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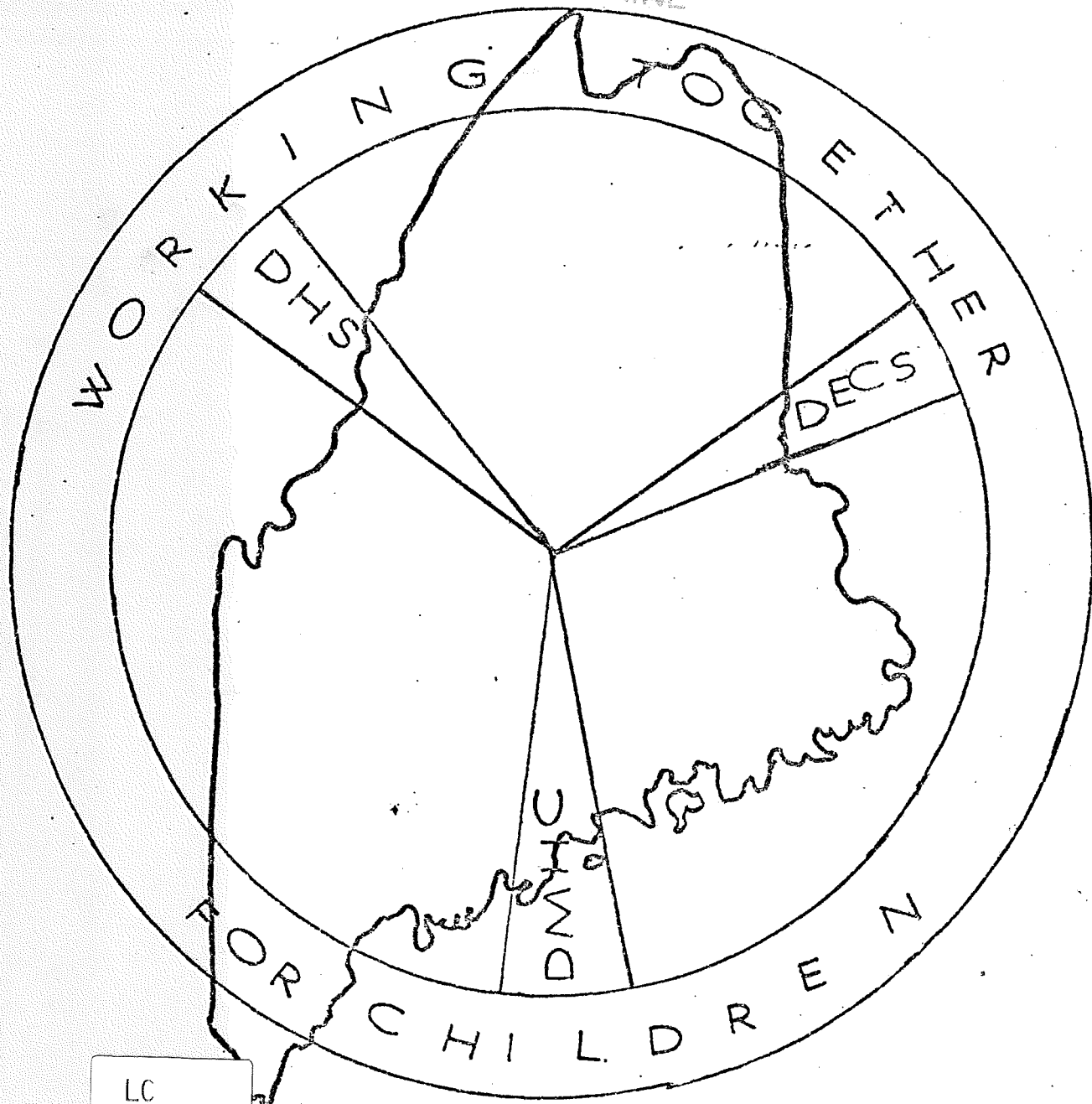
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EARLY EDUCATION FOR THE HANDICAPPED
FINAL REPORT ON A
COORDINATED DELIVERY SYSTEM FOR
SERVICES TO PRESCHOOL HANDICAPPED CHILDREN

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FINAL REPORT TO THE 109th LEGISLATURE

EDUCATION COMMITTEE

IN RESPONSE TO

L.D. 2106 - "AN ACT Concerning Pilot Projects
for More Effective and Efficient Delivery
of Services to Preschool Handicapped Children"
(P. & S.L. 1977, C. 104)

AND

L.D. 165 - "AN ACT Concerning the Continuation
of Pilot Projects for More Effective and Efficient
Delivery of Services to Preschool Handicapped Children"
(P. & S.L. 1979, C. 56)

Prepared by the Interdepartmental Coordinating
Committee for Preschool Handicapped Children
On Behalf of Commissioner Raynolds, DECS;
Commissioner Petit, Department of Human Services;
and Acting Commissioner Martel, DMH&C.

January 1980

INTERDEPARTMENTAL COORDINATING COMMITTEE FOR PRESCHOOL HANDICAPPED CHILDREN

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I. History

In June 1977, the 108th Legislature issued a joint study order to the Commissioners of the Departments of Human Services, Mental Health and Corrections, and Educational and Cultural Services. The order required the Commissioners to submit a report of services available to preschool (3-5 year olds) handicapped children through their departments. As a result of that report of December 1977, L.D. 2106 (P. & S.L. 1977, C. 104) was passed in March 1978, appropriating \$150,000 to stimulate a more effective service delivery system for these children. This was to be accomplished by appointing an interdepartmental coordinating committee (ICCPHC) and establishing at least three preschool pilot projects.

Through the activities of the ICCPHC and the pilot projects, a more effective and efficient system for delivery of services to preschool handicapped children was established. This was accomplished by:

- 1) coordinating existing programs and services in pilot project communities;
- 2) providing funds for delivering services to meet unmet needs; and
- 3) establishing a mechanism for coordinated planning.

L.D. 165 (P. & S.L. 1979, C. 56) appropriated \$100,000 to continue the coordination effort for one additional year. It required the three Commissioners to submit a final report to the 2nd Session of the 109th Legislature, and related legislative recommendations based on the results of the coordination effort.

In addition to the \$250,000 appropriated by the Legislature, two Federal grants were used to fully fund the seven projects ultimately established.

II. Rationale

The problems delineated in the December 1977 report were:

- 1) available services were delivered in a fragmented fashion resulting in both gaps in, and duplication of, services;
- 2) planning and service delivery at both the state and local level were uncoordinated; and
- 3) most services had income and/or disability criteria for eligibility.

The result was that over one half of the preschool handicapped population were excluded because:

- 1) the needed service was not available in their area or families did not know of its availability,
- 2) families or children could not meet eligibility criteria, or
- 3) families could not afford to pay for those services which were available.

The coordinated approach field-tested by the pilot projects has addressed the above problems in selected areas of the state. This plan has proven effective.

III. Overview of System Design

The coordinated approach of service delivery to preschool handicapped children:

- 1) utilizes existing resources, avoiding the duplication of services;
- 2) provides funds for the elimination of gaps in services at the local level; and
- 3) promotes coordination and cooperation of agencies providing services to preschool handicapped children and their families.

The ICCPHC, appointed by the Commissioners, oversees and directs the entire effort. The Committee has 14 members representing the three Departments, two service provider associations, and parents of handicapped children. Funding is administered through the Department of Educational and Cultural Services. The other two Departments support the effort through continuation of existing programs and services and coordinated planning through the Committee. The Early Childhood Consultant to the Division of Special Education serves as State project coordinator and as a Department of Education representative on the ICCPHC.

At the local (regional) level, coordinating committees were formed to serve as the governing board to each pilot site. Committees were required to include representatives from:

- 1) programs funded through or by each of the three Departments which serve preschool handicapped children in the geographical region which the project proposed to cover,
- 2) the appropriate regional offices (Human Services, Mental Health catchment areas, Bureau of Mental Retardation), and at least two Local Education Agencies (LEAs),
- 3) other public or privately funded programs in the region (Head Start, Title XX or private day care, Catholic Diocesan Bureau of Human Relations, etc.) as appropriate, and
- 4) at least one-third of the membership had to be parents of handicapped children.

(For a more detailed breakdown of local coordinating committees, refer to Table V.)

The committees' responsibilities include establishing project goals and objectives (including budget design), hiring project employees, and overseeing project activities.

One of the participating LEAs in each region was selected as fiscal agent, to be responsible for fiscal management. Projects also hired a coordinator to be responsible for day-to-day administration of the project.

Each pilot project was required to address four components of a complete delivery system:

- 1) coordination of existing screening services,

- 2) coordination of existing diagnostic and evaluation services,
- 3) coordination of use of direct service to identified handicapped children between the ages of 3 and 5, and
- 4) coordination in planning for development of new services based on identified needs, or gaps, in services in their region.

For each of the first three components, the focus was on identifying existing resources and developing a system for coordinating those resources at the regional level. The focus of the fourth component was to develop a system for effectively coordinating planning activities in the region in order to develop needed new services (or augment existing services) whether screening, diagnostic, or direct program delivery.

Each of the seven projects met the established criteria and have developed specific goals and objectives unique to their own region within the framework of the system developed by the ICCPHC.

IV. Result of Effort - Individual Project Descriptions

HANCOCK COUNTY PRESCHOOL PROJECT

The Hancock County Preschool Project has four major functions. It serves as the central point of referral for special needs children in Hancock County identified through existing screening programs. It provides an assessment mechanism using a multi-disciplinary child development team to identify strengths and needs of the child and family, making treatment recommendations for appropriate intervention. It develops a treatment plan, drawing on existing treatment services within the county when available, outside the area if necessary, to avoid duplication, inadequate or inappropriate use of services. Finally, it provides the basis for representatives of county children's programs to work cooperatively to continue and expand as necessary services for special needs preschoolers.

Screening: Screening is conducted primarily by existing programs and resources. These include physicians, preschool programs, and a variety of health programs including Public Health Nurses and EPSDT. The project has conducted developmental screening programs at a few preschool centers at the request of the center. For the most part, however, screening in the county seems to be adequate to identify possibly handicapped children.

Evaluation: The Project serves as a clearing house for assignment of referrals from at least 15 different sources (including parents, physicians, preschool teachers, nutrition counselors, health technicians and social workers). Cases are assigned to Project case managers, who are themselves from three different funding sources. New referrals are reviewed weekly by the case managers and coordinator and assigned according to case managers availability.

Personnel from seven agencies have been organized into assessment teams to provide a working unit with common methods and goals. Participation in the Project gives increased accessibility of clients and referral sources to needed specialists. The team conference is used to share information about the client by all appropriate people involved with the family in order to develop a complete picture of the child and family. The Project serves to coordinate information, specialized staff, equipment, and methods through the use of its case managers and the assessment teams.

Each child referred to the Project for assessment receives a case manager. An initial home visit is made to secure intake information. Developmental assessment, including formal testing, is provided. This includes audio/visual testing if necessary and age-appropriate. An in-depth family interview is conducted. A team conference is then conducted to evaluate all available information and make treatment recommendations. Written reports of assessment information are shared with parents. A meeting is then held with the parents for delineation of the assessment results and assignment of a treatment plan and final case review. If necessary, a specific time is scheduled for any reevaluation.

Direct Service: Direct services are provided primarily through existing resources. The disposition team, composed of direct service providers from several agencies and the child's parents, review, select and reject service options to design an acceptable treatment plan for the child. At this time, primary and support service workers are assigned to the family. The Project provides, through the case managers, an individual who is responsible to the family to see that direct services are delivered as designated and that all involved direct service providers work with the family in synchrony. The case manager continues involvement with the family throughout treatment time until the case closes. The Project serves to coordinate at two levels. It provides coordination for individual children through the disposition team and through case managers. It serves to coordinate programs through the assessment and disposition teams and through the coordinating committee.

Planning: The full coordinating committee meets monthly. Additional meetings of task groups take place as needed to resolve specific issues or deal with particular problems. The coordinating committee serves as the forum for identifying both gaps and duplications in service in Hancock County so that appropriate strategies can be developed to deal with problem areas.

Advantages of the system: The Hancock County Preschool Project offers a core of services using local resources when available and centralizes these services within the county and reasonable travelling distance outside the county. Since the Project is the central referral point, client tracking is easy and cases do not get lost.

Through in-kind contributions of staff, county agencies share resources to form a multi-disciplinary pool of staff which no single agency could presently maintain. Disposition team members provide current information of programs in their own agencies, offering a full array of existing services to each other, parents and case managers.

The case managers are trained and equipped to utilize the assessment and disposition process for their clients. The case manager assumes responsibility for the family during that period to assure that parents get answers to their questions and information about their child they can understand. Sharing responsibility and effort with other Project staff provides a supportive atmosphere for case managers. This is especially important when working with multi-problem families, reducing worker burn-out.

Project services are generally available at no charge to any Hancock County family with preschoolers. Exceptions are generally only for private physician health care, or if families are able and prefer to pay for services themselves.

Parents participate in the structure, direction and evaluation of the Project through the local coordinating committee. Case managers provide transitional support to families between preschool and school programs. The Project coordinator integrates the components of the system into one working unit.

MID-COAST PRESCHOOL SCREENING SERVICES -- KNOX COUNTY

The Mid-Coast Preschool Screening Services is now housed with the Mid-Coast Preschool Agencies. These agencies are: Bancroft North Early Screening Program (P.S.S.P.), Developmental Disabilities, and the B.M.R. Child Development Worker, Project GROW, Migrant Education Preschool Program, and S.S.I. Children's Program. As of the end of the first quarter of this year, Mid-Coast Preschool Agencies became a reality. The two floors of an old frame house serve as offices for four full-time and seven half-time staff. The result is a functioning office from 8:00 a.m. to 4:00 p.m. daily. Each program contributes concretely to the agency. Migrant Education, P.S.S.P., Project GROW, and M.C.P.S.S. provide toys and screening equipment. P.S.S.P., M.C.P.S.S., and B.M.R. provide money for rent, utilities, and telephones. P.S.S.P., M.C.P.S.S., and S.S.I. provide secretaries. Coastal Child Care, Migrant Education, P.S.S.P., Developmental Disabilities, M.C.P.S.S., and S.S.I. contribute significantly in terms of money and in-kind time and services.

Screening: The second year goal of the M.C.P.S.S. is to reevaluate, and implement, a screening process for identifying preschool children who may have special needs in the Mid-Coast area. A screening task group has been established to carry out this goal.

The Screening Task Group represents parents, therapists, and public school people. It met in October to review the screening process and again in November. The Intake forms, release forms and permission slips have been changed as a result. The project now shares common intake and release forms with the other agencies in the Mid-Coast Preschool Agencies. The general screening format will continue using the audiometer, the Peek-a-Boo vision screening, and the DIAL (a developmental assessment tool).

In addition to the regularly scheduled mass screenings through school districts, the project will be helping to screen at Coastal Child Care, Family Day Care providers in Knox County, the Rockland and Hope Head Start Centers, and the S.A.D. #5 pre-kindergarten screening. In some cases, the project provides equipment, training and staff; in other cases only the equipment is provided where trained staff already exists. The result is a high quality, developmentally-oriented screening available to most children in the area.

Evaluation: A Preschool Evaluation Team process has been established to plan assessment, evaluation and follow-up services for individual children referred or identified through screening.

The forms and procedures for Individual Preschool Service Plans (I.P.S.P.'s) are complete and in use for children from the first year of the project. The agency staff will be developing I.P.S.P.'s for all newly identified children receiving more than one service in the second year. For all children, the process operates as follows:

1. Child identified through screening or referral.

2. Initial contact to determine child's needs and services already being received.
3. Agency staff meets to determine case manager.
4. Case manager develops service plan, documenting existing services, arranging for evaluations and additional services.
5. Case manager checks on child's service plan periodically to ensure the child's ever-changing needs are being met.

The service plan is kept through a system of file cards - one face card listing all services, frequency, cost, and source of funding, plus an additional card for each service the agency delivers showing actual hours per month.

The project coordinator has met locally with Head Start, Public Health Nurses, local medical people, and EPSDT to acquaint them with the newly formed Agency and develop a mutually agreeable process for referrals. The project is now receiving referrals from Head Start, parents, school personnel, Public Health Nurses, and Day Care providers. During the remainder of the year, the new focus will be on involving area physicians in the project.

Direct Service: Through the voluntary association of the six programs, the Mid-Coast Preschool Agencies now has the services of four half-time and one full-time home teacher. Each child referred is assigned a case manager in a weekly staff meeting. The Case Manager is responsible for developing and maintaining a service plan for each child assigned to her/him. The central office location provides a place where, in any given day, a four year old receives developmental teaching and a meeting may take place of twelve people representing three schools, one hospital, three parents, and three service agencies.

A system has been developed with the local public schools for providing support and in some cases, Pupil Evaluation Team meetings, prior to September enrollment to facilitate a smooth transition and continuation of needed services from preschool to public school programs. Agency staff have been present at P.E.T. meetings for most project children eligible for kindergarten in the fall of 1979. With the refinement of the case management system and the I.S.P.S., these efforts will be even better coordinated for this year.

Services to identified children are delivered through the existing agencies and programs in the area, with some services paid for with project funds, if children or families were otherwise unable to obtain the needed services. Some of the currently available services were added to this mid-coast area as a result of the project's existence, e.g. the Migrant Education program and the Developmental Disabilities program.

Planning: The project Coordinating Committee meets once a month for planning and project administration. In addition, there are four standing committees: Administration Task Group, Training Task Group, Screening and Follow-up, and a Parents' Group. Parents and agency staff are represented on the first three, while the Parents' Group is entirely parents.

Some of the work of the various task groups has already been described. Other activities include provision of education activities for direct service providers and families of handicapped children, coordination of information about other training activities in the county, increased parent involvement in the project, and completing an Information Referral List for all agencies and services in the area.

Although the project has made a substantial impact in the area, there are

still unmet needs. The project provides a forum for identifying those needs and planning appropriate strategies to meet them. The development of Mid-Coast Preschool Agencies is a good example of this. In addition to locating the major existing preschool services in one building, the project was responsible for bringing the Migrant Education program for preschoolers into Knox County, and for helping Bancroft North obtain the Developmental Disabilities grant. Because of the location of all these programs in one office and the potential for excellent coordination, an S.S.I. grant was awarded to the Agencies. The Mid-Coast Preschool Screening Services has served as the catalyst to bring about these increases in service in the Knox County area.

(SEE Table VI for a budget description of how the Mid-Coast Preschool Agencies are funded).

PROJECT CO-STEP

Screening: Referrals for screening come from parents, school social workers, preschool programs, protective services and physicians. Upon referral, an appointment is made with one or both parents to have the child screened.

Several screening instruments are used - the Comprehensive Identification Process (fine and gross motor, cognitive-verbal skills, behavior, brief medical history and parent questionnaire); the Random Dot E for vision; and the Physicians Developmental Quick Screen for Speech and Language Disorders. While the child is working with the examiner, the parent is asked to complete a questionnaire which gives more information about the child. This entire process takes about half an hour.

When the screening is completed, the parents meet with the screener for general discussion of the screening activities and some general observations on the child's performance. Later when the information has been fully reviewed, a specific, written report is sent to the family.

If further evaluation or follow-up is necessary, phone contact is made, and meetings or evaluations are arranged. (After a half-time case worker is added to the staff, home visits will also be made to some families.) The family is encouraged to allow the screening results to be sent to the physician, preschool program or other agencies currently serving the child in order to share relevant information and receive needed cooperation in coordinating the necessary services.

Evaluation: Evaluation has been done on a case-by-case basis as a result of screenings. Children have been referred to various community agencies or private practitioners to be evaluated.

This will continue to occur for children needing one or two evaluations with case management coordinated by project staff. If a child requires more than two evaluations, he or she will be eligible for the services of the Project IDT which is in the process of being formed. Members will be donated to the project for one day/month by community agencies and will serve as an evaluation team for some children and as a disposition team for others. Team recommendations will be implemented with the assistance of a case manager from project staff or an already involved agency.

Direct Service: Direct service has been used since the project began to pay for evaluation, program tuition - particularly during the summer months - and for some speech therapy services. Other evaluation services have been provided by in-kind contributions from community agencies.

During the coming year, part of the direct service money will be used to pay a half-time case manager who will work with the project coordinator to provide improved coordination and follow-up services for children served by the project.

Planning: Planning efforts have been or are beginning to focus on the formation of the interagency/interdisciplinary team and on training and workshops which will be made available through the project.

The coordinating committee is presently responding to the basic outline of the IDT formulated by a subcommittee, and agencies are being approached to request their participation.

Training and workshops will be developed based on a needs survey which is being sent to agency and school personnel, parents and physicians. Hopefully both of these efforts will not only improve direct services to children but strengthen interagency communication, cooperation and coordination.

WASHINGTON COUNTY PRESCHOOL PROJECT

Screening: The Washington County Preschool Project has introduced a more comprehensive developmental screening instrument to various preschool and public school programs. The staff (8 home teachers) of one existing program have been trained in administering this instrument for initial screening of referred children. Other existing agencies (Public Health Nurses, Downeast Health Services, Head Start, Protective Services, doctors, nursery schools) continue their screenings but often refer to the Project those children who need a more thorough developmental screening in any or all of the following areas: speech/language, fine/gross motor, social/emotional, or cognitive.

A second component of screening is Impedance Audiometry; this screening for problems in the middle ear has been conducted through a clinic coordinated by the WCPP. The Project has been responsible for establishing Impedance hearing testing as an additional screening instrument for hearing problems in the county.

Evaluation: By coordinating and cooperating with existing agencies, the WCPP has been able to develop a multi-disciplinary team, utilizing specialists from within the county (through in-kind or contractual agreements with programs and/or individuals.) These team members provide both assessments and direct therapy services.

By utilizing existing program personnel and by agency-sharing of the cost of special services from within the county, the need for families to travel to Bangor for evaluative services has been minimized. Team conferences, involving all persons dealing with the child, are held on a regular basis to make programmatic recommendations and clarify worker's roles. This process helps to avoid duplication of services and assures consistent follow-through.

Direct Service: The Project provides direct service on a contractual basis

through an existing program delivering home-based educational and therapeutic services. Tuition to nursery schools is arranged on a limited basis through the Project or other agencies. Therapists (in-kind or contracted) providing evaluative services also provide treatment for many of the children identified as needing therapy. The major role of the Project is in coordination: getting the direct service to the child, through the appropriate resource. Another major thrust of the Project is in training; key persons involved with special needs children, particularly parents, are being provided training through workshops, the added specialized consultants, and the increasing expertise of direct service providers.

Planning: The Local Coordinating Committee monthly meetings have provided a mechanism for coordinated efforts to meet goals and objectives for providing services to preschool handicapped children. It has provided a "banding together" of community leaders to help tackle problem areas in the county which have caused gaps in service. There is active participation from a majority of the members on four subcommittees: 1) dissemination; 2) inservice/workshops; 3) budget; and 4) planning/policy. This ensures equal voice in planning and implementing a system of service delivery for the preschool handicapped population.

Additional Coordination Efforts: The WCPP is becoming recognized as a central point of referral for preschoolers needing screening, assessments, and/or direct service. This central point of referral allows for optimum coordination of services.

The Project has gained support from 8 school districts in developing a mutual referral system for identifying, evaluating, and serving 0-5 year olds, particularly in response to Childfind mandates.

Gaps Existing, Problems Being Addressed: Although the pooling of agency/program resources has provided much-needed personnel, the geographic vastness of Washington County entitles it to more than what is currently available. Work over-load is a common problem; extensive travel involved in reaching families cuts away from time needed to deliver the service. But, home-based services are frequently the most appropriate for the children identified as needing programs.

Parent involvement on the committee is still a problem; again, the geographic composition of the county hinders active parent involvement on a committee level. Extensive parent involvement takes place through the delivering of many services in the home.

There is a severe shortage of nursery school/play group placements; recommendations for a preschool placement often cannot be carried out due to the non-existence of such appropriate services, or no funds being available. In addition, special needs children often require teachers with special skills or additional consultants to provide the necessary special program.

A particular service need identified through the Project's Impedance clinics is the total lack of specialized audiological services. Plans are underway for establishing a hearing center within the county, utilizing existing space and personnel when available, or arranging for monthly services from specialists in Bangor, in conjunction with one of the medical facilities.

Over the course of the first year, the Project also worked closely with the Washington County branch of the Counseling Center to improve the level of

services available within the county. As a result of these efforts, two staff people have been added to the Counseling Center, one of whom has specific training in working closely with families and young special needs children. The result is an improvement in the mental health services which the Center is able to make available to families and children within Washington County.

PROJECT GUIDE -- PENOBSCOT, PISCATAQUIS, SOMERSET COUNTIES

The GUIDE Project, in the Tri-County area, has been in operation since August 1, 1979. The newest of the seven projects, it serves an area consisting of seven School Administrative Districts, encompassing a geographical area from Jackman (northern Somerset County), all of Piscataquis County, down to the Newport area (northern Penobscot County). It is a rural area, with few resources for families with young children; it is estimated that there are at least 1,000 children between the ages of three and five years.

There are four Head Start Centers in the area, 14 preschools, one day care center, and two special classes that serve pre-school children. Even at full enrollment, these services are able to meet the needs of one-third of the estimated total population and leave vast areas of the service area untouched.

Screening: Agencies providing components of screening include the Public Health Nurses, Rural Pediatrics Health Service, Head Start Centers, and EPSDT. Some physicians report using a cursory developmental screening process during office visits. Gaps in screening opportunities based upon geographic distance, family income, and availability have been identified.

Developmental screening programs are being offered through GUIDE in the following forms:

1. Screening programs at area preschools upon invitations of teachers and parents.
2. Community screening programs held in central town locations, publicized with flyers sent home with school-age children, newspaper announcements, and local community involvement.
3. Individual home screening/assessment at the invitation of the family.
4. Possible cooperative programs with Rural Pediatrics Health Services.

Referrals are made from all agencies to the GUIDE Project for a more thorough developmental screening or coordination of service delivery systems. Cooperative home visits have been made to several families with protective service workers and Public Health Nurses, for screening.

Evaluation: Evaluations have been provided by area specialists and referral of one child to a Bangor-based clinic. A Child Study Team is being developed which will evaluate individual child programs as well as participate in a team conference evaluation of individual children. The CST will be used regularly to "staff" children with involved agencies to monitor progress, program revisions, and child/parent needs.

Direct Service: The Project has been able to arrange most services for children through existing resources, and has not had to draw upon its resources for

contractual arrangements for therapies. Contractual agreements will have to be made once all resources have been exhausted.

The GUIDE Project has been responsible for initiating a major effort to coordinate services for young children in this area who have special needs. Through the institution of "staffings", GUIDE has been able to meet with all providers as a group and plan cooperatively. This method utilizes all potential resources, assigns a Case Manager to each child, and ensures continued communication and cooperation among agencies. It also has been a tremendous relief to parents by eliminating extra people from visiting the home. It has provided a consistent person to help ensure cohesive services to a family.

GUIDE has also set up a library of readings on early childhood development and educational issues, open to the general public. This has become an additional resource both to parents and programs in better meeting the needs of the young handicapped child.

Planning: The entire coordinating committee meets monthly as well as in various subcommittees. The committee is working actively to identify needs, prioritize possible GUIDE services, and develop a coordinated delivery system.

Through the preschool screening programs that have been offered to date, and meetings with public school personnel, planning has begun to meet the needs of the children who will be entering public school in September 1980. The GUIDE staff has been asked to consult on classroom environmental planning, staff training, and evaluation of children. Several school systems have asked for consultation regarding their pre-kindergarten screening materials.

Gaps in Service Delivery, Problems: The geographical distance for this rural area will consistently be a problem. It eliminates many possible services from being provided to families because of the distance from major service providers and distance between central areas within Tri-County itself. Home visit and group programs are currently at a minimum, as are frequent therapy sessions needed for some children. This problem is being explored on a multi-agency level and should be addressed in the near future.

The lack of trained professionals in the field of early childhood special services is a problem, and is particularly evident in the typical nursery program in this area. A program that would be appropriate for a child with special needs is rare.

Because of the increasing number of families in protective services, the opportunities for project/agency cooperation on a preventive basis are minimal due to the large numbers of emergency cases.

Transportation of children will continue to be a concern. Current emphasis has been devoted to encouraging car pooling and local program options for parents.

Because the GUIDE Project itself is so new, much discussion has been generated about its ability to meet the needs of young handicapped children on an on-going basis. Many people view programs such as GUIDE as "federally funded", "short lived", and often poverty oriented. This perception, particularly in terms of references to being short lived, results in some refusal to refer children to GUIDE.

The original concept of the preschool projects serving as a local center

for referral and coordination of services is a valid and necessary service in the Tri-County area. Continued individual planning needs to be encouraged in each project to insure sensitivity to area residents and service providers, to continue to meet local needs and to address the very real feeling of "protection for their own" and insurance against "outside intrusion".

SOUTHERN PENOBSCOT PRESCHOOL PROJECT

This project acts as a fixed point of referral and linkage source to the existing available services. Because speech and language pathologists for handicapped young children seemed to be the most frequently expressed need in this geographic area, the project has hired one. A developmentally oriented speech and language pathologist now provides direct service for this Project as well as working with the staff of those agencies who provide classrooms and/or home teaching services.

Screening: The Project assists with screening in nursery schools and other preschool programs as well as screening individual referrals. The Project is disseminating information and gradually becoming visible to the community through continued meetings with involved agencies and schools.

The emphasis on screening will expand in the following months. This past year has consisted of screening individual referrals, generally in the home setting. About 99% of referrals are from agencies who have screened the child and referred the family to the Project for follow-up. Second screenings are thus adapted to meet the needs of the individual child. In addition, plans are underway for coordination of screening clinics with LEA's, including Harmon and Old Town. The Comprehensive Identification Process (CIP) screening instrument will be used. Project staff and the LEA staff will work together to provide the screening clinics which will include 3 and 4 year olds as well as children preparing to enter kindergarten.

Evaluation: The Project utilizes a case manager and team approach. An Inter-disciplinary Team reviews each child after screening to determine what evaluations are necessary. Evaluations are either contracted for or provided through existing community resources. After the evaluation, a PreSET (Preschool Evaluation Team) meeting is scheduled to review the results of the evaluations and develop the child's IEP based on recommendations. The PreSET is comprised of community agency people who represent Education, Mental Health, and Human Services, as well as the Project's own staff and parents. Case managers are assigned to each case to continue with the family until discharge.

Direct Services: Direct services include assistance in tuition and transportation fees for families who find either of these a financial burden. The decisions on this are made at the PreSET meeting. Services are provided through existing programs and resources in the community based on the child's IEP. Services are coordinated through a system which includes two team meetings and two PreSET meetings monthly. Representatives from Head Start, Department of Human Services, Child Development Center (E.M.M.C.), the Counseling Center, Cerebral Palsy Center, Local Education Agencies, and the Bureau of Mental Retardation attend one or more of these meetings.

The Project coordinator has worked with the community in the development of a nursery school for children with social-emotional problems, which will be opening in January, 1980, using a mainstreamed approach to programming.

At the end of eight months, forty-five referrals have been received by this Project. University of Maine/Bangor Community College practicum students are being used as part of this Project's model to serve identified children. The Project coordinator supervises the students who serve as case managers. This has proven to be an effective method to help fill gaps in service delivery and will continue to be used in the future. The students attend both Project Team meetings and PreSET meetings regularly. Weekly staff meetings provide them with further supervision.

Parents of each child are effectively involved in planning and service delivery for their child. Parents work closely with the case manager and are members of the PreSET for their child. Home visits, phone calls, and scheduled evaluation include parents.

Planning: The Local Coordinating Committee meets monthly. Five parents are members of the committee as well as agency and department representatives. In addition the Project Coordinator meets regularly with the Southern Penobscot Regional Program for Exceptional Children Advisory Board, to assure continued coordination with the regionalized public school program for special needs children.

The Local Coordinating Committee has been involved with dissemination of training information to parents and service providers through a periodic newsletter from the Project. A needs assessment regarding training has been conducted with parents. A series of workshops based on the assessment will be offered from January through May.

The Project disseminates information on screening and other available services on a regular basis through newspapers, radio and television.

The Coordinating Committee deals with Project evaluation on an on-going basis, to assure that coordination continues to take place smoothly, both for individual children and for program coordination at the planning level.

Additional Concerns or Benefits: The Southern Penobscot County Preschool Project borders on two other Projects (Hancock and Tri-County). Although a geographic gap exists between the Southern Penobscot and Tri-County Projects, it is not viewed as a major problem at this time. The two Coordinators have agreed to act individually on child referrals received from this area. Eventually, the LEA's in that area will need to address this issue formally.

The development of a support system for coordinators throughout the state via the existence of the Project sites is an unexpected bonus. Each Project recognizes the strengths of the other individual Projects and provides support when requested or needed.

The interdisciplinary team approach utilized by this Project provides continued awareness of the Project and its services by the community. It also provides a vehicle for on-going self-evaluation of the effectiveness of the approach being used. The utilization of the University system, through the practicum students supervised by the Project Coordinator, has also increased community awareness of preschool handicapped children's services as well as allowing the expansion of services.

LINCOLN COUNTY PRESCHOOL SCREENING PROJECT

The primary purpose of the Lincoln County Preschool Screening Project is to identify the 3 to 5 year old population, to screen that population, and to coordinate already existing services in the area for those children in need of service.

Screening: Identification of children is done through a census of the area carried out by volunteers. The original census is followed up by publicity in local newspapers, posters, pamphlets, and information distributed through physician's offices and various public places.

Screening clinics are held in each town throughout the year. The screening device used is the DIAL (Developmental Indicators for the Assessment of Learning), which is produced by Childcraft Education Corporation, and screens the area of communications, concepts, fine motor, gross motor, hearing and vision. A developmental history is taken as well.

Evaluation: Any children who require follow-up after screening are re-screened by the Project Case Manager. If further consideration is needed on the case, a meeting is held with the Project staff, the parent, and a representative from the school district in which the child resides. At such a meeting, a decision is made as to what further evaluation should be done and to whom the parent shall be referred for service. The case manager then follows the case until it is closed, or until the child enters school.

Direct Services: Children identified as requiring special services are being served primarily in existing programs. Tuition has been paid for some children or training provided to area programs to enable them to take children. Other services are provided by area agencies on either a contract basis or at no cost if families are eligible for services. The case study included in the addendum to this report indicates another form of direct service provided to one area family - family training in cued speech for a recently deaf child.

Additional Information: The Project has worked closely with the three school unions in Lincoln County. The Coordinator of the Project has met with the various school boards and with school administrators. We feel a positive cooperation with the schools and continue to gain from these relationships.

The Project has produced a Resource Directory and a Parent Handbook which are distributed to all parents whose children are screened.

At present, the gaps existing in the Project are in the area of sources for evaluation. We have excellent sources for evaluation in the areas of speech and hearing and basic medical needs. However, full evaluative measures were not easily accessible to the Project in the first year of operation. More information has been obtained recently with regard to obtaining such evaluative services.

V. Data Tables

SEE following pages

TABLE I (Revised)

STATE-WIDE SERVICE TO HANDICAPPED PRESCHOOLERS

(Based on P.L. 94-142 Child Count Report from School Administrative Units)

Population 3-5 *		12% Projected Handicapped **	# Served Dec. 1977	# Served Dec. 1978	# Served Dec. 1979
Total State-wide	30,080	3610	688 ***	1,184 ***	1,237 ***
Knox	557	67	22	13	45
Lincoln	419	50	7	10	24
Hancock	1,400	168	2	0	37
Washington	1,305	157	36	20	50
Cumberland	7,207	865	71	108	152
Southern Penobscot	4,015	482	59	44	97
Tri-County	1,000	120	27	28	62
Total for Pilot Site Areas	15,903	1909	224	223	467
% of Total State- wide Figure	53%	53%	33%	19%	38%

* Revised population figures based on estimates using 1979-80 kindergarten enrollment figures.

** 12% is the incidence figure used by the Federal government to estimate the number of handicapped students.

*** Since this count includes kindergarten children who were five on December 1 of the year the count was taken, the actual number of preschool handicapped being served statewide is probably actually lower than the figure represented here.

TABLE II

SERVICE DELIVERY

TABLE IIA - SCREENING

PROJECT	BY PROJECT	FY 1979		FY 1980 (THROUGH OCT.)	
		BY OUTSIDE AGENCY		BY PROJECT	BY OUTSIDE AGENCY
Knox County	252	90		14	0
Lincoln County	329	71		29	0
Hancock County	36	46		6	17
Washington County	216	461		57	9
Cumberland County	117	4		15	0
Southern Penobscot County	1 (SIX MONTHS)	8		33	23
Tri-County	(NOT APPLICABLE)			36	0
<u>TOTALS</u>	951	680		190	49

PROJECT	NO. EVALUATED*	TABLE IIB - EVALUATION			NO PLCMNT. NEEDED	PARENT** REFUSAL	REFERRED NOT EVAL.
		FY 1979 RESULTS					
		SERVICE PLACEMENT	WAITING PLACEMENT				
Knox County	47	29	2	14	0 (2)	0	
Lincoln County	23	13	1	9	4 (0)	3	
Hancock County	73	68	0	3	4 (2)	9	
Washington County	67	64	0	2	1 (1)	7	
Cumberland County	74	20	2	50	4 (2)	6	
So. Penobscot (6 months)	20	8	4	6	2 (2)	3	
<u>TOTALS</u>	304	202	9	84	15 (9)	28	

PROJECT	NO. EVALUATED*	FY 1980 (THROUGH OCTOBER)		NO PLCMNT. NEEDED	PARENT ** REFUSAL	REFERRED NOT EVAL.
		SERVICE PLACEMENT	WAITING PLACEMENT			
Knox County	48	46	2	0	0 (0)	0
Lincoln County	18	11	0	7	1 (0)	0
Hancock County	83	78	0	5	0 (0)	15
Washington County	55	43	9	2	0 (1)	5
Cumberland County	44	32	3	9	0 (0)	1
So. Penobscot County	43	35	5	1	1 (2)	9
Tri-County	19	17	0	2	1 (0)	7
<u>TOTALS</u>	310	262	19	26	3 (3)	37

* Coordinated eval. either by project or by outside agency

** Parents refused evaluation or (placement after evaluation)

TABLE IIC

PLACEMENT BREAKDOWN FY '79

	TOTAL NUMBER SERVED	TYPE OF SERVICE PROVIDED	FUNDING SOURCE (HOURS PROVIDED)			
OCTOBER, 1978	48	speech	8		%	
		audiology	3	contracted	162.3	21
		P.T.	2	in house	27.0	3
		O.T.	6	outside resource	<u>598.2</u>	<u>76</u>
		developmental (home based)	33	TOTAL	757.5	100%
		developmental (center)	12			
		other	2			
DECEMBER, 1978	60	speech	9		%	
		audiology	1	contracted	204.0	22
		P.T.	2	in house	28.25	3
		O.T.	2	outside resource	<u>707.4</u>	<u>75</u>
		developmental (home based)	28	TOTAL	939.65	100%
		developmental (center)	24			
		other	1			
MARCH 1979	169	speech	17		%	
		audiology	2	contracted	548.3	19
		P.T.	5	in house	205.0	7
		O.T.	10	outside resource	<u>2180.3</u>	<u>74</u>
		developmental (home based)	48	TOTAL	2933.3	100%
		developmental (center)	50			
		other	44			
JUNE 1979	200	speech	40		%	
		audiology	5	contracted	1002.0	30
		P.T.	5	in house	152.0	5
		O.T.	10	outside resource	<u>2220.0</u>	<u>65</u>
		developmental (home based)	47	TOTAL	3374.0	100%
		developmental (center)	88			
		other	12			
		<u>Year End Totals</u>		%		
		contracted	4855.9	24		
		in house	1123.25	6		
		outside res.	<u>14,363.95</u>	<u>71</u>		
		TOTAL	20,343.10	100%		

FOR KNOX, LINCOLN, HANCOCK,
 WASHINGTON, CUMBERLAND,
 SOUTHERN PENOBSCOT COUNTIES
 AND TRI-COUNTY AREA

TABLE IID

P L A C E M E N T B R E A K D O W N F Y ' 8 0 (T H R O U G H O C T O B E R)

	TOTAL NUMBER SERVED	TYPE OF SERVICE PROVIDED	FUNDING SOURCE (HOURS PROVIDED)			
					<u>%</u>	
OCTOBER 1979	262	speech	75	contracted	1638.5	36%
		audiology	40	in house	341.0	7%
		P.T.	23			
		O.T.	14	outside resource	<u>2672.5</u>	<u>57%</u>
		developmental (home based)	69			
		developmental (center)	84			
		other	97	<u>TOTAL</u>	4652.0	100%

TABLE III

C O S T D A T A F Y ' 7 9

	CUMB. CNTY.	HAN. CNTY.	KNOX CNTY.	LIN. CNTY.	WASH. CNTY.	***SO. PENOB.	TOTALS
DIRECT SERVICE COSTS	**\$15,112.00	*\$16,260.26	**\$15,056.93	*\$11,348.20	**\$30,079.19	**\$2,870.90	\$ 87,856.53
% OF TOTAL COSTS	48%	65%	39%	40%	81%	49%	53%
TOTAL COSTS	\$31,276.00	\$25,024.46	\$38,341.62	\$28,674.04	\$37,242.54	\$ 5,891.34	\$166,450.00
GRANT AWARD	\$41,300.00	\$44,000.00	\$40,200.00	\$32,200.00	\$43,400.00	\$20,750.00	\$221,850.00
CARRYOVER FROM FY '79	\$10,024.00	\$18,975.54	\$ 1,858.38	\$ 3,525.96	\$ 6,157.46	\$14,858.66	\$ 55,400.00

* figure includes 50% of coordinator's salary (project has case manager)

** figure includes 75% of coordinator's salary (no case manager)

*** figures for six months (Jan. 1 - June 30, 1979)

TABLE IV

FINANCIAL FACT SHEET

	1 Actual Monies Available-Year 1 (FY '79)	2 Actual Monies Expended-Year 1 (FY '79)	3 Carry over to Year 2 (FY '80)	4 New Monies Year 2 (FY '80)	5 Total Columns 3 & 4
State Implementation Grant	\$ 32,200.00 \$ 95,000.00 \$ 20,362.00 <u>\$147,562.00</u>		\$ 18,631.96 \$ 14,858.66 \$ 20,750.00 \$ 5,170.00 <u>\$ 59,410.62</u>	0	\$ 59,410.62
Preschool Incentive Grant	\$ 43,399.00 (FY 78) \$ 51,460.00 (FY 79) <u>\$ 94,859.00</u>		\$ 2,099.00 \$ 10,024.00 \$ 51,460.00 <u>\$ 63,583.00</u>	\$ 96,087.00	\$159,670.00
State Appropriation	\$150,000.00 \$392,421.00 (TOTAL)		\$ 22,400.00 \$ 18,975.54 \$ 1,858.38 \$ 6,157.46 <u>\$ 49,391.38</u> \$172,385.00 TOTAL	\$100,000.00	\$149,391.38
				TOTAL <u>\$196,087.00</u>	<u>\$368,472.00</u>
Pilot Site Expenditures		\$166,450.00			
State Level Administration (personnel and other)		\$ 46,834.00	(\$6,752 SIG unable to use)		
		TOTAL \$213,284.00			

TABLE V

PROJECT COORDINATING COMMITTEE MEMBERSHIP

Department of Human Services	7. Regional Bureau of Mental Retardation
Head Start	8. Colleges/Universities
Title XX Day Care	9. Speech and Hearing Center
Public School Personnel	10. Private Special Purpose Programs
Private Preschool Programs	11. Other (hospitals, physicians, parents, etc.)
Mental Health Centers	

:-COUNTY (Project GUIDE)

Cindy Freeman -- Protective Social Worker - 1
 John Kasten -- Child Development Specialist - 6
 Susan and James Larson -- Parents - 11
 Peggy Lary -- Parent - 11
 Mildred Mountford -- Director, Little Red Schoolhouse - 10
 Gerry Palmer -- Resource Developer - 7
 Mary Raymond -- Parent - 11
 Barbara Sawyer -- Parent - 11
 Bill Shuttleworth -- Director, Regional Special Education Program - 4
 Kay Wright -- Administrator - 2

OX COUNTY (Mid-Coast Preschool Screening Services)

Cheryl Archangeli -- Parent - 11
 Claudia Bassis -- Protective Service Worker - 1
 Deborah Bower -- Director, Special Education, SAD #28 - 4
 Susan Cook -- Parent - 11
 Bob Dodge -- Mid-Coast Mental Health Center - 6
 Davene Fahey -- Early Childhood Coordinator, PSSP, Bancroft North - 1
 Lauren Hebert -- Director, Therapy Services, Pen-Bay Medical Center - 11
 Ruth Hofses -- Teacher - 2
 Marge Hubbard -- Parent - 11
 Vernon Jordan -- Principal, SAD #40 - 4
 Marcia Keidel -- Coordinator, Knox County Day Care Providers - 2
 Mary Libby -- Parent - 11
 Sheila Mann -- Director, Special Education, SAD #7 - 4
 Joan Lowry -- Director, Waldoboro Day School - 5
 Jacqui Metcalf -- Parent - 11
 Susan Miller -- Public Health Nurse - 1
 Kay Mitchell -- Director, Special Education, SAD #50 - 4
 Susie Moore -- Administrator - 2
 George Nieman -- Director, Bancroft North - 10
 Lewis Pelletier -- Director, Camden Speech and Hearing Center - 9
 Emily Rantala -- Director, EPSDT - 1
 Ruth Spear -- Child Development Worker - 7
 Peter Stowell -- Regional Director - 7
 Robert Williams -- Director, Special Education, SAD #5 - 4

TABLE V - CONTINUED

HANCOCK COUNTY (Hancock County Pre-School Project)

Pearl Barto -- Protective Services Worker - 1
Linda Boucher -- Parent - 11
Elaine Carlson -- Parent - 11
Kristin Cook -- Parent - 11
Victor Folet -- Community Service Worker - 7
Steven Haskell -- Special Education Teacher - 4
Harry Kepperman -- Private physician - 11
Holly Murray -- Parent - 11
Elizabeth Pearson -- Director, WIC/CY Program - 1
Donna Salisbury -- Director, Children's Program - 6
Mary Veit -- Education Coordinator - 2

CUMBERLAND COUNTY (Project CO-STEP)

Betty Adams -- South Portland City Health Nurse - 11
Jane Freedman -- Director, Westbrook College - Children's Center - 8
Jeannie Hamrin -- Faculty - USM - 8
Robert Hight -- Director, Special Education, South Portland - 4
Nick Kirby -- Education Coordinator - PROP - 2
Carmen Marcy -- Director, Special Education, Portland - 4
Harvey Melnick -- Counselor, Community Counseling Center - 6
Betty Morrison -- Director, C.P. Center - 10
Sister Geraldine Mullen -- Director, Visual Education Center - 1
Leah Rubinoff -- Director, Family Day Care - 1
Beverly Salzman -- Parent - 11
Becki Smith -- Faculty - USM - 8
Randall Stearns -- Parent - 11
Mike Tarpinian -- Regional Director - 7
Deborah Parker-Wolfenden -- Acting Director, Northeast Hearing & Speech - 10
Laura Wolford -- Parent - 11

WASHINGTON COUNTY (Washington County Preschool Project)

Donna Allen -- PHN Supervisor - 1
Nan Bradshaw -- Director, Calais Office-DownEast Health Services - 11
Diane Bradstreet -- Director, EPSDT/MIC - 1
Ozias Bridgham -- Superintendent, Union #102 - 4
Nancy Diadone -- Special Education Director, Union #107 - 4
Fran Fuller -- Child Development Worker - 7
Helen Hatt -- Protective Services Supervisor - 1
Anne Johnson -- Parent - 11
Betty Jordan -- Special Education Director, SAD #37 - 4
Carolyn McConnell -- Special Education Director, Union #104 - 4
Laurie Michaud -- EPSDT/MIC - 1
Sara Mironov -- Indian Education Early Childhood Coordinator - 11
Maura O'Keefe -- Child Development Specialist (Counseling Center) - 6
Faith Perkins -- Teacher - 5
Barbara Poirier -- Special Education Director, SAD #77 & Union #102 - 4
Anne Roach -- School Consultant (Counseling Center) - 6
Ralph Shannon -- Special Education Director, Union #106 - 4
Randall Silver -- Consulting Physician-DownEast Health Services - 11
Peggy Stoddard -- Parent - 11

TABLE V - CONTINUED

WASHINGTON COUNTY (CONTINUED)

Anne Walker --- Special Education Consultant, SAD #77 - 4
Jane Weil -- Director, Washington County Children's Program - 10
Carol Wilson -- Parent - 11
Jenny Zedwick -- Parent - 11

SOUTHERN PENOBSCOT COUNTY (Southern Penobscot Pre-School Program)

Pat Bradbury -- Board Chairman, Regional Special Education Program - 4
Mrs. Douglas Bradford -- Parent - 11
David Burnes -- Parent - 11
Ruth Dougherty -- Education Coordinator, Pen-Quis CAP - 3
Ellen Green -- Bangor Public Health Department - 11
Betty Halpern -- Special Education Director, Hermon - 4
Perry Jordan -- Principal, 14th Street School, Bangor - 4
Mary Lambert -- Parent - 11
John Larrabee -- Levinson Center - 10
Linda Lerner -- Children's Center-UMO - 8
Vicki McCreedy -- Conley Speech and Hearing Center - 9
Diana McGrath -- Child Development Clinic (E.M.M.C.) - 11
Gerald Palmer -- Resource Developer - 7
Jane Palmer -- Special Education Consultant, Hartland - 4
Pat Ranzoni -- Children's Services (Counseling Center) - 6
Murray Schulman -- Director, Regional Special Education Program - 4
Frank Setter -- Faculty-Bangor Community College - 8
Ruth Shook -- Director, C.P. Center - 10
Ed Steltzer -- Director, WIC - 1
Dean Stewart -- Protective Services - 1
Peter E. White -- Parent - 11
Walter Winship -- Parent - 11
Lucille Zeph -- Faculty-UMO - 8

LINCOLN COUNTY (Lincoln County Preschool Screening Project)

June Campbell -- Parent - 11
Carlton Charity -- Case Manager - 7
Robert Dyer -- Principal, Boothbay Region Elementary School - 4
Jean Eaton -- Special Education Teacher, Damariscotta - 4
Davine Fahy -- Director, Mid-Coast Early Screening Program - 1
Virginia Leonard -- R.N.-Division of Public Health Nursing - 1
Debbie Libby -- Parent - 11
Charles May -- MSW, Social Worker - 1
Mary Rae Means -- Community Mental Health Consultant - 6
Marlene Ouellette -- Supervisor-Pine Tree Speech and Hearing - 9
Barbara Shorette -- Parent - 11
Bonnie Violette -- Child Development Worker - 7

TABLE VI

MID-COAST PRESCHOOL SERVICES BUDGET 7-1-79 to 6-30-80

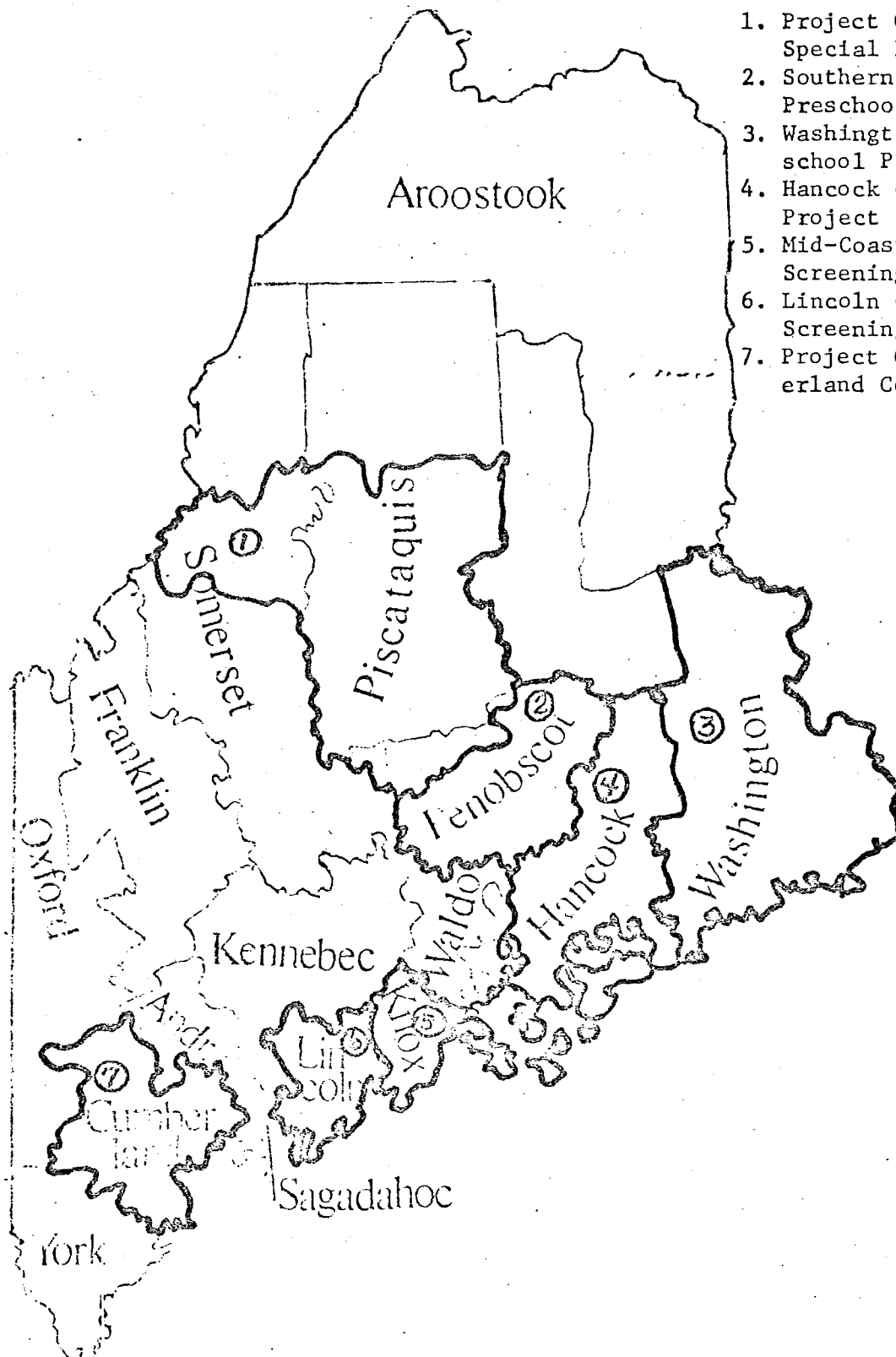
Revised Budget which includes: Carryover from 1978/79 Budget \$3754.10 Summer Budget 8713.45 and L.D. 165 Legislative Funding 1979/80 \$35886.00

		INKIND						
		M.C.P.S.S.	PSSP	BMR	Dev. Dis.	Project GROW	SSI	BMR Migrant Ed.
		(SAD #50)	(Banc. Nrth.)	(Banc. Nrth.)	(Banc. Nrth.)	(C.C.C.)	(BN)	
2701	01 Coordinator's Salary	14950				59.28-20 hrs.		***salary, materials, telephone, & postage
	02 Coordinator's Fringe	2247				8.59		
	03 Secretary's Salary	6955						
	04 Secretary's Fringe	1043						(BMR includes Child Dev. worker)
			19597					(SSI includes secretary)
2702	01 Screening	600						(C.C.C. under Project GROW stands for Coastal Child Care)
	02 Direct Services (pers.)							
2703	01 Program Tuition	1000		1000				(BN under SSI stands for Bancroft North)
	02 Contracted Staff	2300						
	03 Contracted Services	3529.15						
	04 Assessments-Evaluations	600	800					
	05 Misc., Equip., Supplies, Transportation	2000						
2704	01 Travel-Staff	2000	1308	889	840			
	02 Travel-Consumer	500	1100 Sp. Ther.					
2705	01 Administration	1200						
	02 Office Rental	200	1200	400				
	Utilities	1500						
2706	01 Office Supplies	300	332	340				
	02 Equipment	400	(590)**					
	03 Printing-copying	800						
	04 Postage	300	100					
			(218)**					
	05 Telephone	2400	432	300	343			
	06 Training Materials	500						
2707	01 Unemployment (on acc't. w/SAD 5)	3000* (3000)						
	Grant Total	48354.15	22477	2929	8000			

*Carryover from 78/79 Budget **From previous 1979 Grant PSSP ***Actual dollar amounts were not available when budget sheet was prepared

The eight programs shown on this budget sheet are able to exist as a unified agency serving preschool handicapped children because of the shared financial responsibility. The Preschool Project provides the major support for the shared building, but it is important to note that each program is necessary to insure the full array of services which are now being provided in the Mid-Coast area.

TABLE VII
 MAP OF PILOT PROJECT AREAS



1. Project GUIDE - Tri-County Special Education Region
2. Southern Penobscot County Preschool Project
3. Washington County Preschool Project
4. Hancock County Preschool Project
5. Mid-Coast Preschool Screening Services
6. Lincoln County Preschool Screening Project
7. Project CO-STEP - Cumberland County

*The areas heavily outlined are approximate. There is a small unserved corridor in Penobscot County between Tri-County and Southern Penobscot. Knox County serves the Waldoboro School District in Lincoln County. Lincoln County does not serve the northern portion of the county. Cumberland County does not fully serve the areas outside of the Greater Portland area.

VI. Summary

A. Current activities

The pilot projects are demonstrating a mechanism for coordinated planning and service delivery at the local level. The effort has included all three departments, other public and private providers of service, the medical community, and parents of handicapped children. In all seven projects the project office is becoming the single point of entry for handicapped children into the service delivery system.

An effort is currently underway to look at the screening instruments and tools being used in the pilot sites in conjunction with screening done through EPSDT and the Public Health Nurses, in order to identify standard criteria for the comprehensive screening of children.

Meetings have been held with members of the medical community at their request to clarify the role and relationship of physicians and private health care providers in a coordinated delivery system.

Several sites have developed new programs in existing agencies to utilize existing funding sources more effectively in their own communities.

The position of Early Childhood Consultant to the Division of Special Education is expected to be firmly established by the end of FY '80. The Consultant will continue to be responsible for overseeing the coordination effort at the State level, and facilitating training and assistance to the local projects in implementing the concept of coordination at the local level.

B. Action still needed

- 1) Legislation which clearly outlines the roles of the three major State Departments and also clearly assigns the Department of Education some of the responsibility for service delivery is not yet enacted.
- 2) Present fiscal policies and planning for the three Departments require further study to determine how they can more effectively use the existing resources to better serve this group of children.
- 3) The Interdepartmental Coordinating Committee which has been directing this effort under the pilot legislation has no permanent basis for existence. Either this committee or a similar one is needed to assure that the interdepartmental coordination and planning continues.
- 4) New funding is needed if currently ineligible children (financially or in terms of disability) in the 3-5 year old group are going to receive the education and supportive services they need.

VII. Conclusion

Since July 1, 1978, the State has funded seven pilot programs for the

coordination of delivery of services to preschool handicapped children. The primary purpose of these pilot programs was to test whether or not a system which coordinated the services of the Departments of Education, Human Services, and Mental Health and Corrections was an effective means of providing services to young handicapped children and their families.

It has been determined by the Interdepartmental Coordinating Committee for Preschool Handicapped Children that the pilot programs have proven to be both cost effective and efficient. It is recommended that this model be adopted as a state-wide system of service delivery to be phased in beginning in July 1980.

PROPOSED LEGISLATION

"AN ACT To Provide for the Education of Preschool Handicapped Children."

Purpose and Rationale. The pilot projects initiated by earlier legislation have developed an effective coordination of the delivery of special services to preschool handicapped children. This Act will maintain these coordinated delivery systems for preschool handicapped children based on the models developed through the pilot projects.

Therefore, M.R.S.A., Title 20, Part 5, shall be amended by adding Section 406, to read as follows:

Section 1. Definitions.

1. Preschool handicapped children. "Preschool handicapped children" shall mean any child who is three years of age on or before October 15 of any school year and who has not yet reached the school age of five on or before October 15 of any school year, and who requires special services in the area of vision, audition, speech and language, cerebral or perceptual functions, physical mobility functions, behavior, mental development or maturation, or multiples of these functions, as defined by the Commissioner, so that their educational progress and potential may be realized.

2. Services. "Services" shall mean those activities undertaken to screen, evaluate and provide special education and related services to preschool handicapped children.

Section 2. Authorization for expenditure of funds.

The Commissioner may, from funds authorized to the Department, make grants to agencies, institutions, and school administrative units to enable them to establish a local coordinated delivery system to serve preschool handicapped children. Grants will be made on a competitive basis, according to guidelines established by the Department. The guidelines will assure participation at the local level by programs and agencies currently serving preschool handicapped children, and shall require that existing resources for providing services to preschool handicapped children be exhausted prior to using grant funds to provide services.

Section 3. Interdepartmental coordination.

An Interdepartmental Coordinating Committee for Preschool Handicapped Children, representing the Departments of Educational and Cultural Services, Human Services, and Mental Health and Corrections, and the public sector, shall be appointed by the three Commissioners to work with the Department to establish grant guidelines (including continuation applications), monitor grants, and evaluate the performance of programs developed through the grants.

Section 4.

The position of Early Childhood Consultant to the Division of Special Education shall be established to direct the Department's participation in the coordinated delivery system for preschool handicapped children in the state.

2.

Section 5. Appropriation.

The following funds shall be appropriated from the general fund to carry out the purposes of this Act:

EDUCATIONAL AND CULTURAL SERVICES	1980-81
Personal Services (2)	\$30,000.00
All Other	420,000.00
TOTAL	<u>\$450,000.00</u>

Statement of Fact

The pilot projects temporarily established by earlier legislation have demonstrated an effective system for coordinating existing programs and resources better to serve preschool handicapped children. This Act provides a legislative base for the three departments to continue the existing pilot projects and provide for a modest expansion of the system. The \$450,000.00 appropriation will provide funding for administrative support and the continuation of the seven existing projects as well as permitting the establishment of two additional ones. The personal services request will support an Early Childhood Consultant and a secretary in the Department of Educational and Cultural Services.

ADDENDUM I

MID-COAST PRESCHOOL SCREENING SERVICES

CASE STUDY

CHILD Z - Male

D.O.B.: 1/24/76

Referral Source: Mother Contacted Program

Presenting Condition: Developmental Delays

When child came to the Project he had fine and gross motor delays, and was functioning 15 months below his chronological age in the cognitive area. He was not walking or using language. He was being seen regularly by a pediatrician and had a neurological evaluation because of the parents' concerns. There were no known causes for the delays.

Within two months from referral, the Project Staff had done a developmental assessment (The Portage Guide to Early Education); arranged for a physical therapy evaluation; an audiological evaluation and a speech evaluation; requested existing reports and organized a Team Meeting to coordinate the child's program. The outcome of this meeting was an Individual Preschool Service Plan consisting of testing information, learning strengths and weaknesses, services recommended, profile of development, goals and objectives for hearing, gross and fine motor, cognitive, language, self-help and personal social skills. The program outcome was home teaching, speech and occupational therapy programs. The review date for I.P.S.P. was set for June, four months later.

At the Team Meeting in June the goals were reviewed and new time lines established. The child had made gains in all areas; most dramatically, he was now walking and able to throw a ball without falling.

As recommended, the family has had genetic counseling which gave no further information as to the cause for delays. A psychological evaluation was also done which produced no new information as to causes.

At present, the child is receiving regular speech and occupational therapy, plus a follow-up program in the home and case management. This child illustrates three gaps of service. First, the family is above income for most agency programs where a case manager would have been following the child and pushing for some action. Yet the parents are willing and cooperative. They recognized the problems but the reports coming back from the doctors noted "he didn't seem active" and made no recommendations for a developmental evaluation. The prevailing attitude seemed to be "wait until he's five". Thus, the second gap is in the medical response to a child like this, where there is a lack of coordinated resources for a family to explore if the doctor isn't providing the necessary help. Finally, this child will require special services when he enters school, but it remains to be seen what type. It is certain that if no program was begun before the age of five, the problems would have worsened. The critical developmental periods would have passed and some skills could not be acquired very easily, if at all, starting at school age.

The Project was able to provide a home program for the child while recommending evaluations to rule out other causes or problems. The Project coordinated and pushed for action, rather than waiting. The cost to the Project was roughly \$750.00 over the last ten months, mostly in the form of case management.

LINCOLN COUNTY PRESCHOOL SCREENING PROJECT

CASE STUDY

John L. is a child of 3-8 years who was in fine health until he contracted meningitis at age 3-1. As a result, he has a severe hearing loss in both ears. Since Mrs. L. had volunteered and worked with our Project clinics last year, she was aware of us and called to let us know of John's handicap. When John was 3-3 years of age, the Preschool Screening Project paid the workshop fee for the L. family to attend a week-long workshop on cued speech at Gauludette College in Washington, D.C. This experience proved to be very worthwhile for John and by the age of 3-6, his parents sought and found placement for him in a nursery school for 2 days a week. Since then, the Project has paid the expenses to send John's nursery school teacher to Washington, D.C. for training in cued speech.

The Project learned also of a home consultant service available to the L.'s from Baxter School for the Deaf. This service is continuing now on a weekly basis.

The Preschool Screening Project is planning presently to start a parent support group and Mrs. L. is interested in taking part in such a group.

November 10, 1979

Connie McCarthy
Preschool Screening Project
Boothbay Harbor, Maine 04538

Dear Connie:

The L family wants to thank you, David Broadbent and the Preschool Screening Project again for the opportunities you helped open up for John and all of us.

Shortly after John recovered from the immediate effects of meningitis and we discovered his severe hearing loss, I contacted David Broadbent, trying to uncover any resources or programs available to help John adjust to his loss and for long-term education. At that point, the only logical means of communication with him seemed to be speech reading and sign language. Given his previously acquired normal speech and language, this soon proved to slow his development, was frustrating to us all (especially to John) and inadequate as a means of immediate and clear communication. David introduced us to the new system of Cued Speech, sent us information and put us in contact with a very supportive family, the Tucks, who use cued speech with their hearing impaired daughter. It seemed cued speech was the answer to our prayers; yet with hospital bills, new hearing aids to be purchased, and long-term speech and audiological therapy costs, the additional expense of travelling to Washington, D.C. for the entire family for a week-long workshop was impossible. When David offered Preschool Screening financial support, we were on our way to helping John out of his isolation and ours.

It is hard to imagine the isolation and frustration experienced by sudden deafness, especially to me who has known absolutely normal sounds, speech and language. Now we have very clear communication with John and he with us. He is learning language at a near normal rate, his speech and vocabulary continues to grow, his psychological and social development is much improved and is proceeding normally again. His enrollment and good adjustment at a nearby nursery school with normal hearing children could never have taken place this fall had we not had the cued speech training as early as possible.

Even though his teacher, Pat Perra, has just returned from learning cued speech, her first elementary efforts of using it with John have meant a great deal to them both. Pat has noticed a marked improvement in his behavior. He is able to follow her cued directions in doing lessons along with the other children, whereas before if he succeeded, it was by imitation only. He is learning the words to songs, is able to follow a story read to him, to share in conversation and family jokes. He is understanding "who, what, where and why" again -- something next to impossible for him to understand before cued speech.

The barrier between John and the world is quickly crumbling. He is well on his way to having the same opportunities as any child his age. It is a long climb up the mountain, but a very rewarding and exciting one thanks to your help in having the right tools to work with. The first big hurdle -- clear communication -- has been jumped.

We also have followed up on the information you gave us about the In-Home Educational Service from Baxter School for the Deaf. Linda Hanson has been coming once a week for the last two weeks. Our understanding of John's

Connie McCarthy - Preschool Screening Project

problems are increasing all the time and Linda is able to give us very practical step-by-step methods in dealing with and overcoming the problems. I'll keep you informed from time to time of our progress.

Many, many thanks for your caring, your information, financial assistance, and moral support. We are very grateful and hope that your program and others like yours will continue to be funded and administered. Our kids really are the hope of the future and with folks like you, their future and ours is very, very bright.

Without your help, I know John's progress to date would have been impossible. In six months, he has come a long, long way!

With much appreciation, love and thanks,

David, Debbie, Michael and John

HANCOCK COUNTY PRESCHOOL PROJECT

CASE STUDY

This little boy, currently age 5 years 2 months, was referred to Hancock County Preschool Project in October 1978 by a home teacher who had been seeing his sister for speech and learning problems. She felt his involvement was more severe than the sister's. The parents equated the two. The child has a history of medical problems in the postnatal period which include cardiac arrest and hospitalization for 1 month in Boston.

Evaluations starting with a general developmental revealed one area of deficiency after another. Significant behavior problems (distractibility and uncontrollable inability to cooperate), serious articulation deficits and delayed perceptual motor development led to an occupational therapy evaluation of sensory integration, speech and hearing tests, and follow-ups. In all cases his behavior prevented accurate grading of delays, although problems were visible in all areas.

The Disposition Team Recommended:

1. A program in the Children's Center Nursery School, with transportation and tuition assistance to be arranged by the case manager.
2. Assistance from the Department of Human Services team member in reassessing eligibility for medical aid.
3. Case Manager to handle details for follow-up services including vision test, speech and hearing at UMO, and arrange perceptual-motor evaluation.

After considerable discussion and planning, admission to the Nursery School seemed imminent. A carpool with the parent of a school age child, whose transportation would be reimbursed by the public school, was arranged, and tuition to the Nursery school would have been subsidized by the Hancock County Children's Center. The father, who had not been active in the process, refused to allow this. He cited the long trip - about 50 miles round trip, and his own inability, as a victim of stroke some years ago, to manage and be responsible for the other 4 children who might be at home, and insisted the little boy would "outgrow" his problems.

All the other recommendations were complied with. The family was found ineligible for medical assistance. His visit to the optometrist, which was negative, was paid for by Downeast Health Services - Children and Youth Program. Hancock County Preschool Project transported him to University of Maine at Orono, Conley Speech and Hearing Center for evaluations. His speech and language were assessed as below age level, but no program was planned because it was felt his behavior needed modification first. He would not perform in the hearing portion of the tests, and the mother transported him back at a later date to accomplish that. (Hearing defects were found.) The Preschool Project also arranged an occupational therapy evaluation, which supported the concerns of the assessment team. However, nothing was being done to modify his behavior or correct his speech.

The pediatrician stepped in to encourage the parents to send the child to nursery school. He felt the boy was being deprived of his educational rights. The family continued to resist, and although the child was being treated at the time for ear infections, changed doctors. Another hearing test was done and

referral made to an ENT specialist, who inserted pressure-equalization tubes. The family and Downeast Health Services - Child and Youth have paid for all follow-up medical attention to date.

A follow-up evaluation, and a pre-kindergarten screening, showed that the boy had made no progress in overcoming his delays in May 1979. The disposition team, including the mother and Special Education person from his school district, again recommended:

1. The Nursery School program in the fall to focus on behavior, attention skills, receptive and expressive language, fine and gross motor skills, with an individualized program with the understanding that a dramatic improvement before school began would justify reconsideration of his ability to enter public school.
2. A summer program through Hancock County Preschool Project.
3. A neurological evaluation.
4. The assistance of a medical social worker for the family.

The summer program was a play group twice a week, during which the boy received one-to-one time, and a chance to interact with other children. His hearing apparently improved over the summer, but his behavior did not, nor did his speech. At a second PET - Disposition it was agreed that:

1. He should attend Hancock County Children's Center Nursery School 4 mornings a week - tuition and transportation to be arranged and paid by public school.
2. The program will be designed to deal with his ability to attend, and address his speech and learning problems as that becomes possible; an IEP to be made by Hancock County Children's Center and public school cooperation, an O.T.R. - designed sensory-integration program be instituted.
3. A home program 2x monthly through Hancock County Children's Center aimed at school-home continuity.
4. Mother participate in parents program at Hancock County Children's Center.

In spite of efforts on the part of public school, this Project, and nursery school personnel, no satisfactory transportation could be arranged from and to his rural home, 25 miles away. He consequently entered the kindergarten class in his own town, and after an initially difficult period of adjustment, has settled down and is reportedly not a behavior problem at this time. He receives speech therapy 2x weekly and daily resource room attention. The feeling of the special education teacher is that the boy has very limited readiness skills and at nine weeks into the school year is still unprepared academically to be in school. They plan for him to continue in school, however.

The prescribed neurological exam, in September, was essentially negative, but the physician did have concerns about the child's learning abilities.

In July the case manager located a community outreach worker, through the VA, to work with the family, as recommended in May. Referral was made and contact between the family and social worker finally happened in October. There may be an opportunity for vocational rehabilitation for the father, and the VA representative will follow the family. (No medical social worker per se, could be found)

The case manager will keep in touch with the school and family until time for re-evaluation. If the school chooses to handle that, the case will be closed.

PROJECT CO-STEP

Case Study

In 1977, at age 3, T was seen at Northeast Hearing and Speech and diagnosed as having mild to moderate speech and language delay. Monthly consultations with parents were recommended but were not followed up by the family. In August of 1977, he was reevaluated with the same diagnosis. This time recommendations were that the child be enrolled in a preschool program and in a home-based program to meet his needs and teach his parents how best to work with him. In November of the same year, he was again reevaluated with the same diagnosis and the recommendations that he be enrolled in a preschool program and receive speech and language therapy at Northeast Hearing and Speech.

T did not enter any preschool program or receive language therapy; no further intervention occurred until he was linked up with Project Co-Step in March of 1979. At this time he was referred to the project by his physician who indicated that the child was very immature and had at least a speech problem if not multiple problems. In April the child was screened and multiple problems were indicated. The coordinator contacted the Director of Special Services for T's future school system and a PET was arranged for May.

At that time recommendations were based on screening information from Project Co-Step and included a vision examination, a physical therapy assessment, reevaluation by a speech and language therapist and attendance at a summer preschool program. The child was also determined to be an appropriate candidate for the system's developmental kindergarten in the fall with the school system providing transportation.

Project Co-Step became the case manager for this family, received the cooperation of the mother and was able to accomplish all of the evaluations. T's vision exam did not indicate any problems or further action. After evaluation, he started language therapy twice a week at Northeast Hearing and Speech for the summer months which was continued by the school system in the fall. The physical therapy evaluation determined that on-going therapy was unnecessary at this time, but activity recommendations were made to the parents to help him improve gross motor skills. The school system was encouraged to reevaluate in six months. A summer preschool program had also been recommended, but the coordinator was unable to find an appropriate summer placement.

In September T did start to go to the developmental kindergarten, continues to receive appropriate services and according to his mother is doing well.

Co-Step certainly offered financial assistance in accomplishing assessment and getting therapy started, but perhaps the project's most valuable service to this family was case management - providing the necessary coordination and support to help them pull things together for their son.

WASHINGTON COUNTY PRESCHOOL PROJECT

CASE STUDY

Child: "J. B." (not real initials) D.O.B.: 10/10/75
Referral Source: mother C.A.: 4-1

Case opened: 11/29/78

Case closed: 2/79 Reason for closure: family moved from county

"J. B." is a 4 year old boy whose mother came to the WCPP/WCCP offices when he was 3 years old. Mother had concerns about J's lack of speech; she was able to compare developmental gains/lags with his 18 month old sister who had more expressive language than her brother.

Initial intake and developmental screening were completed by the Project's Education Consultant during a home visit. A parent interview was conducted with the mother; CIP (Comprehensive Identification Process) was administered, as well as the Peabody Picture Vocabulary Test for receptive language assessment. On a return visit, portions of the Learning Accomplishment Profile were administered for more in-depth assessment of language skills. J tested approximately 1 year below age level on all language testing.

The Consultant questioned J's hearing; mother reported that he'd had a history of ear infections and recurring colds since birth. A recent (within 2 weeks) visit with the family doctor found his ears to be "O.K.". Consultant observed mother giving J numerous gestural and other visual cues in communicating directions.

J was scheduled for the December Impedance Hearing Clinic; after two failures, referral was made to the county's Pediatrician. Results: both ears were severely scarred due to numerous occasions of built-up fluid in middle ears. J was not hearing most of the time. Medication was prescribed by doctor.

Project made referral to WCCP home teacher for home-based education program to help mother provide language stimulation. Night visits were also made to include father in program. Home teacher became case manager to monitor doctor visits, provide home program, observe changes due to medication.

A decision was made by the doctor to refer J to an ENT specialist in Bangor for possible tubes to be surgically inserted. Home teacher helped mother make arrangements to do this. Results: J entered hospital to have tubes placed in ears to help drain off fluid.

Other services provided: home teacher arranged for J to participate in WCCP play group, at no charge to parents, for peer interaction and socialization to stimulate language. Home teacher and coordinator helped mother apply for and receive appropriate medical assistance to pay for special services needed.

The family moved out of the county in February, 1979, but the mother has contacted the staff twice to tell of J's progress. In their new home, she has enrolled J in a nursery school and obtained the services of a Speech Therapist. J's expressive and receptive language continue to progress. He is seen regularly by a doctor and appears to be hearing most of the time now. It is expected that, with close medical attention at times of colds and ear

infections and continued language stimulation program, J will require little, if any, special services when entering school.

SOUTHERN PENOBSCOT COUNTY PRE-SCHOOL PROJECT

CASE STUDY

Name: R. Y.

D.O.B.: 9/17/75

Referral Source: Infant Development Program--Cerebral Palsy Center

Presenting Problem: 1. Developmental Delays
2. Environmental Deprivation
3. Rural Isolation

This referral came through the Infant Development Program of the Cerebral Palsy Center via the Director of the Head Start Program. Many referrals that come to the Southern Penobscot County Pre-School Project have been processed through two or three agencies.

"Rick" is four years and two months old. He lives with his mother and father in a rural setting on a dirt road twenty miles from Bangor. The home consists of two rooms with cold running water and a space heater. There is no foundation and no insulation. The father is 68 years old and does "odd jobs" in the community. The mother is 30 years old and lived in a foster home during her childhood. She married Mr. Y. at age 16. They have another son who is six and attends a regional special education classroom twenty miles from his home. Mrs. Y. was described as "retarded" by the Public Health Nurse who has been involved with this family.

"Rick" has a history of seizures which are being controlled by medication.

The Case Manager from this Project made a home and family assessment and did a C.I.P. screening on "Rick" at the initial Home Visit. "Rick":

1. Walked at one year.
2. Presently feeds himself with a spoon.
3. Is toilet trained.
4. Uses very little expressive language.
5. Appears to have fair receptive language.
6. Has fair gross and fine motor skills.

Recommendations at the Project Team Meeting were:

1. Developmental Evaluation (Children's Services, Counseling Center)
2. Speech and Hearing Evaluation (Pre-School Project)
3. Pre-School Classroom (Preferably Head Start)
4. Search out transportation to and from pre-school classroom
5. Hearing and vision screening by Public Health Nurse.

Homemakers visit the home weekly and model for the mother some basic homemaker, cooking, cleaning and nutritional skills.

The Public Health Nurse monitors the home and basically provides nurturing and parenting training to the mother.

The Project's Case Manager will coordinate the programs for "Rick". The predominant needs are transportation and a pre-school classroom setting with speech and language consultation and stimulation as a priority.

This case is representative of the Project's most typical referral. The

Project is providing coordination through case management. The ruralness of this case is also typical even in an urban area such as Bangor. The geographic area is actually very isolated and rural. The exorbitant expense as well as the difficulty in locating transportation to half day classroom programs is very real.

Presently, this case is at the point of waiting for a solution to the transportation problem. (Agencies and individuals are being approached by the Case Manager.) "Rick" has been accepted at a Bangor Head Start program. A day care center may eventually be more acceptable because of transportation flexibility.

GUIDE

CASE STUDY

This male child was born in July 1976 to a 15 year old primigravida and 18 year old father. At the time of birth, the parents were told that the chances of this multiply involved child living were minimal. Agencies involved with this family at that time included:

United Cerebral Palsy
Public Health Nurse
Child Development Center
Levinson Center
Childrens Protective Services
Bureau of Mental Retardation
Family Physician

Many of these agencies didn't know others were involved, and the family was actually visited daily for a substantial period of time. They eventually "shut down", refusing services by not being home, missing appointments, and not following through with program suggestions. In reading through the reports that I have (which are less than 20% of the total paperwork on this child) mention is made often of this family's inability to accept their child's condition, their refusal for services, and question of neglect.

At one ELC evaluation, this child was diagnosed as severely retarded with multiple anomalies including right facial palsy, misshapen and low set ears, poorly abducting hips, hypoplastic male genitalia, misshapen head, and other mention made of failure to thrive, respiratory congestion, absent primary reflex patterns, hypotonia.

At the age of 2.3 months, contact was made with the Tri-County Regional Special Education Services by the social worker at ELC, with the request to assist in parent counseling and follow-through programming. A little more than one year later, this child is now in a developmental needs classroom functioning at near age appropriate behaviors in many skill areas and is now known to be profoundly deaf. In recent evaluations and on-going assessments, it is now realized that this child is not retarded but is deaf and has significant physical handicaps. The GUIDE Project is acting as Case Manager, coordinating the efforts of the classroom teachers (which include consulting PT, OT and Speech services), a weekly parent counseling session, and re-entry by the Public Health Nurse to assist in SSI application as well as possibly staying involved as this family is expecting their second child in March. The parent counseling is directed toward many issues - having a second child, working with the parents closely in preparing their son for this new event, and helping them talk through their last three years as parents of a handicapped child.

The picture of this family now is vastly different than one year ago. They are responsive and excited about their child. They participate in parent activities in the classroom, as well as weekly classes learning "sign". They are home for every weekly visit by the counselor, and also meet bi-weekly with the classroom teachers to coordinate their efforts in physical positioning and some behavior management issues of concern to all.

In retrospect, every agency originally involved with this family has agreed that there was too much for this family to deal with and the numerous people at their doorstep made things even more confusing. Compounding their own fears about being parents at this early age, and then having a child with special needs, their normal reaction was to shut things out. The current mutual feeling is that one person would have been more effective, in meeting with the parents personally, insuring consistency of information and communication, and provide on-going support to these young parents.

ADDENDUM-II
MID-COAST PRESCHOOL SCREENING SERVICES

I. COST SERVICE ANALYSIS

NOTE: a. Case management means making telephone calls, getting and giving information, maintaining records, making visits as necessary to ensure child is receiving more appropriate program. Figured at \$15.00 an hour.

b. Case management figures which appear in parenthesis (360.00) means the salary of the case manager is paid by another agency, however, The Project is providing much of the basic money to allow the agency to coordinate efforts. This is done in the form of rent, telephone, utilities etc..

CHILD A
female D.O.B.: 10/24/74
Source of Referral: Nursery School Teacher
Handicapping Condition: Developmental Delays

<u>Service</u>	<u>Cost</u>	<u>Project</u>	<u>Other</u>
<u>1978-79 (January)</u>			
Nursery School	\$875.00		X
Home School Program (therapy follow-up)	\$360.00 (24 hrs. over 5 mos.)	X	
Transportation	\$ 66.08	X	
Case Management	\$360.00 (24 hrs. over 5 mos.)	X	
Occupational Therapy Evaluation	\$ 40.00	X	
<u>1979-80</u>			
Nursery School	\$875.00		X
Home-School Program	\$600.00 (4 hrs. mo. over 10 mo. @ \$15.00 hr.)		X
Occupational Therapy	\$640.00 (4 hrs. mo. @ \$16.00)	20%	80%
Case Management	(\$360.00) (24 hrs. over 5 mos.)	X	

CHILD B
Male D.O.B.: 11/20/74
Source of Referral: Screening in School District
Presenting Concern: Speech Problem

<u>Service</u>	<u>Cost</u>	<u>Project</u>	<u>Other</u>
<u>1978-79 (February)</u>			
Case Management	\$105.00 8 hours	X	
<u>1979-80</u>			
Case Management	\$225.00	X	
Headstart	\$642.00 @ \$18.50 a week		X
Speech Therapy (at Headstart)	\$800.00 = \$20.00 a week		X

Preschool Screening Project
Boothbay Region Elementary School
Boothbay Harbor, Maine 04538

Breakdown of Costs for Direct Service

7-1-79 through 9-30-79

Case Manager's Salary

\$ 2,538.36

Program Tuition:

Children # 1 and 2	\$ 305.00	Day Care Center A
Child #3	1,300.00	Day Care Center B
Child #4	82.00	Nursery School A
Child #5	500.00	Day Care Center B
Child #6	47.50	Nursery School B

Contracted Services:

Child #4	168.00	Speech Therapy
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Evaluations:

Child #4	28.00	Audiological
Child #7	28.00	Audiological
Child #8	14.00	Audiological
Child #9	14.00	Audiological
Child #10	28.00	Audiological
Child #11	21.00	Speech & Language
Child #12	21.00	Speech & Language

Supplies: \$109.94

Audiometer: \$595.00

HANCOCK COUNTY PRESCHOOL PROJECT
 Cost/Service Analysis 11-79

CLIENT I.D.: HCPP 1
 BIRTHDATE: 09-28-75
 C.A. AT TIME OF ASSESSMENT: 3 years 6 months
 LENGTH OF PROJECT INVOLVEMENT: 7 months
 REFERRAL REASON: General developmental delays, especially speech and personal/social skills.
 REFERRAL SOURCE: Downeast Health Services Children & Youth Screening (Title V)
 SPECIAL NEEDS: Amelioration of all areas of development, with overall delays of 18 months.

<u>SERVICES</u>	<u>COST</u>	<u>SOURCE</u>
Case Management (24 hrs.)	\$121.44	Hancock County Preschool Project
Case Travel (6 hrs.)	30.36	Hancock County Preschool Project
Case Mileage	37.80	Hancock County Preschool Project
Developmental Assessment		
Speech Clinician	10.00	Hancock County Preschool Project
Physical Therapist	30.00	United Cerebral Palsy in-kind
Family Assessment (psychologist)	35.00	Counseling Center in-kind
Disposition Team	32.00	Multi-agency in-kind
Family physician check up	8.00	Downeast Health/CY Title 5
Ophthalmologist	25.00	Downeast Health/CY Title 5
Homemaker (7 visits)	70.00	Title 20
Neurologist	75.00	Title 19
Home Teacher (24 visits)	160.00	Hancock County Preschool Project
	80.00	Hancock County Children's Center (NIMH)
Home Teacher transportation	120.00	Hancock County Preschool Project
Impedence Screening	2.00	Hancock County Preschool Project
Center-based program	1,000/yr	Headstart
Center-based Transportation	54/yr	Headstart volunteer
Center-based Transportation	56/yr	Grange Donation

CLIENT I.D.: HCPP 2
 BIRTHDATE: 11-21-75
 C.A. AT TIME OF ASSESSMENT: 4 years 7 months
 LENGTH OF PROJECT INVOLVEMENT: 5 months
 REFERRAL REASON: Poor Speech
 REFERRAL SOURCE: Home Teacher, Hancock County Children's Center
 SPECIAL NEEDS: Speech Therapy for articulation, Center-based program for peer modeling.

<u>SERVICES</u>	<u>COST</u>	<u>SOURCE</u>
Case Management (8hrs.)	\$ 40.48	Hancock County Preschool Project
Case Manager Travel (2hrs)	12.00	Hancock County Preschool Project
Case Manager Mileage (60)	10.80	Hancock County Preschool Project
Developmental Assessment		
Speech Therapist	30.00	Hancock County Preschool Project
Mental Health Tester	15.00	N.I.M.H.
Family Assessment		
Social Worker	15.00	N.I.M.H. (80%), Title 1 (20%)

COST/SERVICE ANALYSIS

Project: Washington County Preschool Project

Number of months in operation: 20 months

Identifying Data

Name Code: #3

D.O.B.: 3-10-75

Sex: Male

C.A.: 4-8

Source of Referral: Protective Services Time Period: 1-79 thru 10-79

Handicapping Condition/Presenting Concern: Hearing Impaired; bilateral

<u>Service</u>	<u>(hour unit)</u> <u>PROJECT</u>	<u>(Total)</u> <u>YTD</u>	<u>(hour)</u> <u>OTHER</u>	<u>(total)</u> <u>YTD</u>
Intake/Initial Coordination	7.03	21.09		
Screening				
Developmental	7.50	7.50		
Impedance				
Assessment				
Developmental	7.50	15.00		
Psychological			30.00	60.00 DHS
Medical			60.00	60.00 DHS
Speech/language			45.00	45.00 DHS
Audiological			varied	71.00 DHS
ENT			30.00	30.00 DHS
O.T./P.T.				
Social Worker				
Transportation		26.00		104.00 DHS
Therapy AUDIOLOGICAL				*547.00 DHS
S/L T	10.65	71.24		*(includes est. hearing aides)
O.T./P.T.				
Family T.				
Parent Counseling	7.03	14.06		
Nursery School			1.00	144.00 parents
Center-based program				
Home-based program			5.00	70.00 WCCP
Case Management	7.50	30.00		

\$184.89

\$1131.00

Total Cost: \$1315.89

Project Co-Step
 Funded: Summer, 1978

Identifying Data:

Name Code: Palm DOB: 12/1/75
 Sex: M CA: 3.5
 (at time of referral)
 Source of Referral: physician Date of Referral: 6/12/79
 Handicapping Condition/Presenting Concern: speech/vision

Service Provided	Provider	Funding Source	
		Project	Other
intake/case management	Co-Step	20.00	
screening	Co-Step	8.50	
evaluation:			
speech/language	Northeast Hearing & Speech	48.00 (16/unit)	
educational			
audiological	Northeast Hearing & Speech	16.00 (16/unit)	
OT			
PT			
medical: otologic	private physician		20.00 parents health insurance
other			
center based program	Blue Spruce Day Care (fall)		24/mo parents/ title 20
home based program			
therapy: Speech	Freeport Pre-School Program (fall)	60/mo Freeport Pre-school P.	

Southern Penobscot County Pre-School Project

103 Texas Ave.

Bangor, Maine 04401

Telephone 947-8493

Anne Smallidge — Project Co-ordinator

COST/SERVICE ANALYSIS

(Based on 6 months total cost)

Name: G. C.
 D.O.B.: 6/17/76
 Age: 3 years, 4 months
 Presenting Problem: Developmental Delays
 Referral Source: Community Agency (Children's Services--Counseling Center)

Description of Service	Agency	Cost	Funding Source
1. Case Management	Pre-School Project	\$5./hr. x 20 hrs. = \$100.	Pre-School Project
2. Evaluations			
a. Developmental	Children's Services, Counseling Center	\$25./hr. x 3 hrs. = \$75.	Pre-School Project
b. Hospitalization ("Parentectomy")	E.M.M.C.	\$1,000.	(A.F.D.C.)--D.H.S.
3. Pediatric Visits (Interagency and agency interaction)	E.M.M.C.	\$25./visit x 6 = \$150.	(A.F.D.C.)--D.H.S.
4. Home Teacher	Children's Services, Counseling Center	\$5./hr. x 24 wks. = \$120.	Title XX
5. Family Therapy	Children's Services, Counseling Center	\$25./hr. x 24 wks. = \$600.	(A.F.D.C.)--D.H.S.
5. Public Health Nurse	Public Health Nurses' Assoc.	\$25./hr. x 2x/mo. x 6 mos.=\$300.	City of Bangor (?) D.H.S.
		TOTAL: <u>\$2345.</u>	



STATE OF MAINE

Department of
Educational and Cultural Services

AUGUSTA, MAINE 04333

INFORMATIONAL LETTER #5 - Special Education

February 26, 1979

TO: All School Superintendents, Special Education Directors, and Interested Agencies .

FROM: John T. Kierstead, Director, Division of Special Education
Christine B. Bartlett, Early Childhood Consultant, Division of Special Education

The enclosed material outlines the format to be followed in applying for a grant for coordinating services to pre-school handicapped children.

Please note the following:

1. All grant applications must include:

- a. Face sheet as required, designating sponsoring LEA, region to be served, contact person, and amount of grant request.
- b. Complete list of coordinating committee members.
- c. Parts A, B, and C of grant application.
- d. Accompanying letters of agreement from participating agencies/ programs/departments.

Only applications containing all required information will be considered.

2. All applications are due on or before 5:00 P.M., May 1, 1979. Applications postmarked by April 30, 1979 will be considered as meeting this deadline. No late applications will be considered.
3. One award, funded through the Pre-School Incentive Grant under P.L. 94-142, Part B, will be made. The maximum amount of this grant is \$45,000. The grant year will be from July 1, 1979 through June 30, 1980.
4. Grant applicants should be notified by May 21, 1979, regarding the selection of a grant recipient.
5. The primary thrust of each grant should be developing a system for coordinating existing programs and services, and the identification and provision of service to handicapped preschool children in the identified geographic region of the grant.



This packet includes the following information, in addition to the format for grant application, to provide you with assistance in developing your proposal:

Suggested requirements for Local Coordinator
Criteria for grant selection
Checklist for applications
Data collection forms
Financial reporting form
Guidelines for Governing Structure of Projects

TIMELINE FOR PROCESSING OF GRANT APPLICATION

R.F.P.'s Mailed:	March 1, 1979
Grant applications due:	May 1, 1979
Applications reviewed by State Committee:	May 7 - 18, 1979
Grant awards announced:	May 21, 1979

In July, 1977, Maine received a two-year State Implementation Grant to develop and implement a plan for services for pre-school handicapped children which coordinates programs offered through the Departments of Education, Human Services, and Mental Health and Corrections. One aspect of this planning effort is the field testing of a model local site whose primary thrust is the coordination of effort at the local level. We also received a small amount of money under P.L. 94-142, Part B, called Pre-School Incentive which was used to fund another model site. In addition, the Legislature approved L.D. 2106, "AN ACT Concerning Pilot Projects for More Effective and Efficient Delivery of Services to Pre-School Handicapped Children," which appropriated funds for at least three model sites. These three sources of funds have funded five pilot sites which began July 1, 1978.

The second year of funding for the State Implementation Grant included an additional pilot site plus continuation funding for the first site. The Pre-School Incentive Grant for Fiscal Year 1979 will also be used to fund one pilot site. The site funded under the State Implementation Grant has already been selected and runs from January 1 through December 31, 1979. The Pre-School Incentive Grant for FY 1979 is the source of funds for the site to be selected through this grant application.

The legislation and the State Implementation Grant provide certain definitions for the use of these funds. Pre-school handicapped child is defined as "any handicapped child who has reached the age of 3 and has not yet reached the age of 5, or whose 5th birthday falls after October 15th and has not yet reached the age of 6." Handicapped child is defined as "any child who requires special services in the area of vision, audition, speech, language, cerebral or perceptual functions, physical mobility functions, behavior, mental development or maturation, or multiples of these functions." Grant applications should address the population in their area who meet these definitions.

The primary purpose of the pilot is to develop a model (system) for effective coordination of existing programs and services, through the efforts of a local coordinating committee as outlined below, in order to more effectively and efficiently provide services to all pre-school handicapped children.

Because future recommendations to the legislature as to the direction Maine should take in planning for these services will be based on data collected from these sites and the state efforts, evaluation will be a strong component of this program. The State Coordinating Committee, with the three Commissioners, has designed an evaluation to be done by an independent contractor, of each of the local models. The evaluation will be based on their effectiveness in achieving coordination, in providing the target population with appropriate direct services, and the cost - effectiveness of this approach. The evaluation will be a major part of the process to determine how and by whom future services to pre-school handicapped children will be administered in Maine.

Local needs may eventually involve establishing new programs or services at the local level where services are not available to meet identified needs. If a need for establishing a new program is determined by the Local Coordinating Committee, they will negotiate the details for setting it up with the State Coordinating Committee and the State Coordinator. There will be close cooperation between the local and state committee and between the local and state coordinator in order to assure the success of the local effort.

Those wishing to establish a local model must follow the procedures established below. The grant application must be received by the Department of Education no later than 5:00 P.M. on May 1, 1979 or postmarked no later than April 30, 1979. Grant applications should be mailed or delivered to:

Christine B. Bartlett, Early Childhood Consultant
Division of Special Education
Department of Educational and Cultural Services
Augusta, Maine 04333

Each application should have a face sheet which includes the name, address and phone number of the sponsoring agency, contact person for the grant, the amount requested and the region to be served.

Those applicants desiring assistance in the development of their grants may contact the following state coordinating committee members:

Christine B. Bartlett, Department of Education - 289-3451
Lois Jones, Department of Education - 289-2476
Carol Lenna, Mental Health and Corrections - 289-2711
Cathy Grzelkowski, Mental Health and Corrections - 289-3161
Margaret Bruns, Mental Health and Corrections - 773-2928
Dr. Marguerite Dunham, Human Services - 289-3311
Elizabeth Hickens, Human Services - 289-3311
Mildred Hart, Human Services - 289-3456
Lucille Zeph, Association for Young Children with Special Needs - 947-6526
Betty Morrison, Association for Young Children with Special Needs - 774-8219
Irene Tewhey, Head Start Director's Association - 255-8232
Martha Thornton, Parent - 289-2711

Section A: Definition of Scope of Project

1). The Region to be Served-

Describe the geographical boundaries of the area which this grant will serve. The only requirement is that this area must encompass more than one LEA. Be realistic about the area for which this grant can provide effective coordination of services.

2). The agencies/programs which will be involved-

- a). A local coordinating committee must be formed prior to the grant application. Include a list of committee members and who (agency/program/department/parent) each represents. Committees must include representatives from programs funded through or by each of the three Departments which serve pre-school handicapped children in the region defined above; representatives from the appropriate regional offices of the three departments, (Human Services, Mental Health catchment area, Bureau of Mental Retardation, LEA's); other private or publicly funded programs in the region (Head Start, day care, Diocesan Bureau of Human Relations, etc.) as appropriate; and at least one-third parents of handicapped children who are, or have been recipients of pre-school services. Parent representatives may not serve in the dual capacity of agency/department/program representative on the committee.

- b). Designate who will submit the grant application on behalf of the

committee, and act as fiscal agent for the grant. This must be one of the LEA's involved on the Local Coordinating Committee.

- c). Written agreements as to the level of participation which each agency/program/department will make to this grant must accompany the grant application. Each written statement must include a guarantee of maintenance of current effort. No grant will be made in the absence of this guarantee. Include these statements as addenda to the application.
- 3). The identified need for coordination or continuing and expanded coordination, of services in your region. Indicate if any coordination is currently taking place, how it is being done and by whom.
- 4). How this grant will address the identified need or enhance current coordinating efforts.
- 5). Dissemination of program information. Describe methods by which information about this program will be disseminated in your region.

Section B: Narrative and Timelines for Grant Goals and Objectives

This section should discuss goals and objectives for the proposed project. It should include, but need not be limited to addressing the following:

- 1). Process for identifying current pre-school handicapped services including programs, numbers of children receiving services, types of services provided and source of funding.
- 2). Process for identifying all pre-school handicapped children.
- 3). A plan for coordinating the delivery of services to identified children.
- 4). The process by which gaps and/or overlap in services will be identified.
- 5). The planning process to be used in providing for unmet needs and reducing overlap of services.
- 6). The procedures for involving parents in direct decision-making and service delivery for their own child.
- 7). Plan for on-going self-evaluation of grant activities. This evaluation will include the quarterly progress reports to be submitted to the State Coordinating Committee. The State Committee and Coordinator can offer assistance to the local committee and coordinator to design the procedures to address the following: the effectiveness of the coordinating model at the local level, the ability of participating agencies/programs/departments to share costs, personnel, facilities, and services, the ability to accurately assess local needs, the actual level of direct services provided, the additional cost to provide services, and should allow for changes to be made when the evaluation process indicates that a particular approach is not working. In addition, each local site will take part in a third party evaluation designed by the State Coordinating Committee.

Section C: Budget (Financial Report Form included for your convenience in setting up budget format)

1). Personnel

- a). Full-time coordinator (may be appointed from participating agency/program/department, but must spend 100% of time on this grant during the duration of the grant). The coordinator will be responsible to the Local Coordinating Committee and to the State Coordinator. See Appendix A for recommended educational/professional level of coordinator. Salary should be commensurate with professional staff in participating agencies/departments/programs.
 - b). Secretary - may be in-kind from participating agency/program department; but must spend at least 50% of time related to this grant.
 - c). Fringe benefits as appropriate. This should include cost for unemployment insurance.
- 2). Direct service - a minimum of \$5,000 or 20% of budget, whichever is larger. To be used for direct service to target population (i.e.: screening, physical therapy, evaluations, speech therapy, mental health services, transportation, etc.).
 - 3). Administrative costs - indirect cost to designated fiscal agent. May be no more than 10% of budget. Grantees are encouraged to explore ways of providing this through in-kind arrangements. Specify what indirect costs are covered by this item.
 - 4). Other - include materials, supplies, travel, etc. Itemize uses and amounts.
 - 5). Indicate total in-kind contributions from participating agencies/programs/departments. There must be a 10% match to total proposed budget, either through in-kind or actual money.
 - 6). Include a timeline for expected expenditures broken down by quarters. If possible, indicate expected monthly expenditures.

In NO CASE may the funds for this grant be used to pay for services already available and for which children and families are eligible. There must be a guarantee of maintenance of effort (included in the required written agreements from participating agencies/programs/departments) before a grant award will be made.

Grant applications must include all the above selections. Any application received which does not have all the required information will not be considered and the applicants will be notified of this decision.

SUGGESTED REQUIREMENTS FOR:

Early Childhood Special Needs Regional Coordinator

Educational Background

Master's level person with degrees in early childhood development, education, special education, social work, mental health, or other related fields. (Preference should be given to candidates with early childhood special education master's).

Experience

A broad background including at least 3 years experience in early childhood/special education, screening systems, administration and/or other associated human service delivery systems for young handicapped children. The emphasis here is on specific experience in programs dealing with the young handicapped child.

Other

The Local Coordinator should have a familiarity with services in the 3 departments on the local level and ideally the state level as well, and experience in dealing with various funding sources.

Criteria for Grant Selection

Grant proposals will be read and rated according to the following:

1. Demonstrated potential or ability to effectively coordinate services - 3 pts.
2. Proposal plans relate directly to the identified need - 3 pts.
3. Level of commitment to the proposed project by participating agencies/ programs/individuals - 3 pts.
4. Capacity to generate accurate data (i.e. - screening, program services, etc.) - 3 pts. (Copies of current monthly data reports are included to indicate data which will be required)
5. Measureability of stated goals and objectives (effectiveness of project can be objectively evaluated) - 2 pts.
6. Realistic timeline for achievement of goals and objectives - 2 pts.
7. Replicability of project design - 2 pts.
8. Grant proposal addresses the required project components - 2 pts.

20 pt. total

The following items will be considered in further evaluating proposals but carry less weight than the point scale items:

1. Practicality of proposed process for the region selected;
2. Potential to expand/extend services;
3. Soundness of proposed method to address the required issues;
4. Innovative approach;
5. Community impact;
6. Overall cost and cost effectiveness;
7. Geographic distribution in the state. (Compared to location of current sites)

Sites are currently located in the following counties:

Washington
Hancock
Southern Penobscot
Knox
Lincoln
Cumberland

CHECKLIST FOR APPLICATIONS

1. Face Sheet
2. Section A: Scope of Project
 1. Region
 2. Names and positions of Local Coordinating Committee members
 3. Sponsoring LEA
 4. Written agreements from participating agencies/programs/ departments/LEA's
 5. Need for grant
 6. Dissemination information
3. Section B: Narrative and Timeline
 1. Narrative (including all requested information)
 2. Timeline (by quarters)
4. Section C: Budget
 1. Budget
 2. Budget timeline (by quarters)

PLEASE NOTE: Any application which is not complete will not be considered for funding by the State Committee. Any application which is received or postmarked after the closing dates will not be considered for funding by the State Committee.

Applicants whose grant applications are rejected for either of the above reasons will be notified of the reason for rejecting the application.

This checklist is included primarily for your convenience, so you can check off each required section and be sure your application is complete. Please include it with your grant application so the committee can easily see whether the application contains all the required sections.

Again, members of the state coordinating committee are available to provide assistance in developing proposals. Please feel free to contact any member.

Project _____ Month _____
 Address _____
 Name _____ Ph. _____

ACTIVITY	PERFORMED BY			
	PROGRAM		PRIOR REFERRAL	
	This month	Y.T.D.	This month	Y.T.D.
SCREENED TOTAL				
EVALUATION				
A. YES				
1. Placement Service Provided				
a. Appropriate				
b. Only Partial Services				
Sub/Sub Total				
2. Waiting Placement				
a. No Place Exists				
b. Place Exists - No Room				
c. Other				
Sub/Sub Total				
3. No Placement				
a. Parent Refusal				
b. No Placement Needed (case closed)				
Sub/Sub Total				
SUB TOTAL				

ACTIVITY	PERFORMED BY			
	PROGRAM		PRIOR REFERRAL	
	This month	Y.T.D.	This month	Y.T.D.
EVALUATION (CONT.)				
B. NO				
1. Referred Waiting Service				
2. Services Unavailable				
3. Parent Refusal				
4. No Funds				
5. OTHER (Specify)				
Sub Total B				
Sub Total A				
(From Front)				
TOTAL				

NAME OF PROGRAM _____

MONTH _____ YEAR _____

UNIT OF TIME _____

SERVICE PROVIDED	SPECIALIST CATEGORY																														
	Psychiatrist			Psychologist			Soc. Worker			Sp. Therapist			Occup. Therapist			Phys. Therapist			Audiologist			Teachers			Aides			Case Managers			CDW
	Cont.	IH	OR	Cont.	IH	OR	Cont.	IH	OR	Cont.	IH	OR	Cont.	IH	OR	Cont.	IH	OR	Cont.	IH	OR	Cont.	IH	OR	Cont.	IH	OR	OR			
Speech Therapy																															
Audiology																															
Physiotherapy																															
Occupational Therapy																															
Evaluation																															
Developmental Home-based																															
Developmental Center-based																															
Case Management																															
Transportation																															
Other																															
TOTALS																															

Cont. - Contracted
 IH - In-house
 OR - Outside Resource (other funding sources)

GUIDELINES FOR GOVERNING STRUCTURE OF PRESCHOOL HANDICAPPED COORDINATING PROJECTS

Coordinating Committee

Responsible for:

1. Hiring and firing project employees.
2. Oversight of project coordinator's activities.
3. Self-evaluation of project and evaluation of project employees.
4. Program decisions regarding activities to be undertaken to achieve project goals and objectives.
5. Planning activities leading towards completion of project goals and objectives.
6. Budget administration, including:
 - a. approval of budget changes.
 - b. approval for use of direct service funds (for auxiliary personnel for direct service authorization from State Coordinator and State Coordinating committee is required).
 - c. approval of major expenditures.
7. Completion of reports to state coordinating committee (will probably be prepared by project coordinator, but committee ultimately responsible for seeing that required reports are submitted).

Fiscal Agent

Responsible for:

1. Fiscal management -
 - a. Bookkeeping.
 - b. Payment of approved expenditures.
 - c. Quarterly report of actual expenditures to project coordinator and coordinating committee.
2. Veto of expenditures when:
 - a. No funds remain.
 - b. Expenditure authorized by committee is not included in working budget.

Project Coordinator

Responsible for:

1. Day to day administration of project.
2. Implementation of project goals and objectives.
3. Preparing required reports to state coordinating committee.
4. Keeping local coordinating committee informed of progress and activities towards goals and objectives.
5. Day to day supervision of other project employees.
6. Recommendations for actions to coordinating committee.
7. Provide Fiscal Agent with all necessary data and reports to insure fiscal accountability.

The Local Coordinating Committee serves as the governing board for these projects. All major project decisions should be either made or approved by the coordinating committee. It is their responsibility to hire and supervise project personnel,



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including the project coordinator and secretary, and any other personnel approved for their project. The project coordinator is directly responsible to the coordinating committee for direction and carrying out of project activities. The Fiscal Agent will usually be a member of the coordinating committee, but as fiscal agent is responsible only for the bookkeeping and actual payment of expenses incurred by the project. The Fiscal Agent does not have any more authority for programmatic or budget decisions than any other committee member with two exceptions:

- (1) If no funds remain (all available money has either been spent or committed); or
- (2) If the committee authorizes an expenditure which is not included in the approved budget, the Fiscal Agent can refuse to authorize the expenditure until appropriate approval is received from the State Coordinating Committee.

CBB
JTK /bdm