Illinois Early Intervention Services Systems Act and Potential Return on Investment for Local Agencies and School Districts: A Researched Based Policy Analysis

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The Illinois Early Intervention Services System Act was created when Illinois lawmakers noticed there was a need for children ages 0-36 months with developmental delays to access educational intervention services. As of 2007, nearly 17,000 children ages 0-36 months were receiving services from this policy. This number is nearly 4 percent of the entire Illinois population of 0-36 month old children. Children in rural Illinois communities have an especially hard time receiving proper services. Poverty stricken families also have difficulty finding adequate child care, thus leaving them with virtually no choice but to care for their children with developmental disabilities on their own. Since the implementation of this policy, it has been found to be extremely successful in helping children and their families cope with developmental delays. The cost of running these programs far under weigh the costs of caring for a child with developmental delays once they reach elementary school and later childhood. If more community agencies and school districts would provide services like these, the return on investment would be significantly higher considering these programs tend to cost less than the services children receive in later childhood. It is up to the state of Illinois to provide more funding for these programs. Once this happens, it is up to local agencies to seek these State funds and to create more resources for children 0-36 months in their community.

Key Words: Early Intervention Services, Individualized Family Service Plan, Return on Investment, Developmental Delay, At-Risk Child

Illinois Early Intervention Services Systems Act

In the late 1980’s, the issue of children with developmental delays in Illinois not receiving proper services came to the forefront. In 1988, the Illinois Early Intervention Services Systems Act was introduced into legislation. This policy was created in response to the issue of Illinois’ children 0-36 months not being eligible for early intervention educational services. Children lacking these services therefore were faced with delays that created more issues later in childhood and forced them to be held back when they did
reach pre-kindergarten and kindergarten (Fowler, 2016, pg. 5). The law states the State of Illinois must provide these children with early intervention services at the youngest stage of life in order to verify the future of these children and the future of our society.

**Historical Background of the Policy**

The lack of educational resources for children with developmental delays 0-36 months old has long been an issue in the history of American’s education system. These children lack the developmental skills to qualify for special education services in pre-kindergarten programs. Developmental delays are defined as a condition where a significant delay is cited within the process of development for children ages 0-8 years (Department of Education and Early Childhood Development, 2001). In addition to the educational setbacks, children with developmental delays could acquire secondary impairments and disabilities caused by poor health and lack of parental knowledge about the disability the child faces and how to properly care for it (ILCS 325, 2001).

Several changes have affected the policy since it was originally signed in 1992, with most changes taking place nearly a decade later in 2001. The most significant of these changes being ‘private insurance exemption’ meaning children covered by private insurance have access to services even if their service provider denies these services (ILCS 325, 2001). In 2013, more changes affected the bill when the Individuals with Disabilities Act (IDEA) was revamped by the Federal Government. After 2013, all parts of Early Intervention Act have to comply with the legislation put into place in the Individuals with Disabilities Education Act. However, there are still additional problems that affect the implementation of the Early Intervention Act.
Description of the Problem that Necessitated the Policy

Early Intervention Systems Services are built around the fact that infants and toddlers, 0-36 months, may not have received appropriate therapeutic services. Lack of care in these young children can increase the pervasiveness of developmental delays already present in these children. This lack of care can also impede development later in childhood and into the child’s adult life. As of 2007, Illinois was ranked 13th out of 50 states in providing most children under the age of three with services. In 2007, 17,489 children in Illinois had active Individual Family Service Plans (Dep. Human Services, 2007). That is equal to 3.11 percent of the population in this age group. The intersection of these two converging identities, that of being low income as well as having children with special needs, creates a large part of why the services are not available to most families in our State (ILCS 325, 1988).

Many groups are affected by this policy and are invested in it. The largest group of people invested in the need for these services is the children who are affected by developmental delays. The families of these children also are affected by the need for these services, which provide several assistance programs such as free educational child care and programing opportunities so parents are better able to care for their children with special needs (Dep. Human Services, 2007). Teachers in the school system are also largely affected by these early intervention services. School systems were finding students were entering kindergarten unprepared for the curriculum, thus forcing the teachers to hold them back in school. The communities where these special needs children reside should also be invested in this legislation because the improvement of
services for one population of their community can greatly affect their entire community due to the trickle down benefits.

**Policy Description**

Families in the state of Illinois who have one or more of previously mentioned intersecting identities and issues such as intersection socioeconomic status, race, and geographical location are referred to an agency for evaluation. This policy must follow a strict protocol when being implemented into services. First the child is referred to a screening process. Specialists licensed by the State board are in charge of facilitating these screenings. If the child is found to be at least 30 percent or more below the average development of a same-aged child they are eligible to receive services (ILCS 325, 1988). If the child is accepted into an agency, the agency will first create an Individualized Family Service Plan for the child’s family. Essentially, this is a course of action and rehabilitation the family and agency personnel will take while caring for the child. The child is eligible to receive therapeutic services until his or her third birthday, or until he or she is no longer 30 percent or more below developmental expectations (ILCS 325, 1988).

This policy is expected to provide several resources and opportunities to the families and children affected by developmental delays. This policy affirms the importance of a child’s family in deciding what elements go in to his or her learning plan, and it takes in to consideration the child’s developmental level. This policy is also intended to provide more of an individualistic approach to the care for children with developmental delays. The policy also looks at how the community as a whole can
benefit from these services by providing several forms of early intervention services such as speech therapy and physical therapy.

The primary target population covered under this policy are 0-36-month-old children with developmental delays, physical or mental disability, or children ‘at risk’ of having developmental delays. Children who are taught a first language other than English can often times be covered under these services as well. Children with other language, hearing, and speech barriers can also receive services from these programs (Dep. Human Services, 2007).

The most crucial part of this policy’s implementation is the establishment of the “Illinois Interagency Council on Early Intervention. This council is composed of 20 to 30 individuals (ILCS 325, 1988). The governor is responsible for appointing council members. The lead agency heading the policy is the Department of Human Services; however, the council approves the budget as well as implements all program decisions.

This policy has several different short and long-term goals for both the individual agencies as well as for the State as a whole. Some goals for the individual agencies include coordinating public awareness in the community as well as coordinating local planning and evaluation of children who could possibly benefit from their services. The local agencies are also responsible for reporting to the State council, looking at local needs, and determining how to properly take care of these needs (ILCS 325, 1988).

On the State level, the policy goals are a little different. The State focuses on creating informational documents such as timetables showing when appropriate early intervention should occur and what the curriculum in these interventions should look like.
Both the State and local levels work to make the public aware of possible warning signs of developmental delays (Dep. Human Services, 2007).

This policy is funded through State and Federal funding. If the public or private service agencies are approved by the State licensing council, then they are eligible to receive these State and Federal funds. The Illinois General Assembly puts aside a certain amount of the Department of Human Services budget to go toward these early intervention services. Federal funds allocated to Early Intervention Services are provided under the “Disabilities Education Act”. Some private providers receive funds from a family’s private insurance plans if they choose not to opt out. There is also a small fee for each family based on the families’ income, these fees can be as small as $10 a month (Dep. Human Services, 2015).

Each year the Illinois Early Intervention Services Council prepares and submits an annual report to the Illinois General Assembly, as well as to the Governor. This report includes several things such as the number of children who could be receiving services in the state of Illinois and the estimated cost of providing services to these children. The Illinois Early Intervention Services Systems Act is a policy that will be in effect for several years to come. The State board has created scientifically proven timetables that access appropriate interventions and say what age is appropriate for these interventions (ILCS 325, 2001). This model of Early Intervention Services also has been proven to be effective in other states.

Policy Analysis

The goals in this policy that have already been implemented are legal. This policy has been in place since 1992 and because of this, it is easy to analyze the productiveness
of the goals within the policy. The Early Intervention Services Systems Act gives children, 0-36 months, who show need of individualized learning this opportunity, thus making the goals of this policy just and democratic. This policy contributes to greater social equality on a micro level, meaning the policy has a large effect on the individual receiving these services, the families of these children, and the communities in which these children live (Dep. Human Services, 2015).

When thinking of social equality rights, people in our society with developmental disabilities are often over looked or pushed to the side. This policy helps to redistribute the resources and rights to these children who are facing inequalities through every aspect of life. Also, by creating programs where families have the ability to access new skills and opportunities to foster a more general and productive knowledge of how to care for their children, our society is helping to reallocate resources to families in need.

The quality of life for these children is affected greatly by this policy. Research has shown the development occurring in toddlers and infants is some of the most important development in a human’s life (Dep. Human Services, 2015). By providing resources in the prime of their development, the policy is bettering the quality of life for these children for years to come. Additionally, this policy cannot cause any harm. It is not necessarily proven to show great success in every child with developmental delays, but it is shown to not cause any extenuating issues in these children’s lives. The goals of this policy are in place to help these children thrive in school and in life, as well as to assist their families (ILCS 325, 2001).

Giving communities information about developmental delays and the children who live with them can help to better the public as a whole, because the community is
then more aware and equipped to handle situations where they may interact with these children. This bill was created after the people of Illinois saw a need for services. Children at this young of an age are unable to advocate for themselves so it is important for people like social workers see the need for these services and find a way to provide these services to their clients. Because of this aspect of the Early Intervention policy, several of the goals are consistent with the core values of the social work profession.

The Illinois Early Intervention Services System act is absolutely pertinent to our society. Children with developmental delays can benefit immensely from these services, and it is our duty as caring community members to make sure that eligible children have access to these services. The services provided by public and private local agencies can help the development of a child for several years to come. The future of Illinois children with developmental delays lies in the early intervention programs like the one this policy has created. If every eligible child can receive these services, then our education system, our communities, individual families, and their children will have a much brighter future.
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