

ACTION 4.9

Include at-risk children in NC's definition of eligibility for the Individuals with Disabilities Education Act (IDEA) Part C Early Intervention Program.

INCLUDE AT-RISK CHILDREN in EARLY INTERVENTION

Early intervention is a system of services designed to support families with young children who have, or are at-risk for, disabilities. Early intervention providers include early childhood special educators, physical therapists, occupational therapists, speech and language pathologists, and health professionals that work in partnership with parents and caregivers to understand and provide services that build on children's strengths, so they can reach their highest possible potential.

WHAT WE KNOW

More than 20 years of [research demonstrates conclusively that early intervention is associated with immediate gains in development and a positive return on investment](#). There are two frameworks for deciding which families are targeted for receiving early intervention services:

- **Targeted selective** interventions are offered to families and children based on whether they meet demographic risk criteria, such as low family income, single parenthood, adolescent parenthood, or racial/ethnic minority status. These selection criteria aim to reach children who may not yet be experiencing a specific developmental delay, with the hope that early provision of services can prevent serious problems from occurring.
- **Targeted indicated** interventions are offered to families and children who are actively exhibiting a serious problem and can be diagnosed as having a specific disorder. For these families, early intervention can no longer prevent problems from occurring, but provision of services can treat the problem and mitigate or even reverse long-term developmental harm.

5.5% OF NC CHILDREN AGE 0 TO 3 ARE ENROLLED IN EARLY INTERVENTION SERVICES to reduce the effects of developmental delay, emotional disturbance, and/or chronic illness through the North Carolina Infant-Toddler Program.

NC's current eligibility criteria for early intervention provided via the NC Infant and Toddler Program (Part C of IDEA) is target indicated, requiring that young children (up to age 3) have either an established condition or a certain level of developmental delay. Establishing an eligibility category based on targeted selective criteria, which several other states currently have and North Carolina had in the past, would help to address issues earlier for children who are placed-at-risk for delays and increase the likelihood of early school success.

Broader 'targeted selective' criteria for identifying those who would be eligible for supportive services would also advance equity as [racial disparities exist with existing eligibility categories](#). Black children are overrepresented in targeted selective categories while being underrepresented in targeted indicated. Making services available to families and children based on selective (at-risk) criteria will help prevent the development of disabling conditions, reducing the need for costly special education services once the child reaches school age.

Dive into the Data

[North Carolina's efforts to effectively link information on participation in Individuals with Disabilities Education Act programs for informed decision making](#). As in many states, North Carolina's early intervention (Part C) and early childhood special education (Part B, 619) programs are in two agencies. Early intervention programs are housed in the Department of Health and Human Services and early childhood special education programs are housed in the Department of Public Instruction. This makes it difficult to know how many children who participated in early intervention and are potentially eligible for early childhood special education are effectively transitioned and enrolled and how many do not transition and miss out on receiving services that can foster their school and later life success?

WHAT WE NEED

Research shows that infancy and early childhood offer special opportunities for maximizing the return on investment (ROI) for dollars spent on supportive services. The following list shows the many levels at which prevention and intervention services can be provided. It goes from the least intensive interventions that touch the most families to reach those placed at-risk for, but not yet experiencing developmental challenges.

Least intensive, touches the most families, highest ROI

Primary prevention addresses universal needs in an attempt to avoid serious injury and illness or relationship disruption, with the aim of reaching all members of a group or the whole population.

Secondary prevention uses limited screening criteria to identify individuals and groups placed-at-risk for developmental challenges, such as preterm infants and children living near polluting industries.

Early intervention attempts to identify and deliver services to children, families, and neighborhoods with known adverse circumstances that place them at-risk for serious disruptions of healthy development.

Tertiary intervention services include intensive supports and therapies provided to children with diagnosable conditions, with the aim of returning the child or family to an improved level of functioning.

Most intensive, touches the fewest families, lowest ROI

Unfortunately, most states, including North Carolina, provide limited support for proactive and preventative interventions, forcing many families and children to wait until developmental challenges are causing serious impairment before they become eligible for support.

HOW TO SUPPORT

Early intervention harnesses the tremendous knowledge that we have on the individual, family, community, and society level factors that can harm children's development and limit their future social and economic opportunities. Using this knowledge to identify infants and children who may need more support than their parents and caregivers can provide enables us to reduce the likelihood of adverse outcomes. Therefore, it is critical that legislators and others charged with writing and implementing policies that affect young children and their families develop policies that are proactive and preventative in getting children access to early intervention services. These efforts must also be intentional about reducing existing racial, ethnic, and socioeconomic disparities in developmental screening, identification, and referral for services.

INITIATIVES WORKING IN THIS AREA



REACH, a program offered by Passage Home, offers case management services with the goal of addressing the social-emotional, behavioral, developmental, and academic needs of children. Creating a special focus on these childhood needs contributes to Passage Home's multi-generational self-sufficiency approach.

Visit the Pathways Action Map to learn more about these and other initiatives leading efforts in this area.