A Report to the Texas Early Childhood Intervention (ECI) System

Regarding

The Stakeholder Task Force Meeting on ECI Eligibility

December 3-4, 2008

Submitted by

January 2009

Table of Contents

Executive Summary

In December 2008, stakeholders representing the spectrum of perspectives in the Texas Early Childhood Intervention System (ECI) were invited to participate in a two day meeting in Austin. The goal of the meeting was to support the Texas ECI in the development of recommendations for potential options for changes in the current eligibility criteria that would result in a 12% decrease in the number of newly referred children who would meet the eligibility criteria if there was no increase in the state appropriation.

Prior to the meeting, participants were provided with foundational information that included relevant literature and research that addressed the value of early intervention, the economic impact of early intervention and the prevalence of disability in the birth to three populations. A conference call was held with the participants prior to the onsite meeting to discuss the literature review.

Interviews were conducted with other states that had already gone through changes in their eligibility criteria to identify the impact of the changes on their Part C systems. National and Texas data were gathered to provide additional information and analysis to support the work of the participants.

All of these activities were conducted in order to provide a variety of resources to the onsite meeting participants to support informed decision-making on this important issue.

The onsite meeting occurred over two days in early December. The participants received an overview of the State's efforts to date, reviewed national and Texas data, and conducted small group discussion regarding the three areas of eligibility for Texas ECI: medical conditions, developmental delay and atypical development. The participants spent time in small group discussions that focused on each category of eligibility and were provided questions to guide their discussions. Their discussions were posted for general review and the proceedings of each group were provided to all participants to support their decision-making on the second day.

Stakeholder Recommendations

Stakeholders remain concerned that any changes in eligibility would result in some children who need early intervention services not qualifying for ECI and re-entering the public system at a later date with a greater delay with likely increased cost and intensity of service. However, given their charge, if changes are necessary in order to safeguard the ECI system, they present the following recommendations:

Developmental Delay

- Establish an eligibility criteria of 20% delay in one area or 15% delay in two or more areas. This is estimated to reduce the number of eligible children by approximately six percent; or
- Establish an eligibility criteria of 25% delay in one area or 20% delay in two or more areas. This is estimated to reduce the number of eligible children by approximately nine percent.

Atypical Development

- Eliminate "articulation" as a sole criterion for determining eligibility under this category.
- Conduct statewide training on the determination of eligibility under this category to ensure consistency of its use across the state.
- These changes are estimated to reduce the number of eligible children by approximately three percent.

Introduction

In the fall of 2008, Emerald Consulting LLC, in partnership with Walsh Taylor Inc., (the Consultants) was invited to support the efforts of the Texas Early Childhood Intervention System (ECI), in a stakeholder process to examine the current eligibility criteria for the Texas ECI. The goal of this effort was to support Texas ECI in the development of recommendations for potential options for changes in the current eligibility criteria that would result in a 12% decrease in the number of newly referred children who would meet the eligibility criteria if there is no increase in the state appropriation. The consultants were charged with:

- gathering information and data for stakeholders through a series of conference calls to engage stakeholders and provide foundational information;
- gathering information from other states that have narrowed eligibility for similar services; and
- Facilitating a two-day on-site meeting with stakeholders in early December 2008 to discuss and summarize stakeholder input and recommendations.

Working with state office staff, the Consultants examined all aspects of the current eligibility criteria and facilitated the stakeholder process. The results of these efforts are contained in this report, including stakeholder recommendations to address the issues that were identified.

The stakeholders were charged with developing recommendations that addressed the following eligibility areas:

- Developmental Delay
    - Should changes be made to the delay required for eligibility?
    - Should measurement be changed (percent of delay, months delay, standard deviation)?
    - Should delay criteria vary for one development area or more than one developmental area?

    - What change, if any, should be made in the annual redetermination of eligibility?
    - What implications (pros and cons) are there if a change is made?
        - On children and families?
        - On the system?
- Established Medical Conditions
    - Should changes be made to this process for determining eligibility?
    - Should changes be made in the existing list of conditions?
    - If changes in the list of conditions should be made, what process should be used to determine the changes in the list?
    - What change, if any, should be made in the annual redetermination of eligibility?
    - What implications (pros and cons) are there if a change is made?
        - On children and families?
        - On the system?
- Atypical Development
    - Should any changes in this category be made?
    - If changes should be made, what changes do you recommend?
    - What change, if any, should be made in the annual redetermination of eligibility for this category?
    - What implications (pros and cons) are there if a change is made?
        - On children and families?
        - On the system?

In the review of the existing eligibility criteria, it is important to ground the process in the intent of Congress in establishing Part C. As identified in the regulations for the Individuals with Disabilities Education Act (IDEA) Part C (§ 303.1 Purpose of the Early Intervention Program for Infants and Toddlers with Disabilities):

> *The Purpose of this part is to provide financial assistance to States to—*
> *(a) Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;*

(b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

(c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

(d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations

In addition, it is also important to know the regulatory requirements of Part C related to each state's establishment of their eligibility criteria:

§ 303.16 Infants and toddlers with disabilities.

(a) As used in this part, infants and toddlers with disabilities means individuals from birth through age two who need early intervention services because they—

(1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

(i) Cognitive development.

(ii) Physical development, including vision and hearing.

(iii) Communication development.

(iv) Social or emotional development.

(v) Adaptive development; or

(2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

(b) The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided.

(Authority: 20 U.S.C. 1432(5))

NOTE 1: The phrase ''a diagnosed physical or mental condition that has a high probability of resulting in developmental delay,'' as used in paragraph (a)(2) of this section, applies to a condition if it typically results in developmental delay. Examples of these conditions include chromosomal abnormalities; genetic or congenital disorders; severe sensory impairments, including hearing and vision; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital

infections; disorders secondary to exposure to toxic substances, including fetal alcohol syndrome; and severe attachment disorders.

NOTE 2: With respect to paragraph (b) of this section, children who are at risk may be eligible under this part if a State elects to extend services to that population, even though they have not been identified as disabled. Under this provision, States have the authority to define who would be ''at risk of having substantial developmental delays if early intervention services are not provided.'' In defining the ''at risk'' population, States may include well-known biological and environmental factors that can be identified and that place infants and toddlers ''at risk'' for developmental delay. Commonly cited factors include low birth weight, respiratory distress as a newborn, lack of oxygen, brain hemorrhage, infection, nutritional deprivation, and a history of abuse or neglect. It should be noted that ''at risk'' factors do not predict the presence of a barrier to development, but they may indicate children who are at higher risk of developmental delay than children without these problems.

§ 303.300 State eligibility criteria and procedures.

Each statewide system of early intervention services must include the eligibility criteria and procedures, consistent with § 303.16, that will be used by the State in carrying out programs under this part.

(a) The State shall define developmental delay by—

(1) Describing, for each of the areas listed in § 303.16(a)(1), the procedures, including the use of informed clinical opinion, that will be used to measure a child's development; and

(2) Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas.

(b) The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition that has a high probability of resulting in developmental delay under § 303.16(a)(2).

(c) If the State elects to include in its system children who are at risk under § 303.16(b), the State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to identify those children.

(Approved by the Office of Management and Budget under control number 1820–0550)

(Authority: 20 U.S.C. 1432(5), 1435(a)(1))

NOTE: Under this section and § 303.322(c)(2), States are required to ensure that informed clinical opinion is used in determining a child's eligibility under this part. Informed clinical opinion is especially important if there are no standardized measures, or if the

standardized procedures are not appropriate for a given age or developmental area. If a given standardized procedure is considered to be appropriate, a State's criteria could include percentiles or percentages of levels of functioning on standardized measures.

These regulatory requirements provided the backdrop to the work conducted by the consultants and the stakeholders.

Methodology

The Consultants used a variety of methods to gather information, analyze data and prepare stakeholder participants for their role in developing potential recommendations for changes to the eligibility criteria to the State Office.

Literature Search

The consultants conducted a review of the current literature that addressed issues related to eligibility. While the Consultants had advised the State office that there would not be literature that would support the narrowing of eligibility, they did identify a series of articles that addressed the value of early intervention, the economic impact of early intervention and the prevalence of disability in the birth to three population. A list of the articles provided to the stakeholders is included in Appendix B.

Data Analysis

The consultants conducted an analysis of national data related to eligibility, examining the relationship between eligibility criteria and the number of children served. Texas ECI staff also examined data regarding eligibility composition of children currently in service.

Conference Calls

The consultants held a series of conference calls with State Staff to plan the stakeholder process to be used and to examine Texas data and to ensure that the national information gathered would meet the needs of the stakeholder process. The consultants also contacted states who have changed their eligibility criteria in the last

five years to examine the motivation, the changes incorporated and the impact of those changes on the numbers of children served.

In addition, the week before the onsite meeting, a conference call was held with the stakeholder participants to convene a discussion of the literature that had been gathered for their review and to review the purpose and plans for the stakeholder meeting.

Onsite Meeting

The consultants facilitated a two day onsite meeting during which the stakeholder participants analyzed all of the extant data, conducted small group discussions and developed a set of draft recommendations related to potential changes in the Texas eligibility criteria.

Background Information

In order to appropriately support stakeholder participants for their important deliberations, a variety of documents and reference information was gathered for them. The stakeholder process provides an opportunity to systematically examine which children and families should be served, the eligibility criteria that would ensure these children and families are included in the Part C system, and the political and economic realities in which the system exists. This allows Texas ECI and its stakeholders the opportunity to make informed decisions about the charge they have been given regarding eligibility based upon a comprehensive review of internal and external factors, coupled with extant data.

Research on Prevalence

The importance of identifying the number of children that should be served in a state's Early Intervention System cannot be understated. The information related to the estimated prevalence rate is fundamental for ensuring:

- Benchmarks and planning;
- System design;

- Financing;
- Identifying resource and support needs;
- Quality assurance;
- Equity;
- Well being of children; and
- Long and short term service gap identification.

This question has significant implications at both the state and national level and was the target of several national studies. One such study concluded that as many as 13% of children birth to three may have developmental delays that would make them eligible for Part C early intervention[1].

The Office of Special Education Programs (OSEP) charges each state to establish unique targets for prevalence based on specific state conditions with consideration for each state's eligibility.[2]

Based on the December 1, 2007 Child Count, states serve an average of 2.48% of all children ages birth to 3 and 1.01% of all children below the age of 1 in state Part C systems. The percentage of Texas children ages birth to three served on December 1, 2007 was 2.06% and 0.92% of children below the age of 1.[3] Both Texas percentages were below the national average.

The challenge to the Texas stakeholders is to balance the research regarding prevalence, the current numbers served under the existing eligibility criteria and the current reality of limited resources, both fiscal and personnel. As stated in a document produced by the National Early Childhood TA Center (NECTAC), "Eligibility criteria

---

[1] Prevalence of Developmental Delays and Participation in Early Intervention Services for Young Children; Steven A. Rosenberg, PhD, Duan Zhang, PhD, Cordelia C. Robinson, PhD, RN; Department of Psychiatry and JFK Partners, University of Colorado Denver, Denver, Colorado; College of Education, University of Denver, Denver, Colorado. http://pediatrics.aappublications.org/cgi/reprint/121/6/e1503

[2] State Performance Plan Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.(20 U.S.C. 1416(a)(3)(B) and 1442) " Measurable and Rigorous Target"

[3] Table 8-1 www.ideadata.org

influence the numbers and types of children needing or receiving services, the types of services provided, and ultimately the cost of the early intervention system."[4]

Research on the Value and Cost Effectiveness of Early Intervention

The release of *From Neurons to Neighborhoods*[5] provided the scientific evidence of the complexity of early childhood development and its importance in ensuring that children arrive at school ready to learn. Ongoing research since 2000 has reinforced and expanded on the importance of early childhood development. The National Scientific Council on the Developing Child through the Harvard University Center on the Developing Child[6] has expanded on the research and their efforts have helped to move the importance of early childhood development to a national priority.

In "The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do", the Council identifies Core Concepts of Development:

- *"Child development is a foundation for community development and economic development, as capable children become the foundation of a prosperous and sustainable society;*
- *Brains are built over time;*
- *The interactive influences of genes and experience literally shape the architecture of the developing brain, and the active ingredient is the "serve and return" nature of children's engagement in relationships with their parents and other caregivers in their family or community;*
- *Both brain architecture and developing abilities are built "from the bottom up," with simple circuits and skills providing the scaffolding for more advanced circuits and skills over time;*

---

[4] Shackelford, J. "State and Jurisdictional Eligibility Definitions for Infants and Toddlers with Disabilities Under IDEA" NECTAC Notes, Issue No. 21, July 2006

[5] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: the Science of early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth , and Families, Commission on Behavioral and Social sciences and education. Washington, DC: National Academy Press.

[6] www.developingchild.net

- *Toxic stress in early childhood is associated with persistent effects on the nervous system and stress hormone systems that can damage developing brain architecture and lead to lifelong problems in learning, behavior, and both physical and mental health; and Creating the right conditions for early childhood development is likely to be more effective and less costly than addressing problems at a later age."*[7]

Emerging research has expanded the benefit of early intervention from a child development standpoint to an economic development perspective. According to Arthur Rolnick, Ph.D., Senior Vice President and Director of Research at the Federal Reserve Bank of Minneapolis, "the best investment in economic development that government and the private sector can make is in the healthy development of children." [8] Rolnick and his colleague Rob Grunewald, an economic analyst also of the Federal Reserve Bank of Minneapolis, have been leaders in the national discussion regarding the economic impact of investing in early childhood development. Their 2003 paper "Early Childhood Development: Economic Development with a High Public Return" was the original research cited in support of Early Childhood initiatives.[9] In a speech given before the Greater Omaha Chamber of Commerce on February 6, 2007, Chairman Ben Bernanke of the Federal Reserve stated

> *"Although education and the acquisition of skills is a lifelong process, starting early in life is crucial. Recent research--some sponsored by the Federal Reserve Bank of Minneapolis in collaboration with the University of Minnesota--has documented the high returns that early childhood programs can pay in terms of subsequent educational attainment and in lower rates of social problems, such as teenage pregnancy and welfare dependency."*[10]

The National Experience with Changes in Eligibility Criteria

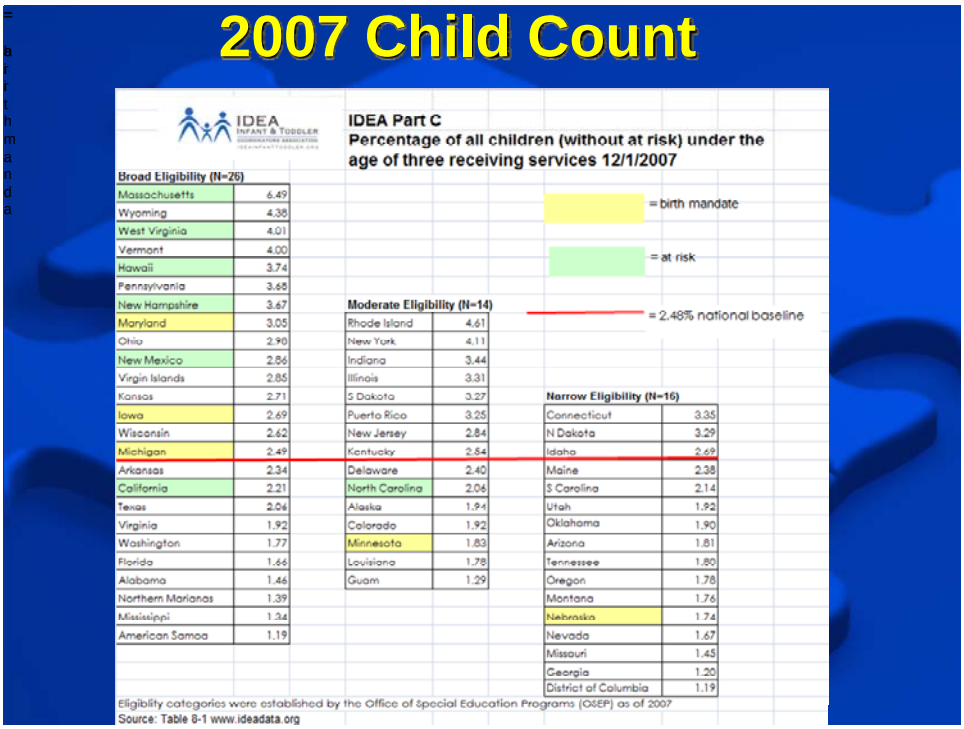
In preparation for the onsite meeting, the consultants reviewed child count data for all states from 1998 through 2007. The consultants also contacted a number of states who

[7] The Science of Early Childhood Development. (2007) National Scientific Council on the Developing Child, http://www.developingchild.net

[8] National Scientific Council on the Developing Child, Perspectives: Child Development Is Economic Development. (2006). Retrieved 1-5-09 from http://www.developingchild.net.
[9] http://www.minneapolisfed.org/publications_papers/studies/earlychild/abc-part2.pdf
[10] http://federalreserve.gov/newsevents/speech/Bernanke20070206a.htm

had reduced their criteria for Part C eligibility within the last five years to discuss the impact of the changes on the number of children served. As financial resources have tightened and personnel shortages have increased, states have turned to narrowing eligibility as the mechanism to deal with the continued growth in the number of infants and toddlers enrolled in Part C systems.

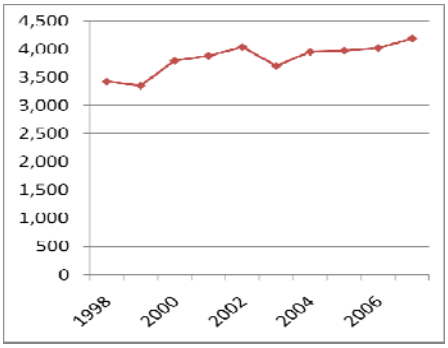
Texas is currently defined by the Office of Special Education Programs (OSEP) as having broad eligibility. The general assumption has been that states with broad eligibility criteria would serve more children than states with narrow eligibility criteria. The reality, as evidenced by the chart below[11], is that there is no demonstrated correlation between a state's eligibility criteria and the percentage of children served. There are 17 states with broad eligibility, 10 states with moderate eligibility and 5 states with narrow eligibility that currently serve a higher percentage of infants and toddlers than Texas.



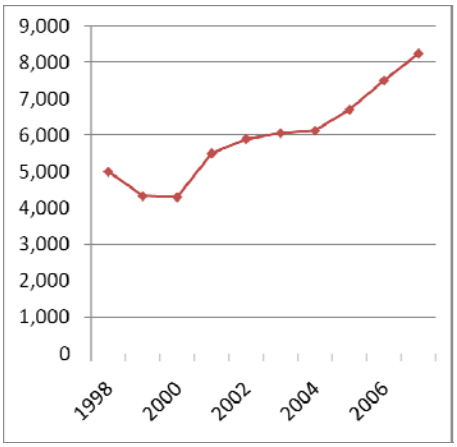
Based on the consultants' conversations, with the exception of Indiana and Delaware, the states that have reduced eligibility have not seen a decline in the

[11] Chart produced by the IDEA Infant and Toddler Coordinators Association, December 2008

number/percentage of children served. Many of the State staff indicated that while there might have been a temporary reduction in numbers, after one year the effect was mitigated. Charts that are contained in Appendix D document each state's experience regarding the change in eligibility. The experience of most states was that the population of children served continued to increase. Two examples of the continuing increase in numbers served are in the next set of charts. Connecticut moved from moderate eligibility to narrow eligibility. Connecticut's response to the efficacy of reducing eligibility was "Been there, done that, it didn't work."[12] North Carolina also reduced their eligibility criteria and moved from the broad category to moderate with no apparent impact on the numbers of children served.



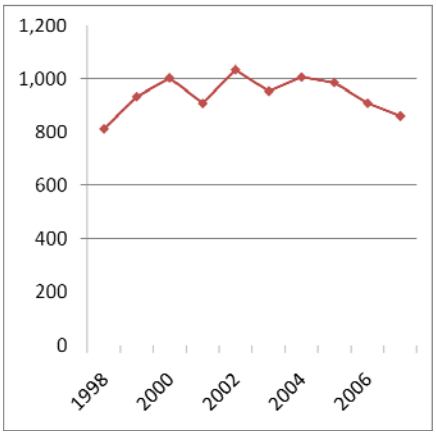
Connecticut



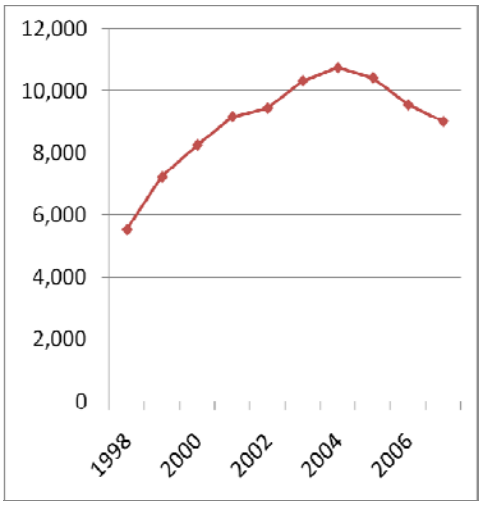
North Carolina

In the two states where there was a decrease in the numbers served, Delaware developed an at risk follow along program for the children who no longer were eligible. In Indiana, the change in eligibility occurred at the same time as a substantial family fee was implemented and it is difficult to separate the two events to determine which caused the decline in numbers served.

[12] Personal communication



Delaware



Indiana

Onsite Meeting

The stakeholders met for a day and a half in Austin. A review of the activities of the stakeholders and the results of their work are described below.

Day 1 – December 3, 2008

The stakeholders were welcomed by Glenn Neal, Director of the Center for Consumer and External Affairs, who spoke on behalf of Deputy Commissioner Debra Wanser. Kim Wedel, Assistant Commissioner for Early Childhood Intervention Services opened the meeting by giving the stakeholders their charge as follows:

To develop recommendations for the Texas Early Intervention System for potential options for change in the current eligibility criteria that would result in a 12% decrease in the number of newly referred children who will meet the eligibility criteria if there is no increase in the state appropriation. These recommendations will address the following areas:

- *Developmental Delay*
- *Established Medical Conditions*
- *Atypical Development*

The stakeholders developed a set of ground rules to be used during the meeting. These included:

- Keep an open mind
- Accept the charge and stay focused on it
- Stick to the time schedule
- One person speaks at a time- respect the one speaking
- Make sure everyone gets to speak
- Don't dominate the conversation
- Appreciate each person's expertise and diverse perspectives
- Keep in mind the diversity of families in Texas and focus on consistency of services to all families

The consultants reviewed the agenda for the meeting and the rules for decision-making:

- ❑ Ideally recommendations will be developed that can be supported by all stakeholders
- ❑ Our goal will be consensus, meaning you can support the recommendations
- ❑ The recommendation may not be your first choice, but you can live with the recommendation in the interests of consensus
- ❑ If needed, however, we can use other methods for decision-making

A parking lot flip chart was posted to record stakeholder generated issues that would not be discussed during this meeting but should be pursued at a later date. Throughout the meeting, issues were added to the parking lot list to include:

- ❑ Child Protective Services Referrals;
- ❑ Assessment Instruments;
- ❑ Training for Assessors;

- ❑ Cultural Issues;
- ❑ Tracking children who will no longer be eligible and asking will they show up in kindergarten;
- ❑ Family Cost Participation;
- ❑ Exploring other fund sources;
- ❑ Ensuring families have supports and feel supported if we end up "transitioning" more children out of ECI;
- ❑ Training regarding the use of atypical development; and
- ❑ Develop a process for the periodic review of the list of medical conditions that would qualify a child under ECI.

The consultants facilitated introductions of all stakeholders. Each person was asked to introduce themselves, indicate what they bring to the discussion based on their background and affiliation and to suggest one major issue or challenge relevant to the charge. These included:

- Do what is best for families
- Respect Family Structure
- Address comprehensive developmental needs of children
- Ensure social emotional development foundation
- How will the change affect the 3-5 population
- Remember the diversity of Texas
- Be cautious of children "falling through the cracks"
- Ensure accurate identification of children from homes in which English is a second language
- Intensify quality time for service provision
- What does Texas have to offer the children who will no longer be eligible

- Ensure identification of children with sensory impairment
- Legislative clarity of recommendations should include the impact on children & families
- Identify programmatic impact: narrowing eligibility causing higher need for specialization (i.e. Therapist), which is a current challenge (i.e. increasing professional credentials of EIS)

The majority of the morning was spent with the state staff providing data and state information related to the charge and the consultants providing national data and federal requirements relevant to state eligibility criteria. There was ample time for stakeholders to ask questions and discuss implications of the information being provided.

Texas Data

Kim Wedel presented information about the DARS Legislative Appropriations request for 2010 and 2011 and provided important background to consider in making these recommendations. This included data on cost per child, salaries, child count, service hours and personnel. Ms. Wedel stressed the importance of the stakeholders work in assisting the state in making difficult choices necessary to address the fiscal crisis in ECI. In addition, the state eligibility criteria were presented. These power point slides are included in Appendix D.

Robin Nelson, ECI staff, presented data on:

- trends in referrals,
- trends in monthly enrollment,
- projections for enrollment,
- characteristics of children/families served (gender, income, primary language, race/ethnicity, Medicaid eligibility)
- increased service needs of children and families,
- Child Protective Services (CPS) involvement,
- services provided,

- family outcomes,
- reasons for eligibility,
- atypical development,
- areas of delay, and
- age of enrollment

Overall, Ms. Nelson reported that referrals continue to increase, the number of children in ECI continues to increase and enrollment is projected to continue to rise. These slides are also included in Appendix D.

National Data

The consultants presented federal regulations on the requirements states must follow when establishing eligibility criteria. *See pages 5-7 of this report*.

The consultants also presented data on the national Part C child count and data from states that have narrowed their eligibility criteria in response to fiscal and personnel issues. These states included Connecticut, Louisiana, North Carolina, Colorado, Missouri, South Dakota, Utah, Delaware, and Indiana. Data were shared about changes in each state's child count after the eligibility was narrowed. Staff from each of these states were interviewed by the consultants and information from these interviews was shared with the stakeholders. *See pages 13-16 of this report and the slides included in Appendix D.*

After lengthy discussion, there was an opportunity for any observers to the process to make a comment to the stakeholders. One observer provided comment.

Following lunch, stakeholders spent time developing a list of standards that would be used to guide their recommendations answering the questions:

What standards should drive our work? What will our recommendations look like if we have achieved success in this 2-day meeting?

Small Group Work

The remainder of the day was spent in small groups discussing answers to the questions under each of the three areas included in the charge – Developmental Delay, Established Medical Conditions and Atypical Development. Stakeholders were assigned into one of three groups- A, B or C. A café process was used in which each group of stakeholders rotated through three "stations." Stations included Developmental Delay, Established Medical Conditions and Atypical Development. At each station, state staff members served as a resource and took notes on flip charts. These state staff remained at each "station" as the three groups rotated. A different color marker was used at each "station" to distinguish each group's work from the other groups. Each group had an opportunity to spend time at "each station" participating in discussions about each eligibility area.

Throughout the afternoon, the groups discussed "emerging recommendations" and recorded possible implications of these changes. Each group built on each other's work. The afternoon concluded with a "walk around" to each station during which the state staff presented the results of the discussion at each station.

Small Group Discussion regarding Eligibility Issues

The following presents the questions addressed for each category of eligibility and a brief summary of the discussions that occurred.

Developmental Delay

- *Should changes be made to the delay required for eligibility?*
- *Should measurement be changed (percent of delay, months delay, standard deviation)?*
- *Should delay criteria vary for one development area or more than one developmental area?*
- *Should delay criteria vary with the age of the child?*
- *What change, if any, should be made in the annual redetermination of eligibility?*
- *What implications (pros and cons) are there if a change is made?*
    - *On children and families?*

- *On the system?*

The discussion throughout the afternoon explored multiple issues and possible changes to the eligibility criteria for developmental delay that would result in fewer children being identified as eligible. These included:

- moving to a percentage of delay (from months of delay) and if so, what delay should be established
- consideration of using different criteria based on the age of the child at the time of eligibility
- the use of various evaluation and assessment instruments and how these impact on the options for eligibility criteria
- having criteria that includes one percentage for one area of delay and a lesser percentage for two areas of delay
- the appropriate criteria for adjustment of prematurity and its impact on eligibility
- the need for training related to the use of informed clinical opinion
- the relationship of criteria for developmental delay to the criteria for the atypical development category

Established Medical Conditions

- *Should changes be made to this process for determining eligibility?*
- *Should changes be made in the existing list of conditions?*
- *If changes in the list of conditions should be made, what process should be used to determine the changes in the list?*
- *What change, if any, should be made in the annual redetermination of eligibility?*
- *What implications (pros and cons) are there if a change is made?*
  - *On children and families?*
  - *On the system?*

All three groups of stakeholders spent considerable time discussing the importance of a process for reviewing the list of diagnoses or conditions on a regular basis. They

also discussed the need for training to ensure this category is used consistently across the state. The ECI process of determining "continuing need" was discussed as was the possibility of changing this to a requirement that a child must be determined eligible under one of the other categories at their annual evaluation. Implications of this possible change included concerns regarding ensuring physicians and parents understand a child could and should be referred again if future concerns arise. However on the positive side, the conversation emphasized the notion that families would receive good news that their child was doing well and did not need continuing services.

Atypical Development

- *Should any changes in this category be made?*
- *If changes should be made, what changes do you recommend?*
- *What change, if any, should be made in the annual redetermination of eligibility for this category?*
- *What implications (pros and cons) are there if a change is made?*
    - *On children and families?*
    - *On the system?*

During this discussion, stakeholders explored a variety of ways in which changes to the criteria for atypical development could be made that would result in fewer children being identified as eligible.

The three groups discussed a number of possibilities including requiring more frequent eligibility decisions for a child identified under this category, eliminating the category entirely or limiting the amount of time a child could be eligible without being identified under another category of eligibility.

A number of issues received a great deal of discussion. These included:

- the use of articulation as a factor in eligibility under this category and whether it resulted in children being identified who should not be;
- the important role of the Texas Follow-Along program;

- developing stricter criteria with a caution being that children who should be identified would be missed if the criteria were more rigorous;
- the importance of this category to ensure early identification for children who are not yet showing a delay and have no diagnosis such as children who early on show only tone or pattern concerns and may in the future have significant motor delay; or children who may be determined to be on the autism spectrum later but do not have a diagnosis or established delay yet;
- a general agreement that more training was needed because this category is not consistently used across the state. There is considerable variation across the state in the use of this category.

Day 2 – December 4, 2008

Day 2 opened with a review of Day 1 activities. Stakeholders were given a typed set of notes from the previous afternoon's small group discussions. The stakeholders were given an opportunity to review these notes.

In addition, at the stakeholder's request from the afternoon before, state staff provided additional state ECI data. Throughout the morning's discussions, state staff continued to run and present additional ECI data as requested by the stakeholders.

Stakeholders were asked to have an open discussion about the possible recommendations based upon their review of the notes and their current thinking. As this discussion continued throughout the morning, the stakeholders began to evolve a set of recommendations. These were recorded on flip chart and revised as the conversation continued. Changes were proposed and consensus began to emerge. At the conclusion of the discussion, the following recommendations were agreed to by all stakeholders who were present:

Stakeholder Recommendations

Stakeholders remained concerned that any changes in eligibility would result in some children who need early intervention services not qualifying for ECI. However, given their charge, if changes are necessary in order to safeguard the ECI system, they present the following recommendations:

Developmental Delay

- Establish an eligibility criteria of 20% delay in one area or 15% delay in two or more areas. This is estimated to reduce the number of eligible children by approximately six percent; or
- Establish an eligibility criteria of 25% delay in one area or 20% delay in two or more areas. This is estimated to reduce the number of eligible children by approximately nine percent

Established Medical Conditions

- Develop a process for the periodic review of the list of medical conditions that would qualify a child under ECI.

Atypical Development

- Eliminate "articulation" as the sole criterion for determining eligibility under this category
- Conduct statewide training on the determination of eligibility under this category to ensure consistency of its use across the state.

In order to illustrate the potential impact of these proposed recommendations, the stakeholders developed a series of scenarios of children who would be eligible under current criteria but who would not be eligible if these changes are made.

Scenario 1 – a 19 month old child with no medical diagnosis is enrolled in ECI based on a 3 month delay in communication. The child has a significant birth history (born at 31 weeks, tested positive for cocaine exposure, hypertonic and low birth weight) and was in the NICU after birth. The child has minor motor issues but not enough to qualify in the motor area. The child received ECI services until age three years and was found to not need Part B preschool services. Under our recommendations, this child would not have received early intervention services and would likely have been eligible and in need of preschool special education services.

Scenario 2 – a 15 month child with no diagnosed condition used no words, produced vowels but no consonants and used some signs to communicate. The child was beginning to lose signs and words and is getting progressively worse. A 20% delay in communication is demonstrated but the child is not eligible under the revised 25% delay. Without services, this child would probably need more intense and costly services.

Scenario 3 – a 31 month old child has a 7 month delay in communication. The child is barely putting 2 words together, e.g. more cookie. This child would not be eligible if the recommendations are accepted and this delay will have a major impact on pre-literacy and later school success.

Scenario 4 - Parent of a third grader relayed to me, having lived in a broad category state, her child did not receive ECI services. She was told that she is in the range of normal, but her mother could hardly understand what she was saying. Child has had to be part of the special education system since she was enrolled in kindergarten and has since had difficulty learning to read. In third grade, she is now learning to read words. Third graders typically read to learn rather than learn to read. In our new criteria for eligibility, articulation will not allow for enrolling this child. However, if enrolled and speech therapy begun, the child could benefit from the holistic framework from which ECI works and address cognitive deficits.

Scenario 5: A 28 month old child has a family history significant for speech and language disorders (Dad and two of three older siblings all received speech therapy). This child was referred to ECI by his pediatrician at 12 months, 18 months, and now after his two-year well baby check due to red flags on the developmental screenings. The evaluation results after each referral show between a 15-19% delay, and therefore he would not qualify for ECI services (under proposed standards). It is well documented that the incidence of speech and language disorders increases with family history and the pediatrician and family have been concerned about his communication development for over a year; however, under the proposed eligibility standards, this child would not receive services. Under the current standards, this child would have received services after the 12 month referral and the concerns potentially could have

been remediated. Early communication skills lay the foundation of later academic skills, particularly literacy skills.

At the conclusion of the meeting, stakeholders were asked not to share the final recommendations of their work until these are finalized and made public. Ms. Wedel thanked the stakeholders for their continuing commitment and support of the ECI program and their work during this process noting the difficulty of the charge they were given.

A draft of this report was reviewed by stakeholders and revisions made accordingly.

Appendix A: List of Participants

Stakeholder Task Force Members[13]:

Jenny Brown

Yvonne Caldera, Ph.D.

Sandra Collins

Katherine de la Peña, Ed.D

Mary Elder

Cynthia Fisher

Dottie Goodman

Brooke Janacek

Laura Kender

Kathy Lee

Alba Ortiz, Ph.D

Amy Patterson

Celia Perez

Pam Perez

Karen Rogers, M.D.

Kristi Rowland

Prachi Shah, M.D.

[13] Several members of the state staff were present for the meeting to support the group in the presentation of data, resource information and note taking.

Appendix B: Literature Summary

Articles for Stakeholder Discussion
Teleconference Call, November 24, 2008

Discussion Articles:

"Early Intervention for Infants and Toddlers with Disabilities and their Families: Participants, Services and Outcomes" Final report of the National Early Intervention Longitudinal Study (NEILS), January 2007

This report contains findings from a 10 year national study that tracked children who participated in Part C and examined the services received and the outcomes that children and families experienced.

1. What are the implications of this report for Texas?
2. What is the identified impact of Part C for children?
3. What is the identified impact of Part C of Part C for families?
4. What is the impact for school readiness?

"Prevalence of Developmental Delays and Participation in Early Intervention Services for Young Children" Rosenberg S., Zhang D., Robinson C. Pediatrics: Volume 121, Number 6, June 2008

This article describes a process that utilized a national representative sample of children born in 2001 to estimate rates of eligibility for Part C. The authors conclude that the estimate of developmental delay in children below the age of three is ~13% which is far higher than the current percentage of children served by Part C.

1. What are the implications of this report for Texas?
2. How do the findings in this article reflect your experience in Texas?

"Developmental Screening in Primary Care: The Effectiveness of Current Practice and Recommendations for Improvement" Sices L., The Commonwealth Fund, Publication no. 1082, December 2007

This article presents the results of a review of literature to determine the effectiveness of efforts to identify developmental delay in early childhood. This author identifies 10% as the prevalence rate for developmental delays in children below the age of three.

1. What are the implications of this report for Texas?
2. How do the findings in this article reflect your experience in Texas?

Resource Articles:

"The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do" National Scientific Council on the Developing Child, Center on the Developing Child, Second Printing, November 2007

"This article is designed to provide a framework within which this complex challenge can be addressed most effectively. Its goal is to promote an understanding of the basic science of early childhood development, including its underlying neurobiology, to inform both public and private sector investment in young children and their families."

"The Timing and Quality of Early Experiences Combine to Shape Brain Architecture" National Scientific Council on the Developing Child, Center on the Developing Child, February 2008

"The quality of a child's early environment and the availability of appropriate experiences at the right stages of development are crucial in determining the strength or weakness of the brain's architecture, which, in turn, determines how well he or she will be able to think and to regulate emotions."

"Early Childhood Development: Economic Development with a High Public Return" Rolnick A., Grunewald R., The Region, December 2003

This paper is focused on the economic impact of investment in early childhood development programs. " Studies find that well-focused investments in early childhood development yield high public as well as private returns." The author states that " a convincing economic case for publicly subsidizing education has been around for years and is well supported. The economic case for investing in early childhood development is more recent and deserves more attention."

Research Brief #8: Need for Early Intervention Services Among Infants and Toddlers in Child Welfare, Findings from the NSCAW Study

This brief examines the impact of child maltreatment on the developmental status of young children and their need for early intervention services. The focus of the brief is on the number of maltreated children who are enrolled in Part C and in Part B programs.

Appendix C: Texas ECI Data

Children Eligible with Atypical Development

FY 2008

Specific concerns in atypical areas based on sample

		Percent of Atypical Area	Percent of Atypical Total	Percent of Total
Physical/Motor				
	High tone	33	17	3
	Torticollis	16	9	2
	Low tone	13	7	1
	Gait issues (shuffle walk, toe walking, wide stance	5	3	0
	Righting/limited head movement	4	2	0
	Creep/crawl issues (uneven, one-sided)	3	2	0
	Sensory issues	3	2	0
	Feeding/oral motor	3	1	0
	Reflexes	3	1	0
	Clonus	2	1	0
	Asymmetry of movement	2	1	0
	Physical anomaly	2	1	0
	Atypical movement patterns	2	1	0
	Vision	1	1	0
	Other/missing	11	6	1
	Sub-Total		**55**	10

Speech/Communication				
	Articulation	49	8	2
	Feeding	20	3	1
	Use of language	13	2	0
	Oral Motor (drooling, reject specific textures)	7	1	0
	Hearing	6	1	0
	Perseverative play or speech	4	1	0
	Stuttering	3	0	0
	Other	3	0	0
	Sub-Total		**17**	**3**
Adaptive/Self-Help				
	Feeding	69	8	2
	State regulation (response to stimulation, sleep	16	2	0
	Oral Motor (drooling, reject specific textures)	6	1	0
	Other	14	2	0
	Sub-Total		**12**	**2**
Social-Emotional				
	Behavioral issues	62	8	1
	State regulation (response to stimulation, sleep)	15	2	0
	Affect (eye contact, joint attention)	9	1	0
	Self injurious behavior	7	1	0

	Missing	11	1	0
	Sub-Total		**13**	**2**
Cognitive				
	Attention issues	0	0	0
	Sub-Total	3	**1**	**0**

Children Eligible with Medically Diagnosed Condition

FY 2008

	Percent of Med Dx	Percent of Total
Chromosomal Anomalies	**31%**	**3%**
Down Syndrome		
Congenital Anomalies: Brain and Spinal Cord	**14%**	**1%**
Spinal Bifida		
Congenital Hydrocephaly		
Microcephaly		
Symptoms, Signs and Ill-Defined Conditions	**13%**	**1%**
Failure to Thrive		
Seizure Disorders		
Diseases of the Nervous System	**11%**	**1%**
Cerebral Palsy		
Hydrocephalus		
Congenital Anomalies: Facial Clefts	**9%**	**1%**
Cleft Palate		
Cleft Palate with Cleft Lip		
Congenital Anomalies – Musculoskeletal	**8%**	**1%**
Plagiocephaly		
Clubfoot, Congenital		

Conditions Originating in the Perinatal Period Brachial Plexus Injury, Perinatal Origin (Erb's Palsy) Intraventricular Hemorrhage, Grade IV	**7%**	**1%**
Congenital Anomalies - Other (e.g., mult. systems) Prader-Willi Syndrome VATER Syndrome	**4%**	**< .5%**
Endocrine, Nutritional and Metabolic Diseases DiGeorge's Syndrome	**3%**	**< .5%**
Mental Disorders	**2%**	**< .5%**
Diseases of the Musculoskeletal System	**1%**	**< .5%**
Diseases of the Digestive System	**1%**	**< .5%**
Diseases of the Circulatory System	**< 1%**	**< .5%**
Neoplasms	**< 1%**	**< .5%**

Developmental Delay Criteria

Age in Months	Months of Delay Needed for Elig	Percent of Delay
2	2	100%
3	2	67%
4	2	50%
5	2	40%
6	2	33%
7	2	29%
8	2	25%
9	2	22%
10	2	20%
11	2	18%
12	2	17%
13	3	23%
14	3	21%
15	3	20%
16	3	19%
17	3	18%
18	3	17%
19	3	16%
20	3	15%
21	3	14%
22	3	14%
23	3	13%
24	3	13%
25	4	16%
26	4	15%
27	4	15%
28	4	14%
29	4	14%
30	4	13%
31	4	13%
32	4	13%
33	4	12%
34	4	12%
35	4	11%

Appendix D: PowerPoint Presentations

Early Childhood Intervention (ECI) Eligibility Requirements Stakeholder Process

Emerald Consulting
December 3-4, 2008

Stakeholder Charge

To develop recommendations for the Texas Early Intervention System for potential options for change in the current eligibility criteria that would result in a 12% decrease in the number of newly referred children who will meet the eligibility criteria if there is no increase in the state appropriation.

Stakeholder Charge (cont)

These recommendations will address the following areas:

- Developmental Delay
- Established Medical Conditions
- Atypical Development

Decision Making Process

- Ideally recommendations will be developed that can be supported by all Stakeholders
- Our goal will be consensus, meaning you can support the recommendations
- This may not be your first choice, but you can live with the recommendation in the interests of consensus
- If needed, however, we can use other methods for decision-making

§ 303.16 Infants and toddlers with disabilities.

- (a) As used in this part, *infants and toddlers with disabilities means individuals* from birth through age two who need early intervention services because they—
  - (1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
    - (i) Cognitive development.
    - (ii) Physical development, including
    - vision and hearing.
    - (iii) Communication development.
    - (iv) Social or emotional development.
    - (v) Adaptive development;

§ 303.16 continued

  - (2) Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

- (b) The term may also include, at a State's discretion, children from birth through age two who are at risk of having substantial developmental delays if early intervention services are not provided. (Authority: 20 U.S.C. 1432(5))

§ 303.300 State eligibility criteria and procedures.

- Each statewide system of early intervention services must include the eligibility criteria and procedures, consistent with § 303.16, that will be used by the State in carrying out programs under this part.

- (a) The State shall define *developmental delay by—*
  - (1) Describing, for each of the areas listed in § 303.16(a)(1), the procedures, including the use of informed clinical opinion, that will be used to measure a child's development; and
  - (2) Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas.

- (b) The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition that has a high probability of resulting in developmental delay under § 303.16(a)(2).

- (c) If the State elects to include in its system children who are at risk under § 303.16(b), the State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to identify those children.

NATIONAL STATISTICS

2007 Child Count

IDEA Part C
Percentage of all children (without at risk) under the age of three receiving services 12/1/2007

= birth mandate

= at risk

= 2.48% national baseline

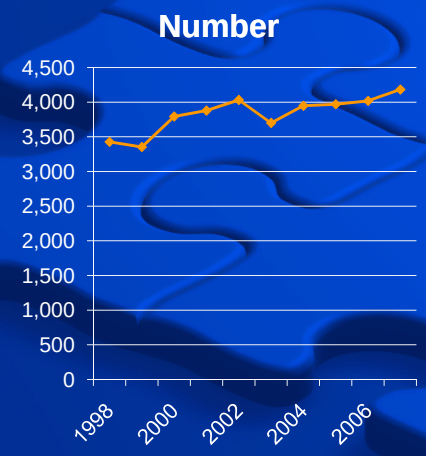
Broad Eligibility (N=26)	
Massachusetts	6.49
Wyoming	4.38
West Virginia	4.01
Vermont	4.00
Hawaii	3.74
Pennsylvania	3.68
New Hampshire	3.67
Maryland	3.05
Ohio	2.98
New Mexico	2.86
Virgin Islands	2.85
Kansas	2.71
Iowa	2.69
Wisconsin	2.62
Michigan	2.49
Arkansas	2.34
California	2.21
Texas	2.06
Virginia	1.92
Washington	1.77
Florida	1.66
Alabama	1.46
Northern Marianas	1.39
Mississippi	1.34
American Samoa	1.19

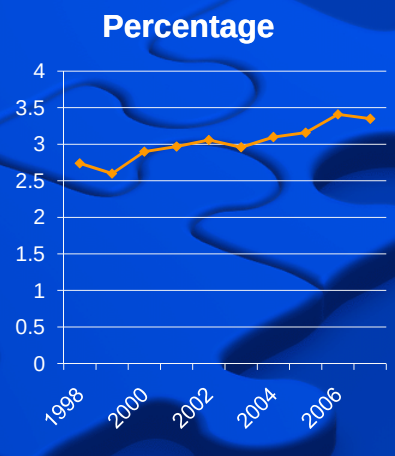
Moderate Eligibility (N=14)	
Rhode Island	4.61
New York	4.11
Indiana	3.44
Illinois	3.31
S Dakota	3.27
Puerto Rico	3.25
New Jersey	2.84
Kentucky	2.54
Delaware	2.40
North Carolina	2.06
Alaska	1.94
Colorado	1.92
Minnesota	1.83
Louisiana	1.78
Guam	1.29

Narrow Eligibility (N=16)	
Connecticut	3.35
N Dakota	3.29
Idaho	2.69
Maine	2.38
S Carolina	2.14
Utah	1.92
Oklahoma	1.90
Arizona	1.81
Tennessee	1.80
Oregon	1.78
Montana	1.76
Nebraska	1.74
Nevada	1.67
Missouri	1.45
Georgia	1.20
District of Columbia	1.19

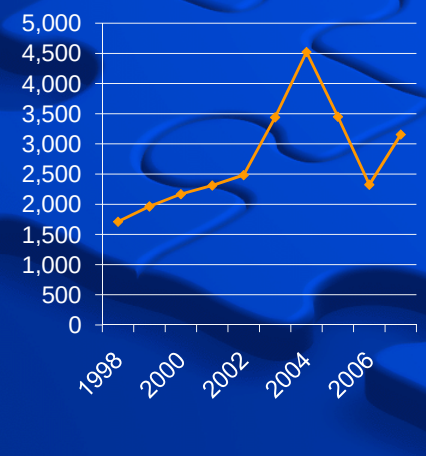
Eligiblity categories were established by the Office of Special Education Programs (OSEP) as of 2007
Source: Table 8-1 www.ideadata.org

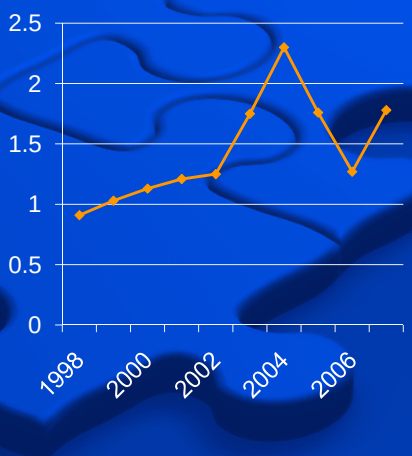
Connecticut



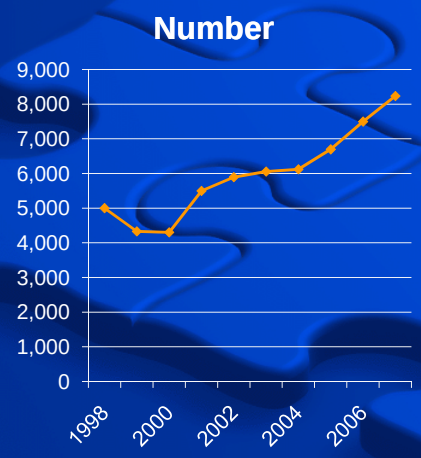


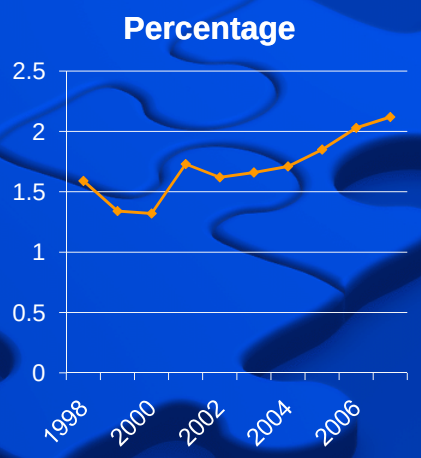
Louisiana



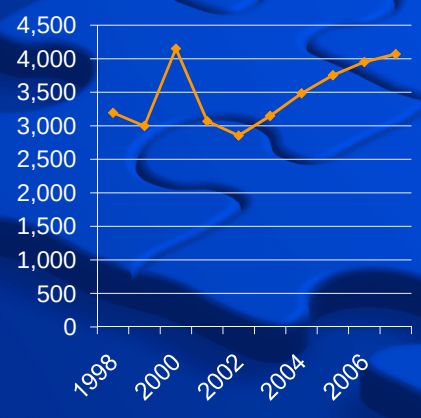


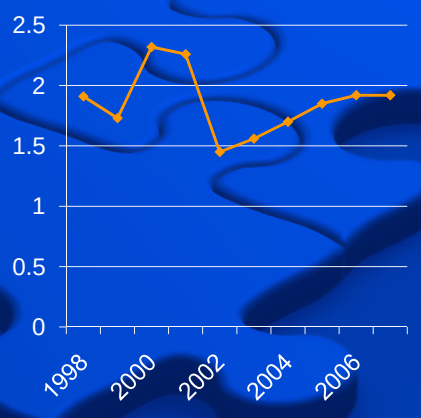
North Carolina

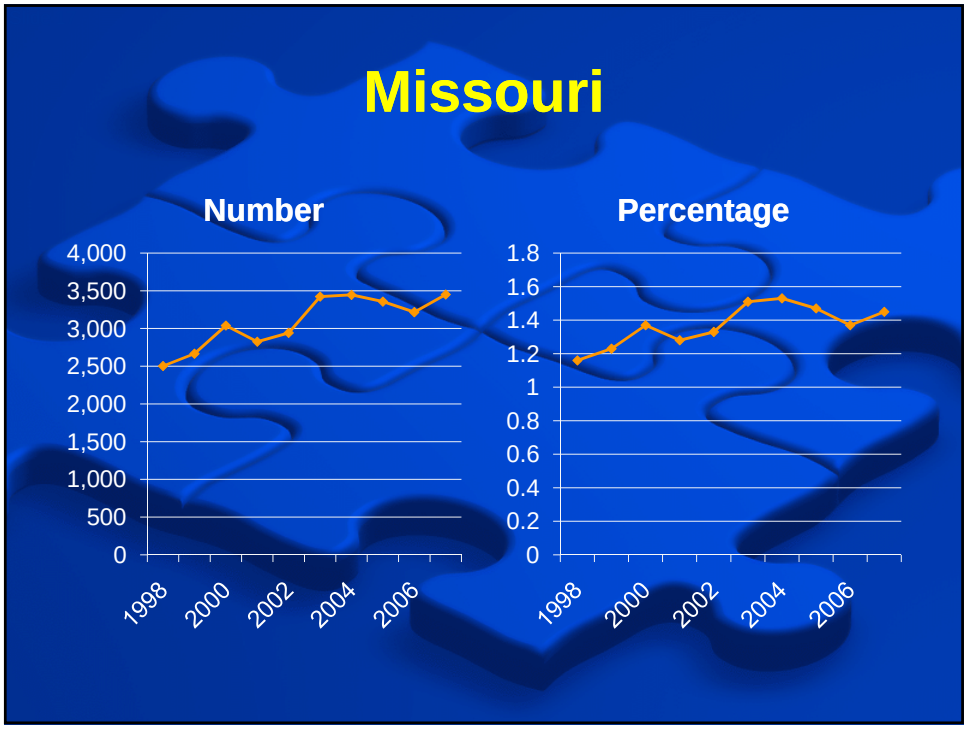


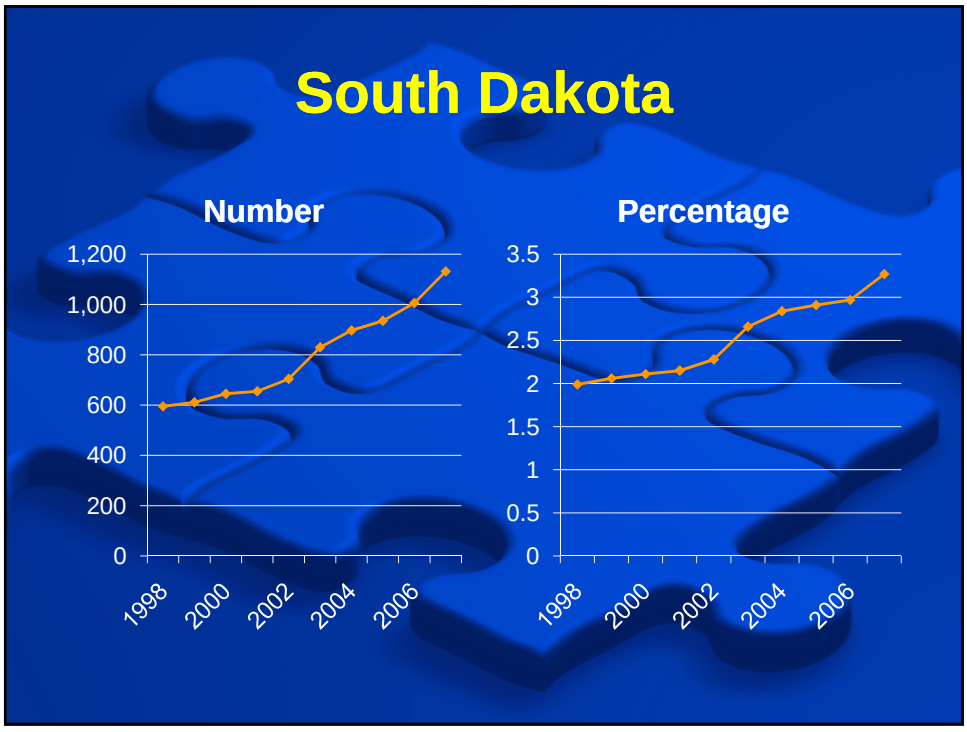


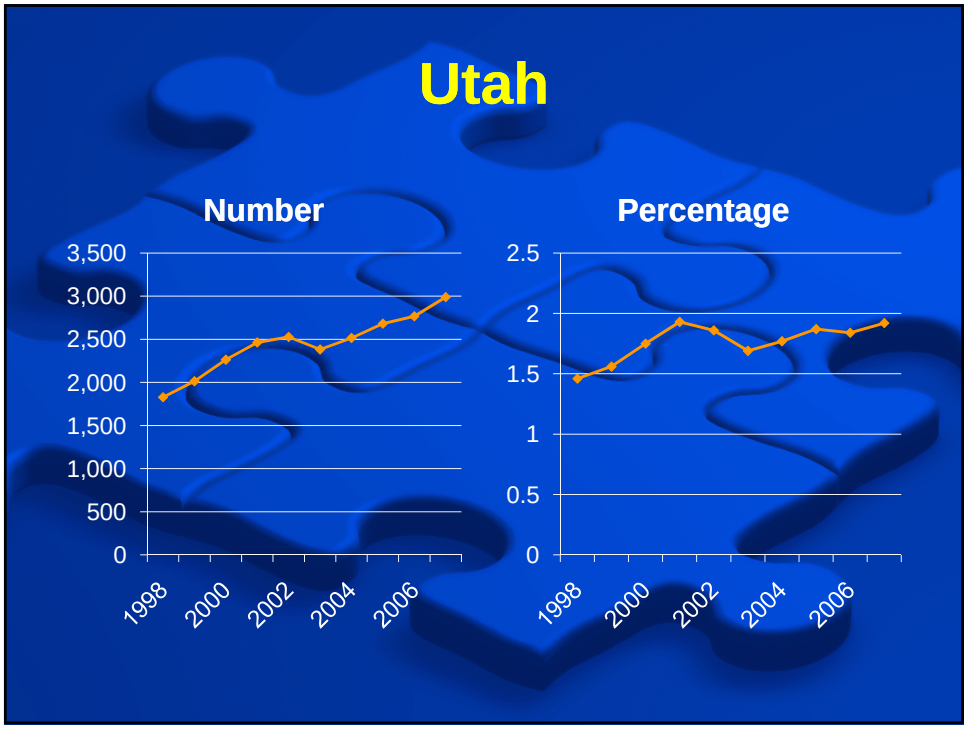
Colorado

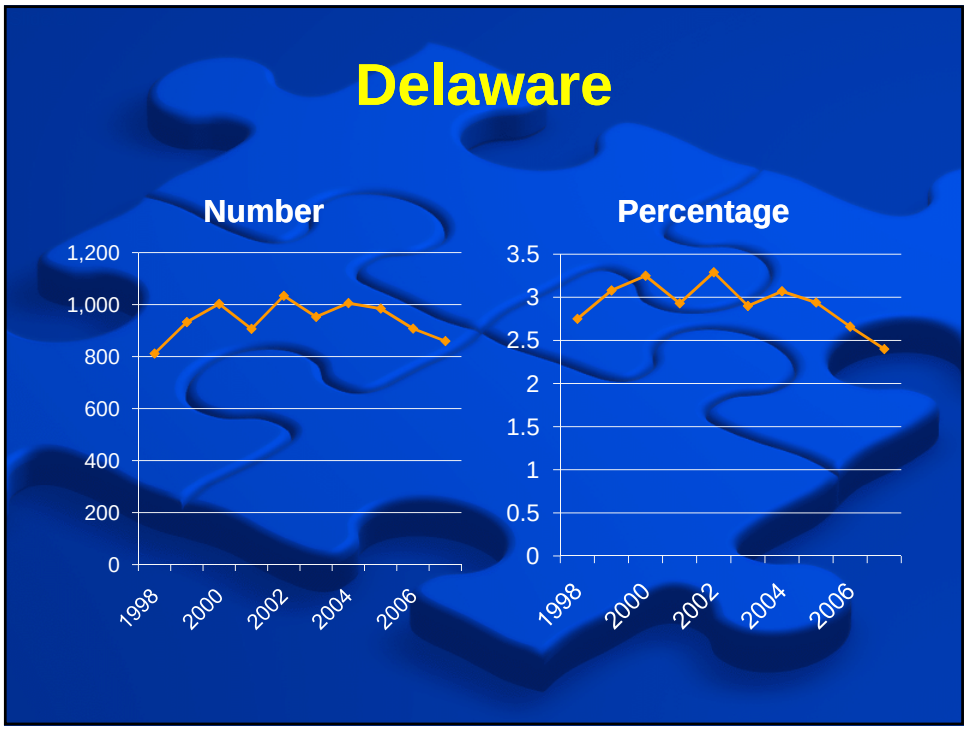




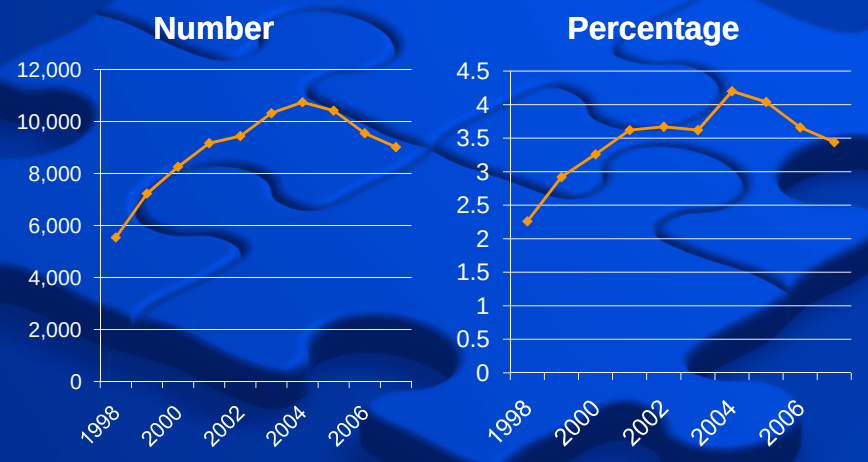

Missouri
Number
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1998
2000
2002
2004
2006
Percentage
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
1998
2000
2002
2004
2006


South Dakota
Number
1,200
1,000
800
600
400
200
0
1998
2000
2002
2004
2006
Percentage
3.5
3
2.5
2
1.5
1
0.5
0
1998
2000
2002
2004
2006


Utah
Number
3,500
3,000
2,500
2,000
1,500
1,000
500
0
1998
2000
2002
2004
2006
Percentage
2.5
2
1.5
1
0.5
0
1998
2000
2002
2004
2006


Delaware
Number
1,200
1,000
800
600
400
200
0
1998
2000
2002
2004
2006
Percentage
3.5
3
2.5
2
1.5
1
0.5
0
1998
2000
2002
2004
2006

Indiana



Standards for Success

- Think about data and information; review challenges and issues
- Think alone about standards
- Discuss with partner for 10 min
- *What standards should drive our work? What will our recommendations look like if we have achieved success in this 2-day meeting?*
- Write each standard in large type on paper (1 per sheet).
- Partners share standards with large group

Small Group Work

- Everyone assigned to a group but works on all three topics
- State staff are resource, take notes and stay with their topic;
- Last 5 minutes of every rotation is review of notes
- Each group uses a specific color marker, takes it with them through rotations
- Each group reviews work on charts and adds/makes additional or different suggestions based on discussion

ECI Stakeholder Workgroup:
Background for making recommendations regarding narrowing eligibility

Kim Wedel

December 3 - 4, 2008

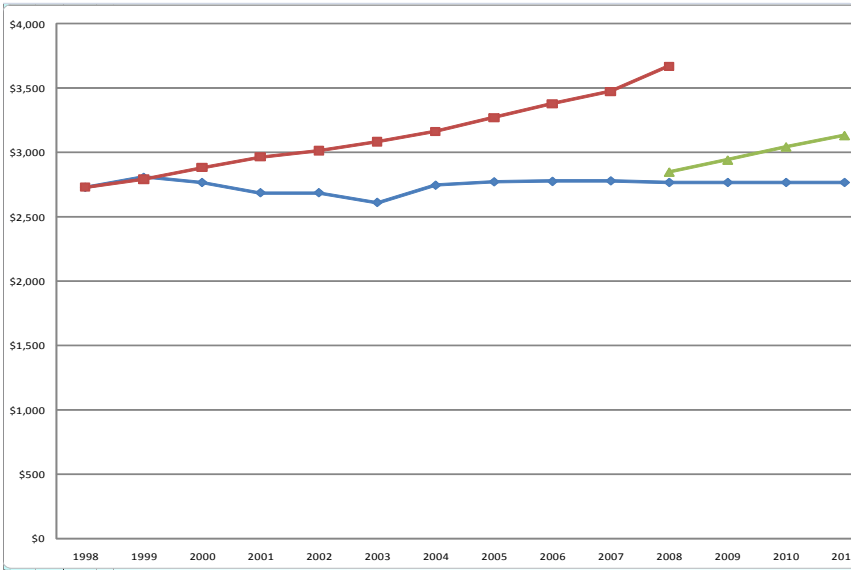
1

Texas ECI Over Time

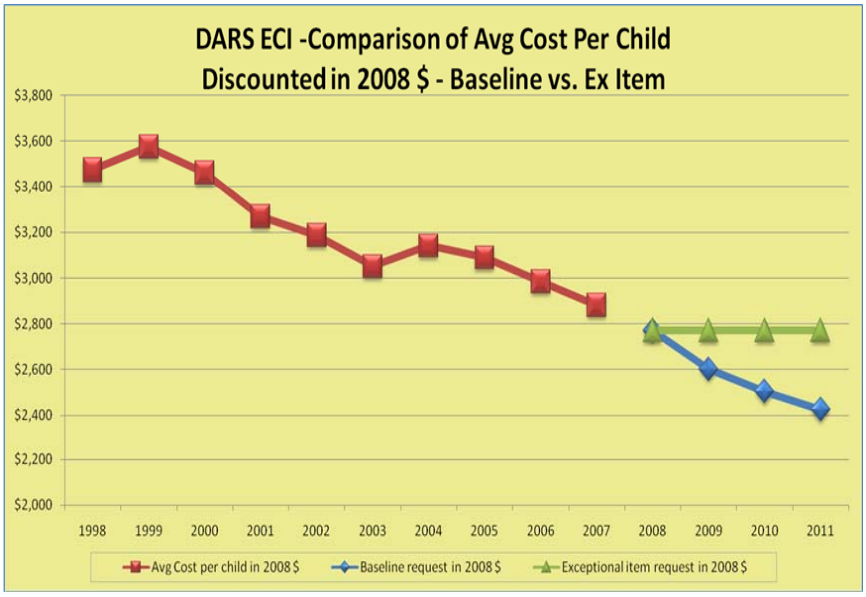
- The average cost per child for children served in ECI has remained essentially flat for the last 10 years.
- Inflationary pressures, particularly rising salaries, have eroded the funds available for serving children and families.
- The needs of families and children have increased and become more complex.

2

Inflated 1998 and Actual Costs Per Child Compared



3



4

Texas Early Intervention Costs Compared

- According to the National Early Intervention Longitudinal Study (NEILS) released in June 2004, the average monthly cost for a child served in early intervention was $916.
- The equivalent cost for Texas today is $504 ($463 appropriated funds); 55% of the cost in NEILS.

5

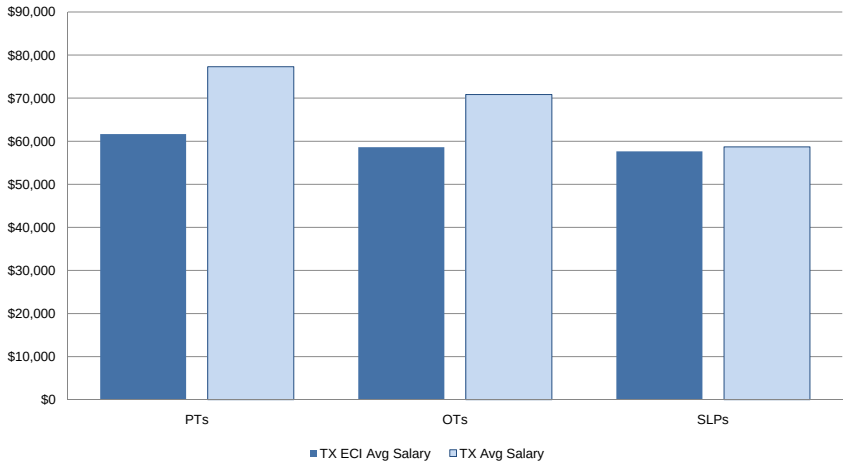
Increasing Salaries

Between 2004 and 2007:

- ECI contractor expenditures on salaries and fringe increased 20%.
- There was a 1.6% decrease in the number of therapist positions.
- The number of children in ECI increased 17.2%.

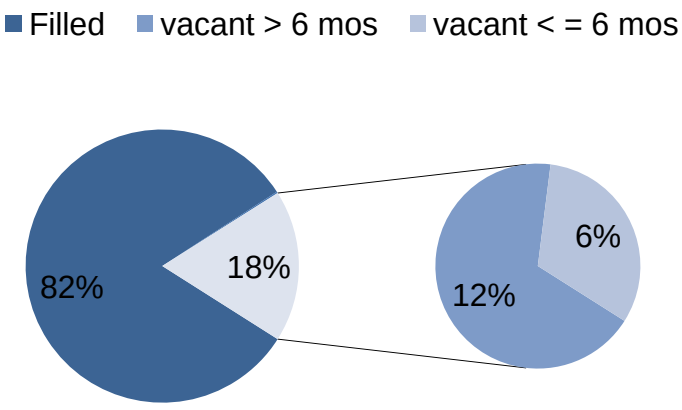
6

Comparison of ECI and Statewide Texas Salaries



7

Therapist position vacancies 2007



8

Texas Service Hours Compared to Other Large States

- Texas children receive an average of less than 2 hours of service per month in addition to service coordination.
- Illinois children receive on average over 7 hours of service per month.
- Pennsylvania children receive an average of 2.5 hours of service per week – over 10 hours of service per month.

9

Increased Service Needs of Children and Their Families

- Of the children with developmental delays, the percentage of children with delays in multiple areas increased from 37% to 47% from 2004 to 2007.
- 8 to 9% of children enrolled in ECI are involved in CPS.
- The number of children diagnosed with conditions on the Autism Spectrum more than doubled between 2004 and 2007.

10

DARS Legislative Appropriations Request for 2010 and 2011

- Base Request calculated at the 2007 Average Cost Per Child:
  - Funds to cover growth
  - General Revenue funds to replace Federal funds
- Exceptional Item Request to Increase the Average Cost Per Child

11

ECI Exceptional Item Request

- All funds request: $50.4 million
- Offset inflationary pressures. The Personal Consumption Expenditure, an official measure of inflation appropriate for ECI, indicates inflation of 3 percent per year, further eroding services.
- Doubling the number of service hours available to 5,000 children and families with complex service needs, consistent with recommendation from leading expert on Early Childhood Intervention.

12

Where will we be in June 2009?

Legislative Appropriations:

- The base level of funding would support projected growth at the 2007 average cost per child but would not cover costs as they have increased since then.
- The exceptional item would maintain the program at current levels.

13

The Charge

- Prepare DARS to answer the question "What will DARS do if we only receive the base request?"
- Provide clear good faith information to the Legislature about the choice.
- Describe how we would reduce the flow of children into the program by 6% and by 12%.

14

Next steps

- Use all available resources and ideas to strengthen services and systems.
- Prepare to inform the Legislature.
- See what funding is appropriated.
- If only the base request is funded, DARS will use the information provided here to initiate the public input and rule making process.

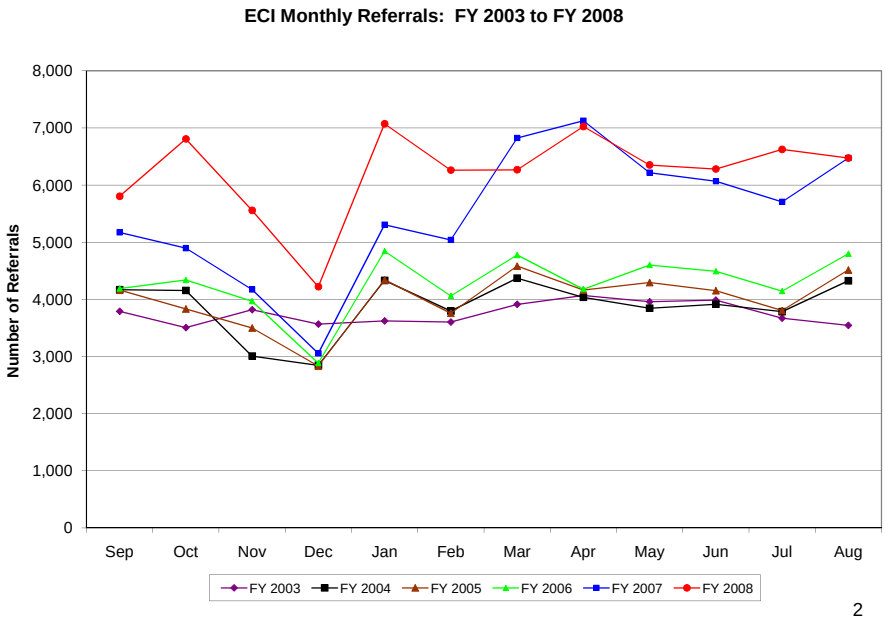
15

ECI Stakeholder Workgroup: Texas Data

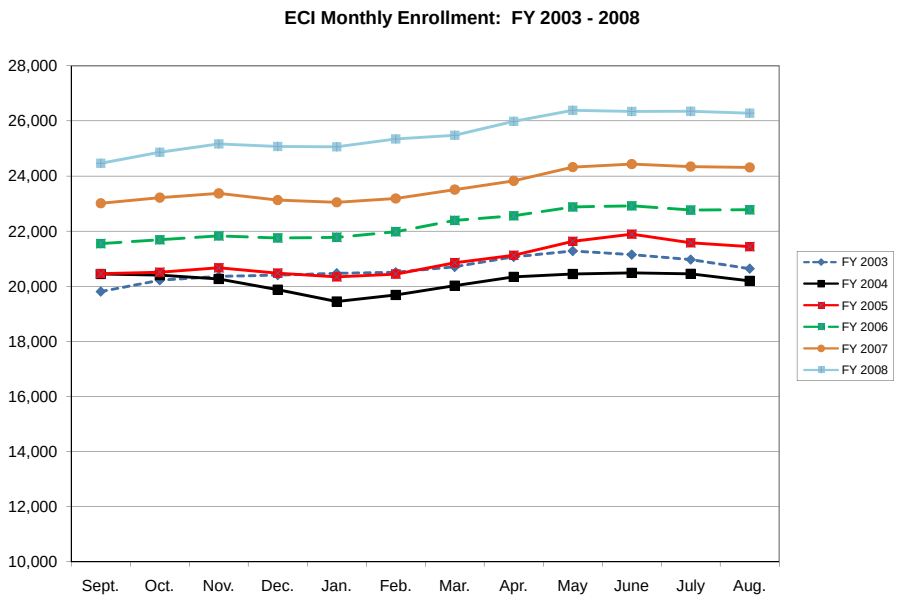
Robin Nelson

December 3-4, 2008

1



2



3

Trends in Average Monthly Enrollment: FY 2003 - 2008

	Average Monthly Enrollment	Annual Change	Annual Served
FY 02	18,714		37,932
FY 03	20,630	10.2%	42,458
FY 04	20,171	-2.2%	43,035
FY 05	20,950	3.9%	43,528
FY 06	22,238	6.1%	45,901
FY 07	23,639	6.3%	49,359
FY 08	25,566	8.1%	52,848

4

Projected Monthly Enrollment: FY 2009 - 2011

	Average Monthly Enrollment	Annual Change	Annual Served
FY 07	23,639		49,359
FY 08	25,566	8.1%	52,848
FY 09	26,948	5.4%	56,344
FY 10	28,665	6.4%	59,935
FY 11	30,383	6.0%	63,526

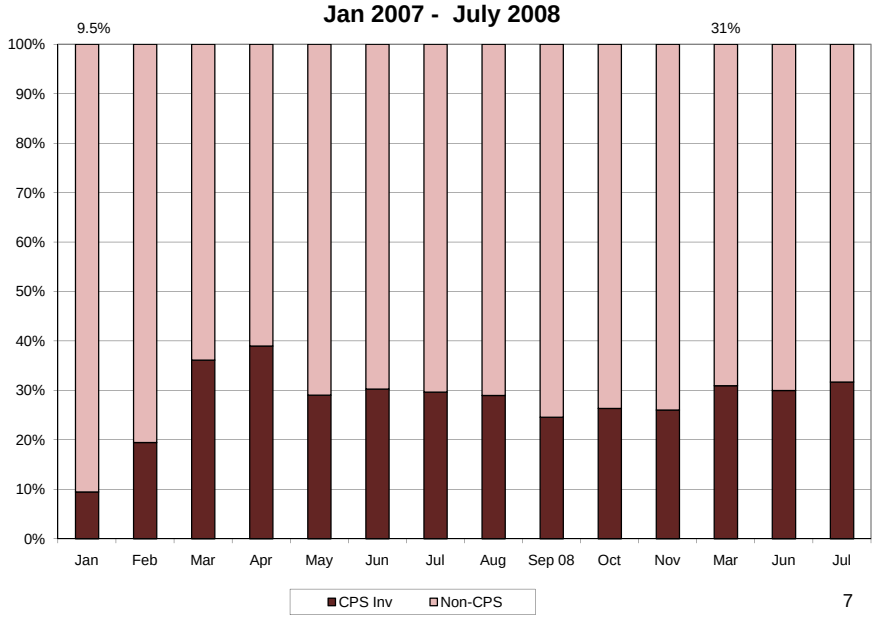
5

Increased service needs of children and their families

- Of the children with developmental delays the percentage of children with delays in multiple areas increased from 37% to 47% from 2004 to 2007.
- 8 to 9% of children enrolled in ECI are involved in CPS.
- The number of children diagnosed with conditions on the Autism Spectrum more than doubled between 2004 and 2007.

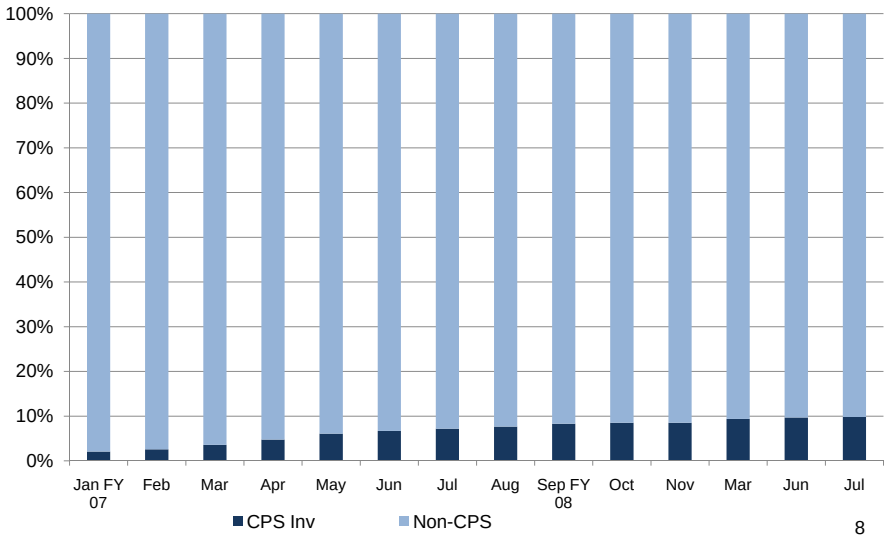
6

CPS-Involved Referrals as Percent of Total: Jan 2007 - July 2008

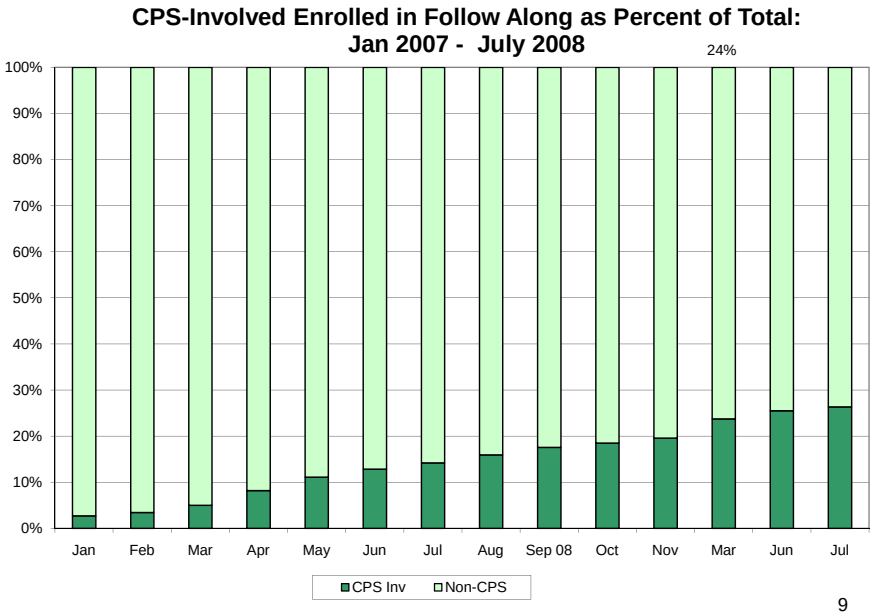


7

CPS-Involved Children Enrolled in Comprehensive Services as Percent of Total Enrolled: Jan 2007 - July 2008



8

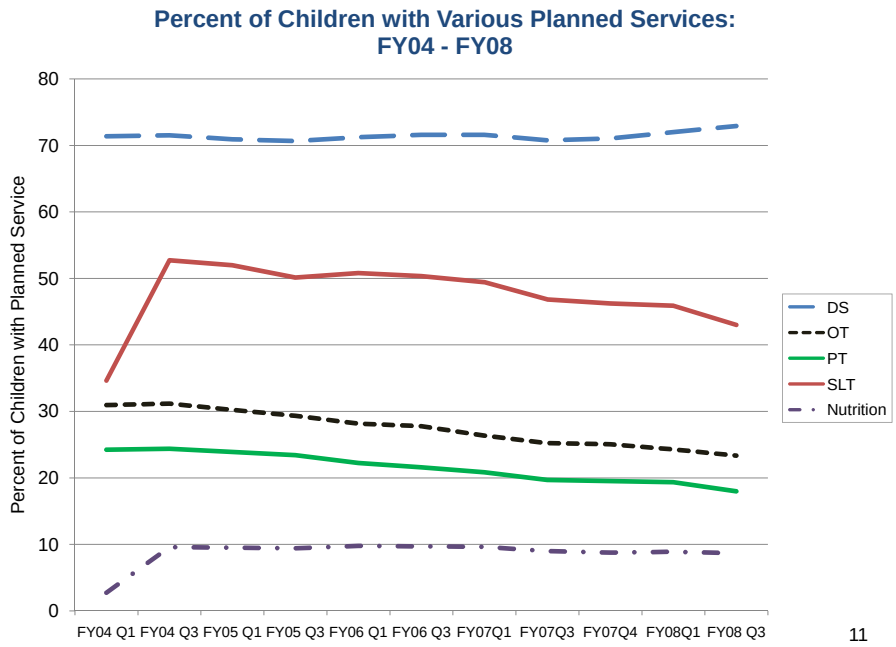


9

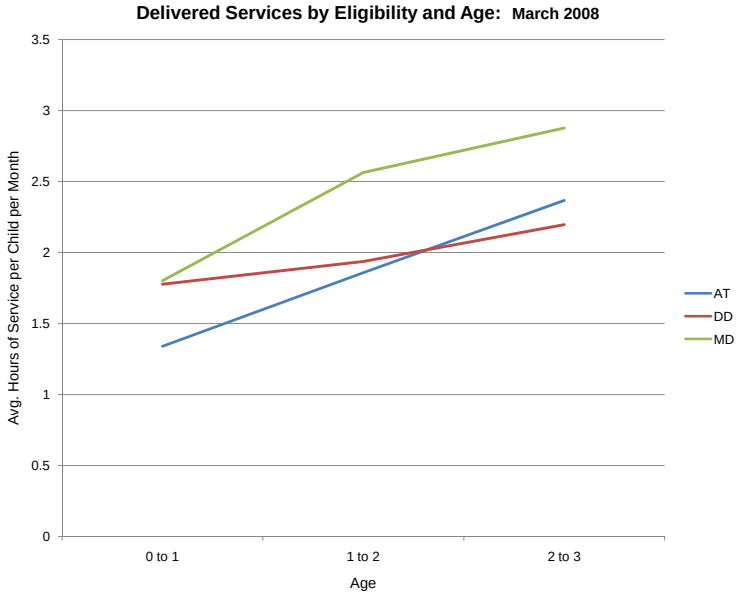
Case Progression of CPS-Involved Children Referred to ECI

- Of every 100 children/families referred:
  - 18 enroll in comprehensive services
  - 6 enroll in follow along
  - 37 receive eligibility determination services: developmental screening and/or evaluation
  - 39 families cannot be contacted or decline services

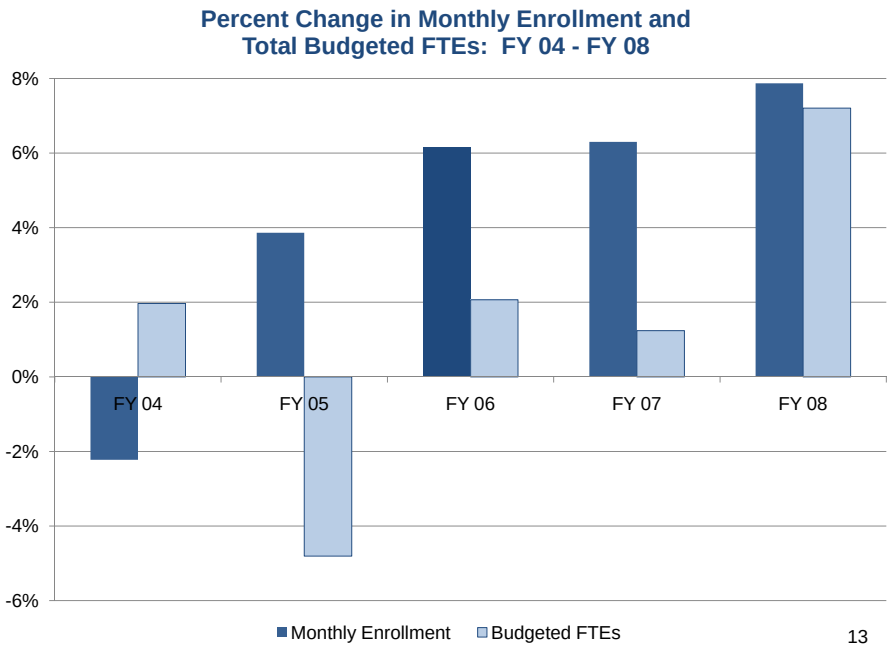
10


Percent of Children with Various Planned Services: FY04 - FY08
Percent of Children with Planned Service
80
70
60
50
40
30
20
10
0
FY04 Q1
FY04 Q3
FY05 Q1
FY05 Q3
FY06 Q1
FY06 Q3
FY07Q1
FY07Q3
FY07Q4
FY08Q1
FY08 Q3
DS
OT
PT
SLT
Nutrition

11


Delivered Services by Eligibility and Age: March 2008
Avg. Hours of Service per Child per Month
3.5
3
2.5
2
1.5
1
0.5
0
0 to 1
1 to 2
2 to 3
Age
AT
DD
MD

12

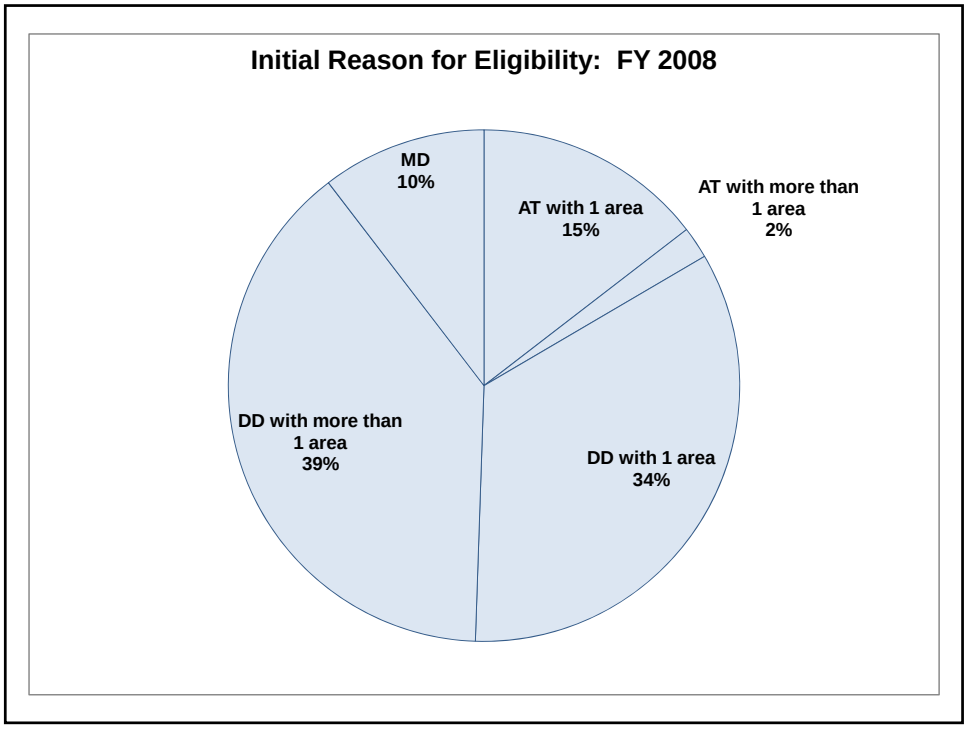


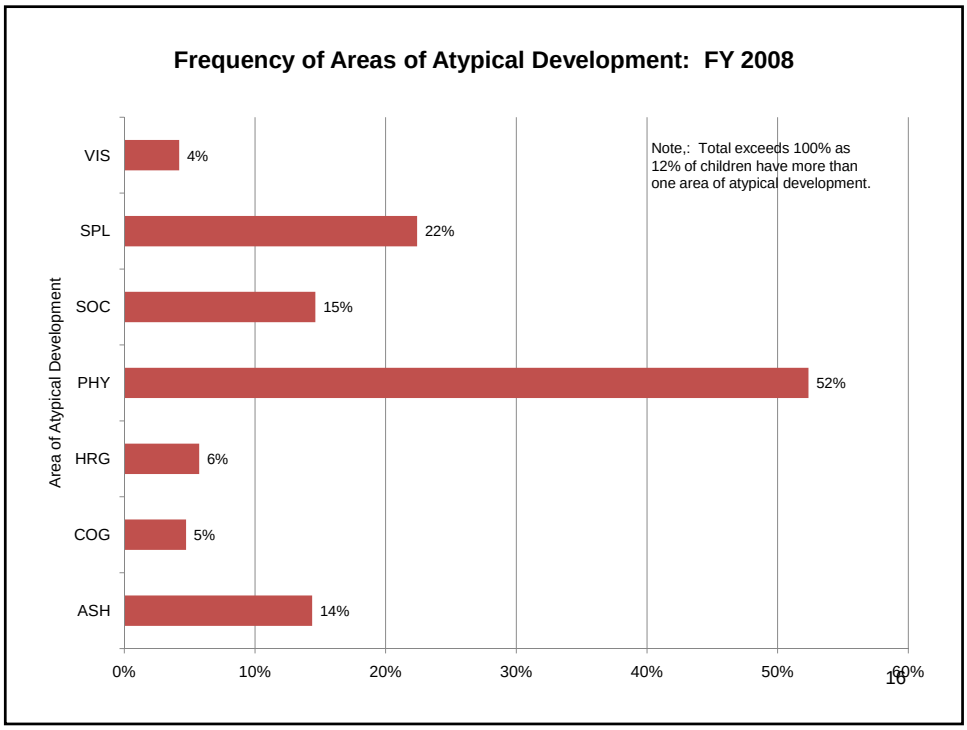
13

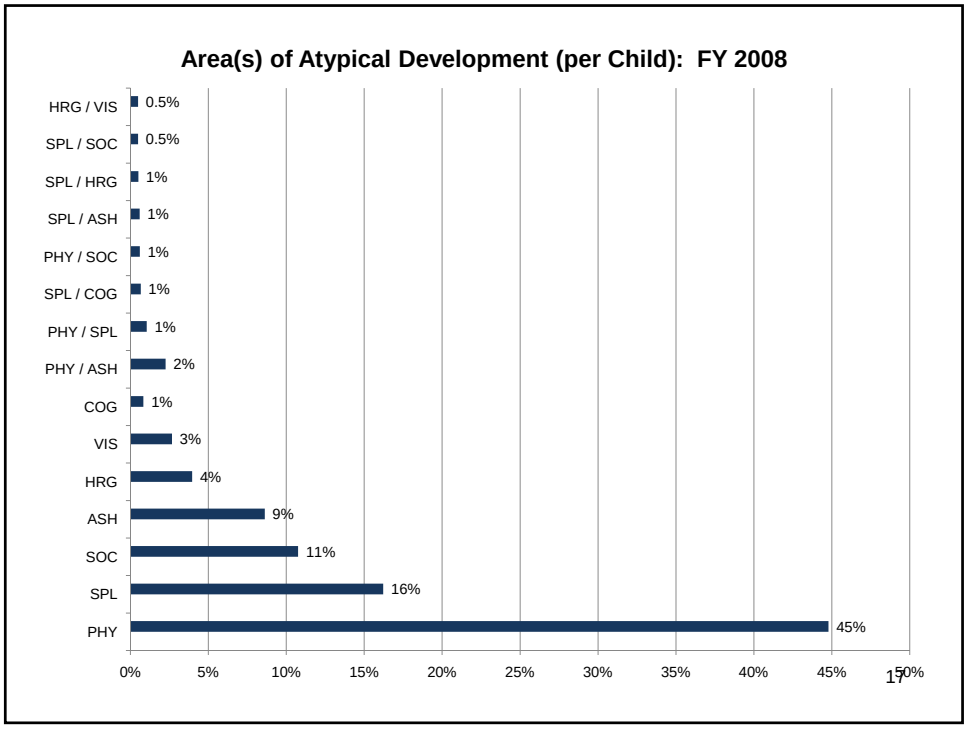
Family Outcomes: 2007

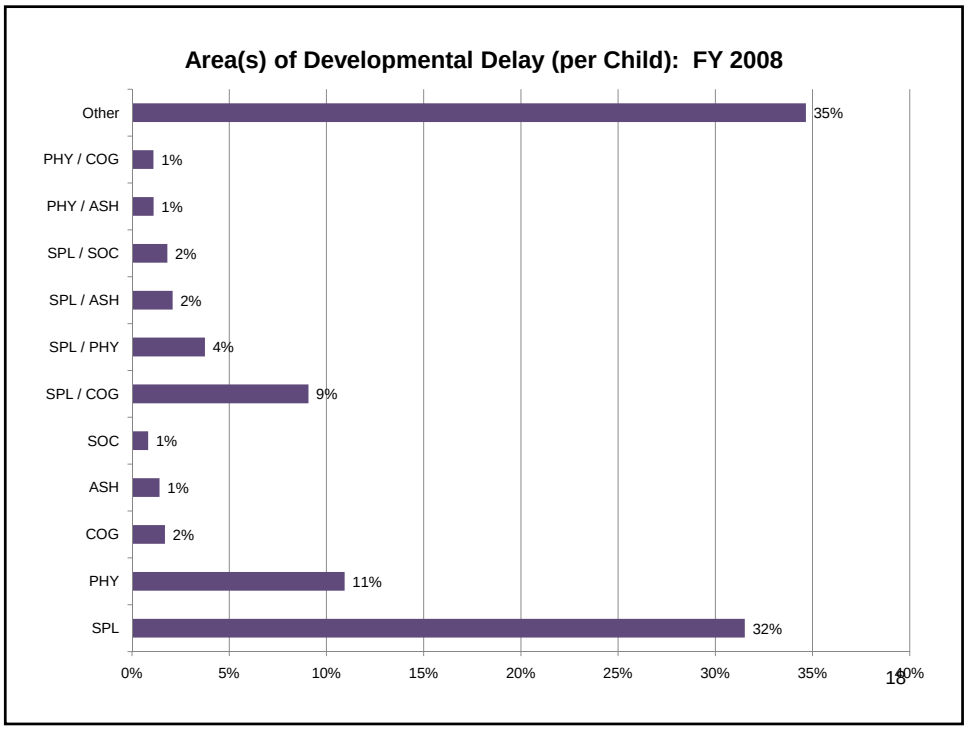
- 88% of families felt pretty comfortable participating in meetings to plan services.
- 91% of families reported that early intervention helped their family effectively communicate their child's needs.
- 93% of families reported that early intervention helped their family be able to help their child develop and learn.

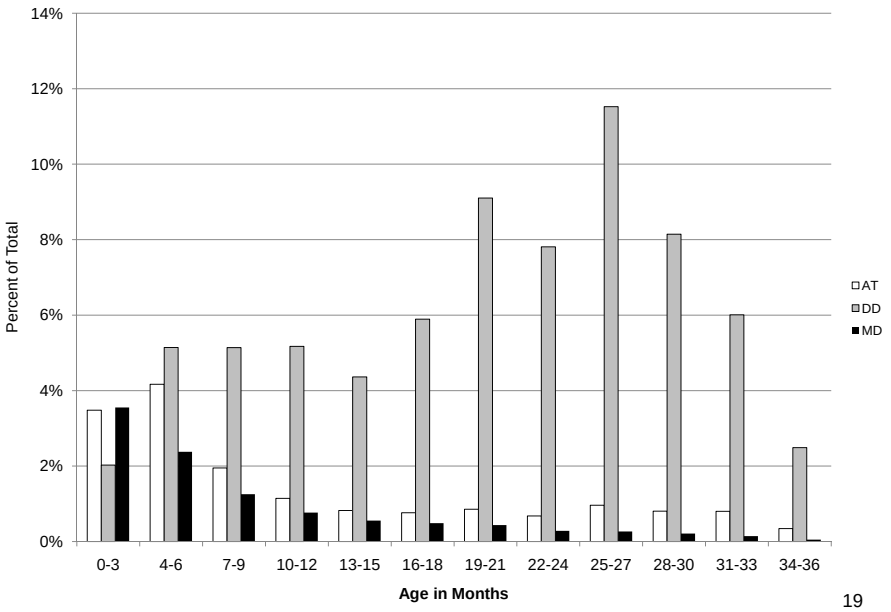
14


Initial Reason for Eligibility: FY 2008
MD
10%
AT with 1 area
15%
AT with more than
1 area
2%
DD with more than
1 area
39%
DD with 1 area
34%


Frequency of Areas of Atypical Development: FY 2008
Area of Atypical Development
VIS
SPL
SOC
PHY
HRG
COG
ASH
4%
22%
15%
52%
6%
5%
14%
0%
10%
20%
30%
40%
50%
60%
Note,: Total exceeds 100% as
12% of children have more than
one area of atypical development.
10


Area(s) of Atypical Development (per Child): FY 2008
HRG / VIS 0.5%
SPL / SOC 0.5%
SPL / HRG 1%
SPL / ASH 1%
PHY / SOC 1%
SPL / COG 1%
PHY / SPL 1%
PHY / ASH 2%
COG 1%
VIS 3%
HRG 4%
ASH 9%
SOC 11%
SPL 16%
PHY 45%
0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%
17


Area(s) of Developmental Delay (per Child): FY 2008
Other 35%
PHY / COG 1%
PHY / ASH 1%
SPL / SOC 2%
SPL / ASH 2%
SPL / PHY 4%
SPL / COG 9%
SOC 1%
ASH 1%
COG 2%
PHY 11%
SPL 32%
0% 5% 10% 15% 20% 25% 30% 35% 40%
18



19

Frequency of Initial Eligibility Type By Age at Enrollment: FY 2008

	Age at Enrollment			Total
EligType	0	1	2	
Atypical	5,577	1,543	1,496	8,616
Development	11	3	3	17
	65	18	17	
	30	10	9	
Developmental	9,017	13,850	14,355	37,222
Delay	18	27	28	73
	24	37	39	
	48	86	89	
Medical	4,085	772	307	5,164
Diagnosis	8	2	1	10
	79	15	6	
	22	5	2	
Total	18,679	16,165	16,158	51,002
	37	32	32	100

Frequency
Percent of Total
Row Percent
Col Percent

20

IDEA Part C
Percentage of all children (without at risk) under the age of three receiving services 12/1/2007

= 2.48% national baseline

Broad Eligibility (N=26)

Massachusetts	6.49
Wyoming	4.38
West Virginia	4.01
Vermont	4.00
Hawaii	3.74
New Hampshire	3.67
Pennsylvania	3.31
Maryland	3.05
Ohio	2.98
New Mexico	2.86
Virgin Islands	2.85
Kansas	2.71
Iowa	2.69
Wisconsin	2.62
Michigan	2.49
Arkansas	2.34
California	2.21
Texas	2.06
Virginia	1.92
Washington	1.77
Florida	1.66
Alabama	1.46
Northern Marianas	1.39
Mississippi	1.34
American Samoa	1.19

Moderate Eligibility (N=14)

Rhode Island	4.61
New York	4.11
Indiana	3.44
Illinois	3.31
S Dakota	3.27
Puerto Rico	3.25
New Jersey	2.84
Kentucky	2.54
Delaware	2.40
North Carolina	2.06
Alaska	1.94
Colorado	1.92
Minnesota	1.83
Louisiana	1.78

Narrow Eligibility (N=16)

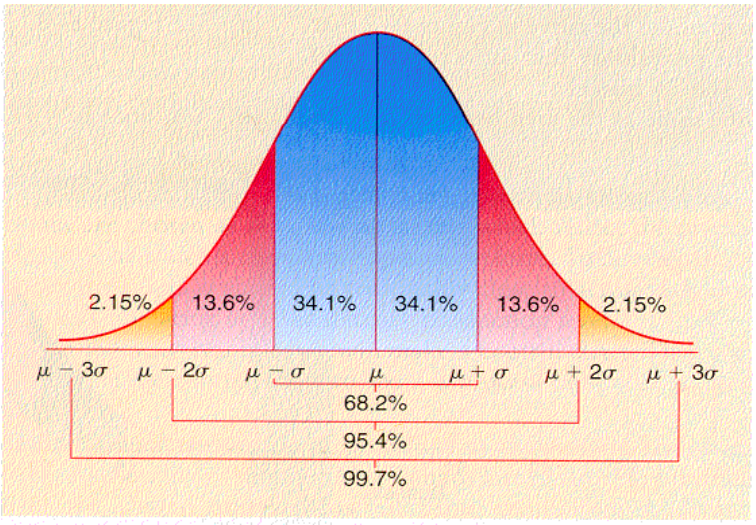
Connecticut	3.35
N Dakota	3.29
Idaho	2.69
Maine	2.38
S Carolina	2.14
Utah	1.92
Oklahoma	1.90
Arizona	1.81
Tennessee	1.80
Oregon	1.78
Montana	1.76
Nebraska	1.74
Nevada	1.67
Missouri	1.45
Georgia	1.20
District of Columbia	1.19

21

Broad Eligibility (N=26)

Massachusetts	6.49
Wyoming	4.38
West Virginia	4.01
Vermont	4.00
Hawaii	3.74
New Hampshire	3.67
Pennsylvania	3.31
Maryland	3.05
Ohio	2.98
New Mexico	2.86
Virgin Islands	2.85
Kansas	2.71
Iowa	2.69
Wisconsin	2.62
Michigan	2.49
Arkansas	2.34
California	2.21
Texas	2.06
Virginia	1.92
Washington	1.77
Florida	1.66
Alabama	1.46
Northern Marianas	1.39
Mississippi	1.34
American Samoa	1.19

22


2.15%
13.6%
34.1%
34.1%
13.6%
2.15%
$\mu - 3\sigma$
$\mu - 2\sigma$
$\mu - \sigma$
μ
$\mu + \sigma$
$\mu + 2\sigma$
$\mu + 3\sigma$
68.2%
95.4%
99.7%

23