therapy (PT)	Services provided by a qualified physical therapist who works with children to develop the child's large muscles (gross motor) and small muscles (fine motor). These services can be provided in a variety of settings.
PL 94-142	Federal law guaranteeing a free and appropriate public education to school-aged children with disabilities, 1975.
PL 99-457	IDEA entitles children with or at-risk for developmental disabilities access to health, educational, and other social services.
PL 102-119	The reauthorization of IDEA (PL 99-457).
Planning Region Team (PRT)	A group of community people who represent Early Development Network agencies, families, and other interested parties committed to young children and their families. This group works to support all local Early Development Network efforts. There are 29 PRTs in Nebraska.
Preschool Coordinator	The professional in the school district responsible for coordinating Preschool Programs (Part B).
Preschool Program Services	Services for children three and four years old under Section 619. In Nebraska, these services are provided by or under the supervision of local public school systems.
PSAs	Public Service Announcements. Radio and television air time provided for free as a public service.
Procedural Safeguards	Rules and procedures that protect rights specified by law.
PTI Nebraska	Parent Training & Information of Nebraska. Provides information to families of children with special needs about acquiring services, working with schools and educators to ensure the most effective educational placement of their child, understanding the methods of testing and evaluation of a child with special needs, and making informed decisions about their child's special needs.
Related Services	In the school system, this refers to transportation, developmental, corrective and other support services that a child with disabilities requires in order to benefit from education. Examples of related services include: speech-language and audiology services, psychological services, physical and occupational therapy, recreation, counseling, interpreters for the hearing impaired, and medical services for diagnostic and evaluation purposes.
Required Services	This refers to services which must be available to all eligible children in the state, wherever they live. The services are included in the child's Individualized Family Service Plan (IFSP)/Individual Education Program (IEP). These services include, but are not limited to, multidisciplinary evaluation, services coordination, home-based intervention, specialized therapies, transportation, family counseling, assistive technology, nutrition services, health services, preschool services.

Respite	Support service which provides periodic relief (child care) for a family or family substitute on a temporary basis.
RFP	Request for Proposals. Solicitation of proposals sent to agencies and individuals by a funding source.
Rule 11	Regulations for Early Childhood Education Programs
Rule 51	Nebraska Department of Education regulations and standards for special education programs (Title 92, Nebraska Administrative Code, Chapter 51).
Services Coordination	A flexible, individualized process of interaction facilitated by a Services Coordinator to assist a family of an eligible infant or toddler with disabilities within a community to identify and meet the family and child's needs through coordination of informal and formal supports.
Social Development	A baby's ability to develop social skills (like laughing and smiling) which allow her/him to interact with other people.
Social-Emotional Development	Skills that a child develops as he/she grows that allow the child to interact with others (playing, and responding to adults or other children), and that allow the child to express emotions (laughing, crying, talking about feelings).
Special Education Programs and Services	Services or specially designed instruction (offered at no cost to families) for children birth to 21 years old with special needs who are found eligible for such services by the local school system.
Special Needs	A term used to describe a child who has disabilities, or is at-risk for developing disabilities, and who requires special services to minimize or prevent the disability.
SSI	Supplemental Security Income.
TA	Technical assistance.
TDD/TTY	Telecommunication Device for the Deaf/Teletype.
Transition	Transition means moving from one service and/or service provider to another. A major transition for children with special needs and their families occurs when the child turns 3 years of age and is no longer eligible for Early Development Network services (Part C). The child must then begin receiving services from the Preschool Program (Part B) if eligible, or from other service providers in the community. Other transitions include from home-based to center-based, and from preschool classroom to kindergarten.
Tri-Care	The health insurance program for military members and retirees, and their dependents. Formerly CHAMPUS.
WIC	Women, Infants and Children. Provision of nutrition education, supplemental foods (including formula), breast-feeding promotion and support, and referrals to health care for women, infants, and children.

APPENDIX D

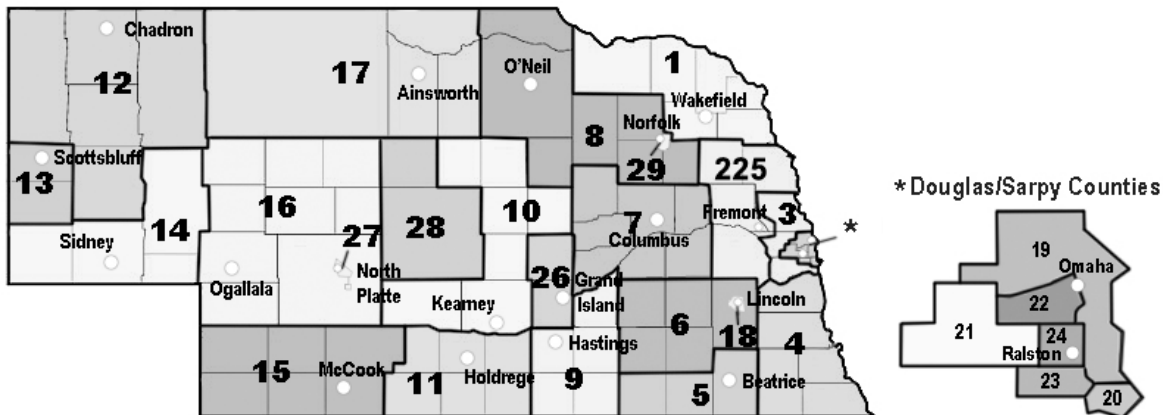
RESOURCES

Answers 4 Families Family Information & Support Medicaid Waiver Information & Support	www.answers4families.org
ARC of Nebraska	www.arc-nebraska.org/
Assistive Technology For All	www.at4all.com
Autism Action Partnership	www.autismaction.org/
Autism Society of Nebraska	www.autismnebraska.org/
Autism Spectrum Disorders Network (Nebraska)	www.unl.edu/asdnetwork/
Building Bright Futures	buildingbrightfutures.net/
Co-Lead Agencies <ul style="list-style-type: none">• Department of Education• Department of Health & Human Services	www.education.ne.gov www.dhhs.ne.gov
DHHS Child Care Grants	www.dhhs.ne.gov/chs/chc/ccgrant.htm
Early Childhood Training Center	ectc.nde.ne.gov 800-892-4453
Early Development Network	edn.ne.gov
Family to Family Health Information Center	www.pti-nebraska.org 888-490-9233
Head Start	www.education.ne.gov/ech/hssco.html
Local Head Start Programs	www.education.ne.gov/ech/headstart/nestats.html
Hotline for Disability Services	www.cap.state.ne.us
Individuals with Disabilities Education Act 2004	idea.ed.gov
IFSP Web	www.ifspweb.org

Improving Learning for Children With Disabilities (ILCD)	www.nde.state.ne.us/sped/ilcd.html
Individualized Family Service Plan (IFSP) Tutorial	www.answers4families.org/ifspweb
Kids Connection (NE Children's Health Insurance Program)	www.dhhs.ne.gov/med/kidsconx.htm
Mediation Centers	www.taalliance.org www.directionservice.org/cadre
Munroe-Meyer Institute	www.unmc.edu/mmi
NAEYC - National Association for the Education of Young Children	www.naeyc.org/
Nebraska 211	www.NE211.org
Nebraska Advocacy Services	www.nebraskaadvocacyservices.com/ 800-422-6691
Nebraska ChildFind	www.childfind.ne.gov
NE Department of Health & Human Services <ul style="list-style-type: none"> • Early Development Network • Services Coordination • A & D Waiver • Disabled Children's Program • Medically Handicapped Children's Program 	www.dhhs.ne.gov
Nebraska Early Childhood Interagency Coordinating Council	www.education.ne.gov/ecicc/
Nebraska Early Childhood Professional Development	buildingbrightfutures.net/
Nebraska Family Helpline This service is available 24/7/365 days, providing assistance to families with a youth experiencing a behavioral health challenge.	1-888-866-8660
Nebraska Planning Council on Developmental Disabilities	www.dhhs.ne.gov/ddplanning/
Nebraska Pyramid Framework for Social Emotional Development	www.education.ne.gov/ech/PBiS.html

Nebraska Resources & Referral System (NRRS)	www.nrrs.ne.gov
Nebraska Respite Network	www.respitenetwork.org/About.html
1-866-RESPITE or 402-737-7483	
NEC*TAS	www.uri.edu/frp/frplink20.html
National Early Childhood Technical Assistance System	
Newborn Hearing Screening	www.dhhs.ne.gov/nsp www.babyhearing.org
NICHCY	www.nichcy.org/Pages/Home.aspx
National Dissemination Center for Children with Disabilities	
Planning Region Teams	<ul style="list-style-type: none"> • edn.ne.gov/prtcontacts.html • edn.ne.gov/prtcontacts.html • edn.ne.gov/grants.html
Positive Behavioral Interventions & Supports	www.pbis.org (National) ectc.nde.ne.gov/partnerships/ecmh/ecmh.htm (NE)
PTI Nebraska	
<ul style="list-style-type: none"> • Parent Training and Information • Family Voices • Supporting Parents Program 	www.pti-nebraska.org 800-284-8520 866-991-6713
Referral	888-806-6287
<ul style="list-style-type: none"> • Nebraska ChildFind • EDN map of regions • EDN local referral contacts 	edn.ne.gov/prtcontacts.html edn.ne.gov/referral-map.html
Results Matter	ectc.nde.ne.gov/special_projects/results_matter/results_matter.htm
Services Coordination - Over the age of 3	www.dhhs.ne.gov/hcs/services/service-coordination.htm
Early Development Network - Birth to age 3	www.dhhs.ne.gov/hcs/services/EDN-services.htm
WIC - Women, Infants and Children	www.fns.usda.gov/wic/

REGIONAL MAP & CONTACTS



1 - Wakefield

211 Tenth Street
Wakefield, NE 68784-5014
PH: (402) 287-2061
FAX: (402) 287-2065

3 - Rural Omaha

6949 South 110th Street
Omaha, NE 68128-5722
PH: (402) 597-4934
FAX: (402) 597-4811

4 - Auburn

P.O. Box 310
Auburn, NE 68305-0310
PH: (402) 274-4354
FAX: (402) 274-4356

5 - Beatrice

900 West Court
Beatrice, NE 68310-3526
PH: (402) 223-5277
FAX: (402) 223-5279

6 - Milford

210 5th Street
Milford, NE 68504-0000
PH: (402) 761-3341
FAX: (402) 761-3279

7 - Columbus

2657 44th Avenue
Columbus, NE 68601-8537
PH: (402) 564-081

8 - Neligh

106 W. 3rd Street, PO Box 89
Neligh, NE 68756-0089
PH: (402) 887-5041
FAX: (402) 887-4604

9 - Hastings

123 Marian Road
Hastings, NE 68901-4923
PH: (402) 462-4187
FAX: (402) 462-4568

10 - Kearney

76 Plaza Blvd., Box 850
Kearney, NE 68848-0850
PH: (308) 237-5927
FAX: (308) 237-5920

11 - Holdrege

412 West 14th Ave, P.O. Box 858
Holdrege, NE 68949-0858
PH: (308) 995-6585
FAX: (308) 995-6587

12 - Chadron/Alliance

821 Morehead Street
Chadron, NE 69337-2546
PH : (308) 432-2747 x111
FAX: (308) 432-2737

13 - Scottsbluff

1114 Toledo, Box 77
Sidney, NE 69162-0077
PH : (308) 254-4677

14 - Sidney

1114 Toledo, Box 77
Sidney, NE 69162-0077
PH : (308) 254-4677
FAX: (308) 254-5371

15 - McCook

PO Box 398
Trenton, NE 69044-0395
PH: (308) 334-5160
FAX: (308) 334-5581

16 - Ogallala

PO Box 915, 314 West 1st
Ogallala, NE 69153-0915
PH: (308) 386-4867
FAX: (308) 386-4867

17 - Ainsworth

348 N. Main St.
Valentine, NE 69201
PH: (402) 376-1612

18 - Lincoln

5901 O St., Box 82889
Lincoln, NE 68510-2889
PH: (402) 436-1000
FAX: (402) 436-1899

19 - Omaha

3215 Cuming St.
Omaha, NE 68131-2024
PH: (402) 557-2382
FAX: (402) 557-2379

20 - Bellevue

510 West 22nd Ave.
Bellevue, NE 68005
PH: (402) 293-4685

21 - Millard

5606 South 147th Street
Millard, NE 68137
PH: (402) 895-8302
FAX: (402) 895-8448

22 - Westside

8130 Western Avenue
Omaha, NE 68114
PH: (402) 390-
FAX: (402) 390-6478

23 - Papillion/LaVista

420 South Washington Street
Papillion, NE 68046-2667
PH: (402) 537-6213
FAX: (402) 537-6216

24 - Ralston

8545 Park Drive
Ralston, NE 68127-3690
PH: (402) 331-4700
FAX: (402) 331-4843

26 - Grand Island

4100 West 13th
Grand Island, NE 68803
PH: (308) 385-5655
FAX: (308) 385-5797

27 - North Platte

200 West Tenth Street
North Platte, NE 69101
PH: (308) 535-5314
FAX: (308) 535-5317

28 - Sandhills Coop.

76 Plaza Blvd, Box 850
Kearney, NE 68848-0850
PH: (308) 237-5927
FAX: (308) 237-5920

29 - Norfolk

512 Philip Avenue - Box 139
Norfolk, NE 68702-0139
PH: (402) 644-2507
FAX: (402) 644-2506

225 - Fremont Area

2320 N. Colorado, Box 649
Fremont, NE 68026-0649
PH: (402) 721-7710
FAX: (402) 721-7712

What is Early Intervention?

Early intervention can help you and your family support and promote your child's development, within your family activities and community life. Nebraska's Early Development Network supports children birth through three years of age who have special developmental needs. The Nebraska Early Development Network program "connects" families with early intervention services, such as occupational, speech, physical or nutritional therapy, to help infants and toddlers grow and develop and help their families in this process. It is a voluntary program and does not discriminate based on race, culture, religion, income level, or disability.



Nebraska Early Development Network

301 Centennial Mall South
Lincoln, Nebraska 68509
Phone: 402-471-2471
Toll-Free: 888-806-6287

<http://edn.ne.gov>

