Early Intervention Landscape in Virginia

The Virginia Board for People with Disabilities serves as Virginia’s Developmental Disabilities Council. In this capacity the Board advises the Governor, the Secretary of Health and Human Resources, federal and state legislators, and other constituent groups on issues important to people with disabilities in the Commonwealth. The following summarizes the Board’s most recent assessment of Early Intervention services and outcomes and is intended to serve as a guide for policymakers who are interested in improving the Early Intervention outlook for Virginians with disabilities. To see the Board’s full 2019 Early Intervention assessment, please visit [https://vaboard.org/assessment.htm](https://vaboard.org/assessment.htm)

Leading by Values

The Board’s work in this area is driven by its vision, values, and the following core beliefs and principles:

**Inherent Dignity**
- All people possess inherent dignity, regardless of gender, race, religion, national origin, or disability status.

**Presumed Capacity**
- All people should be presumed capable of obtaining a level of independence and making informed decisions about their lives.

**Self-Determination**
- People with disabilities and their families are experts in their own needs and desires and they must be included in the decision-making processes that affect their lives.

**Integration**
- People with disabilities have a civil right to receive services and supports in the most integrated setting appropriate to their needs and desires, consistent with the Supreme Court’s Olmstead decision.

**Diversity**
- Diversity is a core value. All people, including people with disabilities, should be valued for contributing to the diversity of the Commonwealth.

**Freedom from Abuse & Neglect**
- People with disabilities must be protected from abuse and neglect in all settings where services and supports are provided.

**Fiscal Responsibility**
- Fiscally responsible policies are beneficial for the Commonwealth, and they are beneficial for people with disabilities.

The Early Intervention program, administered by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), provides services and supports to infants and toddlers with developmental delays and their families, in accordance with Part C of the federal Individuals with Disabilities Education Act (IDEA). These services may include, but are not limited to, speech therapy, physical therapy, occupational therapy, psychological services, and service coordination.

**Key Early Intervention Recommendations**

The Board offers 19 recommendations to improve the availability of opportunities for children from birth to age three to receive Early Intervention services in a home- or community-based setting. The services are intended to minimize developmental delay, maximize potential for independent living, and reduce costs to society by minimizing future need for special education and related services.

The Board’s 19 recommendations are grouped into three main categories:

1. **Recommendations related to reaching those in need:**
   - Better reach those in need of early intervention services by improving identification of eligible children and expanding eligibility criteria.

2. **Recommendations related to accessing services:**
   - Expand access to early intervention by increasing public and private funding levels as well as provider capacity.

3. **Recommendations related to performance:**
   - Increase performance by developing and utilizing more robust data systems, both within the early intervention services system and across service systems, and ensuring early childhood services are provided in inclusive settings.
In Virginia, an infant or toddler has a developmental delay if they are functioning 25% or more below their chronological or adjusted age in one or more areas of development. Infants and toddlers who manifest atypical development or behavior are also considered to have a developmental delay.

A review by the RAND Corporation found that for each dollar invested in effective early intervention programs, the return to society ranged from $1.80 to $17.07. These returns reflect improved outcomes in academic achievement, labor market success, cognitive and behavioral health competencies, and crime.

State early intervention programs are required to serve children who are experiencing a developmental delay and who have a diagnosed physical or mental condition with a high probability of resulting in a developmental delay. States can also serve children who are at risk of a developmental delay because of biological or environmental factors, which could help prevent future developmental delays. Virginia has not done so.

States are required to identify and evaluate all infants and toddlers who are eligible for early intervention services. Although Virginia is serving an increasing number and percentage of infants and toddlers, there are likely significantly more children who are eligible.

The total number, as well as the percentage of infants and toddlers served by Virginia’s Early Intervention program, have been increasing steadily for years. The average annual rate of increase between 2014 and 2018 was nearly six percent, and the number of infants and toddlers went from 16,272 to 20,202.

However, some children are simply never referred for assessment, and many infants and toddlers who are referred never receive services.

Revenue for Virginia’s Early Intervention program has not kept pace with the increase in the number of infants and toddlers served.

Despite an increase in total funding, reported early intervention funding per child served has decreased by 12 percent, from $4,137 in 2014 to $3,639 in 2018.

In the absence of meaningful federal investments, the Commonwealth will need to find additional funding to maintain the current level of services, much less accommodate the expected growth. Options are limited to increasing state and local investments, identifying additional opportunities to leverage Medicaid and private insurance, or placing additional financial burdens on families.

Work to establish a new, reliable data system for early intervention services in Virginia is still ongoing, as are efforts to link early intervention data to other agencies’ data via the Virginia Longitudinal Data System. As Virginia improves its data systems, opportunities will emerge to initiate larger systems change initiatives.

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