**Chapter 2 Handouts2.1. GLOSSARY OF TERMS**

**APPROPRIATION** occurs when the legislature acts to authorize the expenditure of a designated amount of public funds for a specific purpose.

**ENTITLEMENT PROGRAMS** arefederal/state programs that guarantee a certain level of benefits to persons or other entities who meet requirements set by law, such as Social Security, farm price supports or unemployment benefits. It thus leaves no discretion with the legislature on how much money to appropriate, and some entitlements carry permanent appropriations. (Example: Medi-Cal)

**FAMILY-CENTERED CARE** is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care patients, families, and providers. Patient- and family-centered care applies to patients of all ages, and it may be practiced in any health care setting.

**LAWS** are rules established by a governing authority to institute and maintain orderly coexistence. The combination of those rules and principles of conduct is promulgated by legislative authority, derived from court decisions, and established by local custom.

**LEGAL MANDATES** are commands issued by a court that have the force of law.

**STATUTES** set out the basic framework of the law and are made by the Legislature. (Sometimes you will hear the word law used and sometimes statute. They can be used interchangeably.) (Example: Lanterman Act)

REGIONAL CENTERS serve as a local resource to help find and access the services and supports available to individuals with developmental disabilities and their families.

**REGULATIONS** guide us in how to use the law/statute in more detail. Regulations are made by federal, state, county and city agencies. If there is a conflict between what the law/statute says and what the regulations say, the law/statute is our guide and the regulations must be made to agree with the law/statute. Although they are not laws, regulations have the force of law since they are adopted under authority granted by laws/statutes, and often include penalties for violations. (Example: The specifics of service coordination responsibilities for early intervention services provided in the Lanterman Act.)

2.2. POLICY

Policy is a plan of action agreed to by a group of people with the power to carry it out and enforce it. It represents a broad framework of ideas and values within which decisions are taken and action, or inaction, is pursued by governments in relation to some issue or problem.

*Policy must not be mistaken for law and may, in fact, conflict with law. Policy may be developed over time by practice; however, policy or practice may not be founded in law/statute or regulation. The term “policy” is often used interchangeably with law/statutes. It is important in discussions with others to ask for clarification of how “policy” is being used. Is the term referring to a law or to a “practice”? Policies should be in writing and should be provided upon request.*

# WHAT DOES POLICY MEAN?

Policies simply guide our actions. Policies can be guidelines, rules, regulations, laws, principles, or directions. They say what is to be done, who is to do it, how it is to be done and for (or to) whom it is to be done. Most of us think that we have no control over policies and that they are the issues our elected officials and bureaucrats deal with. Well, that is not true. The world is full of policies. For example, families make policies like, “No TV until homework is done”. Agencies and organizations make policies that guide their operations. Stores have return policies. Workplaces have policies such as use of sick days. Schools have policies that describe their expectations for children’s behavior.

Policy occurs at various levels and points of interaction: personal, organizational, and public.

If we use the right strategies we can be successful in influencing all aspects of policy.

Capacity Building: Linking Community Experience to Public Policy, Devon Dodd and Michelle Herbert Boyd, Population and Public Health Branch, Atlantic Regional Office Health, Canada <http://www.phac-aspc.gc.ca/canada/regions/atlantic/pdf/capacity_building_e.pdf>.

**2.3. HOW POLICY WORKS**

To be a good systems advocate, it is important to understand where and how policies are made. Some policies are based on law, while other policies are specific to agencies or programs, but have no legal basis. The first step to being an agent of change on behalf of children with special health care needs and families is to know what kind of policy you are addressing or trying to affect.

If the policy is the result of legislation, then you need to know whether federal or state law is involved. Sometimes it is both! You also need to determine the cause of a problem concerning a policy that you want to change:

* ***Is the problem related to the intent or language of the law?*** If so, then perhaps the law needs to be amended (changed) or repealed (removed).
* ***Is the problem related to a regulation or ruling that explains or tells how a law is to be implemented?*** If so, then perhaps the regulation needs to be changed through an administrative process or the legal ruling needs to be challenged in some way through state or federal court.
* ***Is the problem related to the implementation of the policy?*** If so, then a strategy is needed to change how the policy is implemented. Here it is helpful to establish working relationships with the appropriate state and federal agencies.

Government Policy Landscapes:

In many ways, state governments are patterned after the federal government. Each is composed of three main branches:

* **Legislative:** Responsible for enacting laws and prescribing the means to pay for those laws to be carried out. At the federal level, this is Congress, with its Senate and House of Representatives. At the California state level, this is the State Legislature with its Senate and Assembly.
* **Executive:** Responsible for carrying out or administering the laws required by the legislative branch and programs put in place by the chief executive. At the federal level, the chief executive is the President. At the state level the chief executive is the Governor.
  + **Judicial:** Responsible for interpreting the laws. The federal court system can deal with federal and sometimes state laws; the state courts deal exclusively with state laws.

Local policy landscapes:

* **County:** Board of Supervisors, County Commissions, County Departments
* **City:** City Council, Departments, Commissions, Planning Councils
* **Agency:** Boards, Councils, Departments, Committees

Adapted from: “The Family Voices Leadership Handbook: a health care policy guide for families and friends of children and youth with special health care needs, (1999).Family Voices, 2340 Alamo SE, Suite 102, Albuquerque, NM. Revised by Family Voices of CA 2006.

**2.4. Public Systems for Children**

A public system is one that is created through legislation, paid for by our tax dollars, and administered by federal and/or state agencies. This section will describe the major federal and state authorized service systems that assist children with special health care needs (CSHCN) and their families.

* **Title V CSHCN Programs:** Refers to Title V (“Five”) of the Social Security Act (SSA), Children with Special Health Care Needs Programs.
  + **California Children Services (CCS)** is the program providing Title V services to CSHCN in California.
  + **Department of Health Care Services Whole Child Model**
* **Medicaid** refers to Title XIX (“Nineteen”) of the Social Securities Act (SSA).
  + **Medi-Cal** is the Medicaid program in California.
  + **Department of Health Care Services Whole Child Model**

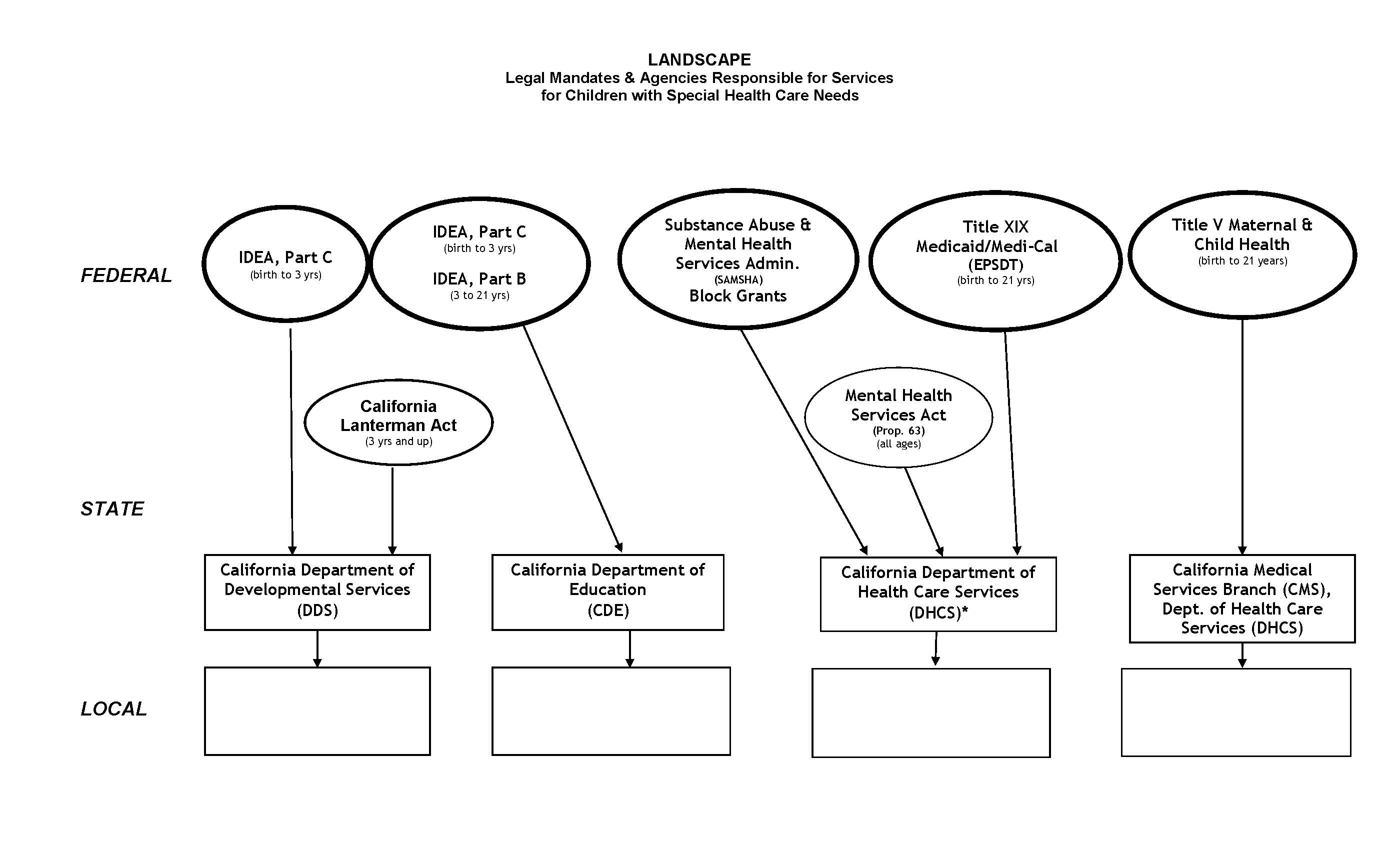
**(Note: As early as July 2017 certain counties will transition children using CCS medical services into Medi-Cal managed care plans under the Department of Health Care Services Whole Child Model. In most cases CCS will be an integration of both Title V CSHCN programs and Medi-Cal. Many professionals and parents are still learning about the details of this new program.)** [**http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx**](http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx)

* **SSI for Children:** Supplemental Security Income- Disabled Children’s Program; Title XVI (“Sixteen”) of the SSA. (Some good resources about SSI for children: <http://www.socialsecurity.gov/ssi/text-child-ussi.htm>; <http://www.socialsecurity.gov/pgm/ssi.htm>
* **CHIP/SCHIP:** State Children’s Health Insurance Program—Title XXI (“Twenty-one”) of the SSA.
  + **Healthy Families** was the SCHIP program in California. (Note: In 2013, California transitioned from Healthy Families to Medi-Cal. For more information go to: <http://www.dhcs.ca.gov/services/pages/healthyfamiliestransition.aspx>)
* **Section 504:** Civil rights statute of the Rehabilitation Act 1973 covering individuals with disabilities.
* **IDEIA:** Individuals with Disabilities Education Improvement Act (IDEIA 2004). (Note: IDEIA is more commonly referred to as IDEA.)
  + **Part C** (formerly Part H) describes Early Intervention services for children ages birth to three. **Part B** describes Special Education services for children and youth ages three to twenty-one.
* **Lanterman Act:** California law that gives people with developmental disabilities the right to services and supports to allow them to live a more independent and normal life.
* **Family-School Partnership Act:** California law that allows parents, grandparents and guardians to take time off from work to participate in their child’s school or childcare activities. *(Labor Code Section 230.8)*

Each of these programs is administered by a branch of the federal or state government and operates with rules for eligibility and participation. Meeting eligibility requirements for one of these programs does not automatically ensure eligibility for any other program. Other important public laws ensure certain rights and provide additional supports for children and families.

Adapted from: “The Family Voices Leadership Handbook: a health care policy guide for families and friends of children and youth with special health care needs, (1999). Family Voices, 2340 Alamo SE, Suite 102, Albuquerque, NM. Revised by Family Voices of California, 2006

**2.5. Landscape: Legal Mandates & Agencies Responsible for Services for CSHCN**



Adapted from: The High Risk Infant Interagency Council, San Francisco. Revised by Family Voices of CA, 2013

\* Assembly Bill 102, signed by Governor Brown on June 28, 2011, reorganized and redirected **Department of Mental Health** services to different public agencies. SAMHSA block grants, Title XIX Medicaid/Medi-Cal services, and Mental Health Services Act funds were redirected to the **Department of Health Care Services**. Read more**:** <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MC%20003%20Mental%20Health_ENG.pdf> and <http://www.dhcs.ca.gov/formsandpubs/publications/Documents/2011_Leg_Summary.pdf> (See reverse side of this sheet for resources for this chart.)

Resources:

1. IDEA, Part C, California Lanterman Act, California DDS: <http://www.dds.ca.gov/RC/Home.cfm>
2. IDEA Part C, IDEA Part B, California Department of Education (CDE): <http://www.cde.ca.gov/sp/se/>
3. SAMHSA Block Grants: California Department of Health Care Services: <http://www.dhcs.ca.gov/Pages/default.aspx>; <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MC%20003%20Mental%20Health_ENG.pdf>
4. Title V Maternal & Child Health and California Medical Services Branch, Department of Health Care Services (DHCS): https://mchdata.hrsa.gov/tvisreports/Snapshot/snapshot.aspx?statecode=CA

**2.6. Referral Information for Children with Special Health Care Needs**

| **Agency** | **Age** | **Eligibility** | **Services** | **Referral Documentation** | **Timeline for Services** |
| --- | --- | --- | --- | --- | --- |
| **Regional Centers: California Early Start**  **Website:** [www.dds.ca.gov/earlystart/WhatsES.cfm](http://www.dds.ca.gov/earlystart/WhatsES.cfm) | **Ages 0-3** | * Infants and toddlers from birth to 36 months may be eligible for early intervention services if through documented evaluation and assessment they meet one of the criteria listed: * Developmental Delay * Established risk conditions that could lead to developmental delay * High risk conditions that could lead to a developmental delay   *For documentation outlining 2015 changes to Early Start eligibility see::* <http://www.dds.ca.gov/earlystart/docs/changeInEarlyStartEligibility12_22_14.pdf> | Services may include, but are not limited to:   * Assistive technology (devices and services) * Audiology services * Family training, counseling, and home visits * Health services necessary to enable the infant or toddler to benefit from other early intervention services * Medical services necessary for diagnostic/evaluation * Nursing services * Nutrition services * Occupational therapy * Physical therapy * Psychological services * Respite service * Service coordination services * Social work services * Special instruction services * Speech and language services * Transportation and related costs * Vision services | Referrals are to be made within 2 working days after a child has been identified (Part C, Individuals with Disabilities Education Act). Ask for the Early Start Coordinator. Referral is complete with a phone call with the name of the child and contact information. For Early Start, self-referral or third party-referrals are accepted. | Upon referral a service coordinator is assigned. Within 45 days of referral an evaluation for eligibility is completed, an assessment is conducted, and a meeting will is held to develop the IFSP to initiate services. Services are to be provided in a timely manner. In the State of CA, that is defined as within 45 days of the IFSP meeting (i.e., service plan developed within 45 days of IFSP meeting). 90 days total from referral to delivery of service. |
| **Regional Centers**  **Website:**  [www.dds.ca.gov/RC/Home.cfm](http://www.dds.ca.gov/RC/Home.cfm) | **Ages 3+** | * Individuals with developmental disabilities (including intellectual disability, cerebral palsy, epilepsy, autism, and other conditions which are related to intellectual disability or require treatment similar to that of intellectual disability) * The disability began prior to age 18 * The disability is likely to continue indefinitely * Constitute a "substantial disability" for the individual as defined by [Title 17, Section 54001](https://dds.ca.gov/Title17/T17SectionView.cfm?Section=54001.htm) of the California Code of Regulations * Regional Centers also offer some genetic and counseling services to individuals at high risk of giving birth to a child with a developmental disability | A wide variety of services available may include the above list, and:   * In-home respite care * Out-of-home respite * Day camp, summer camp * Behavior management * Diapers * Residential care * Parent training and behavior modification * Adult day services * Transportation * Adaptive equipment * Supported living services | Referrals are made by the family. Referral is complete with a phone call with the name of the child and contact information. 3rd party referrals are not accepted. | Upon referral, individual will go through intake by intake worker; then, if appropriate will be assessed by an assessment worker, within 15 working days of the applicant’s first contact with the worker. Assessment is then to take place within 120 days of completion of initial intake. Within 60 days after the assessment has been completed and the individual determined eligible, an initial IPP must be developed. |
| **School District, Local Education Authority (LEA) or Special Education Local Plan Area (SELPA),**  **California Early Start**  **Website:**  [www.cde.ca.gov/sp/se/as/leagrnts.asp#23761](http://www.cde.ca.gov/sp/se/as/leagrnts.asp#23761) | **Ages**  **0-3** | * Responsible for children with a solely low incidence disability which includes visual, hearing, severe orthopedic impairment, or any combination thereof | Services may include:   * Parent education, coaching and support * Home-based Services (birth -36 months) * Parent-Infant play group * Center–based toddler classes for children with hearing loss * Sign language instruction * Listening, language and speech therapy * Physical therapy services * Assistance in accessing appropriate community services * Transition to preschool services | Referrals are made to Regional Center. Children with a sole low incidence are referred to School District | Upon referral a service coordinator is assigned. Within 45 days of referral an evaluation for eligibility is completed, an assessment is conducted, and a meeting will be held to develop the IFSP to initiate services |
| **School District, Local Education Authority (LEA) or Special Education Local Plan Area (SELPA)**  **Website:**  [www.cde.ca.gov/sp/se/as/caselpas.asp](http://www.cde.ca.gov/sp/se/as/caselpas.asp) | **Ages 3+** | Defined as having a disability:   * Autism * Deaf-blindness * Deafness * Emotional Disturbance * Hearing Impairment * Intellectual Disability * Multiple Disabilities * Orthopedic Impairment * Other Health Impairment * Specific Learning Disabilities * Speech & Language Impairment * Traumatic Brain Injury * Visual Impairment * Established Medical Disability | Mandated to provide special education and related services. Related services can include:   * Audiology * Assistive technology * Counseling * Early identification * Medical services (related to identifying needs) * Occupational therapy * Parent counseling & training * Physical therapy * Psychological services * Recreation * School health services * Social work services * Speech pathology * Transportation | The referral should include detailed letter with information about suspected area of disability, and signed permission from family for an assessment. | 15 days from receipt of referral must develop an assessment plan. Families must sign and return the assessment plan in order for the assessment (and timeline) to proceed.  Have 60 days from consent for assessment to complete assessments and conduct IEP meeting.  Must assess in all areas related to the suspected disability. |
| **County Mental Health, California Department of Health Care Services**  [www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalMentalHealth.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalMentalHealth.aspx) | **Ages**  **0-21** | Medi-Cal Early and Periodic Screening, Diagnosis,and Treatment (EPSDT) mental health services are available to children birth to 21 covered by full-scope Medi-Cal.  EPSDT Therapeutic Behavior Series are available to children covered by Medi-Cal who have severe emotional problems, live in a mental health placement, or are at risk of placement, or have been hospitalized recently for mental health problems. | Some services may include:   * Individual, group therapy * Family therapy * Crisis counseling * Case management * Special day programs * Medications for mental health * One-to-one assistance for behavior/impulse control interventions, communication skills interventions, and enhanced community functioning, as many hours per day as needed   See other services under Regional Centers and School Districts\* | Referrals are made by the family and/or physician  See other referral information under Regional Centers and School District\* |  |
| **California Children’s Services**  **Website:**  [www.dhcs.ca.gov/services/ccs/Pages/default.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx) | **Ages**  **0-21** | Open to children under the age of 21 who have a serious medical condition that is eligible for care under CCS, and whose family income is less than $40,000/yr or whose out-of-pocket medical expenses for the eligible child will exceed 20% of income.  Income limits do not apply for children who: need diagnostic services to confirm a CCS eligible medical condition; or who were adopted with a known CCS eligible medical condition; or who are applying only for services through the Medical Therapy Program; or who have Medi-Cal full scope, no share of cost | If the child has a special health problem that is covered by CCS, then CCS may pay for or help with:   * Doctor visits and care, hospital stays, surgery, physical therapy and occupational therapy, tests, X-rays, medical equipment, and medical supplies * Medical case management to help get special doctors and to refer you to other agencies, such as public health nursing and regional centers * Medical Therapy Program, which provides physical therapy and/or occupational therapy in public school * Diagnostic evaluations for eligible children suspected of having one of the CCS eligible medical conditions | Referrals are made by the child’s physician. The referral is complete when the following information is received (captured in CCS Referral Form and relevant medical reports):   * Family and child identifying information * Insurance information * Name and address of individual or agency requesting services * Diagnosis * Statement of services requested * Detailed, relevant medical reports | Medical eligibility is determined within 5 days of receipt of complete referral and medical reports.  If eligible, family receives program application form.  Full application process is generally completed within 60 days after receipt of a complete referral (60 days does not correspond to a particular timeline requirement) |

\* On June 30, 2011, Assembly Bill 114, Chapter 43, Statutes of 2011 (AB 114) was signed into law. Under AB 114, several sections of Chapter 26.5 of the California *Government Code* (*GC*) were amended or rendered inoperative (including AB2632), thereby ending the state mandate on county mental health agencies to provide mental health services to students with disabilities. With the passage of AB 114, it is clear that school districts are now solely responsible for ensuring that students with disabilities receive special education and related services, including some services previously arranged for or provided by county mental health agencies. More Information: <http://www.cde.ca.gov/sp/se/ac/ab114twg.asp>

2.7. REGIONAL CENTER/CA EARLY START

*FEDERAL*

**California Department of Developmental Services (DDS)**

***STATE***

### 

**Regional Centers**

**California Early Start**

***LOCAL***

2.8. California Children’s Services

*FEDERAL*

**California Medical Services Branch (CMS), Department of Health Care Services (DHCS)**

***STATE***

### 

**California Children’s Services (by county)**

***LOCAL***

.

**2.9. Being an Advocate**

***Out of Necessity Comes Advocacy***

*I became an advocate for children with special health care needs out of necessity. Nine years ago, when my infant daughter came home from the hospital with 24-hour nursing, on a ventilator and with a gastrostomy tube, I found that fighting for appropriate medical care and educational services became a part of my everyday agenda. Through the years, Lizzy has developed into a healthy child who also happens to have special heath care needs. My life has been enriched by my daughter and the many parents, legislators, Medicaid staff and policy-makers we have come to know as friends. I can certainly say my daughter’s life has had a positive impact on the quality of care that children with special health care needs receive in Delaware. From speaking before our joint legislative finance committee to attending state and national conferences and presenting on health care issues, helping form new parent groups in our state, and sitting with the Governor as he signs the permanent reauthorization of Delaware’s birth-to-three program, I have been thrown into the role of advocate--like so many other parents--out of necessity. We stay there, however, because we love it…and we love our children.*

Beth Macdonald, Delaware

*Individual advocacy* means doing whatever is necessary to make sure your child gets what he or she needs…and what you need as a family to support and care for your child. When you have a child with a special heath care need advocacy becomes more challenging. Your child’s health and quality of life may be at greater risk because of a chronic illness, condition or disability. With so much at stake, families need to develop skills and knowledge to become the best advocates they can for their children.

Individual Advocates: What You Do

* Find information and support
* Keep records
* Choose a health plan
* Find the right primary care physician
* Practice partnerships
* Negotiate your coverage/health plan

Adapted from: “The Family Voices Leadership Handbook: a health care policy guide for families and friends of children and youth with special health care needs, (1999). Family Voices, 2340 Alamo SE, Suite 102, Albuquerque, NM. Revised by Family Voices of California, 2006.

Sometimes *individual advocacy* for your child is not enough. When programs and the policies that guide them do not support the *family-centered care* philosophy, you might be challenged or inspired to make things work better.

*Policy/systems advocacy* means improving the services and systems of care for all children with special health care needs and their families. Those being influenced work with laws, public programs or court decisions. *Policy/systems advocacy* can be useful at all levels (federal, state and local).

Policy or Systems Advocate: What You Do

* Know the law and its intent
* Keep track of opposing arguments
* Be familiar with the pros and cons of policies
* Understand different agendas and establish common ground
* Build a core group of allies and other advocates
* Propose alternate solutions
* Provide input on policies
* Inform general public about the issue

.

We become *agents of change,* using our family experiences and skills to change systems so they become more family-friendly, responsive, flexible, comprehensive, coordinated, community-based, and culturally-competent.

Some systems, programs and professionals reach out to families and welcome our involvement as system advocates and change agents. Others need some or a lot of assistance to understand the value of family participation in policy discussions and decisions. Professionals in those systems may benefit from explicit help to improve their *partnership* with families.

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**2.10. Policy Partners and Allies**

To be an effective systems advocate, seek out advocacy partners—individuals and organizations who share your concerns about children with special health care needs (CSHCN). These allies should be willing to work with you to improve policies in ways you agree upon.

Start your search for partners among organizations and agencies that serve or advocate for CSHCN and their families. Don’t overlook similar groups who are experienced advocates for other causes.

**CSHCN providers.** Start with your child’s pediatrician or other physicians, nurses, and therapists that provide services to your child. Is your child’s doctor a member of the *American Academy of Pediatrics?* The AAP is a strong voice for CSHCN and an ally of Family Voices. Organizations for nurses as well as other professional groups may be potential allies worth recruiting.

**Children’s hospitals.** Do you have a relationship with a children’s hospital in your community or state? The *National Association of Children’s Hospitals and Related Institutions (NACHRI)* is an advocacy partner with Family Voices.

**Family-based organizations.** Organizations like *The Arc* (formerly the Association for Retarded Citizens)*, The Autism Society of America (*ASA), and the *United Cerebral Palsy Associations* (UCPA) traditionally advocate for children with developmental disabilities. Parent-to-parent groups such as the Early Start Family Resource Centers and Family Empowerment Centers, and Parent Training and Information (PTI) centers might also help.

**Disease and prevention organizations.** Consider recruiting local chapters of groups like *The March of Dimes*, which has a long tradition of advocacy concerning children’s health.

**Public interest law firms.** Look to a *Legal Aid Society*, *Protection and Advocacy* agencies, or other free legal firms that assist people with Medicaid or Social Security. These attorneys are knowledgeable, effective advocates on health issues.

**Consumer health or child advocacy groups.** Most states now have local or state-wide organizations working on health care issues. *Families USA* and *NACA* can help identify these groups.

**Elder/senior citizen advocates.** *The AARP* (formerly the American Association of Retired Persons) is an influential group concerned with consumer health care and long term care issues. AARP chapters sometimes work on children’s health issues.

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**2.11. Make a commitment!**

Committing to an action increases the likelihood of following through!

1. I will do research and become informed about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (issue area, policymaker, organization, etc) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)!
2. I will get involved with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization, issue area, project, etc.) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)!
3. I will need more information about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I will get that information from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (website, library, organization)!
4. I need instruction about how to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I will ask \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person, organization, etc.) to teach me!
5. I would also like to commit to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (anything else you want to accomplish), and I will do so by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (plan of action)!

**2.12. chapter 2 homework**

**HOMEWORK:**

1. On the Action Planning Template, fill out boxes 4: Allies, 5: Opposition, 6: Laws/Policies, 7: Statistics/Data and 8: Relevant Reports/Articles. Also, revise any previous input if necessary.
2. Fill in the blanks on the Mapping Our Systems Handout 2.13.

Working from the bottom to the top:

* Put a service that your child receives in the blank circle at the bottom.
* Determine which local agency provides this service and write it in the blank rectangle.
* Determine which state department or agency is responsible for providing the mandated service, and write it in the dashed-line rectangle.
* In the small oval, write the name of the state law or mandate that provides the service
* In the large, dashed-line oval, write the name of the federal law or mandate under which your child’s service falls.

1. Follow through on some portion of your Make a Commitment Handout 2.11.

Be prepared to share at the next training session.

**2.13. Mapping our systems:**

**(For use with homework)**

**federal law/mandate**

**state law/mandate**

**state department/agency**

**Local agency**

**service your child receives**

**2.14. Evaluation**

**Chapter 2 Rules of the Road Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *This workshop/training: Rules of the Road: Systems, Laws and Entitlements* | **Strongly Agree**  **5** | **Agree**  **4** | **Neither Agree nor Disagree**  **3** | **Disagree**  **2** | **Strongly Disagree**  **1** | **Not Applicable** |
|  |  |  |  |  |  |  |
| …helped increase my knowledge of policy and how policy works | **5** | **4** | **3** | **2** | **1** | **N/A** |
| …helped increase my knowledge of important laws and public systems for children with special health care needs | **5** | **4** | **3** | **2** | **1** | **N/A** |
| …helped increase my knowledge of how to effectively advocate for my child and improve services and systems of care for children with special health care needs | **5** | **4** | **3** | **2** | **1** | **N/A** |
| …helped me identify partners and allies to work with in order to improve services and systems for my child and other children with special health care needs | **5** | **4** | **3** | **2** | **1** | **N/A** |

1. Were the objectives of this workshop clear? ❑ yes ❑ no ❑ somewhat

*Comments:*

2. What part(s) did you find **most** useful?

3. What part(s) did you find **least** useful?

4. How would you rate the value of this workshop overall on a scale of 1 to 5, with 5 being great value?

Great Value **👍** ❑ 5 ❑ 4 ❑ 3 ❑ 2 ❑ 1 Little value **👎**

*Comments:*

**Your Name (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_