

# ALABAMA'S EARLY INTERVENTION SYSTEM (PART C)

Alabama's Early Hearing and  
Detection and Intervention (EHDI) Workshop  
April 27, 2018

## The Focus of EI: Family/Caregiver Training and Support

Family/Caregiver training is inherent in everything we do in Alabama's Early Intervention system. It is our job to train, equip, and support parents/caregivers in being the first and best teacher for their child.

AEIS, The Message Revitalized: Journey II

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## Core Values of Early Intervention

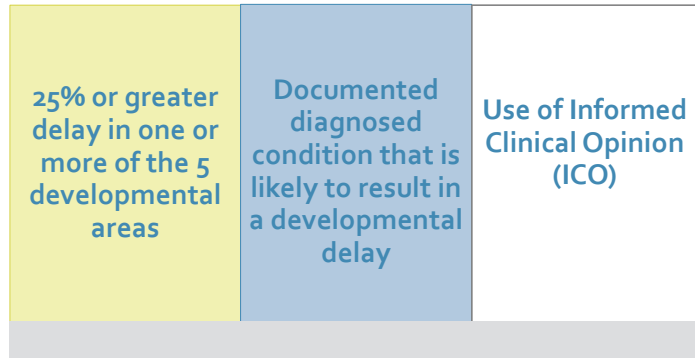
1. Family-centered
2. Developmentally appropriate
3. Individualized
4. In natural environments
5. Train/equip parents/caregivers
6. Collaborative
7. Routines Based

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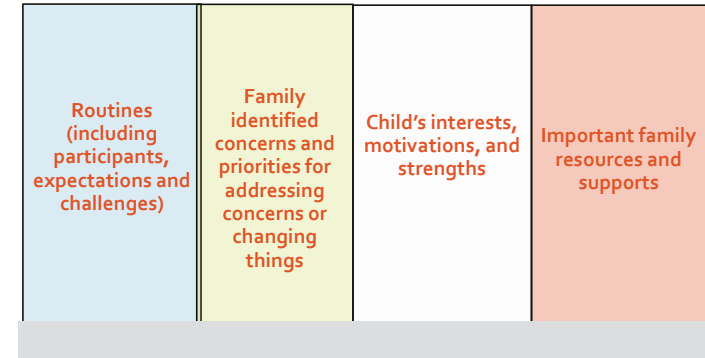
## 5 areas of development

<b><u>PHYSICAL</u></b> how an infant or toddler grasps, moves, sits, crawls, walks, sees, and hears	<b><u>COMMUNICATION</u></b> how an infant or toddler expresses and understands using gestures, sounds, and words	<b><u>COGNITIVE</u></b> how an infant or toddler thinks, learns, and solves problems	<b><u>SOCIAL OR EMOTIONAL</u></b> how an infant or toddler interacts with peers and adults	<b><u>ADAPTIVE</u></b> how an infant or toddler assists in routine activities such as eating, dressing, and bathing
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## Basis for Eligibility



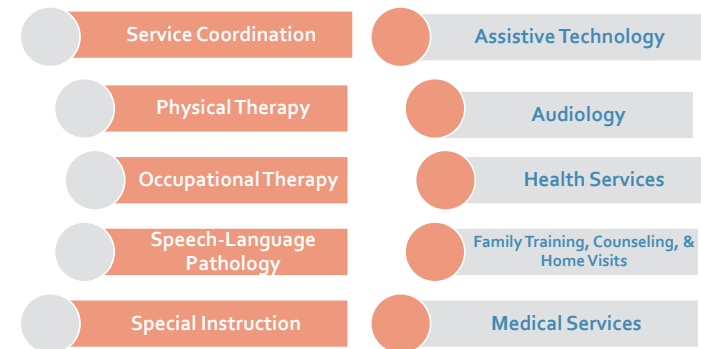
## Voluntary Family Assessment: Interview and Assessment Tool (RBI, FACETS, etc.)



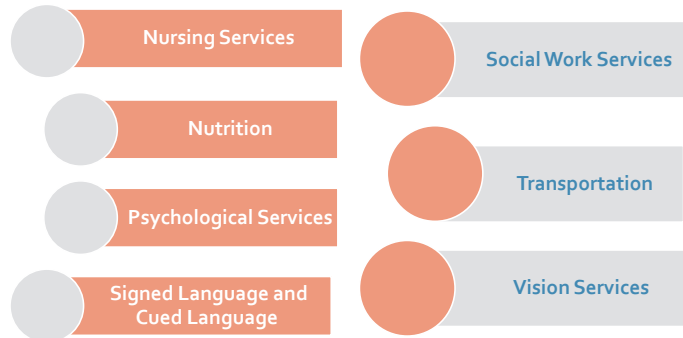
## Developing the Individualized Family Service Plan (IFSP)

- Which routines are troublesome?
- What concerns did family express?
- What changes does family want to see?

## 17 Deliverable Services §303.13



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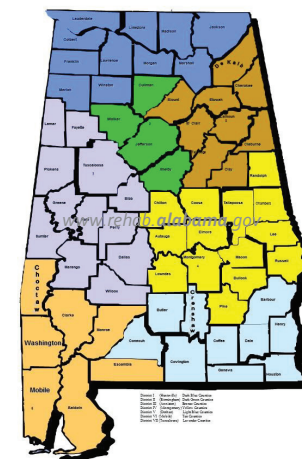


## EI DATA

### Early Intervention Data (FY18)

- 40 Early Intervention programs
- 135 Service Coordinators
  - 7 District Early Intervention Coordinators
- 8622 Referrals (898 ineligible 10%)
  - 30% referrals 0-12 months
  - 39% referrals 12-24
  - 30% referrals 24-36
- 7036 Individualized Family Service Plans (IFSPs) were written
  - 116 of these IFSPs (eligibility determined due to a hearing loss diagnosis)

Alabama State Map – Listed by EI Districts



# EI REFERRAL

## Child Find and Referral

### • Where do referrals come from?

- *Physicians, family members, programs, childcare staff, etc.*

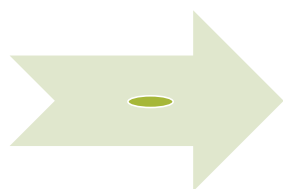
### • Who receives the referral?

- *Child Find at the state office (800-543-3098)*

### • What information is needed to make referral?

- *See child find referral form*

	FY17
Medical community	63%
Parent/friend/relative	26%
EI Provider/program	2%
DHR/CAPTA	2%
EHS/Headstart/childcare	2%
Help Me Grow	2%
ALDPH-NB screening	1%
Home visiting program	<1%
Other	<1%
Total referrals	8622



- Referrals are made to Child Find by calling or sending a complete referral form by phone to 1-800-543-3098, fax to 334-293-7393 or email to Margaret, Patricia and Tonya

Alabama's Early Intervention System  
Child Find Referral Form

To make a referral by phone: 1-800-543-3098  
Mail to: ADRIS/EI, 602 S. Lawrence St., Montgomery, AL 36104 or Fax to: Child Find Fax # (334) 293-7393 or email to: margaret.paucy@rehab.alabama.gov and patricia.bozeman@rehab.alabama.gov and tonya.sandy@rehab.alabama.gov for more information visit: <http://rehab.alabama.gov/individuals-and-families/early-intervention>  
*\*Please print clearly; not complete all fields - see orange or yellow!*

**INFANT/TODDLER INFORMATION**

1. SSN# (if available) \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_ 3. Sex:  M  F  N/A

4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI/Name: \_\_\_\_\_

5. Is your child of Hispanic or Latino origin?  Yes  No  N/A 6. Child's Primary Race: \_\_\_\_\_

\* If Primary Race is Two or More Races:  Hispanic/Latino  American Indian/Alaska Native  Asian  
(Mark appropriate boxes)  Black/African American  Hawaiian/Pacific Islander  White

7. Home Language: \_\_\_\_\_ 8. Medicaid:  Yes  No  N/A Medicaid #: \_\_\_\_\_

9. Private Insurance:  Yes  No  N/A 10. CHIP/All Kids:  Yes  No  N/A

**CHILD RELATION INFORMATION**

11. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

12. Relation Type: \_\_\_\_\_ 13. Is this Primary relation?  Yes  No  N/A 14. Is address same as child?  Yes  No  N/A

15. Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ 16. County: \_\_\_\_\_

17. Physical Address (if different from above): \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ 18. County: \_\_\_\_\_

19. Primary contact #: ( ) ( ) ( ) 20. Alternate contact #: ( ) ( ) ( ) Ext #: ( ) ( ) ( )  
Alternate contact #: ( ) ( ) ( ) Work Phone #: ( ) ( ) ( ) Ext #: ( ) ( ) ( )  
Primary Contact Email address: \_\_\_\_\_

**REFERRAL SOURCE INFORMATION**

21. Referring referral: \_\_\_\_\_ 22. Referral Source: \_\_\_\_\_

23. County: \_\_\_\_\_ 24. Phone: \_\_\_\_\_ 25. Fax: \_\_\_\_\_

26. Reason for referral: \_\_\_\_\_

27. How family became aware of Child Find: \_\_\_\_\_ Additional Information: \_\_\_\_\_  
Refer to Service Coordinator/Qualified ID # (leave blank if unknown) \_\_\_\_\_  
Date Method/Filed to Child Find: \_\_\_\_\_ Selders Name/Phone # \_\_\_\_\_

**PROFESSIONAL USE ONLY**

28. I certify that the child named above has a confirmed diagnosis of \_\_\_\_\_ 30. Phone #: \_\_\_\_\_

29. Printed Name of Physician/DOH: \_\_\_\_\_  
31. Signature of Physician/DOH: \_\_\_\_\_ Today's date: \_\_\_\_\_

**STATE OFFICE USE ONLY**

New Case ID#: \_\_\_\_\_ SSW or TIP: \_\_\_\_\_  
Referred taken by: \_\_\_\_\_ Date taken: \_\_\_\_\_ Received by:  phone  email  fax Processed by: \_\_\_\_\_ Official referral/entry date: \_\_\_\_\_  
 ATTACHED:   Signed release of information

Revised 11/2017

The Child Find referral and other EI information can be found at the following:

<http://rehab.alabama.gov/individuals-and-families/early-intervention/links/resource-library>

# Alabama's Early Intervention System

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