

Early Intervention Program for Infants and Toddlers with Disabilities (CFDA No. 84.181)

I. Legislation

The Individuals with Disabilities Education Act, P.L. 102-119, Part H, as amended (20 U.S.C. 1471-1485) (expired September 30, 1995; operating under reauthorization of the appropriations acts).

II. Funding History

<u>Fiscal Year</u>	<u>Appropriation</u>	<u>Fiscal Year</u>	<u>Appropriation</u>
1987	\$50,000,000	1992	\$175,100,000
1988	67,018,000	1993	213,280,000
1989	69,831,000	1994	253,152,000
1990	79,520,000	1995	315,632,000
1991	117,106,000	1996	315,754,000

III. Analysis of Program Performance

A. Goals and Objectives

In 1986 Congress expanded support for early intervention by creating the Infants and Toddlers with Disabilities Program, authorized under Part H of the Individuals with Disabilities Education Act (IDEA). The Part H program promotes a comprehensive approach to meeting the needs of infants and toddlers with disabilities. Today, about 150,000 infants and toddlers birth through age 2 and their families are receiving early intervention services under Part H. This formula grant program helps states implement statewide systems of coordinated, comprehensive, multidisciplinary interagency programs. Under the program, states are responsible for ensuring that services are provided to all infants and toddlers (through age 2) with disabilities, including Indian children and their families living on reservations with Department of the Interior schools. Currently, all states and outlying areas are implementing this program.

The Improving America's School Act (IASA) of 1994 merged the Chapter 1 Handicapped Program with Part B and Part H of IDEA. (Part H funds the Preschool Grants for Children with Disabilities Program.) While the majority of Chapter 1 Handicapped Program funds was rolled into Part B, the IASA included a number of provisions to ensure that eligible children under Part H would not be adversely affected. The hold-harmless provision was the most significant one. This provision states that for FYs 1995 through 1997, no state may receive less than the combined total it received in FY 1994 for infants and toddlers, from birth through age 2, under the Chapter 1 Handicapped Program and the IDEA Part H Early Intervention Program. However, in FYs 1998 or 1999, if the total number of infants and toddlers from birth through age 2 in a state declines below the number reported for FY 1994, the hold harmless amount would be reduced by the same percentage. For 1995, \$34

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million of the Part H appropriation was distributed based on the count of infants and toddlers up through age 2 on December 1, 1994, who would have been eligible to participate under the Chapter 1 Handicapped Program.

B. Strategies to Achieve the Goals

Services Supported

Funds allocated under the Part H program can be used to develop and implement the statewide system; to fund direct services that are not provided by other public or private sources; and to expand and improve on services that are available. To be eligible for a grant, a state must have a statewide system that includes 14 statutory components, a lead agency designated with the responsibility for the coordination and administration of funds, and a state Interagency Coordinating Council to advise and assist the lead agency. Each state designs an interagency system of services that reflects the unique characteristics of that state to meet the developmental needs of infants and toddlers with disabilities. In a typical state, more than half-a-dozen state agencies participate in the financing and delivery of early intervention services under the Part H umbrella. Families are integrally involved in the design and implementation of each child's services. Allocations are based on the number of infants and toddlers through age 2 in the general population. Funds for this program are provided on a forward-funded basis.

Strategic Initiatives

The Department's proposed amendments to the IDEA focus on strengthening early intervention to help ensure that every child starts school ready to learn. While states have made tremendous progress in implementing their statewide systems under Part H, at least two major challenges remain. The first challenge is to ensure that all infants and toddlers with disabilities are receiving services. Under current law, states must serve infants and toddlers who have diagnosed physical or mental conditions that have a high likelihood of resulting in delay, and infants and toddlers who experience a delay in one or more developmental domains. States also may provide services to infants and toddlers who are at risk of developing delays.

In implementing Part H, each state has created its own definition of developmental delay; therefore, variation in eligibility exists across the country. Many parents and professionals have expressed concern that this situation may lead to the under identification of infants and toddlers with disabilities and their families who could clearly benefit from Part H services.

The second challenge is to help prevent developmental delays by expanding the inclusion of at-risk infants and toddlers within the Part H comprehensive system of services. Currently, states have the option to define and serve infants and toddlers at risk of developmental delay as part of their eligible population. However, if they choose to serve at risk infants and toddlers, the state must provide them with a full array of early intervention services. That is, all eligible, at risk infants and toddlers are entitled to every early intervention service which they needs. Because the states do not have flexibility in deciding which services they will make available to the population of at-risk infants and toddlers, few states have chosen to serve at-risk children under the Part H program.

The Department's proposals for the reauthorization of the IDEA include provisions that:

- Require the Federal Interagency Coordinating Council (FICC) to convene a panel of experts to develop recommendations to the Secretary of Education for a national definition of the term "developmental delay." After receiving the panel's recommendations, the Secretary could propose a definition of "developmental delay" or provide guidance to the states on this issue.
- Permit states to serve infants and toddlers at risk of developmental delay with less than the full array of services, so long as they provide at least coordination of services. If, at any point, a child is determined, under the state's definition, to be a child with a disability, the child and family would have access to the full range of services.

C. Program Performance— Indicators of Impact and Effectiveness

Performance indicators for the IDEA Part H program are being developed at this time.

Evaluation Findings

Serving infants and toddlers at risk of having a substantial developmental delay.

A number of agencies, including state health departments, are examining and establishing neonatal screening programs to identify hearing impairment early in newborn and young children. The Ohio Department of Health, in collaboration with the Appalachia Educational Laboratory (AEL), examined whether Ohio's Infant Hearing Screening and Assessment Program (IHSAP) could be evaluated, and what the best methods for doing so are. A feasibility study was funded under the State Agency Federal Evaluation Studies (SAFES) program, authorized by Section 618 of IDEA. The purpose of the study was to determine and describe the best methods for evaluating the ability of the IHSAP program to identify infants who are hearing impaired and to enroll these infants into early intervention services.

The feasibility study concluded that the most appropriate design for a full evaluation appears to be a retrospective approach. Although no clear source for identification of confirmed hearing loss exists in the present system, a reporting mechanism added to the program for census identification of confirmed hearing loss seems comprehensive, appropriate, and feasible. The data suggest that this information could be collected from service providers who conduct diagnostic hearing evaluations.

Meeting the needs of infants and toddlers and their families through coordinated, comprehensive services.

The Hawaii Department of Health (DOH) Zero-to-Three (ZTT) Project, in collaboration with the Hawaii University Affiliated Program, conducted a SAFES feasibility study to determine the best way to identify the needs of families who are involved the Part H Early Intervention Program under IDEA, Part H. The objectives of this feasibility study were to create operational definitions of family culture, family needs, program responses, and the extent to which needs were met; determine the best way to document these variables; estimate the feasibility and expense of acquiring information on these variables; and identify the specific evaluation questions to be addressed with

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reasonable expenditure of resources and methods of analysis to maximize the validity and usefulness of the results.

Study Findings. The primary value of this feasibility study has been to identify issues that need further research and analysis. The major findings are as follows:

- Analysis of the literature of results of group interviews indicate that a combination of the early intervention and the psychotherapeutic types of evaluation would be necessary to document effectiveness of staff and family interaction; and
- In the area of data collection, the many needs that programs and families are identifying and addressing are not always recorded in recoverable forms. As a result, planners do not have access to data on the categories and frequencies of family needs.

The Michigan Department of Education, in conjunction with the Merrill-Palmer Institute at Wayne State University, carried out a SAFES evaluation to examine the barriers to full implementation of Part H in Michigan. The study also examined the resources that could be used in addressing these obstacles, and developed recommendations on alternative strategies that might be pursued to overcome these barriers. Survey respondents perceived the greatest barriers in two of six major areas: program service delivery in local communities and interagency coordination functions. Specific impediments to implementation are: (1) inadequate numbers of program staff; (2) insufficient funds to support needed services; (3) lack of readily available bilingual information; and (4) inadequate coordination of programs within each of the state agencies. Variations in the degree to which respondents perceived barriers, or the degree to which they were aware of specific features of services, were often related to the respondent's agency of employment, length of employment, primary role (service provider, administrator, active parent, or current consumer parent), and residence in a metropolitan or rural area. Service providers and administrators from the lead agency (Education Department) tended to perceive fewer barriers to Part H implementation and to give fewer "don't know" responses.

Stakeholders formulated the following broad policy recommendations which, if carried out, would pave the way toward overcoming many of the barriers to Part H implementation that were identified from the surveys and work groups:

- The Special Education rules should be changed to promote greater compatibility with Part H practices, operations, and eligibility criteria;
- A transagency early intervention work structure should be formed at both the state and the local levels that would focus on promoting family driven, culturally responsive policies and practices; and
- A statewide study group should be convened to develop a strategy for creating the legislative basis for a transagency Family Centered System of Early Intervention Care. This process might result in the development of an entirely new Transagency Family Centered Care Act, or in changing specific provisions of existing legislation that conflict with Part H philosophy and practice.

States serve all infants and toddlers with developmental delays, or with diagnosed physical or mental conditions that have a high probability of resulting in a developmental delay.

The Hawaii Department of Health Zero-to-Three Project, Early Intervention Coordinating Council, and the University of Hawaii are currently collaborating on a SAFES evaluation of the effectiveness of Hawaii's child find services. IDEA, Part H, requires states to implement a "child find" component, to identify eligible children and refer them to service providers. Little information is available on how the child find component required by Part H is working, either in Hawaii or nationally. The goals of this evaluation study are to describe the present child find and referral system in terms of its practices, effectiveness, and impact on program staff and families; develop a set of standards against which to evaluate the effectiveness of child find; identify gaps and barriers that impede a smooth and effective process wherever the evaluation shows that child find fails to meet the newly developed standards; recommend changes in policy and practice to improve the effectiveness of child find and referral; and develop and disseminate a model for evaluating Part H child find and referral systems.

The Lead Agency coordinates a comprehensive array of services.

The North Carolina Department of Human Resources and the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill collaborated on a SAFES evaluation entitled "The Effects of Smart Start on Young Children with Disabilities and Their Families" (V.7). Smart Start, North Carolina's early childhood initiative, began in 1993 with the goals of improving early childhood programs and ensuring that all North Carolina children arrive at school healthy and ready to learn. Unlike most state-funded projects, Smart Start was designed to be a bottom-up government initiative with decisions made by local community members--leaders from business, local government, education, health, social services, child care, and early intervention. Charged with devising the most locally appropriate strategies for meeting broad school readiness goals, local community planning teams receiving Smart Start funds were required by the state to form public, non-profit partnerships. Each local partnership followed a collaborative team-based process to develop plans for improving and expanding existing programs for children and their families, while creating and implementing new programs deemed necessary by local planners. Although an evaluation of Smart Start is assessing the broad effects of the initiative for *all* children and families in North Carolina, this SAFES evaluation was designed to extend the evaluation of Smart Start to include young children with disabilities and their families.

Findings from the document review of Smart Start plans indicate that counties allocated from 0 to 12 percent (M= 3.13 percent) of their total Smart Start funds for activities targeting children with special needs and their families.

Extant infant-toddler (Part H) databases maintained by the North Carolina Center for Health Statistics were accessed to examine the location, nature, and intensity of early services across time for families residing in Smart Start and other counties. Baseline data revealed that the majority of children in the infant-toddler program were categorized as developmentally delayed (66 percent) and were receiving services primarily in home-based settings (82 percent). Proportions of children entering the early intervention system at baseline generally were equally distributed across all age groups, birth to 35 months.

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Although the study did not detect changes in North Carolina's early intervention system that could be attributed to Smart Start, several positive overall trends emerged. Compared with previous years, children now are entering the early intervention system at younger ages and a higher proportion of children are being identified as at risk for disabilities because of environmental conditions, suggesting a heightened commitment to primary prevention efforts.

The study also investigated the quality of inclusive early childhood settings. Data were collected on 184 child care centers in Smart Start counties in North Carolina to assess the quality of programs that enrolled children with disabilities and compare it with the quality of programs that enrolled only typically developing children. Of the 184 child care centers, 64 (35 percent) enrolled at least one child (birth to age 5) with disabilities. Overall, direct observations of child care classrooms revealed that programs that enrolled children with disabilities provided higher quality care and education than those that enrolled only typically developing children. Moreover, teachers from classrooms that enrolled children with disabilities rated themselves as being more knowledgeable and skilled in working with children with disabilities and as having fewer training needs in this area than did teachers from classrooms that enrolled only typically developing children.

These findings may be interpreted in several ways. Parents and service providers may seek out the highest quality child care centers as places for young children with disabilities. Alternatively, centers that enroll children with disabilities may attract additional training resources such as curriculum materials or consultation with specialists. Evaluation efforts should continue to document the number of children with disabilities who are enrolled in regular child care and preschool programs to provide a yearly estimate of the prevalence of inclusive programming in North Carolina. At the same time, evaluation efforts should continue to monitor the quality of inclusive programming for young children with disabilities who are enrolled in these settings.

The study also assessed family perceptions of inclusion and early intervention. This component of the evaluation used a set of rating scales to examine parents' attitudes and beliefs toward early childhood inclusion, their perceived needs for services and satisfaction with those services, and the extent to which parents participated in making decisions about placement and the types of services they received. Although parents' ratings did not vary over time as a function of Smart Start, several factors did emerge as explanatory variables. Consistent with previous research, parents of children enrolled in inclusive programs viewed inclusion more favorably than did parents of children enrolled in segregated settings. New findings emerged with respect to parents' involvement in decision making and their perceptions of early intervention services. In general, parents who reported having choices and being involved in making decisions about the services they received also reported more favorable attitudes toward inclusion and fewer difficulties in handling a child with disabilities.

IV. Planned Studies

Longitudinal Study of the Impact of Early Intervention Services on Infants and Toddlers with Disabilities. The Department is conducting a five-year longitudinal study of the impact that Part H of the Individuals with Disabilities Education Act has on children, families, and service providers. The major goals of the evaluation are to (1) compare and evaluate different patterns of child development related to long-term outcomes for children and their families; (2) assess the effects of socioeconomic, demographic, and health related variables on long-term developmental and behavioral characteristics

of the children; (3) isolate and explain the long-term effects of intervention on children and their families; (4) incorporate factors related to medical variables (e.g., psychological, physiological, and anatomical structure or function), personal functioning variables, and the interaction of the environment with these variables that could result in a limitation or prevention in the fulfillment of an age-appropriate role; (5) incorporate family variables, including family background and the need for service; and (6) provide information on services, service-providers, and the appropriateness of particular service settings.

The Administration's reauthorization proposal includes a provision for an up to 5 percent set-aside of the formula grant programs, a portion of which would be used to carry out a national assessment of the implementation of IDEA. A part of the national assessment would address issues relating to the Part H program, including how well schools, local education agencies, and states are (1) helping children with disabilities make successful transitions from early intervention services to preschool education, from preschool education to elementary school, and from secondary school to adult life; and (2) coordinating services provided under IDEA with each other, with other educational and pupil services, and with health and social services funded from other sources.

Another part of the national assessment would provide summary indicators and detailed information to OSEP on the implementation of the Part H program. The project would obtain a random sample of infants and toddlers currently served in Part H in a similar fashion to that collected for the first year of the current Part H Longitudinal Study (PHLS). From this sample, information would be obtained on parents' satisfaction and other outcomes related to the Part H program. With the PHLS first year as a base, the customer study would allow for the monitoring of change over time, and for the use of such information as indicators of program effectiveness.

V. Sources of Information

1. Seventeenth Annual Report to Congress on the Implementation of the IDEA (Washington, DC: U.S. Department of Education, 1995).
2. Eighteenth Annual Report to Congress on the Implementation of the IDEA (Washington, DC: U.S. Department of Education, 1996).
3. "Evaluation of the Ohio Infant Hearing Screening and Assessment Program" (Ohio Department of Health, FY 1993).
4. "A Feasibility Study for an Evaluation of Family needs in Early intervention" (Hawaii Department of Health, FY 1993).
5. "Barriers and Resources Underlying Part H Implementation: A Utilization-Focused Evaluation Study" (Michigan Department of Education, FY 1991).
6. "Effectiveness of Part H Child Find" (Hawaii Department of Health, FY 1995).

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7. "Smart Start: The Effects of Smart Start on Young Children with Disabilities and Their Families"
(North Carolina Department of Human Resources, FY 1993).
8. Program files.

V. Contacts for Further Information

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