



NCCD

Nebraska Consortium for Citizens with Disabilities

**IMPROVING EARLY CHILDHOOD SERVICES IS
CRITICAL TO NEBRASKA'S FUTURE**

Policy Brief on Early Childhood

By

Nebraska Consortium for Citizens with Disabilities

Introduction

The Nebraska Consortium for Citizens with Disabilities (NCCD) is comprised of disability advocacy organizations throughout the state that are dedicated to enhancing the lives of citizens living with disabilities. To this end, NCCD has utilized the Six by '15 Campaign¹ as guidance in prioritization of our work.

The Campaign has developed a Vision to commemorate the 40th anniversary of the Individuals with Disabilities Education Act (IDEA) and the 25th anniversary of the Americans with Disabilities Act (ADA) by reaching six goals to improve the lives of persons with disabilities. NCCD has endorsed that Vision.

Given this, NCCD has assembled the following information on Early Childhood Intervention; as well, we have included our recommendations regarding Nebraska's system of services and supports provided to infants and toddlers with disabilities and their families.

Background

Prior to the passage of Education for All Handicapped Children Act² in 1975, public education was routinely denied to one million or more children with disabilities and at least 4 million more were segregated from typical students.³ Initially, the law applied to children ages three to 21. The option to serve infants and toddlers on a national level came with the Reauthorization of the Education for All Handicapped Children in 1986.⁴ The Act was later renamed the Individuals with Disabilities Education Act (IDEA).⁵

Nebraska was one of the first seven states to recognize and provide services to meet the needs of infants and toddlers with disabilities in legislation, starting in 1979⁶. In 1993, the Nebraska Legislature responded to Federal initiatives regarding infants and toddlers and passed the Early Intervention Act⁷, intending to:

- Enhance the development of infants and toddlers with disabilities,
- Reduce the cost to our society by minimizing the need for special services, including Special Education and Related Services, after such infants and toddlers reach school age,
- Minimize the likelihood of institutionalization of persons with disabilities,
- Enhance the capacity of families to meet the needs of their infants or toddlers with disabilities,
- Strengthen, promote, and empower families to determine the most appropriate use of resources to address the unique and changing needs of families and their infants or toddlers with disabilities, and
- 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, and rural populations.⁸

1 <http://sixbyfifteen.org/>

2 <http://www.gpo.gov/fdsys/pkg/STATUTE-89/pdf/STATUTE-89-Pg773.pdf>

3 <http://dredf.org/legal-advocacy/laws/>

4 <http://ectacenter.org/partc/partc.asp> - overview

5 <http://idea.ed.gov/>

6 Neb. Rev. Stat. §§79-1110 to 79-1184

7 http://nebraskalegislature.gov/laws/display_html.php?begin_section=43-2501&end_section=43-2516

8 <http://nebraskalegislature.gov/laws/statutes.php?statute=43-2502>

Notably, the changes increase the capacity of agencies and service providers to identify, evaluate, and meet family needs. Per the law, the family is recognized as the primary developmental context for infants and toddlers.⁹

During the first three years of their lives, as research has shown, infants and toddlers experience incredible growth in development.¹⁰ Providing supports and services at this stage helps build the foundation for positive learning experiences, increases high school graduation rates, and improves health outcomes.

Additionally, services in Early Childhood have been found to be economically advantageous, showing a \$7.00 return per \$1.00 investment; reduced need for future social services; lower criminal justice costs, and higher income potential for children who've participated.¹¹

Current Issues

The Early Childhood Interagency Coordinating Council and local Planning Region Teams (PRT) of the Early Development Network (EDN), Nebraska's early intervention services system, provide for interagency collaboration and family involvement in insuring the mission of the EDN is carried out.

A requirement of the EDN is to insure the voices of families are included at all levels of the discussion around services and supports by requiring that at least 20% of the members of the Council and Planning Region Teams be family representatives. Planning Region Teams in many areas of the state routinely fall below that level. Furthermore, many of these same teams lack concrete plans for addressing this concern.

In addition, Nebraska continues to fall short of federally predicted service levels.¹² Many parents have reportedly been unaware of the existence of these services until they are involved with Child Welfare.¹³ This underscores the need to increase outreach to the medical and legal fields and the public at large. In many ways, the EDN is a "best kept secret."

The number of Nebraska children under age five has been stable over the past five years.¹⁴ However, the number of infants and toddlers (under age three) served by fiscal year¹⁵ has decreased. The Early Development Network has demonstrated increases in outreach. The data supports that more children are being referred. However, the number of children verified (found eligible) has not increased.

9 http://www.education.ne.gov/ecicc/PDFs/statutes_policies/laws_statutes_rules_overview.pdf

10 <http://edn.ne.gov/cms/families/babies-cant-wait>
<http://www.factsforlifeglobal.org/03/>
<http://www.zerotothree.org/child-development/>

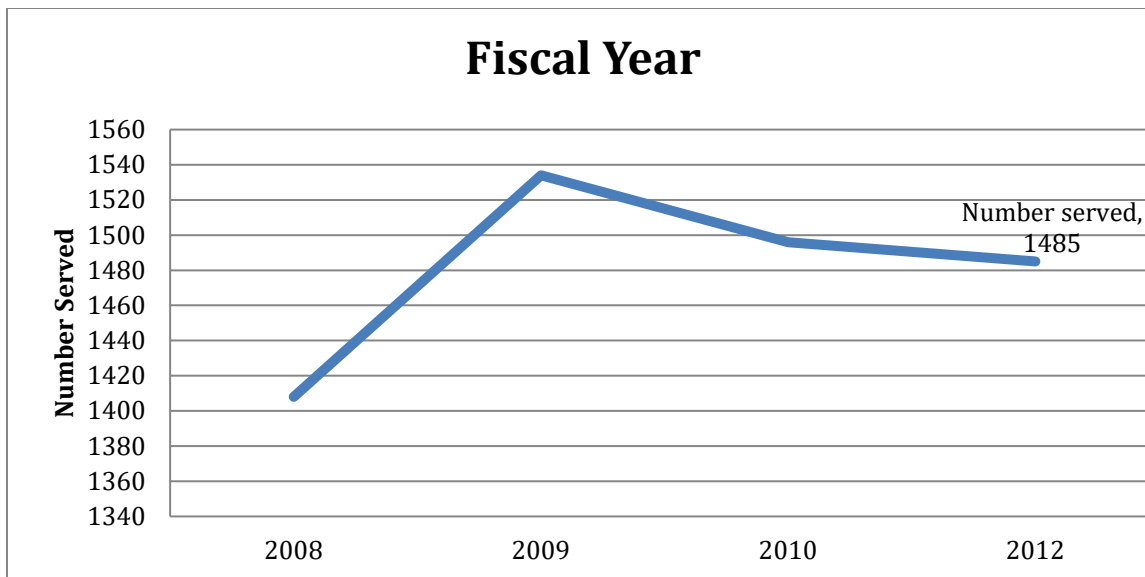
11 <http://www.heckmanequation.org/content/resource/invest-early-childhood-development-reduce-deficits-strengthen-economy>
<http://www.nea.org/home/18163.htm> and
<http://www.fightcrime.org/issues/early-care-and-education/>

12 http://nde.ne.gov/SPED/publicreporting/C_APR2011.pdf
http://edn.ne.gov/spp/FFY_2012_Part_C_APR_FINAL_with_OSEP_response_added_7.10.14.pdf

13 Testimony before the Legislature's Education Committee on the Draft Vision for Education under LB 1103 10/6/2014

14 <http://datacenter.kidscount.org/data/tables/5420-children-under-age-5?loc=29&loct=2-detailed/2/any/false/868,867,133,38,35/123/11954>

15 <http://edn.ne.gov/spp/annual2008-2009/apr-6-08.html>
<http://edn.ne.gov/spp/annual2009-2010/apr-6-09.html>
<http://edn.ne.gov/spp/annual2011-2012/apr-6-11.html>
<http://edn.ne.gov/spp/annual2012-2013/apr-6-12.html>



This is true despite the fact that infants and toddlers who are involved in founded cases of abuse and neglect have been required under the federal Child Abuse Prevention and Treatment Act (CAPTA) to be referred to state Early Development Network Services; this has been in effect now for the past several years.¹⁶ Relatively few CAPTA-referred infants and toddlers are being verified for EDN services compared to the anticipated number of children referred, especially given the data indicating that disability tends to be more frequent in at-risk populations.¹⁷

Reports from the field indicate that post-referral screening tests are being conducted by phone in some areas of Nebraska. This is an unacceptable practice per current state standards and will require continued attention. Furthermore, anecdotal evidence indicates that some parents are being discouraged from proceeding with a full Multiple Disciplinary Team assessment based on screening results. This also runs counter to EDN rules and must continue to be addressed.

Concerns continue regarding transition from EDN to Special Education services in the state. There is a nearly 11% decline from 2012 to 2013 in overall state performance on timely transition planning, which brings the state below its 2005 baseline.¹⁸ One distinction that has been most evident is the difference in the environmental context for the services. EDN services are to be provided in the “natural environment” for the infant or toddler while Special Education is provided in “the least restrictive environment”.

The former means “...settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of § 303.126.”¹⁹ The latter indicates that, to the maximum extent possible, children with disabilities (ages three and older) are educated with their typical peers (children without disabilities.)²⁰

Certain school districts have continued to provide in-home services to children with disabilities past the age of three, citing that this is the “natural environment” for a toddler. This practice actually segregates the child and does not conform to state or federal Special Education legislation, Department of Education Rule, and policy guidance.

¹⁶https://www.childwelfare.gov/systemwide/service_array/earlychildhood/childwelfare.cfm

¹⁷ <http://edn.ne.gov/spp/FFY 2012 Part C APR FINAL with OSEP response added 7.10.14.pdf>

¹⁸ <http://edn.ne.gov/spp/APR-2014C-NE.pdf>

¹⁹ <http://www.law.cornell.edu/cfr/text/34/303.26>

²⁰ <http://www.law.cornell.edu/uscode/text/20/1412>

Historically, children with disabilities age three to five have been served in center-based preschool programs and this remains the standard practice in most school districts. Ideally, this occurs alongside their typically developing peers. Serving three to five year olds with disabilities in the home as the only offered option to families is a significant concern for the state as it could open the state up to legal liability because of these district practices.²¹

Of further concern, in regards to the Early Head Start program, children in Nebraska are missing out on early services and supports due to lack of state investment. In 2015, of the 17,834 children birth to age three living in poverty in Nebraska, only 288 were served through the early head start program.²²

We can do better – we *need* to do better. Research shows that families participating in head start programs are less likely to need special education services or engage in unhealthy behaviors throughout their lives. These children also have a greater chance of achieving success throughout their school careers and beyond.²³ By investing in children and families at these most critical life stages, the state would be making a worthwhile investment, resulting in positive outcomes for children and families that would have long-lasting, positive effects on Nebraska’s economy.

Recommendations

Recommendation: Increase state and regional efforts in outreach and public awareness efforts to insure eligible children and families receive services as early as possible. Early childhood outcomes data have shown that the earlier children and families receive services, the greater the likelihood for positive outcomes. For example:

- Increase identification and evaluation of infants and toddlers by implementing a statewide developmental protocol to screen every child within the first three months of birth and subsequently at the first indication of a developmental concern.

Recommendation: Improve the transition for children and families in birth to age three services (EDN to Special Education services) for children three and over. For example:

- Increase the access of young children with disabilities to preschool educational settings with supports where typical peers are also served.
- Insure that parents have adequate information regarding the transition process and options for services for their child, and insure timely transition meetings are held for every child.

Recommendation: Increase the knowledge of parents on Early Intervention and Special Education services. For example:

- Provide increased parental access to resources and technical assistance on their educational rights, educational best practices, and services and supports. Provide increased opportunities to families for peer mentorship. Increase efforts to insure the informed family voice is included and supported at the local, regional, and state levels.

Recommendation: Invest in the Early Head Start program to the fullest extent possible, in order to improve outcomes and lower poverty rates for Nebraska children and families.

21 Personal communication with ADAPT network advocates

22 https://www.nhsa.org/files/resources/nebraska_fact_sheet.pdf

23 https://www.nhsa.org/files/resources/nebraska_fact_sheet.pdf