

**Response to Footnote 11 of the
FY 2007 Appropriations Long Bill:
Coordination and Provision of Early Intervention
Services to Children under Age Three Who are
Deaf or Hard-of-Hearing**

**Submitted to the Joint Budget Committee
of the Colorado Legislature**

November 1, 2006

Submitted by

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Response to Footnote 11 of the FY 2007 Appropriations Long Bill Children's Developmental Disabilities Programs

November 1, 2006

Introduction

The Colorado School for the Deaf and the Blind received \$462,620 in Fiscal Year 2007 as a decision item under House Bill 06-1385. The legislature added Footnote 11 to the FY 2007 Appropriations Long Bill requesting the following:

“Department of Education, School for the Deaf and the Blind, School Operations, Early Intervention Services; and Department of Human Services, Services for People with Disabilities, Developmental Disability Services, Services for Children and Families, Program Funding—The Division and the School for the Deaf and the Blind are requested to work together and provide a report to the Joint Budget Committee by November 1, 2006, concerning the coordination and provision of early intervention services to children under age three who are deaf or hard-of-hearing. The requested report should include information concerning services currently provided through the Division and the School to deaf and hard-of-hearing children under age three, including: the number of children eligible for early intervention services; the types of services provided through the Division and the School; and the associated costs and sources of funding. The report should also include information describing how the Division and the School plan to minimize any duplication that might be occurring with respect to program administration and service coordination.”

The Colorado Department of Human Services, Division for Developmental Disabilities (DHS/DDD) receives state and federal funding to provide a statewide, comprehensive, and coordinated system of early intervention supports and services to infants and toddlers, birth through two years of age, with significant delays in development or a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development.

I. Background

The General Assembly has appropriated approximately \$11.6 million in state funded early intervention supports and services, and service coordination for FY 2006-07. The state funded early intervention program has been administered by the Department of Human Services since the 1960's. To implement the state-funded early intervention program, DHS/DDD contracts with twenty Community Centered Boards (CCB) to administer the programs at the local level. CCBs are private non-profit organizations designated in State statute as the single entry point into the long-term service and support system for persons with developmental disabilities. CCBs are responsible for intake, eligibility determination, service plan development, arranging of services, delivery of services (either directly and/or through private providers), monitoring, meeting procedural safeguards and planning successful transitions into preschool services for children on their third birthday. Early intervention supports and services are intended to

enhance the capacity of parents or legal guardians to support their child's well-being, development, learning, and full participation in their communities; meet the child's developmental needs with the context of the family; and reduce long term costs to the state. Services for infants and toddlers are provided pursuant to an Individualized Family Service Plan (IFSP) which identifies the current levels of development, needs of the child and their family receiving services, the specific supports and services appropriate to meet those needs, the projected date for initiation of supports and services, and the anticipated results to be achieved by the provision of these supports and services.

The Colorado School for the Deaf and the Blind (CSDB) is mandated to provide services to children who are deaf/hard of hearing and/or blind/visually impaired, newborn to 21 years of age throughout Colorado. The Early Literacy Development Initiative (ELDI) is a home-based family literacy program. The program teaches families how to read to their children who are deaf/hard of hearing, an essential element to every child's future academic achievement. ELDI is designed to foster early literacy skills with young children who are deaf and hard of hearing. The initiative is designed to assist parents in their desire to encourage a love of reading with their young children. The communication goals and priorities of the family are identified on the child's Individualized Family Service Plan (IFSP).

II. Number of Children Eligible for Early Intervention Services

DHS/DDD provides early intervention services to infants and toddlers, birth through age two years, who have significant delays in development in one or more of the following areas: communication, adaptive behavior, social-emotional, motor, sensory, or cognition; or who have a diagnosed physical or mental condition that has a high probability of resulting in significant delays in development, including chromosomal conditions, congenital syndromes and conditions, sensory impairments, metabolic disorders, prenatal and perinatal infections and significant medical problems, low birth weight infants weighing less than 1200 grams, or postnatal acquired problems; or who live with one or both parents who have a developmental disability.

On June 1, 2006 the DHS/DDD child count for Part C of the federal Individuals with Disabilities Education Act (IDEA) for infants and toddlers actively receiving services was 3,920. The total number of children who were eligible and received services at some point during the entire fiscal year was 5,082. All eligible children receive a hearing screening as part of the multidisciplinary evaluation to determine eligibility and assessment of current levels of development. However, eligibility based solely on hearing impairment is not a factor that can be gleaned from the existing DHS/DDD child count data. Based on December 2005 data, there were only 28 eligible children who needed and received audiology services as part of their IFSP services funded with state funds. DHS/DDD will be reformatting the data system in Spring 2007 and implementing changes that will allow for reporting on eligibility based on hearing impairment separate from other sensory or developmental criteria.

CSDB provides statewide ELDI services to 125 children and their families. Eighty-four of these families have children from newborn through age two. Forty-one of these families have children who are three through eight years of age.

III. Services Descriptions

The DHS/DDD early intervention program provides supports and services for families with an infant or toddler with a significant developmental delay or disability aimed at enhancing the child's development in the areas of cognition, speech, communication, motor skills, and social-emotional development. The early intervention services that are provided to eligible children and families through the IFSP process, including family training, education and support, may include:

- 1) Assistive Technology - selection, acquisition, modification or customization and maintenance of assistive technology, including functional evaluation, training or technical assistance. Devices may include items or pieces of equipment, whether acquired commercially, modified or customized, that are used to increase, maintain or improve the functional capabilities of an infant or toddler with a disability in his or her usual environments. Assistive Technology does not include devices that are primarily intended to treat a medical condition or to meet life sustaining needs or medical devices that are surgically implanted or the replacement of such devices.
- 2) Audiology Services - identification and ongoing assessment, auditory training, aural rehabilitation, sign language and cued language services and other training to increase the functional communication skills of an infant or toddler with a significant hearing loss of an infant or toddler with an auditory impairment and determination of the range, nature and degree of hearing loss and communication function, including, when necessary, providing referral for community services, health or other professional services.
- 3) Developmental Intervention - assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on a variety of developmental areas including, but not limited to, cognitive processes, communication, motor, behavior and social interaction; and consultation to design or adapt learning environments, activities and materials to enhance learning opportunities.
- 4) Health Services - assessment and services provided by a licensed health care professional to determine an infant's or toddler's developmental status and need for early intervention services only when such determination cannot be otherwise made that will impact the provision of other early intervention services. Health services do not include hospital or home health care required due to an infant's or toddler's health status; services that are surgical in nature, that are primarily intended to treat a medical condition, or that are routinely recommended for all infants and toddlers.
- 5) Nutrition Services - assessment and consultation to develop, implement and monitor appropriate plans to address the nutritional needs and feeding status of an infant or toddler with a disability related to his or her development.
- 6) Occupational Therapy - assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on self-help skills, fine and gross motor development, mobility, sensory integration, behavior,

- play and oral-motor functioning; and consultation to adapt the environment or the design or acquisition of assistive and orthotic devices to promote development, mobility, access and participation of an infant or toddler with a disability.
- 7) Physical Therapy - assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on mobility, positioning, fine and gross motor development, and both strength and endurance, including the identification of specific motor disorders; and consultation to adapt the environment or the design or acquisition of assistive and orthotic devices to promote development, mobility, access and participation of an infant or toddler with a disability.
 - 8) Psychological Services - intervention services to address the development, cognition, behavior or social-emotional status of an infant or toddler with a disability; administering psychological and developmental tests and other assessment procedures to address the development, cognition, behavior and social emotional status of an infant or toddler; obtaining, integrating and interpreting test results and other information about an infant's or toddler's development and behavior and about his or her family and living situation related to learning, social-emotional development and behavior; providing individual or family-group social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers; and integrating test results to recommend a program of psychological services for an infant or toddler with a disability or the family related to the infant's or toddler's disability and enhancing his or her development.
 - 9) Respite Care - short-term temporary care, in or out of the home, for an infant or toddler with a disability that is needed by the family in order to participate in another service identified on the IFSP. Respite Care does not include assistance that is customarily needed by all families to provide temporary relief or an opportunity to perform routine family chores or for recreation for the family or care for siblings of the infant or toddler with a disability.
 - 10) Service Coordination - assistance provided to an infant or toddler with a disability or the family that is in addition to the basic requirements of a Service Coordinator as defined in Part C regulations, 34 CFR Section 303.22.
 - 11) Social Work - assessment and intervention services that address the social and emotional development of an infant or toddler with a disability in the context of the family and parent-child interaction; making home visits to evaluate an infant or toddler's living conditions and patterns of parent-child interaction; preparing a social or emotional developmental assessment of an infant or toddler within the family context; providing individual or family-group counseling to the family of an infant or toddler with a disability related to the infant's or toddler's disability and enhancing his or her development; providing social skill-building activities for an infant or toddler with a disability and the family, peers or other caregivers; addressing issues in the living or care giving situation of an infant or toddler with a disability and the family or caregiver that may affect the infant's or toddler's development; and identifying, mobilizing and coordinating community resources and services to enable an infant or toddler with a disability and the family to receive maximum benefit from other early intervention services.

- 12) Speech-Language Pathology - assessment and intervention services to address the functional, developmental needs of an infant or toddler with a disability with an emphasis on communication skills, language and speech development, sign language and cued language services and oral motor functioning, including the identification of specific communication disorders; and consultation to adapt the environment and activities to promote speech and language development and participation of an infant or toddler with a disability.
- 13) Transportation - reimbursement for reasonable and most appropriate travel expenses, including mileage, taxis, common carriers, tolls or parking, necessary to enable an infant or toddler with a disability and the family to receive early intervention services.
- 14) Vision Services - assessment and intervention services to address the functional developmental needs of an infant or toddler with a significant vision impairment with an emphasis on sensory development, communication skills development, orientation and mobility skill development and adaptive skills training; and consultation to adapt the environment to promote development, access and participation of an infant or toddler with a significant vision impairment.

The purpose of the CSDB Early Literacy Development Initiative (ELDI) is to improve the literacy of all children who are deaf/hard of hearing ages birth through age eight so they may enter school with literacy skills as close to grade level as possible. The ELDI program provides home-based, family-centered early literacy services. Those ELDI instructors who are deaf also serve as role models.

A serious concern is the lack of family-centered, home-based early intervention services when the child reaches age three and has aged out of all Part C services available. Typical preschools are not equipped nor funded to provide this kind of intensive literacy intervention. Data being gathered indicates that gains children make from birth to three while receiving early intervention in the home are reversed from ages three to five. Addressing this particular gap in services is an important focus of ELDI.

To illustrate service coordination and program administration, let's follow Amanda and her family through the referral process. Amanda has not passed the mandatory newborn hearing screening. The Audiologist or hospital refers Amanda and her family to the regional Colorado Hearing Resource (CO-Hear) Coordinator. The CO-Hear Coordinator ensures the local Part C is aware of the diagnosis of hearing loss and referral within 48 business hours of the CO-Hear Coordinator receiving that referral. The CO-Hear Coordinator contacts the family within 48 business hours and sets up a home visit to discuss hearing loss in general and available program options. Amanda's family can choose which program or programs are most appropriate for her. ELDI is one of those options. Part C is responsible for scheduling the Individualized Family Services Plan (IFSP) and listing the services agreed upon by the IFSP team. The IFSP team is a collaboration of Amanda's parents, Part C Service Coordinator, CO-Hear Coordinator and all other service providers, resulting in a highly individualized plan of action. Amanda's parents choose ELDI as one of the services they want because they anticipate using sign language as their primary mode of communication with Amanda. ELDI instructors also serve as adult deaf role models which her parents feel will have a positive impact on Amanda's success. These are specific services Part C is not

able to fund. However, other non-disability specific services such as occupational therapy, physical therapy or nutritional services needed by Amanda are allowable early intervention services under Part C. This collaborative effort has provided Amanda and her family with a full range of early support that neither agency can provide on its own. Like Amanda, nearly 44% of the children who are deaf or hard of hearing within the ELDI program are receiving additional Part C services such as those mentioned above. The majority of children with a hearing loss are also followed by an audiologist who may or may not be listed on the IFSP.

IV. Program Costs

DHS/DDD administers approximately \$11.6 million in its state funded early intervention program and \$6.9 million in federal funding under Part C of the Individuals with Disabilities Education Act (IDEA). State funds are available to provide 2,072 infants and toddlers with direct services and service coordination, however, on average 2,755 children were served each month in FY 2005-06. Federal Part C funds are also available as payor of last resort under the funding hierarchy for direct service and services coordination. Of the \$6.9 million Part C grant, approximately \$5.2 million is budgeted for payor of last resort needs for direct service and service coordination. Under the funding hierarchy, both state and federal funds are to be accessed only after other available funding sources.

In Footnote 89 of the FY 2004 Appropriations Long Bill: Services to Families Most in Need, DHS/DDD was requested to, “insure that resources provided for services to children with developmental disabilities are targeted toward families that are most in need.” In response to Footnote 89, DHS/DDD, with input from CDE and early childhood constituents, recommended use of a funding hierarchy for EI services. The updated funding hierarchy includes the use of funding in the following descending order (i.e., if funding from (a) is available, it must be accessed prior to use of funding from (b) or (c), etc.):

- a. Private insurance plans
- b. Public insurance - Medicaid/Title XIX funding and Children’s Basic Health Plans (CHP+)
- c. Title V – Children with Special Health Care Needs (CSHCN)
- d. Child Welfare and Temporary Assistance to Needy Families (TANF)
- e. DDD Early Intervention funding and other state and federal sources
- f. Other Local Funds, as may be made available
- g. Traumatic Brain Injury Trust Fund
- h. Colorado Federal Part C funding

The specific amount of funds needed for each infant or toddler is determined on the Individualized Family Service Plan based on the level of need for each child. The cost of each service is apportioned to the appropriate funding source depending on the allowable services for each source.

CSDB’s ELDI program funds all children receiving family literacy services with the recent monies granted through the decision item. The decision item in the amount of \$462,260 and approximately \$15,000 each of in-kind monies from CSDB and CU-Boulder fund the program. CSDB’s ELDI associated program costs include but are not limited to program

coordinators, family instruction/instructor costs, interpreting and translation, accountability coordinator, evaluations and instructor training.

V. Plan to Minimize Duplication

DHS/DDD and CSDB, along with many other partners in the system of early intervention supports and services, collaborate at multiple levels to minimize any potential duplication of effort. Although DHS/DDD and CSDB do have some amount of overlap in their eligible population infants and toddlers from birth through age two, the following examples demonstrate how duplication is avoided.

A. Funding Hierarchy

Use of the funding hierarchy described in Section IV, helps to provide a formalized structure for the system of early intervention supports and services to avoid duplication of effort. DHS/DDD and CSDB receive state funds and are under letter “e” in Section IV. The descriptions for each service then help the service coordinator to identify the appropriate funding source through the IFSP process.

B. Services Provided

DHS/DDD early intervention services cover a broad range of fourteen services described above. Audiology, speech language and assistive technology services are the service with the greatest potential for duplication with CSDB services. However, based on the definitions provided above, the CSDB literacy program is narrowly defined and does not provide a similar service to any of the DHS/DDD early intervention services as defined.

The legislated mission of CSDB is disability-specific because the needs of children who are deaf/hard of hearing and/or blind/low vision are specific to the disability. ELDI services are disability specific and not offered to typical hearing peers. Therefore, the services are neither funded nor provided as an allowable early intervention service under Part C/DDD. As a result, CSDB does not receive any Part C money for the services provided within the ELDI program.

C. Statewide Collaboration

1. The Colorado Department of Human Services maintains a Memorandum of Understanding (MOU) with the Departments of Education, Health Care Policy and Financing, and Public Health and Environment. The MOU articulates the interagency commitment, as well as statutory and regulatory authority for the implementation of an appropriate statewide, comprehensive, coordinated system of early intervention supports and services for all infants and toddlers who are eligible for early intervention services.
2. DHS/DDD staff participate on the Early Intervention Hearing Impaired Task Force and the Deafblind Advisory Committee. CSDB staff participate on Early Intervention Task Force, Colorado Infant Hearing Advisory Committee, Outreach Leadership Team, Deafblind Advisory Committee, Cochlear Implant Consortium, Western States

Accountability Project, Hands & Voices Board, Early Education Accountability Committee and the EDHI minority issues committee.

3. Comprehensive preservice and inservice training is conducted on an interagency and interdisciplinary basis.
4. Statewide public awareness efforts are coordinated. For example, the DHS/DDD has participated in the development of technical assistance briefs for communities that guide the use of effective and appropriate hearing screening and evaluation methods.

D. Community Collaboration

1. CCBs have the primary role to coordinate services across agencies for eligible infants, toddlers and their families.
2. There is coordination at the local level to ensure that all children receive a multidisciplinary assessment which includes hearing screening.
3. CCBs are required to have a Local Interagency Coordination Council (LICC) to facilitate collaboration across community-based agencies and providers. The DHS/DDD has encouraged participation of the LICC with the Co-Hear Coordinator for that area.
4. The DHS/DDD has encouraged public awareness activities that include outreach to physicians and audiologists.
5. The CCB is responsible for collecting child assessment data on all eligible children regardless of the source of funding or the early intervention provider. Co-Hear providers participate in the ongoing assessment process for children with hearing impairments.

E. Collaboration at the Individual Child and Family Level

1. Through the IFSP process, developmental needs and services are identified. The service provider(s) are selected based on the individual needs of the child and family.
2. The selection of a payment source for specific early intervention services must follow the funding hierarchy.

F. Additional ELDI Information

1. CSDB is in dialogue with Part C, the DHS/DDD system and local agencies.
2. The ELDI program provides pre-literacy and literacy family centered services whereas Part C provides for functional development. All of the child's services are identified on an individual basis through the IFSP.
3. 43.9% of children who are deaf/hard of hearing within the ELDI Program are receiving additional services that are allowable services through Part C which are separate and distinct from ELDI. The majority of children are followed by an audiologist who may or may not be listed on the IFSP.
4. CSDB has secured ongoing funding for the ELDI program through the decision item. For the following reasons, we believe it is in the best interests of the families we serve to maintain the program as an essential component of our legislated mandate.
 - a. Because of language delays associated with hearing loss, early literacy for students who are deaf/hard of hearing extends beyond age three. Also, because learning sign language takes years under the best of circumstances,

- parents need support in learning and improving their sign skills along with their child.
- b. It provides a seamless family-centered literacy model from the time the child is born until age eight.
 - c. It employs trained sign language instructors who also serve as role models for families.
 - d. Program monitoring and evaluations are in place and data analysis is ongoing for the purpose of documenting outcomes.
5. The ELDI is an established program. Rather than competing with or duplicating the provisions of Part C, the ELDI dovetails nicely with tenets of Part C of IDEA. Our instruction is family-centered, in the natural environment, and supportive of the values of the family.

VI. Summary

Although there is some amount of overlap in the eligible population for infants and toddlers served by DHS/DDD and CSDB, the types of services provided do differ. The CSDB literacy program is narrowly defined and provides services that are different from those covered under the DHS/DDD early intervention program. The service coordinator has the responsibility through the IFSP development process to ensure that there is no duplication of services and that the funding hierarchy is applied when determining the appropriate source of funding for services. Additionally, DHS/DDD and CSDB collaborate on several different levels, including use of a state level MOU committee, to minimize any potential duplication of service.