

Twelve Ways to Improve Learning

Provide Services for Developmentally Disabled Children

Definition and Source

Early Intervention (EI) is an entitlement program funded with federal and state dollars that provides therapy for disabled children and support to their families. Illinois' Early Intervention system serves children ages birth to 3 who have a developmental disability or delay of 30 percent or greater and children at risk for such delays. For example, a 6-month-old who cannot hold up his head or a 29-month-old who cannot speak may qualify. The Early Intervention system provides up to 16 types of therapies such as speech and occupational therapy. When a developmentally disabled child turns 3, public schools are required to provide special education. This indicator shows the number of children with active Individual Family Service Plans, which represents children who have been evaluated and are likely to have begun treatment. County-level data are for July 2001 and June 30, 2004. Statewide data are for Dec. 1, 2000 and June 30, 2004. Race and ethnicity data counts children once; a child who is Hispanic and white or African-American is only counted as Hispanic. Children are counted in the county in which they live, even if they receive services in another county. Data are from the Illinois Department of Human Services.

Trends and Key Findings

More than 14,800 young children ages birth to 3 with developmental delays or disabilities are receiving therapies through the Early Intervention system, a 28.7 percent increase since 2001. Fifty-six percent of the children in the Early Intervention system are white, 21.6 percent are Hispanic and 18.6 percent are African American. Enrollment increased among children of all races and ethnicities, especially among Hispanic children due to targeted outreach efforts.

EARLY INTERVENTION ENROLLMENT

	2001	2004	% CHANGE	BY RACE/ETHNICITY, 2004 (%)			
				WHITE	BLACK	HISPANIC	OTHER
Illinois	11,506	14,808	28.7	55.9	18.6	21.6	3.9
Adams	58	48	-17.2	85.4	10.4	4.2	0.0
Alexander	9	8	-11.1	62.5	37.5	0.0	0.0
Bond	20	30	50.0	86.7	10.0	0.0	3.3
Boone	32	76	137.5	61.8	1.3	36.8	0.0
Brown	3	8	166.7	87.5	0.0	12.5	0.0
Bureau	19	46	142.1	93.5	0.0	4.3	2.2
Calhoun	1	4	300.0	100.0	0.0	0.0	0.0
Carroll	4	12	200.0	100.0	0.0	0.0	0.0
Cass	20	21	5.0	57.1	4.8	38.1	0.0
Champaign	125	141	12.8	68.8	19.9	6.4	5.0
Christian	19	28	47.4	100.0	0.0	0.0	0.0
Clark	11	21	90.9	95.2	0.0	0.0	4.8
Clay	20	24	20.0	100.0	0.0	0.0	0.0
Clinton	34	41	20.6	87.8	0.0	12.2	0.0
Coles	44	61	38.6	90.2	8.2	0.0	1.6
Cook	2,004	2,829	41.2	51.3	19.2	25.7	3.8
Crawford	34	31	-8.8	93.5	3.2	0.0	3.2
Cumberland	10	12	20.0	100.0	0.0	0.0	0.0
De Kalb	105	95	-9.5	77.9	6.3	11.6	4.2
De Witt	15	11	-26.7	100.0	0.0	0.0	0.0
Douglas	20	21	5.0	85.7	0.0	9.5	4.8
Du Page	613	1,063	73.4	65.9	4.8	19.6	9.8
Edgar	17	13	-23.5	100.0	0.0	0.0	0.0
Edwards	8	27	237.5	100.0	0.0	0.0	0.0
Effingham	40	48	20.0	97.9	0.0	0.0	2.1
Fayette	24	32	33.3	96.9	3.1	0.0	0.0
Ford	12	11	-8.3	90.9	0.0	9.1	0.0
Franklin	43	46	7.0	100.0	0.0	0.0	0.0
Fulton	29	35	20.7	100.0	0.0	0.0	0.0
Gallatin	13	20	53.8	100.0	0.0	0.0	0.0
Greene	15	19	26.7	89.5	5.3	0.0	5.3
Grundy	21	19	-9.5	89.5	0.0	5.3	5.3
Hamilton	9	14	55.6	100.0	0.0	0.0	0.0
Hancock	10	11	10.0	90.9	0.0	9.1	0.0
Hardin	5	3	-40.0	100.0	0.0	0.0	0.0
Henderson	7	6	-14.3	100.0	0.0	0.0	0.0
Henry	23	42	82.6	85.7	2.4	9.5	2.4
Iroquois	26	24	-7.7	87.5	0.0	8.3	4.2
Jackson	40	40	0.0	62.5	22.5	5.0	10.0
Jasper	8	21	162.5	95.2	4.8	0.0	0.0
Jefferson	43	44	2.3	90.9	4.5	0.0	4.5
Jersey	12	13	8.3	100.0	0.0	0.0	0.0
Jo Daviess	16	22	37.5	81.8	0.0	18.2	0.0
Johnson	11	2	-81.8	100.0	0.0	0.0	0.0
Kane	400	626	56.5	57.0	4.8	36.4	1.8
Kankakee	109	122	11.9	67.2	19.7	7.4	5.7
Kendall	28	87	210.7	92.0	2.3	4.6	1.1
Knox	39	43	10.3	86.0	9.3	4.7	0.0
Lake	791	789	-0.3	62.7	7.1	26.2	3.9
LaSalle	83	105	26.5	86.7	1.0	9.5	2.9
Lawrence	27	27	0.0	92.6	0.0	7.4	0.0

EARLY INTERVENTION ENROLLMENT

	2001	2004	% CHANGE	BY RACE/ETHNICITY, 2004 (%)			
				WHITE	BLACK	HISPANIC	OTHER
Lee	44	43	-2.3	88.4	4.7	2.3	4.7
Livingston	30	15	-50.0	86.7	0.0	13.3	0.0
Logan	20	24	20.0	95.8	0.0	4.2	0.0
Macon	109	125	14.7	68.0	29.6	1.6	0.8
Macoupin	47	60	27.7	96.7	1.7	1.7	0.0
Madison	202	253	25.2	85.4	7.5	2.8	4.3
Marion	74	104	40.5	91.3	3.8	1.9	2.9
Marshall	6	8	33.3	87.5	0.0	0.0	12.5
Mason	7	10	42.9	90.0	0.0	10.0	0.0
Massac	13	18	38.5	94.4	5.6	0.0	0.0
McDonough	27	23	-14.8	87.0	8.7	0.0	4.3
McHenry	250	444	77.6	86.9	1.8	8.8	2.5
McLean	127	167	31.5	71.3	10.8	9.6	8.4
Menard	9	7	-22.2	100.0	0.0	0.0	0.0
Mercer	8	13	62.5	100.0	0.0	0.0	0.0
Monroe	15	16	6.7	100.0	0.0	0.0	0.0
Montgomery	17	27	58.8	96.3	3.7	0.0	0.0
Morgan	25	36	44.0	80.6	8.3	2.8	8.3
Moultrie	20	22	10.0	100.0	0.0	0.0	0.0
Ogle	49	66	34.7	78.8	1.5	18.2	1.5
Peoria	161	163	1.2	66.3	28.8	2.5	2.5
Perry	11	17	54.5	94.1	0.0	5.9	0.0
Piatt	14	13	-7.1	100.0	0.0	0.0	0.0
Pike	23	21	-8.7	95.2	0.0	0.0	4.8
Pope	4	3	-25.0	100.0	0.0	0.0	0.0
Pulaski	7	7	0.0	57.1	42.9	0.0	0.0
Putnam	6	6	0.0	100.0	0.0	0.0	0.0
Randolph	18	27	50.0	81.5	18.5	0.0	0.0
Richland	27	35	29.6	100.0	0.0	0.0	0.0
Rock Island	103	111	7.8	67.6	18.0	12.6	1.8
St. Clair	212	221	4.2	63.3	31.2	1.4	4.1
Saline	44	34	-22.7	82.4	11.8	5.9	0.0
Sangamon	241	256	6.2	74.6	18.8	2.0	4.7
Schuyler	11	7	-36.4	100.0	0.0	0.0	0.0
Scott	2	3	50.0	100.0	0.0	0.0	0.0
Shelby	26	32	23.1	93.8	0.0	6.3	0.0
Stark	5	4	-20.0	100.0	0.0	0.0	0.0
Stephenson	63	82	30.2	68.3	22.0	6.1	3.7
Tazewell	120	117	-2.5	97.4	0.9	0.9	0.9
Union	19	14	-26.3	71.4	0.0	14.3	14.3
Vermilion	80	100	25.0	74.0	16.0	7.0	3.0
Wabash	29	34	17.2	97.1	0.0	2.9	0.0
Warren	11	14	27.3	71.4	7.1	14.3	7.1
Washington	21	18	-14.3	100.0	0.0	0.0	0.0
Wayne	23	45	95.7	97.8	0.0	0.0	2.2
White	25	32	28.0	100.0	0.0	0.0	0.0
Whiteside	50	53	6.0	83.0	1.9	15.1	0.0
Will	609	841	38.1	69.2	12.4	14.5	3.9
Williamson	76	68	-10.5	88.2	0.0	7.4	4.4
Winnebago	284	380	33.8	61.3	17.6	15.8	5.3
Woodford	24	48	100.0	91.7	6.3	2.1	0.0
Chicago	2,427	3,579	47.5	16.0	41.1	38.9	4.1

Action Steps

Children who receive Early Intervention therapies at an early age – especially those with minimal delays or disabilities – can catch up on their development and may not need special education later in their schooling. Those who do not receive needed Early Intervention services are more likely to have language and learning difficulties, lower reading and math scores and higher dropout rates.¹ Recommended action steps include:

- Expand outreach and screening efforts to make sure all young children who need services are reached, especially children younger than 1.
- Adopt a waiver rule that allows parents to seek Medicaid coverage for home-based care of children with severe disabilities even if their incomes would be too high to qualify for coverage.

¹ Ceglowski, D. and Bacigalupa, C., "Childcare as early intervention," *Early Childhood Research and Practice*, 2002.

Early Intervention Can Make a Difference Across a Lifetime

By Anne Shannon, President and CEO, Aspire

What is it about early intervention that has the potential to change a child's life? Thousands of families across Illinois are pondering that very question. Let me share three perspectives of my own: as a mother of a 28-year-old with Down's syndrome, as President and CEO of Aspire in west Cook County and as Chair of the Illinois Interagency Council on Early Intervention.

Illinois' Early Intervention system made me believe in possibilities, helped me to understand that the bleakest prognosis is not an absolute and that strength comes from many avenues. When our fourth child was diagnosed with Down's syndrome, I was clueless as to next steps. A friend at church told me about a new program called Infant Stimulation, also known as Part C of the Individuals with Disabilities Education. Little did I realize how profoundly that program would change our lives. At every stage we learned the importance of imbedding therapies into the routines of our very busy family. My 6-year-old knew that the baby's tongue should be gently pushed back into his mouth. Whoever heard of tongue thrust? My 5-year-old played for hours at coaxing the baby to put his thumb and forefinger together. Pincer grasp was not part of our vocabulary. *My 4-year-old sang and rocked and talked incessantly to her baby.* As a family we learned that a baby with a disability is most importantly a baby who needs what all babies need: love and care.

As one of Illinois' largest providers of Early Intervention services and supports, Aspire last year responded to 571 families of infants and toddlers with developmental delays or disabilities. Many parents seek Early Intervention because of its focus on family support. Linking families with other families creates a network where joys and sorrows, successes and setbacks, new frontiers and ancient expectations make the difference between belonging and isolation. Learning about a child's disability is so much easier because of the Internet. Local libraries and many banks as well as the 25 Child and Family Connections open this avenue, at no charge. Research gives us more options. When someone says, "We have never done that before," a wise caregiver will respond, "That may be the best reason to try."

As Chair of the Illinois Interagency Council on Early Intervention, it is a great joy to watch families become involved as they accept their role as team player in the development of their Individual Family Service Plan. Committed individuals throughout the state strive to make the statewide system responsive to the emerging needs of today's families, and very soon every Child and Family Connections site will have a social and emotional component in its menu of services.

Anne Shannon (below) will celebrate her 10th year as president and CEO of Aspire in July 2005. Aspire is a 40 year-old not-for-profit agency that serves over 1,000 individuals with developmental disabilities and their families. Aspire offers a variety of programs in 23 facilities in west Cook County that address the needs of developmentally disabled individuals from birth to adulthood. Shannon was first appointed as a member and chair of the Illinois Interagency Council on Early Intervention by Governor Jim Edgar in 1998, and has been reappointed to both positions by Governors Ryan and Blagojevich. Shannon's involvement with individuals with disabilities began as a personal crusade almost 28 years ago after her fourth child was diagnosed with Down's syndrome.

