

# Fairfax-Falls Church Community Services Board

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LOB #268:

## **INFANT AND TODDLER CONNECTION**

### **Purpose**

The Infant and Toddler Connection (ITC) of Fairfax-Falls Church provides family-centered early intervention services to children from birth to age three who need intervention to assist them in acquiring basic developmental skills such as sitting, crawling, walking and talking. ITC is part of a statewide program ([www.infantva.org](http://www.infantva.org)) that provides federally mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). The CSB serves as the fiscal agent and local lead agency for the program, with advice and assistance from a local interagency coordinating council.

### **Description**

Families who have a child under the age of three, live in Fairfax County or the Cities of Fairfax or Falls Church, and who have a concern about their child's development may self-refer or be referred by their pediatrician or by other Fairfax County agencies to ITC. Referred children are assigned to a service coordinator who administers a screening tool to determine eligibility according to the state's eligibility criteria: a 25 percent delay in any development area, or a diagnosed condition likely to lead to delays or atypical development. Eligible children have an assessment for service planning which leads to the development of an Individual Family Service Plan (IFSP) designed to meet the needs of the child and family. The family is assigned a "primary provider" interventionist who, with support of a multidisciplinary team, works with the family in their natural environment (home or community) to meet the outcomes listed on the IFSP. The primary provider method of service delivery is considered more beneficial for families than the previous practice of providing multiple single-discipline service providers. The strong relationship that families develop with the primary provider fosters growth, and the model minimizes duplication of effort.

Through public and private partnerships, ITC provides a range of services including physical therapy, occupational therapy and speech therapy; developmental services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys, and mobility aids); family counseling and support; and service coordination. County staff provides central intake, service coordination, initial assessments, and approximately 20 percent of the ongoing therapeutic services. Contractors provide the remaining 80 percent of the ongoing therapeutic services. Combined, more than 64,000 visits with families were provided in FY2015. ITC staff collaborates with the Health Department, Department of Family Services, Neighborhood and Community Services, Inova Fairfax Hospital, and Fairfax County Public Schools to ensure that infants and toddlers receive appropriate services as soon as eligibility for the program has been determined. ITC contracts with individuals who provide interpretation services to meet the needs of families in Fairfax County's linguistically diverse community.

Early intervention services have been provided in Fairfax County for over 40 years. The Fairfax County Health Department began providing services for very young children with disabilities well before doing so was federally mandated. In 1986, the Individuals with Disabilities Education Act mandated the provision of services and authorized the Department of Education to administer a five-year grant program to develop and implement interagency service delivery for infants and toddlers with disabilities and their families.

Early intervention services in Virginia are provided with costs for services shared between state, local, and family contributions, including reimbursements from private health insurance, Tricare, and Medicaid. ITC is an in-network provider for all of the major insurance companies operating in this area. ITC contracts with a medical billing company in order to streamline and enhance revenue collection.

# Fairfax-Falls Church Community Services Board

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## Benefits

According to the U.S. Department of Education, there are three primary purposes for early intervention:

- To enhance the child's development;
- To provide support and assistance to the family; and
- To maximize the child's future contributions to society.

Child development research has established that the rate of human learning and development is most rapid in the preschool years. The timing of intervention is critical when a child runs the risk of missing opportunities to learn during this period of maximum readiness. Early intervention has been shown to result in the child needing fewer special education and other rehabilitative services later in life, being retained in grade less often, and in some cases being indistinguishable from non-disabled peers years after intervention.

Early intervention services also have a significant impact on the parents and siblings of an exceptional child. The family of a young exceptional child often feels disappointment, social isolation, stress, frustration, and helplessness. The stress experienced by the family may affect the family's well-being and cause further interference with the child's development. Families of disabled children experience increased frequency of divorce, and disabled children are more likely to be abused than are non-disabled children. On the other hand, early intervention services result in parents having improved attitudes about themselves and their child, more of the information and skills necessary for facilitating their child's progress, and more time to devote to employment and leisure activities.

From a societal perspective, the child's increased developmental and educational gains lead to decreased dependence upon social institutions, the family's increased ability to cope with the presence of an exceptional child, and the child's increased ability to become employed as an adult – all of which provide economic as well as social benefits.

The needs of the diverse and growing community of families with infants and toddlers with developmental delays and disabilities are met through ITC's network of innovative public and private services and community partnerships.

## Mandates

Code of Virginia § 2.2-5304; 34 CFR Part 303. DBHDS Performance Contract.

## Trends and Challenges

The demand for early intervention services for children ages birth to three with developmental delays and disabilities has been on a steady rise. In FY 2011, the total number served was 2,801 children. In FY 2015, the total served was 3,372 children, an increase of 20 percent over five years. It is expected that this trend will continue during the next five years, leading to a projection of 4,046 children served by ITC in FY 2020.

The growth in the demand for services is even more significant. The average number of children served per month has increased from 1,115 in FY 2011 to 1,450 in FY 2015, an increase of 30 percent per month over the last five years. It is estimated that the FY 2020 average will be 1,884 children served each month.

# Fairfax-Falls Church Community Services Board

According to the Centers for Disease Control the prevalence of Autism Spectrum Disorders was 1:150 in the year 2000. Data from the year 2010 showed an increase in prevalence to 1:68. Some studies have estimated the current prevalence at 1:50. The trend among pediatricians is to identify early signs in order to get children into early intervention services as soon as possible. The increase in incidence coupled with an increased awareness by pediatricians has resulted in an increase of referrals to ITC. When an infant or toddler in Virginia has a diagnosis of an autism spectrum disorder, he or she is automatically eligible for intervention. In addition, if a child is not yet diagnosed but is showing atypical social or communication development or atypical sensory processing, they are also found eligible for ITC. Approximately 10 percent of the families served by ITC are non-English speaking. Nearly 1,800 visits are provided annually with the assistance of an interpreter, and more than 4,000 services are provided annually to families by bilingual therapists. These figures have held steady over the last five years.

A critical need is to ensure that there are enough professionals in the required disciplines who are licensed and trained to operate in Virginia's Early Intervention program.

There has been a significant amount of research on brain development that takes place from birth to age three, along with abundant research about the negative impacts of poverty, poor health care, and living conditions on young children. Consequently, ITC is beginning to target outreach and assessment services to areas in Fairfax County where Opportunity Neighborhoods have been established. In addition, ITC serves as a resource to other Fairfax County child service agencies, such as the School Readiness Council, Early Head Start, and the Office for Children childcare programs. Since the inception of the Successful Children and Youth Policy Team (SCYPT), ITC has been partnering with other County agencies to provide and present information regarding the birth to age five population. It is expected that all of these partnerships will become more robust in the future.

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #268: Infant and Toddler Connection</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$2,848,710	\$3,180,213	\$3,488,954
Benefits	1,079,382	1,181,344	1,349,150
Operating Expenses	1,755,692	2,534,628	2,648,000
<b>Total Expenditures</b>	<b>\$5,683,784</b>	<b>\$6,896,185</b>	<b>\$7,486,104</b>
<b>Total Revenue</b>	<b>\$2,352,657</b>	<b>\$3,045,523</b>	<b>\$2,926,401</b>
<u>Transfers In:</u>			
Transfer In from General Fund	\$3,331,127	\$3,850,662	\$4,559,703
<b>Total Transfers In</b>	<b>\$3,331,127</b>	<b>\$3,850,662</b>	<b>\$4,559,703</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	40 / 40	40 / 40	41 / 41
<b>Total Positions</b>	<b>40 / 40</b>	<b>40 / 40</b>	<b>41 / 41</b>

# Fairfax-Falls Church Community Services Board

## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of children served	2,975	3,164	3,372	3,450	3,625
Average cost per child served	\$2,903	\$3,002	\$3,291	\$3,390	\$3,227
Percent of families who received completed Individual Family Support Plans within 45 days of intake call	89%	80%	99%	100%	100%
Percent of infants and toddlers who substantially increased their rate of behavioral growth, based on use of appropriate behaviors to meet their needs, by the time they turned three years of age or exited the program	NA	85%	83%	73%	76%
Percent of infants and toddlers who were functioning within age expectations by the time they turned three years of age or exited the program	NA	52%	54%	55%	58%

In FY 2015, ITC served 3,372 infants and toddlers and their families, a 6.6 percent increase over FY 2014, at a cost to serve each child of \$3,291, a 9.6 percent increase over FY 2014. In FY 2013, ITC embarked upon introducing Natural Learning Environment Practices, including the Primary Provider model. The new model increases the multidisciplinary competence of each ITC staff member, so multiple staff providers are not required. This practice change has created efficiencies in service delivery to each child. While this practice has reduced the rate of growth in average cost per child, average costs are expected to rise in future years due to increased personnel and other operating costs.

Due to continuing position staff vacancies in FY 2014, which impacted the federal compliance indicator to complete Individual Family Service Plans (IFSP) within 45 days, ITC focused resources to address the 45 day compliance requirement and improve the experience for families. As a result, ITC substantially improved compliance in FY 2015 to 99 percent and completed IFSPs in an average of 36 days. In response to consistent family feedback that 45 days was too long for families with concerns about their infants' and toddlers' development, ITC also focused on reducing the days to from referral to completion of the IFSP, and set a new target of 36 days.

In alignment with the state focus on child outcomes, ITC has adopted the state's outcome indicators. Over the past two fiscal years, emphasis has been primarily on two outcome domains: 1) percent of infants and toddlers who substantially increase their rate of behavioral growth; and 2) percent of infants and toddlers who are functioning within age expectations. Each domain contains three data points (social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behavior to meet their needs) for a total of six indicators. Two of the indicators, one from each domain, are represented on the metric table. The program exceeded the state target for percent of children who substantially increased their rate of growth by the time they turned three years of age or exited the program. In addition, the percent of infants and toddlers functioning within age expectations by the time they turned three years of age or exited the program was 54 percent, or 87 percent of the state target of 62 percent. As a comparison to all six indicators, the CSB has surpassed targets for three out of six outcomes, and has reached at least 85 percent of the state target for the remaining outcomes. These outcomes will continue to be an area of focus for ITC over the next several years.

# Fairfax-Falls Church Community Services Board

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## Grant Support

**FY 2016 Grant Total Funding:** Federal Pass Through and State funding of \$4,210,541 and 27/27.0 FTE grant positions supports the Infant and Toddler Connection LOB. There is no Local Cash Match associated with this grant.

The Commonwealth of Virginia, Department of Behavioral Health and Developmental Services provides funding for the Infant and Toddler Connection program. Funding is consistent with the statewide program providing federally-mandated assessment and early intervention services as outlined in Part C of the Individuals with Disabilities Education Act. Funding supports assessment and early intervention services for infants and toddlers, from birth through age 3, who have a developmental delay or a diagnosis that may lead to a developmental delay. Services include physical, occupational and speech therapy; developmental services; medical, health and nursing services; hearing and vision services; service coordination; assistive technology (e.g., hearing aids, adapted toys and mobility aids); family training and counseling; and transportation.