



*Promoting optimal brain development
for children from conception to three.*

Center for Urban Child Policy

EARLY INTERVENTION SERVICES IMPROVE DEVELOPMENTAL OUTCOMES FOR YOUNG CHILDREN WITH DISABILITIES

Early Intervention (EI) supports optimal early childhood development, and supports families trying to provide for their children's special needs. For vulnerable infants and toddlers, EI can be a vital component of optimal social, emotional, cognitive and physical development (Jones, 2009; Oser & Cohen, 2003).

This policy brief discusses the contribution of Early Intervention services to the developmental well-being of young, at risk children in Shelby County.

Some highlights of the brief:

- » Early Intervention services improve child development outcomes and are cost-effective.
- » Approximately 2% of children in Shelby County under three are enrolled in Early Intervention services.
- » Recent estimates suggest that our community has a significant need to expand enrollment in services for children with disabilities or developmental delays.

Katie Devlin,* Fred Palmer, M.D., Frances Breland & Doug Imig

August 20, 2009



EARLY INTERVENTION REACHES CHILDREN DURING THEIR CRITICAL EARLY YEARS, AND SUPPORTS OPTIMAL SOCIAL, EMOTIONAL, COGNITIVE AND PHYSICAL DEVELOPMENT.

The Individuals with Disabilities Education Act (IDEA) requires that each state provide suitable early intervention services to children under age three who are developmentally delayed or have a condition that is associated with a developmental delay.

Additionally, states can provide services to infants and toddlers who are at risk of confronting a significant lag if early intervention services are not available. For example, children born to very young teen mothers, as well as children born to drug-addicted parents are at much greater risk of developmental delays. However, few states actually provide services to these families (RI Kids Count, 2009).

Federal financial support for each state is based upon the census estimates of the number of infants and toddlers (birth through age two) in the overall population (Jones, 2009).

Tennessee's Early Intervention System (TEIS)

Tennessee's Early Intervention System [TEIS] is an optional educational plan for families with children age birth through two years of age with disabilities or developmental delays. TEIS connects families with services to assist them in promoting the social, emotional and cognitive development of their child with special needs.

Eligibility for the program is determined by information collected from a child's pediatrician, as well as from the results of a developmental assessment. Children diagnosed with certain disabilities (such as hearing or vision loss or a severe physical impairment) or children who are 25% behind their peers in two growth areas (motor, cognitive, communication, social, or adaptive) or 40% behind in one area may be eligible for early intervention services (TDOE, 2003).

Research demonstrates that early intervention services are beneficial for children and families (Oser & Cohen, 2003).

EARLY INTERVENTION LEADS TO BOTH SHORT AND LONG TERM GAINS FOR CHILDREN.

- » Research on children with autism suggests that intensive early interventions followed by lasting and distinctive special education provisions during the school years demonstrate enduring gains (McEachin, Smith and Lovaas, 1993).



- » Infants and toddlers diagnosed with hearing disorders who receive the most comprehensive EI services score 20-45 percentile points higher on a variety of assessments (i.e. reading, social adjustment) than children who do not receive such an extensive intervention (White, 1997).
- » Young children in fragile, at-risk families who participate in early interventions starting in infancy receive higher scores on achievement assessments than children who do not participate in intervention programs. These gains have been shown to persist into adulthood (Campbell, Ramey, Pungello, Sparling, & Miller-Johnson, 2002).

EARLY INTERVENTION IS COST EFFECTIVE (NV KIDS COUNT, 2001).

EI Services:

- » Enhance the lifelong well-being of young children with special needs, reducing health-related expenses.
- » Reduce educational expenses by decreasing the need for long-term special education and corresponding services.
- » Help parents care for their children at home, reducing the need for institutional services while amplifying the child's capability for self-reliance.

Children who receive early intervention services are more likely to complete high school, find jobs, live independently, and avoid criminal behavior.

FOR EVERY DOLLAR SPENT ON EARLY INTERVENTION, THE PUBLIC RECEIVES A THIRTEEN DOLLAR RETURN (Glascoe & Shapiro, 2007).

THE NUMBER OF LOCAL CHILDREN RECEIVING EARLY INTERVENTION SERVICES IS INCREASING; HOWEVER, UNDER-ENROLLMENT IN EI SUPPORT SERVICES IS A NATIONAL PROBLEM.

In Tennessee, a lower percentage of young children are receiving early intervention services than national average.



Number (and Percent) of Infants and Toddlers Receiving EI Services (2007)

Age	Tennessee	US
Birth to 1 yr	590 (0.71%)	44,974 (1.06%)
1 yr to 2 yrs	1,527 (1.84%)	101,352 (2.42%)
2 yrs to 3 yrs	2,344 (2.87%)	170,404 (4.15%)
Birth to 3 yrs	4,461 (1.80%)	316,730 (2.52%)

Source: U.S. Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2007. Data updated as of July 15, 2008.

The Tennessee Early Intervention System consists of nine districts. **Shelby County** is part of the Memphis Delta (MD) district, which also includes Fayette, Lauderdale and Tipton counties.

- » In 2008, 862 children (0-2) in the MD district received early intervention services (90% of EI participants in the MD district receive services in Shelby County).
- » **The number of local children enrolled in EI services is on the rise.**
From 2004 to 2008, the number of Shelby County children birth to age two receiving early intervention services increased thirty-eight percent.
- » *As of July 2009, 909 Shelby County children (birth to age 3) are receiving EI services (Kilpatrick, 2009), 2.15% of the population under age three.*

UNDER-ENROLLMENT IN EARLY INTERVENTION SERVICES IS A CHRONIC PROBLEM.

- » Approximately 16% to 18% of children have developmental disabilities, however, less than a third of these children are detected prior to kindergarten entry (Glascoe & Shapiro, 2007).
- » According to risk/need estimates, the number of active Early Intervention files in



Shelby County is low. Informal reactions from the staff suggest that the majority of referrals for early intervention services do not follow through (Betts et al, 2008).*

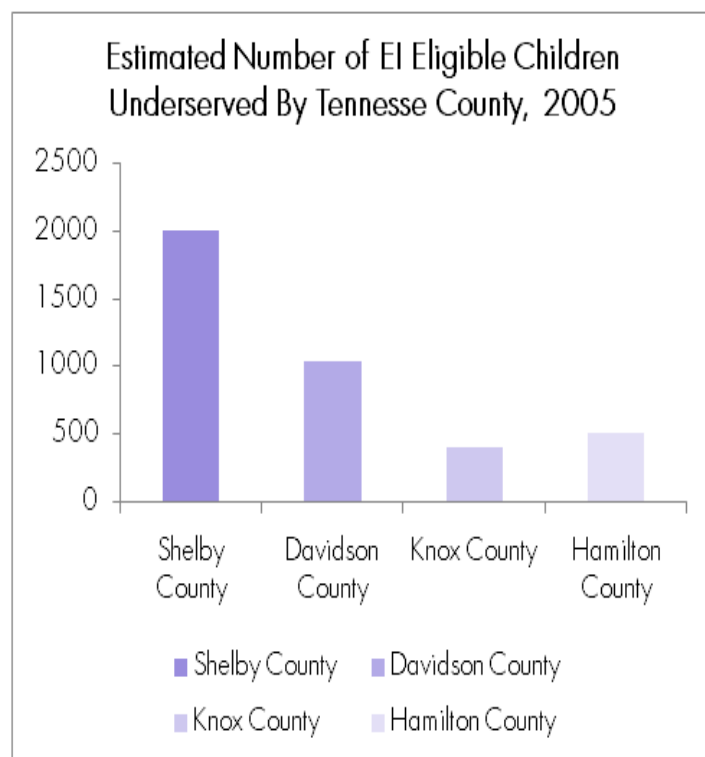
- » Tennessee Department of Children Service's requires all children under three years to be referred to TEIS when they enter state custody or have a maltreatment allegation determined.
- » This is an encouraging practice, as infants and toddlers who have been abused or neglected are far more likely than the general population to have a developmental delay (Jones, 2009).
- » The Shelby County Early Periodic Screening Diagnosis and Treatment (EPSDT) screening rates for all children under eighteen entering state custody was 90.6% in May of 2009 (screening occurs within 30 days of entering custody).

*Follow up is left up to referred families. There is no proactive outreach to referrals.

Recent eligibility estimates suggest that Shelby County has a significant need to expand enrollment in Early Intervention services (2007).

Eligibility estimates suggest that 2,604 children in Shelby County under three (5.9% of the age group) were eligible for early intervention services in 2005.

The TN Early Intervention system prevalence study (2007) suggests that Shelby County has the greatest need for EI expansion in Tennessee.



FAMILIES AND COMMUNITIES PAY THE PRICE WHEN INFANTS DO NOT RECEIVE NEEDED EARLY INTERVENTIONS.

Repercussions of Low EI enrollment:

- » Young children at risk for poor development who do not receive services often move into the lowest functioning at risk group as they age (Mathematica Policy Research, Inc. & Columbia University's Center for Children and Families at Teacher's College, 2002).
- » Without intervention, children fall further behind on developmental assessments as they grow (Shonkoff & Phillips, 2000; Yoshinaga-Itano, Sedy, Coulter, et. al, 1998).

INCREASED FUNDING IS GOOD NEWS FOR EARLY INTERVENTION PROVIDERS.

- » Tennessee is expected to receive almost \$5 billion in federal stimulus funding through 2011, and Part C Early Intervention services have been allocated over 8 million dollars (TN Allocations for Selected Grant Programs, 2009). As of June 5, \$544 million of Tennessee's ARRA funds have been distributed (Tennessean, 2009).

Stimulus dollars for TEIS will be allocated using a three-tiered approach (Kilpatrick, 2009):

Tier 1: Statewide training and professional development (Key areas: Social- emotional development and autism). Additionally, a primary goal is to serve more children and families; therefore, public awareness and identification is a main focus.

Tier 2: Review of funding proposals is currently in process. This tier includes aspects such as Child Find (continuous process of public awareness activities, screening and evaluation designed to locate, identify, and refer as early as possible all young children with disabilities and their families who are in need of Early Intervention services) and training needs designed to benefit local districts across Tennessee. Again, the primary focus is to increase the number of children served by Early Intervention services.

Tier 3: Funding opportunities for Early Intervention Resource Agencies (EIRA). These proposals have not been initiated, as Tier 2 decisions must be made first in order to guarantee continuity of planning. Tier 3 will be focused on the specific needs of the community and agency. Curriculum tools and training opportunities will likely be key areas of request.



EXPANDING ACCESS TO EARLY INTERVENTION SERVICES CAN BE CHALLENGING (Oser & Cohen, 2003):

- » Instruments for determining the emotional and social growth of very young children are accessible but not widely utilized.
- » Many early childhood educators lack both training and expert support in identifying and addressing special needs.

"There are a number of factors that affect the success rate of locating and identifying eligible children...funding, local system structure and visibility, availability of providers (service capacity), the construct of the service coordination system, general community knowledge and efforts at collaboration, etc. Community demographics also can contribute to the challenges in effective identification of eligible children...Culture in this example can include not only the diverse ethnic cultures that enrich our country, but also the cultures of poverty and isolation that may limit access to services..." (TN EI System Prevalence Study, 2007, p. 12)

How else can increased funding be used to increase enrollment and improve services (Zero To Three, 2009)?

- » Network with medical/pediatric institutions such as the American Academy of Pediatrics, family resource organizations, parent support centers, etc. to increase early identification, screening and referral.
- » Advance and increase the capacity to evaluate and utilize data to enhance child, family and systemic results and upgrade cooperation across other early childhood supports, such as early care and Head Start/Early Head Start.

Local Resources

To make an early intervention referral in Shelby County, please call **Memphis Delta TEIS** at 901-937-6738 or email District Administrator Olga Page at Olga.Page@tn.gov. Additional information on the Tennessee Early Intervention system can be found at <http://www.TN.Gov/education/teis>.

The Boling Center for Developmental Disabilities (BCDD) is an interdisciplinary program that supports children and adults with developmental disabilities and their families through training, service, applied research, information dissemination, planning, and policy development. The mission of the BCDD is to promote, support, and enhance



the independence, productivity, integration, and inclusion of individuals with disabilities and their families in the community. The BCDD also contracts with the Bureau of TennCare to provide medical and behavioral supports to children in and at risk of state custody. For more information, please contact the Boling Center via telephone (901-448-6511).

The Harwood Center provides services to children birth to three years of age with developmental disabilities and support to their families in the Mid-South. Harwood is the only agency in Shelby and surrounding counties funded by the Tennessee Department of Education to provide specialized programs for children under three with autism spectrum disorders. For more information, please visit The Harwood Center website at <http://www.harwoodcenter.org/index.htm>.

Special Kids and Families is an early intervention agency serving children from birth to age three. The overall goal is to provide family-centered programs that enhance a family's knowledge and understanding of their child's unique developmental needs and abilities and that equips the family with strategies and techniques to bring their child to his or her full potential. For more information, please email Executive Director Ruth Richards at rrichards@skandf.org.

Designated as an Early Intervention Resource Agency (EIRA) by Tennessee's Department of Education, **Le Bonheur Early Intervention and Development (LEAD)** is committed to providing exceptional care and services to children from birth to three years with developmental delays and/or disabilities. Therapists and early interventionists at LEAD are dedicated to working with children and families to enhance developmental growth, improve independence, encourage full inclusion of children with special needs into the community and empower families to become advocates. Early Intervention Services are provided in homes, community-based childcare centers and in the LEAD center inside Le Bonheur Children's. For more information about LEAD, please call (901) 287-KIDS (5437).

For more information on the well-being of children in Memphis and Shelby County, please visit The Urban Child Institute, and The State of Children in Memphis & Shelby County: Data Book.

The Urban Child Institute (TUCI) promotes optimal brain development for children from conception to age three. TUCI's Center for Urban Child Policy supports that mission by building our understanding of inputs to - and implications of - early brain development in our community.



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*Send questions and comments to Katie Devlin, Center for Urban Child Policy, The Urban Child Institute, 600 Jefferson Avenue, Suite 417, Memphis TN - (901) 678-1647.

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