



STRATEGY

EARLY INTERVENTION SERVICES

Early Intervention services are an effective state STRATEGY to impact:



Early Intervention Services:

- improve parents' self-confidence and satisfaction; and
- improve children's cognitive, motor, behavioral, and language development, especially for infants born preterm or low birthweight.

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states have moderate or broad criteria to determine eligibility and also serve children who are at risk for later developmental delays or disabilities.

WHAT ARE EARLY INTERVENTION SERVICES?

Early Intervention (EI) is a federal grant program that provides funds to states to coordinate services for infants and toddlers (birth to age 3) with disabilities or developmental delays, regardless of family income. EI services are authorized by Part C of the Individuals with Disabilities Education Act (IDEA). States are charged with developing eligibility rules and ensuring that children who may have a developmental delay or who may be at risk for developing a delay are evaluated for Part C eligibility in a timely manner. To supplement the federal dollars, states use a variety of funding streams, including Medicaid, private insurance, and parent fees for services, often on a sliding scale.

WHAT IMPACT DO EARLY INTERVENTION SERVICES HAVE?

Early Intervention services for infants and toddlers with developmental delays or diagnosed medical conditions can improve children's cognitive development, language/communication skills, and motor skills, especially for infants born preterm or low birthweight, for whom the most rigorous research exists. Early Intervention services also boost maternal confidence.

Early Intervention Services Can Save States Money by Reducing the Need for Special Education Services

A recent analysis of six states found that EI services helped between 760 and 3,000 children per state to avoid special education services at age 3, with a 1-year cost avoidance of between \$7.6 million to \$68.2 million depending on the state. Three-year cost avoidance estimates, which accounted for children re-entering special education services after an initial exit, still projected substantial cost savings. For example, Michigan calculated a potential 3-year cost savings of \$27.1 million even when 25% of children were expected to return to special education services in the second and third years.

Strong Causal Studies Show That Early Intervention Services Impact Two Prenatal-to-3 Policy Goals

Examples of Impact:



- Mothers of low birthweight infants who received EI services scored significantly higher on scales of maternal self-confidence and maternal role satisfaction than control groups (D, H)



- A meta-analysis of 31 studies found an average effect size of 0.62 for improving children's cognitive skills (F)
- Low birthweight, premature infants who were assigned to EI services saw better cognitive and behavioral outcomes at age 3 than infants in control groups (C, D)
- EI services improved toddlers' receptive language skills relative to a control group (0.35 effect size) (E)

Note. Results are based on comprehensive reviews of the evidence. The letters in parentheses in the table above correspond to a strong causal study in the comprehensive evidence review of Early Intervention services. Each strong causal study reviewed has been assigned a letter. A complete list of causal studies, as well as more details about our standards of evidence and review method, can be found in the Prenatal-to-3 Policy Clearinghouse at pn3policy.org.

Excerpt from the 2020 Prenatal-to-3 State Policy Roadmap
found at <http://pn3policy.org/roadmap>

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