

Early Intervention for Young Children With Special Health Care Needs

About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

Seriousness of the Issue

The term *Early Intervention* refers to services provided to young children with special needs and their families, such as health or developmental concerns. The Maternal and Child Health Bureau and American Academy of Pediatrics defines "children with special health care needs" as "...those children who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who require health and related services of a type or amount beyond that required by children generally." These children and their families may be eligible for services from birth until age five. Services include linking families to needed resources and helping them understand what they can do to help their children develop and learn.

The science of early brain development illustrates why child development (birth-5) is so critical. A child with a developmental delay may be more limited in ability to interact with the environment than a typically developing child and therefore may not acquire as many basic skills. The sooner problems or potential risks are identified, the greater the chance of eliminating or minimizing existing problems or preventing future problems.¹

The early development of cognitive skills, emotional well-being, social competence, and sound physical health builds a strong foundation for success well into the adult years. In addition to positive school achievement, these abilities are critical for economic productivity and responsible citizenship throughout

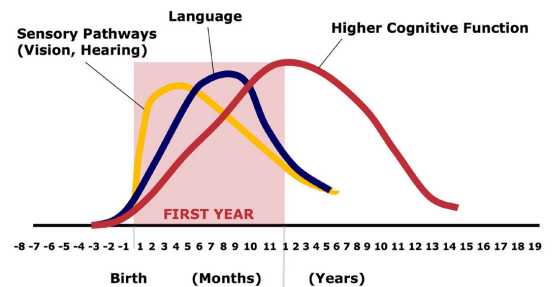
life. Work force skills to cooperative and lawful behavior are all built on capacities that are developed during childhood, beginning at birth.¹

Interaction that occurs between children and their caregivers shapes the brain's architecture. Early intervention helps families maximize these interaction opportunities in ways that best match the child's abilities. In the absence of effective interaction, the brain's architecture can be affected and disparities in learning and behavior can occur.

Brains are built over time, from the bottom up. In the first few years of life, 700 new neural connections are formed every second.¹ Sensory pathways, like hearing and vision, are the first to develop. Language and then higher cognitive functions are built on this foundation.



Human Brain Development
Neural Connections for Different Functions Develop Sequentially



Source: C.A. Nelson (2000)

The brain is most flexible or "plastic" early in life and then becomes more specialized and less capable of adapting to new or unexpected challenges. Although "windows" for language learning and cognitive skill development remain open, they are increasingly difficult to alter over time. Intervention in the early months and first years of life has the greatest impact for preventing delays and maximizing lifelong child abilities.¹



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Evidence-Based Strategies

Studies confirm the effectiveness of early intervention programs. Meisels and Shonkoff state that two years of intervention prior to school saves \$30,000 to \$100,000 per child.² Statistics also demonstrate less abuse and neglect occurs for children receiving early intervention,³ greater developmental gains were made after one year of intervention for children with identified disabilities or who were at risk for developmental problems and significantly higher scores on tests of mental ability,⁴ and lower mental disability rates for low-birth weight, premature infants who received comprehensive early intervention and preschool services compared to children who received only health services.⁵

Available research suggests that optimizing the adjustment of chronically ill children requires that we attend not only to their specific medical needs but also to the broader needs of the child-family system. Coordination of medical- and family-related services is thus crucial.⁶

The recent focus on early detection of hearing loss is the result of evidence that appropriate early intervention services provided to families of children who are deaf or hard of hearing within the first 6 months of life can prevent language, social and academic delays at school entry.^{7,8}

Current Resources and Capacity

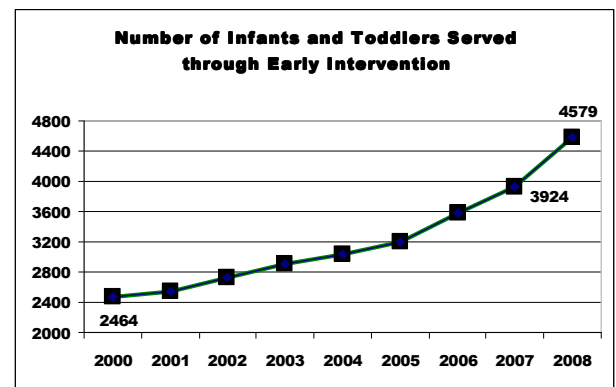
According to the National Survey of Children with Special Health Care Needs, 8 percent of children in Minnesota under the age of 3 years have identified special health needs (21,091).⁹ Examples of available programs that provide early intervention services to these children and their families are summarized below. Families ultimately choose whether or not they want to be involved in any of these opportunities, or access private providers or other options.

Help Me Grow (Part C)

Part C of the Individuals with Disabilities Education Act (IDEA) is a federal entitlement program for infants and toddlers with developmental disabilities and their families. Minnesota's Part C system, Help Me Grow, is a partnership between the Departments of Education, Health, and Human Services designed to provide, facilitate, and coordinate early intervention services. Families who have an eligible infant or toddler learn how to help their child grow and develop from local service providers and by accessing needed resources.

There are currently 95 local Interagency Early Intervention Committees that provide Help Me Grow services statewide. Each committee includes representatives from early childhood special education, county health and human services agencies, other early childhood organizations and parents of children with disabilities.

The most recent child count states 4,579 infants and toddlers were being served under Part C.¹⁰ Eligibility criteria changes implemented in 2007 have resulted in a significant increase in the number of children served. It is also important to note that Minnesota ranked 29th nationally in the percentage of infants and toddlers receiving Part C early intervention services in 2007.



Capacity: Even though Part C funding has increased over the past several years, the dollar amount available to serve each child has actually decreased due to the climbing numbers of eligible children. Minnesota received an additional \$500,000 through the American Recovery and Reinvestment Act of 2009 which will be used to stabilize recent decreases in service provider staffing and increase technical assistance and personnel development to the local service areas.

Of the 21,091 children in Minnesota under the age of 3 years with identifiable special health needs, 16,400 infants and toddlers are either not eligible for Part C, their parents have chosen other resources for services or their special health care needs are not being met. Minnesota has several statewide programs outside of Help Me Grow that provide beneficial early intervention services to these children and their families.

Follow Along Program (FAP)

The Follow Along Program provides periodic screening and developmental monitoring of infants and toddlers at risk for health, social emotional or

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developmental problems. The FAP provides ongoing information to families about how their child is developing and helps them understand developmental stages. They are also sent age appropriate activities that encourage parents to interact with their children in a positive manner. Children identified with developmental issues are referred for appropriate help and services.

Capacity: 84 county public health offices and 3 tribal reservations currently offer the FAP to their local families. During 2008, 32,895 children ages birth to 5 years participated in the FAP.¹¹ As local public health agencies continue to experience funding declines, the future of the FAP is unknown.

Early Childhood Family Education (ECFE)

ECFE is a program offered through Minnesota's public schools for all families with children between the ages of birth through kindergarten entrance. Because the family provides a child's first and most significant learning environment and parents are a child's first and most important teachers, ECFE works to strengthen families through its goal to enhance the ability of all parents to provide the best possible environment for their child's learning and growth.

Capacity: ECFE is offered in all 338 school districts in Minnesota. During the 07-08 academic year, 98,060 parents and 92,703 children attended regular parent/child weekly sessions.¹² Of this total, 66% of the parents and 70% of the children participated in one or more regular parent-child weekly sessions and/or home visits including 2,997 children with disabilities and developmental delays participated.¹² As funding declines at the local level, district ECFE programs may be a target for reduction.

Family Home Visiting

Home visitation has been an effective strategy for the delivery of public health services to families for more than a century. Current research shows that Public Health Nurse home visitation, especially for pregnant women and families with young children, is effective at helping families improve positive parenting and health status, achieve economic self-sufficiency, reduce child maltreatment and juvenile delinquency, achieve maternal goals such as child spacing, education and employment, and establish links to community resources.

Capacity: Each of Minnesota's 87 counties and 8 tribal reservations currently offer the family home visiting program to local families. Federal funding opportunities have recently been made available for evidence-based family home visiting programs.

Minnesota Children with Special Health Needs

Minnesota Children with Special Health Needs (MCSHN) is a state health department program accountable for the successful performance of core public health functions on behalf of children and youth with special health needs, their families and communities. As noted in the 2009 MCH Title V Block Grant Application, improving early intervention services has been a priority area since 2005 and continues to be an important focus.¹³ Connecting children and families with necessary services and resources is an essential public health service provided by MCSHN. Among many of their services, MCSHN provides health information about many chronic illnesses and disabilities; follow-up with families whose infants have been diagnosed with metabolic or endocrine disorders, infants with confirmed hearing loss and infants identified with a birth defect through the Birth Defects Information System; and enhances community partnerships through the MCSHN district consultants located throughout the state to provide specialized consultation and support to enhance positive outcomes for children/youth with special health needs and their families.

¹ Center on Developing Child Harvard University. Inbrief: The Science of Early Childhood Development. <http://www.developingchild.harvard.edu/content/downloads/inbrief-eecd.pdf>.

² Meisels S. J. & Shonkoff, J. P.. Handbook of Early Childhood Intervention. New York: Cambridge University Press, 1990.

³ Fact Sheet: Infant Toddler Early Intervention Program: Washington State Department of Social & Health Services; Publications: Early Intervention Fact Sheet <http://www.dshs.wa.gov/ITEIP/Publications.html>

⁴ Center on Developing Child Harvard University. Inbrief: The Impact of Early Adversity on Children's Development. <http://www.developingchild.harvard.edu/content/publications.html>.

⁵ Ramey C. T., Bryant D. M., Wasik B. H., et al. Infant Health and Development Program for low birth weight, premature infants; program elements, family participation, and child intelligence. *Pediatrics* 1992; 89(3).

⁶ Perrin, J. M. & Ireys H. T. (1984). Development of Children with a Chronic Illness. *Pediatric Clinics of North American*, 31, 235-257.

⁷ Moeller MP. Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics* 2000; 106(3). www.pediatrics.org/cgi/content/full/106/3/e43.

⁸ Yoshinaga-Itano C, seedy, A., Coulter, D, & Mehl, A. (2000). Language of early- and late-identified children with hearing loss. *Pediatrics* 1998; 102(5). <http://pediatrics.aappublications.org/cgi/content/abstract/102/5/1161>.

⁹ National Survey of Children with Special Health Care Needs, Data Resource Center

<http://www.cshcndata.org/Content/Default.aspx>

¹⁰ Data Accountability Center – Office of Special Education Programs, Child Count tables

<http://www.ideadata.org/PartCdata.asp>

¹¹ MN Department of Health, *Follow Along Program 2008 Report (January 1, 2008 to December 21, 2008)*.

¹² MN Department of Education, *Early Childhood Family Education (ECFE) FY 2008 Participant Data*.

¹³ Title V Block Grant State Narrative for Minnesota Application for 2009 Annual Report for 2007. September 21, 2008.

[https://perfddata.hrsa.gov/mchb/mchreports/states Narrative.asp](https://perfddata.hrsa.gov/mchb/mchreports/states_Narrative.asp)