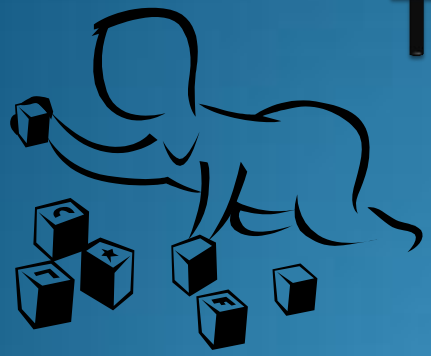
Early Intervention Support Services: Part C of IDEA and Transition to Part B



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LEND Presentation
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- **REACHING COMMON GROUND…**
  - **What is "Early Intervention"?**

EI in Action ☺

- **Example: EI Program in another state** (video clip of '<u>Jenna</u>' from Meeting Street): **http://www.meetingstreet.org/NewsandEvents/Videos/tabid/360/Default.aspx**

Rationale for Early Intervention (EI)

Risk and Resilience:

- *Viewing EI as better than later remediation*
- 'Catching' children before experiencing school failure
- Helping young children from 'at risk' environments
- Preventing or minimizing delays
- Empowering the family unit

(Barnett, 1995; Bredekamp & Copple, 1997)

Rationale (continued)

- "Brain Hero" (2011) – a new 3-minute video from the Center for the Developing Child at Harvard University
  - http://developingchild.harvard.edu/library/multimedia/brain_hero/
- Take Away Message?

Rationale (continued)

Neuroplasticity

- **Brain development is more "impressionable" (plastic) in early life (i.e., the first three years) than in maturity.**

- **First three years lay groundwork for healthy psychological development.**
- **Healthy Brain Development requires:**
  - **Stable relationships with caring/responsive adults**
  - **Safe and supportive environments**
  - **Appropriate nutrition**

- **Children develop/integrate information across multiple areas of development ("domains").**

(Center on the Developing Child at Harvard University, 2008, 2010; Zero to Three Brain Quiz – www.zerotothree.org/brainwonders)

Rationale (continued)

<u>COST/FISCAL ANALYSES</u> - benefits of EI outweigh or at least justify the cost:

- **Early intervention can reduce the need for**
  - **special education**
  - **costly residential care later in development**

  (e.g., Hebbeler et al., 2009; http://www.sri.com/neils/pdfs/FFYF_Briefing_Hebbeler_June2009_test.pdf)

- One research calculated the total cumulative costs to age 18 of special education services to child beginning intervention at: (a) birth ; (b) age 2; (c) age 6; and (d) at age 6 with no eventual movement to regular education.
  - She found that **<u>the total costs were actually less if begun at birth</u>**! Total cost of special services begun at birth was $37,273 and total cost if begun at age 6 was between $46,816 and $53,340. The cost is less when intervention is earlier because of the remediation and prevention of developmental problems which would have required special services later in life" (Wood, 1981)

http://www.kidsource.com/kidsource/content/early.intervention.html

ECSE – Historical Development

- **High/Scope Perry Preschool Project** began in 1962
  - 123 high-risk African American children – low SES, low IQ (70-85, range for borderline mental impairment) with no organic, biologically-based deficiencies
    - Positive long-term outcomes (e.g., less delinquency, higher graduation rate, less welfare assistance)

- **Head Start** began in 1965
  - New interest in the role of the environment and early stimulation
  - Incorporating knowledge gained from brain research

- **Handicapped Children's Early Education Program** (1968) – now starting to give grants to include children in ECSE

Historical Development (Continued)

- **The Abecedarian Project** initiated in 1972
  - **Comparison groups**: intensive 'high-quality' intervention for at-risk children aged birth through kindergarten
    - ✓ **increased IQ in at-risk children in experimental group** (through 3rd grade = higher reading and math scores; long term = more likely to delay parenthood, be enrolled in or graduate from a 4-year college and be gainfully employed)
- **1972: PL 92-424 – No fewer than 10% of Head Start slots must be reserved for children with disabilities**
- ***Early Head Start*** *began in 1994* *- services for low-income pregnant women and children ages birth to three*

RESEARCH SUPPORT FOR EARLY INTERVENTION

- For **children with a range of cognitive impairments**, there is a decline in performance on developmental measures without formal intervention in the first five years (Shonkoff & Phillips, 2000).

- **Infants with hearing impairment** identified after 6 months = lower language scores than those who were identified prior to six months of age. The developmental disadvantage for the 'later identified' group became more pronounced as the children aged; at age 3, language scores for the 'later identified' children were 10 months behind those of the children identified before six months of age (Yoshinaga-Itano, Sedy, Coulter, et al., 1998).

- **Infants and toddlers scoring in the 'at risk' range of developmental functioning** (i.e., below mean of national norms) and not receiving services frequently move into the lowest functioning at-risk group (e.g., intellectual disability) as they get older (Mathematica Policy Research, Inc. & Columbia University's Center for Children and Families at Teacher's College, 2002).

Research Support for EI (Con't)

- **Children in low-income families** who receive early intervention starting in infancy have higher scores on mental, reading, and math tests than counterparts who do not receive the intervention; these effects have been shown to persist until at least age 21 (Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002)

- Studies of **children with autism** demonstrate persistent benefits of intensive preschool interventions followed by continuing specialized services throughout the school years (McEachin, Smith & Lovaas, 1993); Another intervention that has used single subject methodology to meet the Chambless et al. (1996) criteria is Pivotal Response Training (Delprato, 2001; Koegel, Dyer, & Bell, 1987; Koegel et al., 1988; Koegel, O'Dell, & Koegel, 1987; & Schreibman, Kaneko, & Koegel, 1991)

- **Children with severe hearing loss** who receive both home-based services and preschool intervention do substantially better than those receiving only center-based services or do not receive any intervention prior to school entry. The effects for reading, arithmetic, vocabulary, speech articulation, percent of child's communication understood by non-family members, social adjustment, and behavior show that children who receive the most intensive EI perform 20-45 percentile points higher than children who do not receive such intervention (White, 1997).

Summary of Research BENEFITS To INTERVENING EARLY!

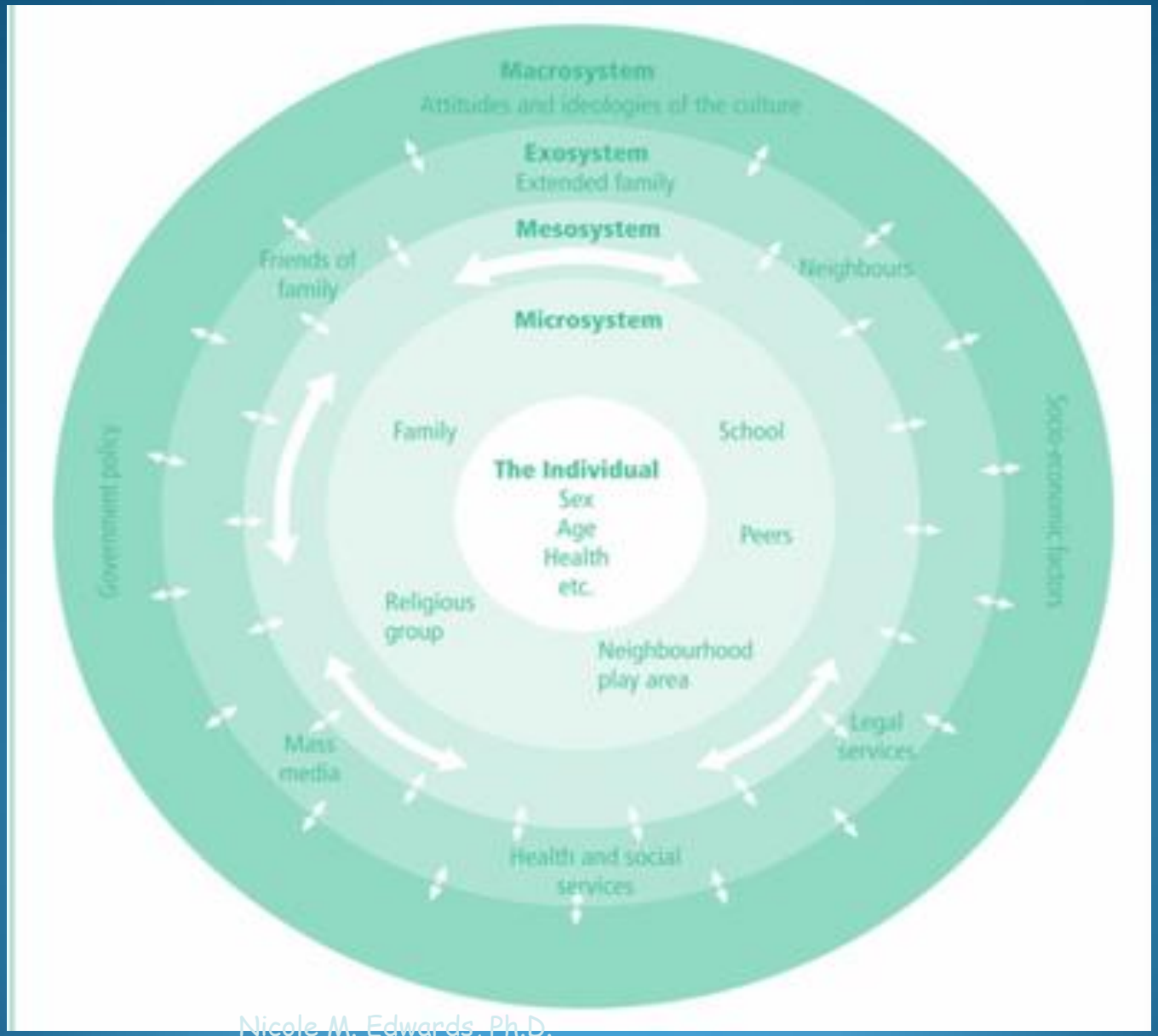
- Aligns with notion of tapping into development when brains are MOST amenable to change
- Can reduce chance of future learning, behavior or health problems
- Intervention received in the infant and toddler years tends to be more effective and less costly (compared to supports provided later in development)
  - NECTAC Fact Sheet, April 2011

Theoretical Background

Bronfenbrenner's Model: Levels in Environment

- **Micro-system**
  - Interactions in one's immediate environment
- **Meso-system**
  - Interactions across /between micro-systems
- **Exo-system**
  - Other settings that affect child's development indirectly
- **Macro-system**
  - Reflects attitude & beliefs of larger society & subculture

Bronfenbrenner's Model



Bio-Ecological Systems Theory

(Bronfenbrenner, 1994, 2001)

- Individuals function within many systems.
- How one interacts with different parts of the system influences important outcomes, such as learning and socialization.
- People are influenced by, and influence, the systems they encounter.

Family Systems Theory

(Turnbull & Turnbull, 1990)

- Family systems theory informs a family centered approach
- Child with a disability is best served by **focusing on the family**
  - **When family is unit of intervention outcomes are *enhanced* ☺☺**

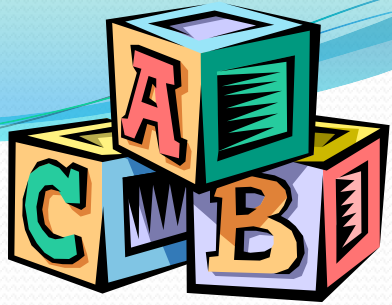
Theoretical Background (continued)

- **Transactional Model of Communication Development** (Sameroff and Chandler, 1975)

- **Children learn best in a nurturing environment where they can explore and build on their interests and strengths while getting support to address developmental areas of need** (Bredekamp & Copple, 1992)

- **Family Empowerment** (Dunst et al., 2001)

Federal Laws



1968: Handicapped Children's Early Education Program

1975: P.L. 94-142 – Education for All Handicapped Act (EAHA)

1986: P.L. 99-457 – Part H Individuals with Disabilities Education Act (IDEA)

1990: P.L. 101-476 – people first language (IDEA)

1990: **ADA-Title III-Public Accommodations** – Child Care providers cannot legally deny services to a child with special needs unless it is determined that serving the child will result in an undue burden or hardship.

1992: P.L. 102-119 – Part H Individuals with Disabilities Education Act (IDEA) – reauthorized and extended Part H and amended both part H and part B

Reauthorization of IDEA, Part C:

- 1997: P.L. 105-117 – Part C Individuals with Disabilities Education Act (IDEA)- reauthorized IDEA, **changed Part H to Part C**
- 2004: P. L. 108-446 – Part C Individuals with Disabilities Education Act (IDEA)
- 2011: most recent reauthorization (nectac.org)

PART C (Birth to Age 3)

- FAMILY-FOCUSED
- CAPACITY-BUILDING
- STRENGTH-BASED
- INTER-AGENCY COORDINATION
- NATURAL ENVIRONMENTS…

"Part C is not intended to be a stand-alone program. The intent is to **build interagency partnerships** among state agencies and programs in health, education, human services and developmental disabilities" (Fact Sheet prepared by NECTAC, April 2011)

Activity Settings/Natural Environment

- Goal: to **generalize** functional outcomes within a developmentally appropriate framework
- ***Where are same-age peers without special needs?***
- Need written justification if deviating from this!
- Learning is what happens *BETWEEN* therapy sessions (McWilliam, 1996)
- Just 20 everyday activities = 40,000 learning opportunities by age one (Dunst, 2001)

Legislation (continued)

Part C of IDEA (Infant and Toddler Services)

- Eligibility
  - Condition of high probability
  - Developmental Delay
  - At-risk (environmental and biological) ➔ **NOT in GA**
- Service Coordination
- Procedural Safeguards
- Service Delivery Options
  - Home
  - Center-based
  - Both
- Individualized Family Service Plan (IFSP)

STATE DIFFERENCES WITHIN EI

- **WHETHER SERVICES ARE FREE** (e.g., ILLIONIS, CA, NY) **OR** IF THERE IS A SLIDING SCALE (e.g., GEORGIA)
- **MODEL OF SC** (TRADITIONAL or TIERED)
- **OPTION OF SELF-CONTAINED EI CLASSES** (e.g., NY), **OR** SOLELY INTEGRATED (e.g., GEORGIA)
- **NUMBER OF PROVIDERS IN FAMILY'S HOME**: MANY PROVIDERS MAY WORK IN A FAMILY'S HOME (e.g., NY), **OR** SOLELY THE SC AND 'PSP' SEE FAMILY ON REGULAR BASIS (e.g., GEORGIA)
- **TYPE OF STANDARDIZED MEASURE** USED DURING EVALUATION
- THE **DEPARTMENT** UNDER WHICH EI IS COVERED
- **TIMELINES** (e.g., BETWEEN REFERRAL AND SIGNING OF IFSP)

Early Intervention Process in GA

1. **Referral** (Children 1st – Single Point of Entry; CAPTA Referral?)

   Child Abuse Prevention & Treatment Act (CAPTA): Public Law 108-36 (June 25, 2003): "provisions and procedures for referral of a child under age 3 who is involved in a substantiated case of abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act"

2. **Intake**/Screening
3. **Evaluation** and **Assessment** Activities
4. **IFSP** (*roadmap to service delivery*)

Curriculum-Based Assessments:

- Carolina Curriculum for Infants and Toddlers with Special Needs
- Hawaii Early Learning Program
- Assessment, Evaluation and Programming System
- Trans-Disciplinary Play Based Assessment

Norm Referenced Assessments:

- Preschool Language Scale-4
- Peabody Developmental Motor Scale (2nd Ed.)
- Receptive-Expressive Emergent Language Test (3rd Ed.)
- Battelle Developmental Inventory (2nd Ed.)
- Developmental Assessment of Young Children
- Bailey

Informed Clinical Opinion:

- Clinical interviews with parents
- Evaluation of the child at play
- Observation of parent-child interactions
- Information from teachers or child care providers; and
- Neurodevelopmental or other physical examinations
- Systematic observation tools which may include state developed tools and/or selected parts of domain tools.

(Babies Can't Wait Program, Action Bulletin, August 2010, DRAFT)

IFSP should include…

- **Child's present level of functioning**
- **Family's resources, priorities and concerns** related to enhancing child's development
- **Major outcomes expected** for child and family
  - 6 month increments
  - Criteria, procedures and times used to determine degree to which progress is made; whether modifications are needed
- **EI services needed** to meet needs
- **Statement of the natural environment(s)** in which services will be provided
- Identification of the **Service Coordinator**
- **Steps to be taken to transition**

FAMILY Priorities/Needs/Concerns must be reflected in:

- Short-Term OUTCOMES
- Activity Setting
- Progress Statement
- Selected Strategies

Skill-Based vs. Functional?

SKILL-BASED

1. J will learn to use a fork with minimal prompting…

FUNCTIONAL

1. **J will** participate in dinnertime activities alongside his family by Thanksgiving **by** using his fork and staying in his chair for at least half the meal.

- **COACHING MODEL in GA:**
  - Members of IFSP/MDT/PSP Team?
  - Selection of Primary Service Provider
  - *Anticipated Concerns?*
  - Consulting visits (may be front-loaded on IFSP)
  - Functional Outcomes (vs. Skill-Based Outcomes)
    - "J will **enjoy mealtime**" vs. "J will **hold a fork** with minimal prompting")

Speech Therapist
Occupational Therapist
Physical Therapist
Special Instructor
Service Coordinator
Parents

How should Part C providers measure *true* success?

a) A toddler with speech delays communicating meaningfully and appropriately **with the provider during a one-on-one private session**?
b) A toddler with speech delays communicating meaningfully and appropriately **with the provider during a home session with the parents watching nearby**?
c) A toddler with speech delays communicating meaningfully and appropriately **with the parent when the provider is not there**?

- **One of our main goals: Empowerment/Enablement of PRIMARY CAREGIVERS!!**

Parent Educators (Project SCEIs/BCW)

Role of Parent Educators in GA's BCW

Exiting Out of Part C…

- **TRANSITION PROCESS**

- *What's next? What are our goals? What will change?*

TRANSITION PROCESS…

IFSP versus IEP?

PART C: IFSP

(Birth to Age 3)

- 6 month/Annual review with IFSP team
- Non-Categorical
- FAMILY-FOCUSED
- Service Coordinator
- Sliding Fee Scale
- Natural Environment
- Functional Outcomes
- PSP Model in Georgia
- Interagency Coordination

PART B: IEP

(Ages 3-21)

- Annual review with IEP team
- Narrower Eligibility Criteria
- CHILD-CENTERED
- Social Worker
- FAPE
- LRE
- Skill-Based Outcomes
- Traditional Model

CATEGORIES OF DISABILITY – PART B:

1. Autism
2. Emotional Disturbance
3. Deaf
4. Multiple Disabilities
5. Other Health Impairment
6. Speech/Language Impairment
7. Visual Impairment
8. Deaf-Blindness
9. Hearing Impairment
10. Mental Retardation (ID)
11. Orthopedic Impairment
12. Specific Learning Disability
13. Traumatic Brain Injury
14. Significant Developmental Delay (Ages 3-9)

Transition Considerations continued

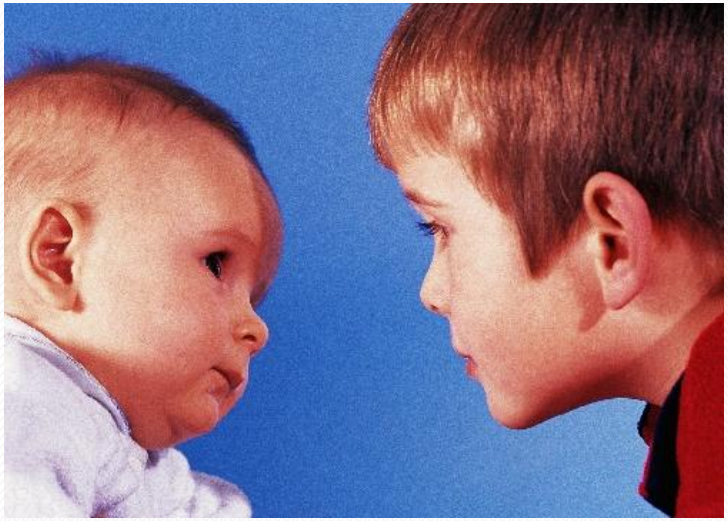
<u>Part B of IDEA Preschool Services</u>

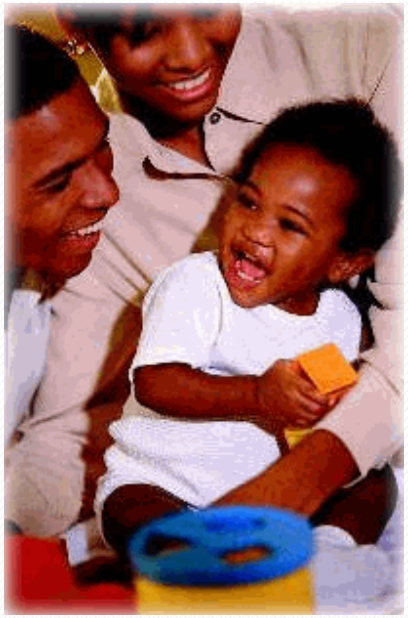
- Option of NOT informing Part B
- Eligible to transition at age 3 (FAPE in LRE)
- Individualized Education Plan (IEP)
- New goals for child; different approach/focus

Examples of Research Topics in Parts C

Part C research

- Dr. Gallagher – Siblings, Grandparents
- Dr. Edwards – Child Find





Future Directions in Part C…

- Child Find
- Fiscal issues
- Longitudinal Research
- Servicing All Geographic/SES Regions throughout Georgia
- Early identification and treatment of behavioral concerns (e.g., Gagnon, Nagle & Nickerson, 2007)
- Awareness of specific factors that may place a child at risk for emotional and behavioral problems (Nelson et al., 2007)
- Evaluation of 'CAPTA' children
- Developmentally Appropriate Practice
- Collaboration across Providers & Agencies
- Collaboration with Families
- Supporting Smooth Transitions to Part B

Useful Websites

- www.dec-sped.org
- www.cec.org
- www.zerotothree.org
- http://education.gsu.edu/sceis
- http://health.state.ga.us/programs/childrenfirst/index.asp
- http://www.answers4families.org/ifspweb/
- http://www.coachinginearlychildhood.org
- www.fippcase.org
- www.ideapractices.org
- www.georgiafamiliesmatter.org
- http://www.aap.org
- http://www.meetingstreet.org
- http://pediatrics.about.com/cs/growthdevelopment/l/bl_lang_milesto.htm

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Thoughts/Questions?

THANK YOU!