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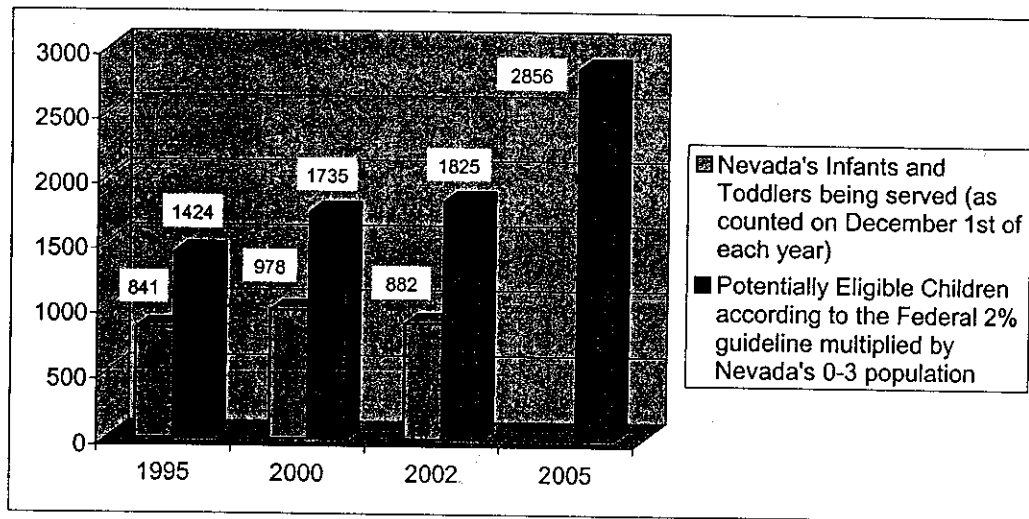
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NEVADA EARLY INTERVENTION SERVICES INTERAGENCY COORDINATING COUNCIL

Overwhelmingly, research has shown early intervention services provided in the first three years of a child's life can significantly improve intellectual, physical, communicative, adaptive and emotional developmental outcomes.

Nevada Is Serving Less Than Half of All Eligible Infants & Toddlers with Disabilities



How are Early Intervention Services Provided?

Parents of eligible children join a team of professionals who help identify their child's and family's needs and develop an Individualized Family Service Plan (IFSP). This plan describes the services and supports to be provided in the context of the child's and family's daily activities and routines, including their own home, child care setting, or other places where the child lives, learns and plays.

Early intervention services may include, but are not limited to: Service Coordination; Occupational, Physical, and Speech Therapy; Vision and Hearing Services; Psychological Services; Nutritional Planning; Parent Support; Family Training or Counseling; Specialized Instruction; and Assistive Technology.



How Does Nevada Compare Nationally?

The United States Department of Education, Office of Special Education Programs (OSEP) has established benchmarks for providing Early Intervention Services and has placed each state in one of four categories based on the state's performance.

Under the priority "All eligible infants and toddlers are appropriately identified" the first benchmark is:

"All states should be serving at least 2% of children under the age of three (excluding children who are at environmental risk)." Nevada ranks in Category 4— "unacceptable". (See Chart Above)

The second benchmark is:

"At least 1% of all children under the age of 12 months will have IFSPs, excluding "at-risk" children. Nevada ranks in Category 3— "below benchmark; needs more intensive intervention to reach benchmark."

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SUBCOMMITTEE K-12/ HUMAN RESOURCE
DATE: 2-13-03 ROOM 3137 EXHIBIT C
SUBMITTED BY: Y. SYLVA, HEALTH DIV, DHR

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A child's experiences in the first months and years of life determine whether he or she will enter school eager to learn or not. By school age, family and caregivers have already prepared the child for success or failure. The community has already helped or hindered the family's capacity to nurture the child's development. (Dr. Robert Brazelton, Children's Hospital Medical Center, Boston, Massachusetts, as quoted in Bernard van Leer Foundation Annual Report 1994, p. 13)

Developing a Positive Outlook

Trendlines

AVERAGE NUMBER OF DAYS FROM REFERRAL TO RECEIVING SERVICES FOR NEVADA FAMILIES

	JUNE '01	SEPT '01	DEC '01	MAR '02	JUNE '02	SEPT '02	DEC '02
Average Number of Days Waiting*	151.6	129.7	128.1	131.6	134.8	127.4	138.1

*Maximum waiting time should be 45 days, per Part C, IDEA regulations.

***By Federal Law, all eligible children must be identified and receiving appropriate services per their Individualized Family Service Plan within 45 days from referral.**

NEVADA CHILDREN WAITING FOR IDEA, PART C SERVICES

	JUNE '01	SEPT '01	DEC '01	MAR '02	JUNE '02	SEPT '02	DEC '02
Number of Children Waiting	308	331	307	232	642	577	524

The estimated cost per child, based on current (FY02) funding information is approximately \$5,000 utilizing all funding sources, including both state and federal funds. The cost to eliminate Nevada's current waiting list of 524 children is projected at \$2,620,000. The question is not IF Nevada taxpayers will pay for these services, but WHEN they will pay for these services.

The Costs and Benefits

***Greater investments in early childhood would not only benefit children but also save the government money in the form of lower welfare payments, higher tax revenues and lower criminal justice system costs.**

Source: Gary L. Kloburn, R. Bigelow, & H. Caikins, G. R. and Cannon, J. (2001). *Assessing Costs and Benefits of Early Childhood Intervention Programs: Overview and Approaches to the Starting Early Starting Smart Program*. Seattle: Casey Family Programs, Santa Monica: RAND.

This publication was produced with funds provided through Part C, Individuals with Disabilities Education Act, Grant #H181A000019

Early intervention services are provided at no cost to eligible families. Early intervention services are funded by federal and state funds. Use of private insurance is voluntary and requires the family's written consent.

"The long-term impact of early interventions dramatically influences their cost-effectiveness. The [High/Scope Perry Preschool Project] is estimated to have saved \$7.16 for every \$1.00 invested due to savings in lower education and welfare expenditures combined with gains in productivity over time."

- from the 2003 Early Child Development—World Bank website: www.worldbank.org/children/