

# Archived Information

## INFANTS AND TODDLERS WITH DISABILITIES—IDEA PART C

**Goal: Family and child outcomes are enhanced by early intervention services, and states provide a comprehensive system of early intervention services for infants and toddlers with disabilities and their families.**

**Relationship of Program to Volume 1, Department-wide Objectives:** All students reach challenging academic standards including Objectives 1.4, 1.5 and 1.7; Goal 2 (build a solid foundation for learning), including Objectives 2.1, 2.2, 2.3, and 2.4; Goal 4 (focus on results, service quality, and customer satisfaction), including Objectives 4.1, 4.3, and 4.4.

FY 2000—\$375,000,000

FY 2001—\$383,567,000 (Requested budget)

OBJECTIVE 1: ALL INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES WILL RECEIVE EARLY INTERVENTION SERVICES IN NATURAL ENVIRONMENTS THAT MEET THEIR INDIVIDUAL NEEDS.

**Indicator 1.1 Infants and toddlers served: The percentage of children ages birth through 2 who are served under Part C will increase as a proportion of the general population in this age range, while the number of states that serve less than 2 percent of the general population of the state in this age range will decrease.**

Targets and Performance Data				Assessment of Progress	Sources and Data Quality
Year	Part C count as percentage of 0-2 U.S. population		Less than 2 percent of state's population		<p><b>Status:</b> Positive movement toward target.</p> <p><b>Explanation:</b> The apparent decrease in the percentage of population served from 1997-98 to 1998-99 is attributable to a significant overcount in 1997-98 in a single state. Adjusting for this overcount would reduce the actual percentage of children served in 1997-98 from 1.69 percent to 1.55 percent, and would increase the number of states serving less than 2 percent of the state's population from 39 to 40. Therefore, a positive trend is evident in the percentage of children served in 1998-99. No change is evident in the number of states serving less than 2 percent of the state's population.</p> <p><b>Source:</b> State data reports. <i>Frequency:</i> Annually. <i>Next Update:</i> 2000.</p> <p><b>Validation Procedure:</b> Verified by ED attestation process and ED <a href="#">Standards for Evaluating Program Performance Data</a>.</p> <p><b>Limitations of Data and Planned Improvements:</b> Because of the lack of general population data for Puerto Rico and the outlying areas, this indicator includes data from only the 50 states and the District of Columbia. Also, varying data collection methods and definitions among states may cause unpredictable variations in counts.</p>
	Actual	Target	Actual	Target	
1997-98:	1.69%		39 states		
<b>1998-99:</b>	<b>1.59%</b>	<b>Continuous improvement</b>	<b>40 states</b>	<b>Continuous improvement</b>	
1999-00:		1.61%		38 states	
2000-01:		1.62%		37 states	
2001-02:		1.64%		36 states	

**Indicator 1.2 Infants under 1 year of age served: The percentage of children under 1 year of age served under Part C, as a proportion of the general population in this age range, will increase, while the number of states that serve less than 0.3 percent of the general population of the state in this age range will decrease.**

Targets and Performance Data				Assessment of Progress	Sources and Data Quality	
Year	Percent of the general U.S. population		Less than 0.3 percent of state's population		<p><b>Status:</b> Positive movement toward target.</p> <p><b>Explanation:</b> The apparent decrease in the percentage of population from 1997-98 to 1998-99 is attributable to a significant overcount of children in a single state. Adjusting for this overcount would reduce the actual percentage of children served in 1997-98 from 0.89 percent to 0.72 percent, and would increase the number of states serving less than 0.3 percent of the state's population from 34 to 35. Therefore, there is a positive trend.</p>	<p><b>Source:</b> State data reports. <i>Frequency:</i> Annually. <i>Next update:</i> 2000.</p> <p><b>Validation Procedure:</b> Verified by Dept. of ED attestation process and ED <u>Standards for Evaluating Program Performance Data</u>.</p> <p><b>Limitations of Data and Planned improvement:</b> Because of the lack of general population data for Puerto Rico and the outlying areas, this indicator includes data from only the 50 states and the District of Columbia. Also, varying data collection methods and definitions among states may cause unpredictable variations in counts.</p>
	Actual	Target	Actual	Target		
1997-98:	0.89%		34 states			
<b>1998-99:</b>	<b>0.79%</b>	<b>Continuous improvement</b>	<b>36 states</b>	<b>Continuous improvement</b>		
1999-00:		0.80%		35 states		
2000-01:		0.82%		34 states		
2001-02:		0.84%		33 states		

**Indicator 1.3 Service settings: The percentage of children receiving age-appropriate services primarily in home, in community-based settings, and in programs designed for typically developing peers will increase.**

Targets and Performance Data			Assessment of Progress	Sources and Data Quality
Year	Actual Performance	Performance Targets	<p><b>Status:</b> Positive movement toward target.</p> <p><b>Explanation:</b> This measure provides an indication of the extent to which infants and toddlers are receiving services in the natural environment.</p>	<p><b>Source:</b> State-reported data. <i>Frequency:</i> Annually. <i>Next update:</i> 2000.</p> <p><b>Validation Procedure:</b> Data validated by an experienced data collection contractor.</p> <p><b>Limitations of Data and Planned Improvements:</b> ED will pursue strategies to decrease the time lags between collection, reporting, and availability of data.</p>
1995-96:	56%			
1996-97:	58%			
1997-98:	63%			
<b>1998-99:</b>	<b>No data available</b>	<b>No target set</b>		
1999-00:		67%		
2000-01:		69%		
2001-02:		71%		

**Indicator 1.4 Referral to services: The percentage of children leaving Part C services with referral to preschool or other services will increase.**

Targets and Performance Data			Assessment of Progress	Sources and Data Quality
Year	Actual Performance	Performance Targets	<p><b>Status:</b> Unable to judge.</p> <p><b>Explanation:</b> This new data collection will count children leaving Part C services whose eligibility for Part B services is not determined, or who are found ineligible for Part B services but are provided no referral. Baseline data collected in 1997-98 will be available in 2000.</p>	<p><b>Source:</b> IDEA state-reported data. <i>Frequency:</i> Annually. <i>Next update:</i> 2000.</p> <p><b>Validation Procedure:</b> Data to be validated by an experienced data collection contractor.</p> <p><b>Limitations of Data and Planned Improvements:</b> New state data requirement typically requires 5 years to achieve reliability.</p>
<b>1998-99:</b>	<b>No data available</b>	<b>No specific target set</b>		
1999-00:		No target set		
2000-01:		No target set		

OBJECTIVE 2: CHILDREN'S FUNCTIONAL DEVELOPMENT IS ENHANCED BY EARLY INTERVENTION SERVICES.

**Indicator 2.1 Functional abilities: The percentage of children participating in the Part C program who demonstrate improved and sustained functional abilities will increase.**

Targets and Performance Data			Assessment of Progress	Sources and Data Quality
Year	Actual Performance	Performance Targets	<p><b>Status:</b> Unable to judge.</p> <p><b>Explanation:</b> A contract to obtain data is under way. Data collected in 2003-04 will provide the baseline for this indicator.</p>	<p><b>Source:</b> National Early Intervention Longitudinal Study. <i>Frequency:</i> Twice, with a 3-year interval. <i>Next update:</i> 2005.</p> <p><b>Validation Procedure:</b> Verified by ED attestation process and ED <u>Standards for Evaluating Program Performance Data</u>.</p> <p><b>Limitations of Data and Planned Improvements:</b> Because data are obtained from a longitudinal survey, updates will occur slowly.</p>
1998-99:	No data available	No specific target set		
1999-00:		No target set		
2000-01:		No target set		
2003-04:		Baseline to be set		
2006-07:		No target set		

**Indicator 2.2 Family capacity: The percentage of families that report that early intervention services have increased their family's capacity to enhance their child's development will increase.**

Targets and Performance Data			Assessment of Progress	Sources and Data Quality
Year	Actual Performance	Performance Targets	<p><b>Status:</b> Unable to judge.</p> <p><b>Explanation:</b> Baseline data collected in 1997-98 will be available in 2000.</p>	<p><b>Source:</b> National Early Intervention Longitudinal Study. <i>Frequency:</i> 5-year interval. <i>Next update:</i> 2000.</p> <p><b>Validation Procedure:</b> Data to be validated by internal review procedures of an experienced data collection contractor.</p> <p><b>Limitations of Data and Planned Improvements:</b> Because data are obtained from a longitudinal survey, updates will occur slowly.</p>
1997-98:	No data available			
1998-99:	No data available	No target set		
1999-00:		No target set		
2000-01:		No target set		
2002-03:		No target set		

## **KEY STRATEGIES**

### Strategies Continued from 1999

- ❖ Conduct demonstration and outreach projects on effective practices for identifying children and families who qualify for services.
- ❖ Provide targeted technical assistance and disseminate information on effective “child find” practices, focusing on states that identify and serve low percentages of children and families.
- ❖ Convene a panel of experts to evaluate and recommend ways of bringing greater uniformity to the definition of developmental delay.
- ❖ Monitor state practices and state applications to ensure that the child and family receive timely, appropriate, individualized services based on the needs identified in a comprehensive, multidisciplinary assessment.
- ❖ Conduct research to identify effective practices for providing and coordinating services in ways that are cost-effective and comprehensive and that support the family’s needs.
- ❖ Conduct research, provide technical assistance, and disseminate information on effective home visiting and other practices that increase families’ capacity to care for their children.
- ❖ Support and encourage Parents Training and Information Centers (PTIs) and community resource centers in serving families of eligible children from birth to age 3.
- ❖ Encourage an emphasis on transition in the state self-assessment process as part of monitoring activities.
- ❖ Provide technical assistance and disseminate information on effective transition practices, with particular focus on transitioning children to natural community-based settings.
- ❖ Work with the Federal Interagency Coordinating Council to improve transitions into and out of programs that serve children with disabilities and their families.
- ❖ Ensure that all Office of Special Education Programs Clearinghouses, where appropriate, provide timely, understandable, and useful information to families of eligible children from birth to age 3.
- ❖ Conduct research to determine short- and long-range child outcomes and to determine how developmentally appropriate practices can be conducted within family-friendly models (e.g., Institute on Early Childhood Program Performance Measures).

### New or Strengthened Strategies

- ❖ The Federal Interagency Coordinating Council created a task force that successfully resolved issues regarding conflicting requirements between the Department of Defense CHAMPUS/TRICARE program and the Department of Education’s Grants for Infants and Families program.
- ❖ The Federal Interagency Coordinating Council, together with the Maternal and Child Health Services Block Grant Program and the Substance Abuse and Mental Health Services Administration (SAMHSA), launched a collaborative program, called Communities Can, to support and recognize the efforts of local communities to bring families, businesses, service providers, community leaders, and neighbors together to ensure that communities nurture and support all children and families.
- ❖ The Federal Interagency Coordinating Council, in conjunction with the Child Care Bureau, held a national teleconference to solicit input from the field regarding child care policy and the needs of children with disabilities.

## **HOW THIS PROGRAM COORDINATES WITH OTHER FEDERAL ACTIVITIES**

- ❖ The Federal Interagency Coordinating Council (FICC) was established under the Individuals with Disabilities Education Act Amendments of 1991 to ensure the effective coordination of Federal early intervention and preschool programs and policies across Federal agencies. The Federal Interagency Coordinating Council is composed of 19 Federal agencies and programs, including 12 agencies within HHS. These agencies have actively participated in Federal Interagency Coordinating Council activities.
- ❖ The Federal Interagency Coordinating Council also created a task force to address issues that have developed regarding managed care and the requirement in Part B of IDEA that services for children with disabilities ages birth through 2 be provided in natural environments, and to address regional variations in determining what early intervention services are eligible for reimbursement under Title XIX.
- ❖ The Federal Interagency Coordinating Council was instrumental in bringing agencies together behind CHIP and has actively supported Federal outreach efforts around CHIP. Office of Special Education and Rehabilitative Services (OSERS) and HHS also jointly developed a training packet, entitled Ensure Kids Now, that explains the purpose of the program and how states and local governments can implement this program, which ensures quality health care services for children without health insurance.
- ❖ The Department of Defense, Centers for Disease Control, National Institutes of Health, and Health Resource Services Administration worked together to develop a collaboration plan to ensure that newborn infants receive hearing screenings and follow-up services in a timely manner.
- ❖ The Department of Justice is currently soliciting applications for the Safe Start Demonstration Project, an initiative to prevent and reduce the impact of family and community violence on young children, primarily from birth to 6 years of age, which was developed by the Department of Justice’s Office of Juvenile Justice and Delinquency Prevention in collaboration with the Substance Abuse and Mental Health Services Administration and the Department of Education.
- ❖ OSERS and HCFA plan to provide State Medical Officers with joint guidance and technical assistance regarding reimbursement issues related to children with disabilities and are working on plans for a Medicaid Summit to address eligibility and services issues related to young children with disabilities.

#### **HOW THIS PROGRAM COORDINATES WITH OTHER FEDERAL ACTIVITIES (CONTINUED)**

- ❖ The Office of Special Education Programs is working through the Federal Interagency Coordinating Council on sharing pertinent program data among agencies with early childhood programs, which would assist each with its respective monitoring efforts. This might also include joint training of staff and opportunities to accompany Office of Special Education Programs staff on monitoring visits. This spring, a staff member from MCH joined Office of Special Education Programs early childhood staff in the first such joint monitoring visit. Program staff are pursuing further collaboration in this area.
- ❖ The Office of Special Education Programs staff have been actively involved with the advisory board for the joint Conrad Hilton Foundation/Head Start Technical Assistance Project and have conducted trainings for Early Head Start, Migrant Head Start, and Head Start on disability issues. Office of Special Education Programs staff have also been active on the HHS Interagency Council on Fetal Alcohol Syndrome.

#### **CHALLENGES TO ACHIEVING PROGRAM GOAL**

- ❖ Federal assistance needed for states to develop systems.

#### **INDICATOR CHANGES**

##### **From FY 1999 Annual Plan (two years old)**

##### Adjusted

- ❖ FY 1999 Indicator 2.2 (Natural settings) was modified in FY 2001 Indicator 1.3 (Service settings) to reflect pertinent data that are already being collected.
- ❖ FY 1999 Indicator 2.4 (Transition experiences) was modified in the FY 2001 Indicator 1.4 (Referral to services) to reflect the actual data that are being collected to measure this indicator.

##### Dropped

- ❖ FY 1999 Indicator 1.3 (States serving at-risk children) was deleted in FY 2000 because of the great variation in states' definitions of at-risk children and the consequent difficulty in obtaining meaningful data on this measure.

##### **From FY 2000 Annual Plan (last year's)**

##### Adjusted

- ❖ FY 2000 Indicators 1.1 (Total number of children served) and 1.2 (Early identification) have been changed to measure the number of states that meet targets, rather than measure a national total of children served, to reinforce the state-administered nature of this program. These indicators have also been expanded to measure the number of states that serve at least a minimum percentage of children in their state under this program.
- ❖ FY 2000 Indicator 2.3 (Setting of subsequent services) has been renamed "Referral to services" and modified to measure the extent to which children leaving Part C services have a referral to preschool or other services.

##### Dropped

The following FY 2000 indicators have been removed from the report. The only way to collect this data is through longitudinal studies. While this data is useful for assessing program performance, it is not sufficiently informative for an annual plan.

- ❖ FY 2000 Indicator 2.1 (Receipt of all services indicated).
- ❖ FY 2000 Indicator 4.1 (Funding sources).
- ❖ FY 2000 Indicator 4.2 (Parental satisfaction).

New—None.