American Recovery and Reinvestment Act of 2009:
Using IDEA Part C ARRA Funds to Improve Outcomes for Infants and Toddlers
with Disabilities and their Families

September 1, 2009

Part C of the Individuals with Disabilities Education Act (IDEA) authorizes grants to States to assist them in planning, developing, and implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency early intervention services for infants and toddlers with disabilities, from birth through age two, and their families. Under Part C of IDEA, the U.S. Department of Education provides each State lead agency funds through the Grants for Infants and Families program to promote the State's delivery of appropriate and quality early intervention services in natural environments for infants and toddlers with disabilities and their families residing in the State.

The American Recovery and Reinvestment Act (ARRA) provided a one-time sum of $500 million for IDEA Part C (IDEA Part C ARRA funds) in addition to the regular fiscal year (FY) 2009 appropriation for Part C of $439.4 million. This additional ARRA sum creates a unique opportunity for States to save and create jobs, stimulate the economy, and improve outcomes for infants and toddlers with disabilities and their families. These one-time resources should be spent in ways most likely to enhance each statewide system to ensure that the system is comprehensive, multidisciplinary, sustainable, family-centered, and community-based in the delivery of early intervention services. This document is the second in a series of the Department's guidance on IDEA Part C ARRA funds: the first guidance document was published in April 2009 and is available online at: http://www.ed.gov/policy/gen/leg/recovery/guidance/idea-c.pdf. A fact sheet on IDEA Part C ARRA funds is also available at: http://www.ed.gov/policy/gen/leg/recovery/ factsheet/idea-c.html.

IDEA Part C ARRA funds must be used consistently with IDEA Part C requirements and purposes to expand and improve each State's capacity to provide high quality early intervention services to infants and toddlers with disabilities and their families. Additionally, these funds provide support for States to implement innovative strategies to improve outcomes for infants and toddlers with disabilities and their families at the same time as funds are used to stimulate the economy.

This document includes five framing questions for decision making and provides examples of potential uses of IDEA Part C ARRA funds to improve outcomes for infants and toddlers with disabilities and their families. It is intended to spark ideas about how early intervention service (EIS) programs might use IDEA Part C ARRA funds, to implement sustainable improvements to their systems and to promote inter- and intra-agency collaboration. While State lead agencies have through September 30, 2011 to obligate these funds, we encourage States to move expeditiously to develop and implement plans to use their IDEA Part C ARRA funds. State lead agencies may need to use a portion of their IDEA Part C ARRA funds to save jobs. This is an important and appropriate use of IDEA Part C ARRA funds. In addition, each State lead agency should consider how to use these funds for activities and reforms that can be expected to have an impact not only over the next two years, but also over the long term, such as recruiting, training, and retaining EIS providers and personnel.

Framing Questions for Decision Making

Where appropriate, the Department encourages State lead agencies to consider how IDEA Part C ARRA funds could further the Recovery Act education reform goals of (1) increasing teacher effectiveness and equitable distribution of effective teachers, including early intervention service providers; (2)

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adopting rigorous college and career-ready standards and high-quality assessments, including early childhood outcomes systems; (3) establishing data systems and using data for improvement; and (4) turning around the lowest-performing schools. In considering how best to spend IDEA Part C ARRA funds, decision makers should consider whether they can answer "yes" to one or more of these five questions:

1. **Will the proposed use of funds result in improved outcomes?** Will the proposed use of funds drive improved outcomes for infants and toddlers with disabilities and their families including: under-represented populations, particularly low-income, minority, rural, inner city, and limited English proficient populations; infants and toddlers served by the child welfare system and served by programs for homeless children; and, at a State's discretion, at-risk infants and toddlers?

2. **Will the proposed use of funds increase capacity?** Will the proposed use of funds increase the capacity of a State lead agency's early intervention system to identify and serve the needs of infants and toddlers with disabilities and their families in multi-agency, family-centered, community-based early childhood programs or increase an EIS program's or EIS provider's ability to recruit, train, and retain qualified administrators and early intervention services personnel to implement a collaborative, team-based approach to service delivery?

3. **Will the proposed use of funds accelerate systems change?** Will the proposed use of funds: (a) expand and improve accountability systems, including the State lead agency's general supervision system or data system, to ensure compliance with legal requirements and to provide high quality early intervention services to infants and toddlers with disabilities and their families; (b) encourage data-based decision-making by the State lead agency and EIS programs and providers; (c) increase public awareness activities and expand primary referral sources' knowledge of Part C; or (d) support sustainable systems of inter- and intra-agency collaboration?

4. **Will the proposed use of funds avoid the cliff and serve as a bridge to improve productivity?** Will the proposed use of funds avoid recurring costs that EIS programs and providers are unprepared to assume when this funding ends and serve as "bridge funding" to help EIS programs and providers transition to more effective and efficient practices with lasting results, such as improved database capabilities and systems for disseminating knowledge?

5. **Will the proposed use of funds foster continuous improvement?** Will the proposed use of funds include approaches to measure and track implementation of the plans and results and create feedback loops that will assist States, programs, and providers to modify or discontinue strategies based on evidence or address potential disparities in the delivery of quality early intervention services so that infants and toddlers with disabilities and their families from all socioeconomic backgrounds benefit from the receipt of high quality early intervention services?

Using these short-term IDEA Part C ARRA funds effectively will require collaboration and thoughtful conversations among individuals in the State lead agency and the State Interagency Coordinating Council, other State agency leaders, staff from EIS programs and providers, families of infants and toddlers with disabilities, and other stakeholders. The first step should be a careful examination of State and EIS program data to determine where to focus improvement efforts. Below are examples of potential uses of IDEA Part C ARRA funds by the State lead agency or EIS programs and providers. These examples are not intended to be a menu of options or a list of "silver bullets," but rather a starting point for consideration in light of State and

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local goals, data, and circumstances. Ultimately, if leaders in the field of early intervention focus on a small number of related and reinforcing strategies and apply these substantial one-time resources consistent with their overall plan for improving child and family outcomes, they are more likely to improve results than if they focus only on specific projects, which may appear to reflect a diffuse or scattershot approach.

Uses of Funds: Examples for Consideration

These initial examples are organized into four categories. IDEA Part C ARRA funds may be used to:

I.   Adopt scientifically based practices to ensure the delivery of quality early intervention services, including service coordination and evaluations and assessments using the latest best practices based on peer-reviewed research;

II.   Establish data systems and use data to inform decisions and improve delivery of services;

III. Increase EIS provider effectiveness and reduce shortages of qualified personnel in key areas such as speech language, occupational, and physical therapy; and

IV.   Improve outcomes for all infants and toddlers with disabilities, particularly in the areas of positive social-emotional skills (including social relationships); the acquisition of and use of knowledge and skills (including early language, communication, and fine and gross motor skills); and the use of appropriate behaviors to meet their needs.

I.   **Adopt scientifically based practices to ensure the delivery of quality early intervention services, including service coordination and evaluations and assessments using the latest best practices based on peer-reviewed research.**

Highly effective early intervention services are built upon scientifically based practices integrated into typical family routines and are aligned with evaluations and assessments to measure functional outcomes. Many States are adopting and/or revising their early childhood standards/early learning guidelines and assessments to identify standards for early childhood outcomes. State lead agencies can take steps to align with other early childhood interagency efforts thus promoting high quality standards in Part C, effective assessment systems, and scientifically based practices. Some examples would be to:

- Provide professional development for service coordinators and EIS providers (including ongoing support and coaching) to increase EIS delivery in natural environments (home and community-based settings).

- Identify, adopt, and promote the use of comprehensive state of the art evaluations and assessments that are valid and reliable for infants and toddlers with disabilities, that help identify individual child needs, and can be used to track progress toward the Individualized Family Services Plan (IFSP) goals and outcomes.

- Select child and family evaluation and assessment tools and procedures that can be used to provide timely data on child outcomes for the State Performance Plan/Annual Performance Report (SPP/APR) in order to develop system improvements. Provide training for early intervention provider staff on the use of the new evaluation and assessment tools and procedures.

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- Implement quality scientifically based interventions that are aligned with the State's other early care and early childhood education practices. Include adaptive materials and equipment appropriate for infants and toddlers with disabilities and train all personnel who perform evaluations and assessments and EIS providers in effectively using the research-based practices.

II. Establish data systems and use data to inform decisions and improve delivery of services.

At the heart of continuous improvement is data measurement - the collection, analysis, and use of high quality data. EIS programs should collect and analyze data and provide feedback to providers, families, and the community, in order to continuously improve the performance of providers and outcomes for infants and toddlers with disabilities. Examples of investments in data systems and effective use of data include efforts to:

- Develop or enhance existing data systems to provide EIS programs with access to: (1) child data in such areas as timely initial evaluations, timely provision of services, delivery of services in settings that are natural environments, and child count; (2) data that show child and family outcomes and compare data from individual EIS programs to statewide targets; (3) data that can be used for program improvement by linking child and family outcome data with data that evaluates EIS program performance; and (4) data on whether children are on track for a smooth transition to preschool or other community programs once they exit the Part C system.

- Train State lead agency staff, service coordinators, and EIS providers to identify and use relevant data to: (1) adjust intervention strategies; (2) better address individual child strengths and challenges, and the family's priorities and concerns; and (3) target professional development and other resources that the infant or toddler with a disability, family, or EIS provider needs to help the child achieve his or her IFSP outcomes. Use the information gathered through Indicator 3 on the SPP/APR[1] to strengthen EIS programs and increase the percentage of children who enter preschool (or other community programs) and kindergarten ready to learn.

- Track the number and percent of children who successfully transition into IDEA Part B preschool programs. Use the information to strengthen early childhood transition practices and procedures and increase the percent of transition conferences for Part C children potentially eligible for IDEA Part B preschool services being held in a timely manner.

- Link the data systems of the various EIS programs and providers that are serving infants and toddlers with disabilities (including State education and health agencies) and use the resulting information for analyses and reports to enable EIS programs and Part C leaders to better understand the cost effectiveness of EIS programs and strategies and allocate resources more effectively. Ideally, these data systems would also allow for the sharing of information and the capacity to link data across early childhood, elementary and secondary education, post-secondary education, and workforce data systems in order to provide better information about child outcomes and about the effectiveness of training and professional development for providers. The Department encourages State lead agencies

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[1] Indicator 3 of each State's annual performance report (APR) requires the State to measure and report the percentage of infants and toddlers with IFSPs who demonstrate: a) positive social-emotional skills (including social relationships); b) acquisition and use of knowledge and skills (including early language/communication); and c) use of appropriate behaviors to meet their needs.

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to build on the work being done through the Statewide Longitudinal Data Systems grants, where possible.

- Launch an easy-to-use online Web-based IFSP system for infants and toddlers with disabilities that incorporates confidentiality requirements and can be used in real time by EIS providers and service coordinators to input, update, and review child-specific data.

III. **Increase EIS provider effectiveness and reduce shortages of qualified personnel in key areas such as speech language, occupational, and physical therapy.**

EIS provider effectiveness has a major impact on successful early childhood outcomes for infants and toddlers and their families. State lead agencies and EIS programs can improve EIS provider effectiveness and reduce shortages of available EIS personnel through how they recruit, hire or contract with, develop, evaluate, monitor, and compensate EIS providers and personnel. Moreover, State lead agencies and EIS programs can create the conditions that foster provider effectiveness and retention such as effective leadership, time for collaboration, and a culture of continuous improvement. Examples of strategies to address EIS provider effectiveness, recruitment and retention, and shortages of qualified personnel in underserved geographical areas include efforts to:

- Redesign EIS provider compensation systems to reward effectiveness. Develop compensation systems to recruit and retain EIS providers in geographic areas with shortages of specific types of providers or large concentrations of historically underrepresented populations (e.g. minority and low income).

- Redesign EIS provider professional development to ensure that learning opportunities are sustained, collaborative, data-driven, and focused on infant and toddler developmental needs. Help EIS providers master relevant content knowledge, especially EIS providers in fields in which there are shortages of qualified personnel, such as speech and language, occupational, and physical therapy services. Provide intensive professional development for EIS providers and additional training to highly effective EIS providers who will be able to serve as expert leaders and coaches in the future.

- Develop structured mentoring, provider networks, and professional development programs to support new EIS providers in their first two years on the job.

- Provide EIS providers with professional development on evidence-based early intervention strategies that can be provided in natural environments to improve outcomes for infants and toddlers with disabilities.

- Train EIS providers to partner with families to improve child outcomes, including helping service coordinators and EIS providers clearly communicate with families to identify the family's resources, priorities, and concerns. Support parent training that helps families make informed decisions and be active partners in developing and implementing their child's IFSP.

IV. **Improve outcomes for all infants and toddlers with disabilities, particularly in the areas of positive social-emotional skills (including social relationships); the acquisition of and use of knowledge and skills**

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(including early language, communication, and fine and gross motor skills); and the use of appropriate behaviors to meet their needs.

Consistent with ARRA's reform goals and priorities on improving child outcomes, a State lead agency may wish to consider the following strategies to improve outcomes for eligible children and families under Part C of IDEA: strengthening early learning; strengthening preparation for preschool or other community programs; using technology to improve early intervention practices and learning; and conducting professional development that enhances program effectiveness. Examples in these areas include efforts to:

- Align EIS program practices with State early learning guidelines and early childhood standards and provide intensive, ongoing training of EIS providers through a comprehensive system of personnel development that emphasizes evidence-based practices, including coaching and ongoing support linked to other early care and early childhood education professional development and technical assistance systems.

- Implement a quality assurance process that would help to develop effective transition plans that identify appropriate steps, services, and activities. Identify potential transition options by coordinating with community programs to identify potential programs, promote collaboration, and provide linkages among community agencies and programs, including Early Head Start and preschool programs. Train service coordinators and EIS providers on effective strategies for communicating with parents about transition and the differences between Part C and programs to which a toddler with a disability may transition. Develop training modules around specific ways to prepare toddlers with disabilities and their parents, during the three- to nine-month window prior to the toddler's exiting the Part C program for preschool and other potential community programs.

- Train EIS providers, parents of infants and toddlers with disabilities, and caregivers on effective uses of technology to help achieve individual IFSP outcomes.

- Purchase technology that can be used and reused with infants and toddlers with disabilities.

- Coordinate Part C professional development opportunities with other early care and education systems in the State in order to avoid duplicated, disconnected, or parallel efforts. Develop and track professional development opportunities and the use of resources to support such opportunities that affect the EIS. Focus IDEA Part C ARRA funds on those EIS providers and personnel who work with families needing early intervention services and who need to obtain licensing or credentialing to further their careers.

Conduct studies, reviews, and program evaluations that enhance effectiveness. Invest in studies and reviews that can strengthen EIS programs over time in partnership with institutions of higher education (IHEs) within the State and with other researchers. Examples include: (1) work with IHEs to develop factors in identifying developmental delay(s) in infants and toddlers; (2) monitor identification of needs through child and family assessments and the identification of services on the IFSP; (3) review potential correlations between measured child outcomes and services identified on the child's IFSP; (4) review family outcome data and compare it with data from the State's dispute resolution system; and (5) conduct program evaluations to determine if there is a correlation between parents' knowledge of their rights and EIS program compliance

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with the provision of procedural safeguards or the number of complaints, mediations, and hearings that are requested or held under Part C of IDEA.