



The First Eight Years

The Importance of Early Identification and Early Intervention for Children With Disabilities

What federal and state programs support children with disabilities?

The **Individuals with Disabilities Education Act (IDEA)** is a federal law that ensures all children with disabilities from birth to age 21 are entitled to free appropriate public education and prepares them for further education, employment, and independent living. There are four parts to the law: **Part A** outlines the general provisions of the law, **Parts B and C** cover services for children with disabilities, and **Part D** consists of national support programs.

Part C: Birth to 2 Years

The Hawai'i State Department of Health (DOH) Early Intervention Section (EIS) provides services to support the development of infants and toddlers.

Part B: 3 to 21 Years

The Hawai'i State Department of Education (HIDOE) provides services to meet the unique educational needs of students with disabilities.

A priority research topic for the Hawai'i Data eXchange Partnership is how early identification and early intervention for children with disabilities affect education and later life outcomes. Early intervention for infants and toddlers aims to lessen the effects of a disability or delay and minimize the need for special education through the provision of services to meet a child's developmental needs. Brain development is most flexible during the first three years of life, and responsive relationships and positive early experiences play a vital role in brain development.¹ Early development can have substantial effects on short- and long-term outcomes in learning, behavior, and health.² High quality early intervention services can change a child's developmental trajectory and may be more effective and less costly when provided earlier in life rather than later.³

Connecting EIS data to HIDOE data is important for understanding long-term student progression, continuous program improvement, and addressing equity.

¹ Center on the Developing Child at Harvard University. (2016). From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. developingchild.harvard.edu

² National Scientific Council on the Developing Child. (2020). Connecting the Brain to the Rest of the Body: Early Childhood Development and Lifelong Health Are Deeply Intertwined: Working Paper No. 15. developingchild.harvard.edu

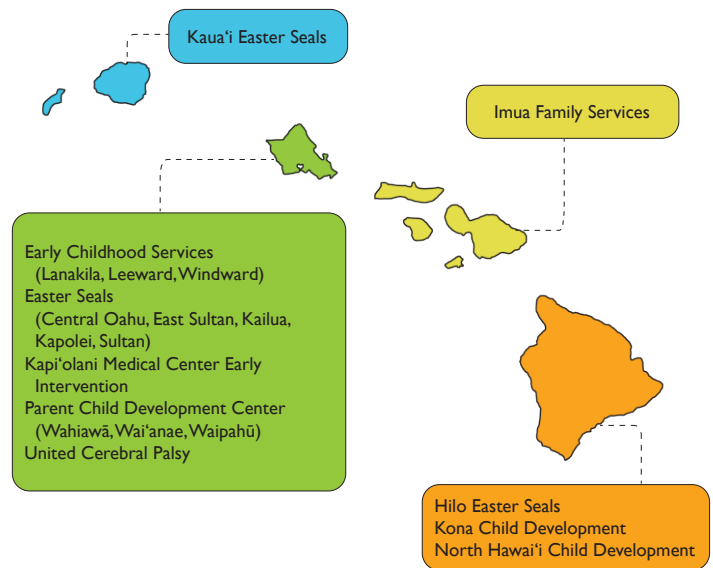
³ National Early Childhood Technical Assistance Center. (2011). The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families. ectacenter.org/-/pdfs/pubs/importanceofearly-intervention.pdf

What is early intervention?

Early Intervention Services

- Assistive technology
- Audiology
- Care coordination
- Family training, counseling, and home visits
- Health
- Medical (diagnostic/evaluation for EI services only)
- Nursing
- Nutrition
- Occupational therapy
- Physical therapy
- Psychological
- Sign language and cued language
- Speech language pathology
- Social work
- Teaching special instruction
- Transportation
- Vision

Early Intervention Programs



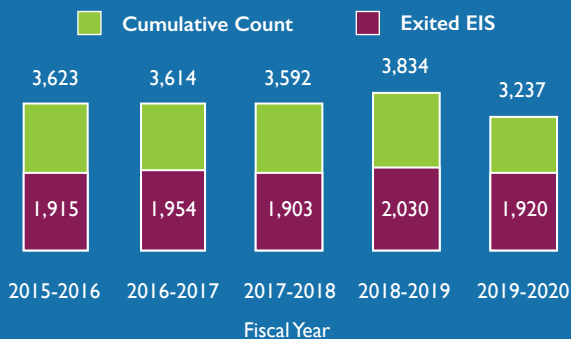
Early intervention is a system of coordinated services that support the development of infants and toddlers. Children referred to EIS are evaluated to determine whether they have a delay in one or more of the five areas of development: physical, communication, cognitive, social or emotional, or adaptive. Children diagnosed with a physical or mental condition that has a high probability of resulting in a developmental delay are eligible. If a child is eligible for services, an Individualized

Family Support Plan (IFSP) is created to identify services and supports to address the developmental needs of the child and to enhance the family's capacity to support their child's learning and development.

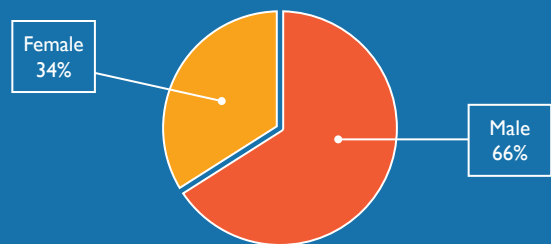
See health.hawaii.gov/eis/home/eiservices/eligibilitycriteria for EIS eligibility information.

How many children received early intervention services?

Served by EIS

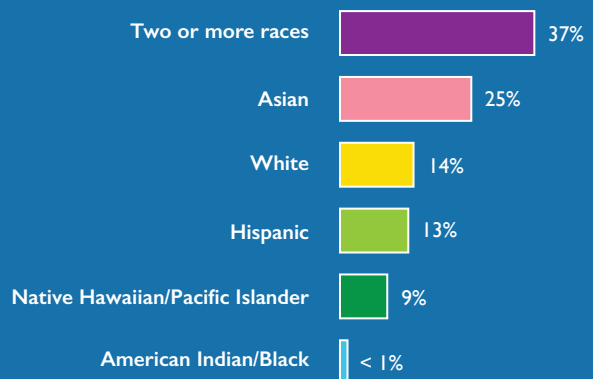


Cumulative Count FY2019-2020



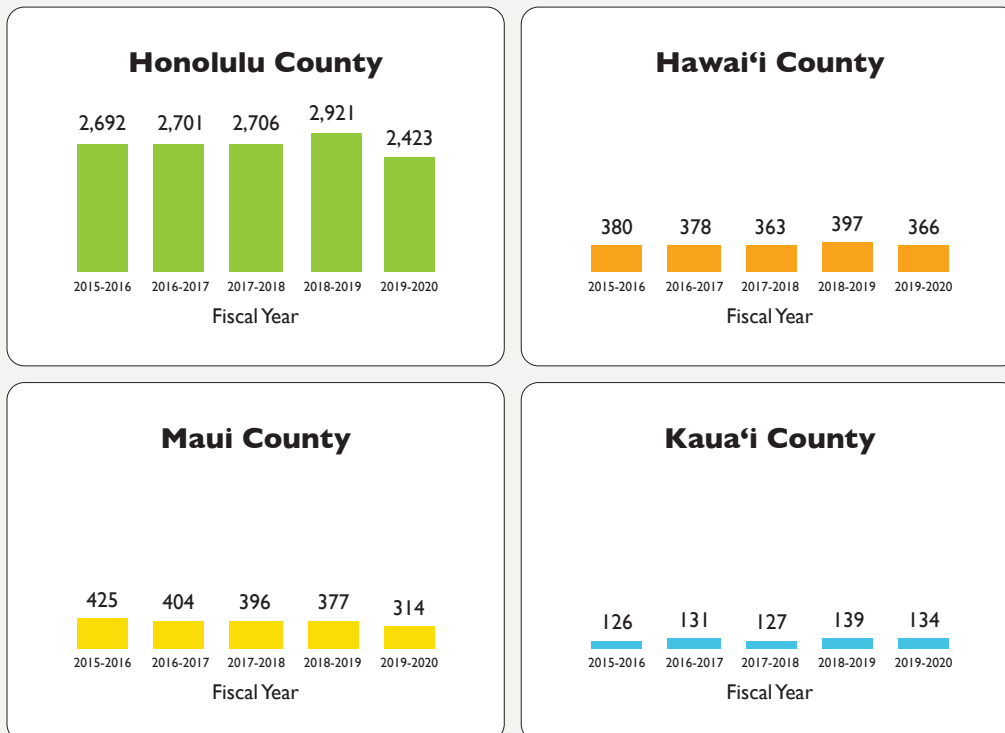
In 2019-2020, EIS served 3,237 children, a decrease from prior years. This drop was due in part to the COVID-19 pandemic, which resulted in a 13% decrease in referrals from the prior year. Two-thirds of children served were male, and more than one in three children were two or more races.

Each year, over 1,900 children who were eligible for early intervention services and had an IFSP exited EIS.



How many children are served by county?

Statewide, the count of children served by EIS decreased slightly in fiscal year 2019-2020. The largest decrease was in Honolulu County followed by Maui County.



Source: EIS cumulative counts by federal fiscal year

3.58

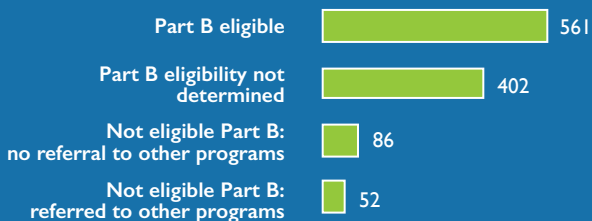
Percent of the birth- to two-year-old population in Hawai'i received early intervention services under IDEA Part C in 2019. The nationwide rate was 3.70% and ranged from 0.96% for Arkansas to 10.59% for Massachusetts.

Source: U.S. Department of Education [ed.gov/programs/osepidea/618-data/static-tables/index.html](https://www.ed.gov/programs/osepidea/618-data/static-tables/index.html)

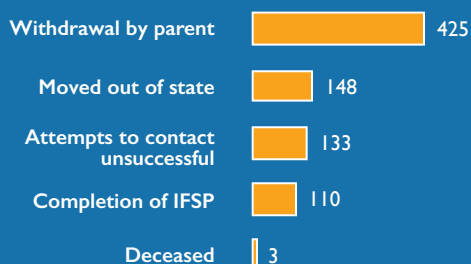
How many children exiting IDEA Part C were eligible for Part B?

Exited EIS FY2019-2020

Exit at Age 3



Exit Before Age 3

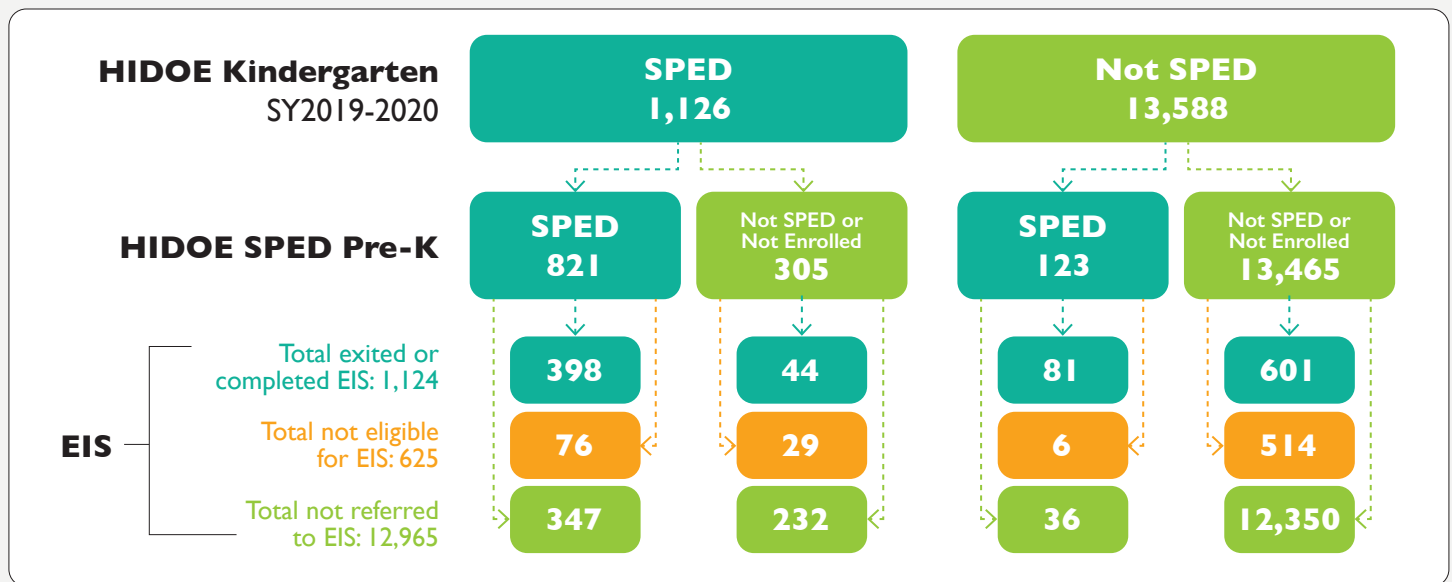


Eligibility for early intervention services is based on whether a child is experiencing a developmental delay or a condition that is highly likely to result in developmental delay. In contrast, eligibility for IDEA Part B special education is based on whether a child is evaluated as having one or more certain categories of disability and the disability impacts their learning.

Of the 1,920 children who exited EIS in 2019-2020, over half exited at age 3. About 29% (561) of exiting children were eligible for IDEA Part B services, meaning they qualified for HDOE special education preschool and related services in the school. Part B eligibility may not be determined if there was a delay in eligibility determination or if parents did not consent to transition planning.

Of the children who were eligible to receive or did receive early intervention services but exited before age 3, 425 were withdrawn by their parents. Parent withdrawal reasons are not currently collected but may present an opportunity for new research or data collection. About 6% (110) of exiting children completed their Individualized Family Support Plan prior to reaching the maximum age for Part C.

How are the EIS Part C and HIDOE Part B populations connected?



Understanding the overlap in the population of children served by EIS Part C and HIDOE Part B can help to inform conversations about the reach of the programs and whether more children might benefit from earlier identification of need for intervention. Of HIDOE's first-time kindergarten students in school year 2019-2020, 1,126 (8%) students received special education (SPED) services in kindergarten. Of these students, 821 (73%) previously enrolled in HIDOE's SPED pre-K. In addition, 442 (39%) previously exited EIS services (though 44 of these students who exited EIS did not enroll in HIDOE SPED pre-K).

Additionally, understanding how many children previously served by these programs and no longer require SPED services

can help to inform conversations about the effectiveness of early intervention. Of the students who did not receive SPED services in kindergarten, 123 previously enrolled in HIDOE's SPED pre-K. An additional 601 students who previously exited EIS did not require SPED services in pre-K or kindergarten.

Of the 625 students who were not eligible for EIS or did not complete the EIS eligibility process, 82 enrolled in HIDOE's SPED pre-K and another 29 did not enroll in SPED pre-K but did receive SPED services in kindergarten. Further research on the circumstances surrounding this population may facilitate earlier identification of children who may benefit from EIS or SPED pre-K services.

Protect and improve the health and environment for all people in Hawai'i



The DOH Children with Special Health Needs Branch (CSHNB) goals are: (a) all children and youth with special healthcare needs, including young children with developmental delays, will receive appropriate services to reach optimal health, growth, and development; and (b) access to quality healthcare shall be assured through the development of a comprehensive, coordinated, community-based, family-centered, culturally competent system of care. EIS, within CSHNB, is identified as the Lead Agency to develop and implement the early intervention system based on IDEA Part C. Linking data from EIS to data from HIDOE is one example of how Hawai'i can begin to examine the coordination of programs and services across the state.

Shared data may serve to facilitate discussions about ways to improve the transition of children and families between programs and identify areas for new data collection and research so we can better understand how well we are doing and where there is need for improvement.

For more information about DOH and EIS, please visit: health.hawaii.gov/eis/



What questions can Hawai'i DXP help answer for you?

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