92-287 EPW

# CRS Report for Congress

# Drug-Exposed Children and Federal Early Childhood Education and Development Programs

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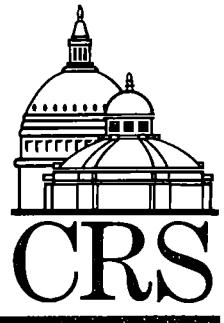
March 18, 1992

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# DRUG-EXPOSED CHILDREN AND FEDERAL EARLY CHILDHOOD EDUCATION AND DEVELOPMENT PROGRAMS

## SUMMARY

This report identifies selected Federal early childhood education and development programs that may meet the educational and developmental needs of infants and children who were exposed prenatally to drugs, and discusses proposed legislation to further meet these needs. Congressional concern with the problems and needs of drug-exposed children has increased in recent years, and is reflected in the numerous hearings that have been held on the subject. This concern is prompted by an increasing number of children who have been exposed prenatally to illicit drugs. The most common estimate of the number of newborns exposed prenatally to drugs stems from a 1988 study that estimated that 11 percent of all newborns, or 375,000 newborns, had been exposed prenatally to illegal drugs that year. Evidence suggests that infants exposed prenatally to illicit drugs, and alcohol as well, are "at risk" of becoming developmentally delayed (i.e., being unable to fully learn because of problems in attention, memory, perception, thinking, and language). Research also suggests, however, that with early intervention, the developmental effects of prenatal exposure to illicit drugs can be minimized. Thus, Federal early childhood education programs may have an important role in helping these children overcome the potentially adverse effects of drug exposure.

Drug-exposed children are not specifically targeted for services by most Federal early childhood programs. In general, the degree to which their drug exposure affects their development is the main factor determining their eligibility for various programs. Those infants and children exposed prenatally to drugs who exhibit developmental delays or disabilities are eligible for services under the Individuals with Disabilities Education Act (IDEA). The IDEA supports both services to and research on drug-exposed children. The IDEA authorizes an early intervention program for disabled infants and toddlers under part H, special education for disabled preschoolers under part B, and research on drug-exposed infants and children through two discretionary grant programs: the early education for children with disabilities program under part C, and the research in education of individuals with disabilities program under part E.

Other Federal early childhood programs intended to provide educational or other services to educationally and economically disadvantaged--but not necessarily disabled--children may also serve children who were exposed prenatally to drugs, especially as they enter prekindergarten or elementary school. These include head start, chapter 1, even start, and the comprehensive child development center program. Except for head start and the comprehensive child development center program, which are administered by the Department of Health and Human Services (DHHS), programs discussed in this report are administered by the Department of Education (ED).

Legislation pending in the 102d Congress that addresses the educational needs of drug-exposed children includes S. 1150 and H.R. 3553, bills to reauthorize the Higher Education Act. These bills would support special training for teachers who instruct drug-exposed children.

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This report identifies selected Federal early childhood education and development programs that may meet the educational and developmental needs of infants and children who were exposed prenatally to drugs, and discusses proposed legislation to further meet these needs. Congressional concern with the problems and needs of drug-exposed children has increased in recent years, and is reflected in the numerous hearings that have been held on the subject. This concern is prompted by an increasing number of children who have been exposed prenatally to illicit drugs. No data are available on the precise number of drug-exposed children in the U.S. The most common estimate of the number of newborns exposed prenatally to drugs stems from a 1988 study that estimated that 11 percent of all newborns, or 375,000 newborns, had been exposed prenatally to illegal drugs that year.[1] It is unclear to what degree these infants are affected by the exposure.[2] Evidence suggests that infants exposed prenatally to illicit drugs, and alcohol as well, are **"at risk"** of becoming developmentally delayed (i.e., being unable to fully learn because of problems in attention, memory, perception, thinking, and language). Studies have identified poor motor control, hyperactivity, and difficulty in learning as being associated with prenatal exposure to alcohol, crack cocaine, and other illicit drugs.[3] Research also suggests, however, that **with early intervention**, the developmental effects of prenatal exposure to illicit drugs can be minimized.[4]

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[1]Gittler, Josephine and Merle McPherson. Prenatal Substance Abuse. *Children Today*, July-Aug. 1990. p. 3.

[2]Mayes, Linda C., et al. The Problem of Prenatal Cocaine Exposure: A Rush to Judgment. *Journal of the American Medical Association*, v. 267, no. 3, Jan. 15, 1992. p. 406-408.

[3]See for instance: Horgan, Constance, et al. Targeting Special Populations with Drug Abuse Problems: Pregnant Women. In *Background Papers on Drug Abuse Financing and Services Research*. Washington, National Institute on Drug Abuse, 1991; and U.S. General Accounting Office. *Drug-Exposed Infants: A Generation at Risk*. Washington, 1990.

[4]Viadero, Debra. New Research Finds Little Lasting Harm for 'Crack' Children. *Education Week*, Jan. 29, 1992. p. 1, 10; and Griffith, Dan R. Statement. In U.S. Congress. House. Committee on Education and Labor. *Field Hearing on the Reauthorization of the Early Intervention and Preschool Programs Under the Individuals with Disabilities Education Act*. Hearings, 102d Cong., 1st Sess., May 6, 1991. Washington, GPO, 1991. p. 68-70.

Children who were exposed prenatally to drugs may have a wide range of special needs that pose challenges to the health, education, and child welfare systems. Even though not targeted specifically to drug-exposed children, there are a number of existing Federal early childhood programs that might have an important role in helping these children overcome the potentially adverse effects of drug exposure. Legislation being considered in the 102d Congress would also provide additional support.

## SELECTED FEDERAL EARLY CHILDHOOD PROGRAMS PROVIDING FOR DRUG-EXPOSED CHILDREN

Children who were exposed prenatally to drugs may be eligible for a wide range of Federal early childhood programs. The degree to which their drug exposure affects their development is the main factor determining their eligibility for various programs. Those infants and children exposed prenatally to drugs who exhibit developmental delays or disabilities are eligible for services under the Individuals with Disabilities Education Act (IDEA). The IDEA is the main Federal law that provides for the education of disabled infants, toddlers, children, and youth from birth through age 21. Not all children who were exposed prenatally to drugs will require special education services.[5] Those infants and children exposed prenatally to drugs who do not qualify under the IDEA may be eligible for services under a number of other Federal early childhood programs intended to provide educational or other services to educationally and economically disadvantaged--but not necessarily disabled--children. These include head start, chapter 1, even start, and the comprehensive child development center program.

**Drug exposed children are not specifically targeted for services by most Federal early childhood programs. In general, the degree to which their drug exposure affects their development is the main factor determining their eligibility for various programs.**

This report identifies selected Federal early childhood programs that may serve drug-exposed children. It first describes the IDEA programs for developmentally delayed and disabled children, and then other early childhood programs that may serve less severely affected drug-exposed children. Except for head start and the comprehensive child development center program, which are administered by the Department of Health and Human Services (DHHS), programs discussed in this report are administered by the Department of Education (ED). There may be other Federal education, social service, and drug treatment programs that provide services to drug-exposed children that are not listed here.

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[5]Powell, Diane E. Statement. In U.S. Congress. Select Committee on Narcotics Abuse and Control. *Drug-Exposed Kids: A Crisis in America's Schools*. Hearings, 102d Cong., 1st Sess., Sept. 13, 1991. Washington, GPO, 1991. p. 38.

## EARLY INTERVENTION PROGRAM

Part H of IDEA authorizes a formula grant program to assist each State to develop a statewide, comprehensive, and coordinated system of early intervention services for infants and toddlers with disabilities and their families.[6] These early intervention services, however, may not be fully available in every State for up to 2 more years. Part H is a relatively new Federal effort that has not been fully implemented at the State and local level. Created in 1986, part H allows States an initial phase-in period before all eligible infants, toddlers, and their families must be served. While some States are already serving their eligible population, other States have requested waivers of the part H implementation timetable requirements.[7] States, however, cannot postpone serving disabled infants, toddlers, and their families any later than September 30, 1994.

Infants and toddlers under the age of 3 eligible for services under part H include children with developmental delays in one or more of five areas, children with physical or mental impairments that have a high probability of resulting in developmental delays, and, at a State's discretion, children "at risk" of developmental delay due to certain factors such as prenatal drug exposure.[8] Thus, infants exposed prenatally to drugs who meet these eligibility criteria may receive services if their State has not received any waiver of the part H implementation timetable requirements.

Part H requires that eligible infants, toddlers, and their families receive comprehensive and thorough assessments of the child's strengths and needs and the family's resources, priorities, and concerns, and a written individualized family service plan (IFSP) identifying appropriate educational and noneducational services. These services may include, for example, physical therapy, special instruction, and family training. Each family has a case manager or service coordinator who is responsible for coordinating the delivery of services.

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[6]For more information on the part H early intervention program, see: U.S. Library of Congress. Congressional Research Service. *Disabled Infants and Toddlers Program (Individuals with Disabilities Education Act): Reauthorization Issues.* CRS Report for Congress No. 91-454 EPW, by Steven R. Aleman. Washington, 1991.

[7]P.L. 102-52, the Rehabilitation Act Amendments of 1991, authorizes the U.S. Secretary of Education to grant waivers regarding the part H implementation timetable requirements. No more than 2 1-year waivers may be granted.

[8]The five major areas of developmental delay are cognitive development, physical development, language and speech development, psychosocial development, and self-help skills. States are responsible for specifically defining what constitutes a "developmental delay" in each of these areas.

No data are available on the number of drug-exposed infants served under the part H program. The FY 1992 appropriation for part H is $175 million. No estimate is available on the number of children who may be served with the FY 1992 appropriation.

## SPECIAL EDUCATION FOR DISABLED PRESCHOOLERS

Part B, section 619 of IDEA authorizes a formula grant program to assist each State to provide special education and related services in the least restrictive educational setting to disabled children ages 3 through 5. Beginning with the 1991-92 school year, all States must serve disabled preschoolers or forfeit some IDEA funding. Prior to this mandate, the section 619 program operated as an incentive grant program by providing bonus grants to States for serving disabled preschoolers.

Children ages 3 through 5 eligible for special education and related services under the section 619 preschool grant program include disabled children served under the part H early intervention program (i.e., disabled toddlers who have turned 3 years old).[9] Other eligible children are those identified as having 1 or more of 10 physical or mental disabilities listed in section 602(a) of IDEA ranging from deaf-blindness to learning disabilities.[10] Thus, children who were exposed prenatally to drugs, if and when they exhibit a disability, are eligible for special education under the section 619 program. No data are available on the number of drug-exposed children served under the section 619 program. The FY 1992 appropriation of $320 million will serve an estimated 372,000 children.

## EARLY EDUCATION PROGRAM FOR CHILDREN WITH DISABILITIES

Part C, section 623(c) of IDEA authorizes early childhood research institutes to generate and disseminate new information on preschool and early intervention for children with disabilities and their families. For FY 1991, the Secretary of Education awarded a joint $800,000 grant to the Universities of Kansas, Minnesota, and South Dakota to operate jointly an institute on substance abuse to develop and disseminate new or improved collaborative interventions for infants, toddlers, and preschoolers who are developmentally delayed, "at risk" for developmental delay, or disabled because their mothers used alcohol or drugs, especially crack cocaine and other street drugs, while pregnant. This research institute will be supported for 5 years.

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[9]Infants and toddlers identified as "at risk" under the part H program are not automatically eligible for special education under the section 619 program.

[10]The 10 disability categories listed in the IDEA are: mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, and specific learning disabilities.

Part C, section 623(a) of IDEA authorizes demonstration and outreach projects to develop and replicate programs that act as models in serving disabled infants and young children. For FY 1991, the Secretary awarded $489,000 to 3 new demonstration projects and 1 continuing demonstration project on children who were exposed prenatally to drugs. For FY 1991, the Secretary awarded $133,000 to 1 new outreach project on drug-exposed children.

## RESEARCH IN EDUCATION OF INDIVIDUALS WITH DISABILITIES PROGRAM

Part E, section 641(a) of IDEA authorizes research projects on early intervention and special education for infants and children with disabilities. For FY 1991, the Secretary awarded $147,000 to one new field-initiated research project on the social development of children who were exposed prenatally to drugs.

## HEAD START

The Head Start Act authorizes a State matching grant program to provide health, education, and social services to primarily low income children under the age of compulsory school attendance.[11] Ninety percent of the children enrolled in each local head start program must be from families with incomes below the poverty line (as determined by the Office of Management and Budget). Ten percent of the head start slots for each State must be available for disabled children. Thus, children who were exposed prenatally to drugs may be eligible for head start services if their family meets income guidelines and are generally disadvantaged. No data are available on the number of drug-exposed children served under head start. The FY 1992 appropriation of $2.2 billion will serve an estimated 622,000 children.

## CHAPTER 1

Title I, chapter 1, part A of the Elementary and Secondary Education Act (ESEA) authorizes a formula grant program to provide supplementary educational and related services to educationally disadvantaged children generally under 18 years of age.[12] Children eligible for participation in chapter 1 programs are those who have low academic achievement and are enrolled in schools serving relatively low income areas. Children with a disability can receive services if they have needs stemming from educational deficiencies and

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[11]For more information on the head start program, see: U.S. Library of Congress. Congressional Research Service. *The Head Start Program: Background Information and Issues*. CRS Report for Congress No. 90-98 EPW, by Anne C. Stewart and Dale H. Robinson. Washington, 1990.

[12]For more information on the chapter 1 program, see: U.S. Library of Congress. Congressional Research Service. *Education for Disadvantaged Children: Major Themes in the 1988 Reauthorization of Chapter 1*. CRS Report for Congress No. 89-7 EPW, by Wayne C. Riddle. Washington, 1989.

not solely from their disability. Thus, children who were exposed prenatally to drugs may be eligible for chapter 1 services if they have poor academic performance and are generally disadvantaged. No data are available on the number of drug-exposed children served under chapter 1. The FY 1992 appropriation of $6.1 billion will support programs in about 14,000 local school districts and serve an estimated 5.9 to 7.1 million children.

### EVEN START

Title I, chapter 1, part B of the ESEA authorizes a grant program to provide education jointly to disadvantaged children ages 1 through 7 and their parents who have not earned a high school diploma or equivalent.[13] Thus, children who were exposed prenatally to drugs may be eligible for even start services if they are generally educationally disadvantaged and their parents lack formal education. No data are available on the number of drug-exposed children served under even start. Even Start grants are awarded on a discretionary basis if program funding is less than $50 million; grants are awarded by formula if program funding exceeds $50 million. The FY 1992 appropriation of $70 million will support an estimated 331 projects.

### COMPREHENSIVE CHILD DEVELOPMENT CENTER PROGRAM

The Comprehensive Child Development Center Act authorizes a competitive grant program to provide intensive educational, health, and supportive services primarily to low income children, under the age of compulsory school attendance, and their parents.[14] Children and their families with incomes below the poverty line in need of early intervention services because of social, health, and other factors are eligible. Thus, children who were exposed prenatally to drugs may be eligible for services if their family meets income guidelines and are generally disadvantaged. Published data on the number of drug-exposed children served by these centers are not available. The FY 1992 appropriation of $44.4 million will support an estimated 36 centers.

## LEGISLATION PENDING IN THE 102d CONGRESS

There is legislation pending in the 102d Congress to further meet the educational and developmental needs of drug-exposed children. Congressional action is likely on some of these bills. A brief description of these bills follows.

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[13]For more information on the even start program, see: U.S. Library of Congress. Congressional Research Service. *Early Childhood Education and Development: Federal Policy Issues*. Archived CRS Issue Brief No. IB88048, by Wayne Clifton Riddle, updated Nov. 5, 1990. Washington, 1990. (Hereafter cited as Congressional Research Service, *Early Childhood Education and Development: Federal Policy Issues*)

[14]For more information on the comprehensive child development center program, see: Congressional Research Service, *Early Childhood Education and Development: Federal Policy Issues*.

**S. 1150/H.R. 3553, bills to reauthorize the Higher Education Act.**[15] These bills reauthorize the various programs of the Higher Education Act. Although these bills do not provide for direct services to drug-exposed children, they do include differing teacher training provisions to prepare teachers to instruct these children:

- S. 1150, Higher Education Amendments of 1992, as passed by the Senate, creates State Academies for Teachers and National Teacher Academies that would provide, among other kinds of inservice training, inservice training on how to instruct drug-exposed children.

- H.R. 3553, Higher Education Amendments of 1992, as reported by the House Education and Labor Committee, creates teacher college programs to prepare teachers to instruct drug-exposed children. H.R. 3553 also establishes a clearinghouse for teachers on effective strategies for educating drug-exposed children.

**H.R. 3832, Educators' and Drug-Exposed Children's Assistance Act.** H.R. 3832, pending before the House Education and Labor Committee, creates several new programs to enhance services to infants and children who were exposed prenatally to drugs. Among its initiatives, the bill adds a new part I to the IDEA to authorize a demonstration grant program targeted at children who were exposed prenatally to drugs; creates teacher college programs to train new teachers on how to instruct drug-exposed children; and establishes a national clearinghouse for teachers of drug-exposed children.

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[15]For more information on this legislation and its status, see: U.S. Library of Congress. Congressional Research Service. *Higher Education: Reauthorization of the Higher Education Act.* CRS Issue Brief No. IB90028, by Margot A. Schenet, updated Mar. 6, 1992. Washington, 1992.