

Excerpt from the 2020 Prenatal-to-3 State Policy Roadmap

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.¹ 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.² 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.³

WHY ARE EARLY INTERVENTION SERVICES IMPORTANT?

Access to Early Intervention Services Can Prevent Further Delays and Reduce the Need for Special Education Services

Access to services, such as speech therapy for a child with language delays or physical therapy for a child with motor challenges, can improve the developmental trajectories of infants and toddlers and prevent further delays—also reducing the need for special education services in grade school or more intensive supports when children are older.⁴

Early Intervention Services Can Promote Longer-Term Self-Sufficiency

Services that support children with disabilities early in life can help them develop independent living skills in the long term.⁵

Family-Centered Services Can Help Support Parents and Other Caregivers

Early Intervention services can help parents and caregivers develop skills to interact with and care for their infant or toddler in a way that will best support their development.⁶

Millions of Children Need Early Intervention Services

National research suggests that the prevalence of children under age 3 with delays and disabilities who can benefit from Early Intervention services is between 13% and 20%.⁷ In 2018, Part C served 409,315 children (and their families) ages 0 to 3—3.5% of the US population under age 3.^{8,9}

Unfortunately, Families of Color and Low-Income Families May Not Have Equal Access to Early Intervention Services

Children from lower-income families and communities of color do not have equitable access to Early Intervention services and often experience disruptions in the pathway from referral to evaluation and enrollment.^{10,11,12} This inequity limits the ability of EI programs to reduce disparities in developmental outcomes.

What Is the Difference Between Policies and Strategies?

We define policies here as having clear legislative or regulatory action, based on research gleaned through comprehensive reviews of rigorous evidence. By contrast, the evidence on effective strategies does not provide clear legislative guidance on how to fund or implement the strategy to garner the impacts at a statewide level that were demonstrated in studies. The evidence base will continue to expand to provide more direction to states. Please see pn3policy.org for additional information.



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.¹³ 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.¹⁴

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 can be found in the references section at the end of this document. Comprehensive evidence reviews of each policy and strategy, as well as more details about our standards of evidence and review method, can be found at pn3policy.org.

WHAT DO WE STILL NEED TO LEARN ABOUT EARLY INTERVENTION SERVICES?

More Research Is Needed to Identify a State Policy Lever to Implement Early Intervention

The evidence base for Early Intervention services focuses on the benefits that participation in services can produce for infants and toddlers, rather than examining the impacts of a state-level EI policy. Studies regarding state eligibility policies are correlational rather than causal and find mixed results, making them inadequate for attributing a causal impact of the eligibility policy on participation in EI services. Because all children must be provided services who are identified as eligible, experimental studies would be unethical, further limiting the ability to make conclusions about the causal impact of EI services as a statewide policy.

More Needs to Be Studied About the Impacts of Early Intervention Services on People of Color

Studies have shown that inequities in access to EI services exist by race and socioeconomic status. For example, by age 2, Black children were found to be 5 to 8 times less likely to receive EI services than White children, depending on the eligibility category.¹⁵ States would benefit from knowing more about how to increase access among communities of color and families with lower incomes, as well as whether EI services have a different impact on certain subgroups.

Additional Studies Will Be Helpful to Further Understand the Effects of Early Intervention Services on Other Policies

More research is necessary to understand how Early Intervention services interact with other policies that impact the prenatal-to-3 population, such as comprehensive screening and referral programs and home visiting programs, which could be a referral source into Early Intervention programs.

Tracking and Evaluating How States Have Responded to COVID-19 Will Be Essential

In response to the COVID-19 pandemic, states such as Texas, Minnesota, and Illinois have been offering telehealth services for Early Intervention.^{16,17,18} Colorado began providing outdoor Early Intervention services on August 3, 2020, and all Early Intervention services took place virtually through at least July 2020. As states continue to respond to the pandemic, the effects of adapted Early Intervention services remain to be seen.



Search the new Prenatal-to-3 Policy Clearinghouse for an ongoing inventory of rigorous evidence reviews at pn3policy.org/clearinghouse.

HOW DO STATES VARY IN THEIR IMPLEMENTATION OF EARLY INTERVENTION SERVICES?

In the absence of a clear state policy lever to assess variation across the states, we describe instead whether states meet certain federal recommendations, discussed below.

Five States Serve Children at Risk for Delays and Use Broad or Moderate Eligibility Criteria

States can serve children who do not meet eligibility criteria (based on medical conditions or the percentage delay in a given developmental area) if the children experience other conditions or circumstances that put them at risk for later delays or disabilities. These conditions often include low birthweight and preterm birth, but each state can independently define the “at-risk” criteria. Currently, only one state (New Mexico) serves children at risk for delays and also uses broad criteria to determine eligibility (the broader the eligibility criteria, the more children eligible for services). An additional four states serve children at risk of delays, but instead use moderate eligibility criteria. No other states provide services to children who are at risk for later developmental delays or disabilities. Sixteen states, in fact, use narrow criteria, severely limiting the number of children eligible to be served.

How Do We Determine States' Progress Toward Implementing Effective Policies and Strategies?

Without state statute or law to review for progress toward a defined legislative or regulatory action, we leveraged available data assessing state variation in each of the strategies to demonstrate how states are making progress implementing the six strategies relative to one another. Indicators of variation included factors such as the percentage of children or families that states serve through the strategy, states' eligibility criteria for the strategy, whether states invest state funds in the strategy, and whether states meet the federal recommendations for implementing the strategy.

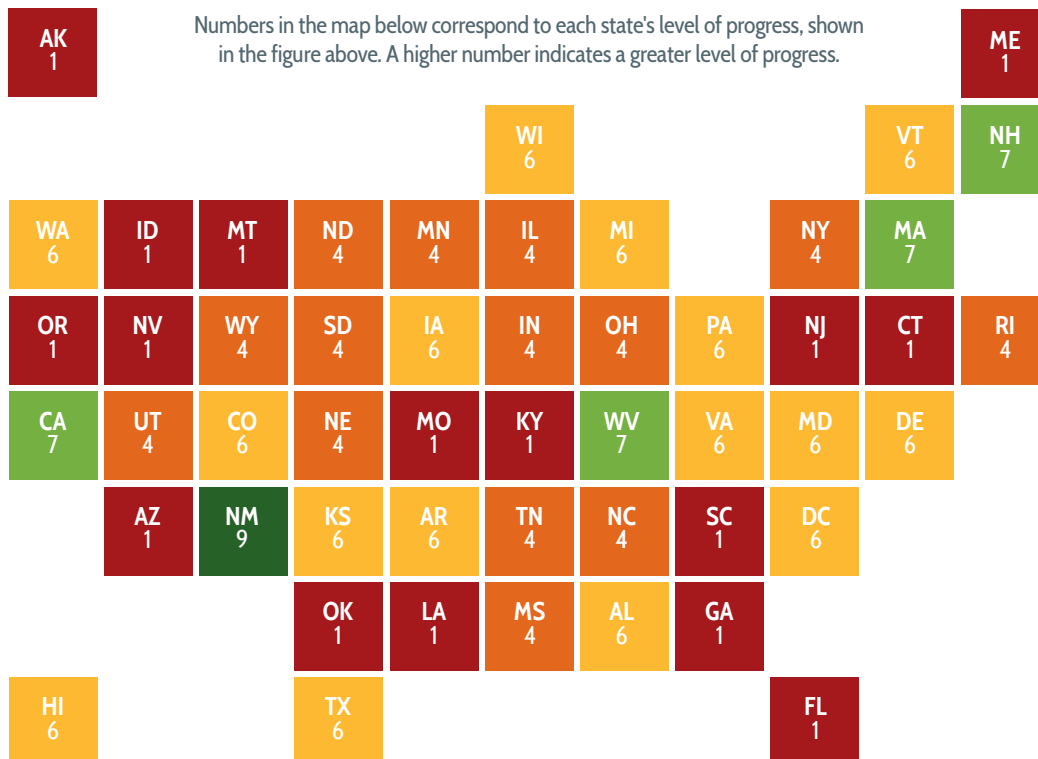
Based on information from the IDEA Infant and Toddler Coordinators Association, state regulations retrieved from state legal statutes, health department regulations, and Early Intervention program websites, we determined whether a state has moderate or broad criteria to determine eligibility and serves children who are at risk for later delays or disabilities.

The figure on the following page shows the progress states have made to date toward implementing Early Intervention services. For additional information, please refer to the Methods and Sources section of pn3policy.org.



Have States Made Substantial Progress Toward Implementing Early Intervention Services?

Progress	Detail	# of States
Substantial Progress	10	
	9 State uses broad criteria to determine eligibility, and the state serves children who are at risk for later delays or disabilities.	1
	8	
	7 State uses moderate criteria to determine eligibility, and the state serves children who are at risk for later delays or disabilities.	4
Some Progress	6 State uses broad criteria to determine eligibility, but the state does not serve children who are at risk for later delays or disabilities.	16
	5	
	4 State uses moderate criteria to determine eligibility, but the state does not serve children who are at risk for later delays or disabilities.	14
Little to No Progress	3 State uses narrow criteria to determine eligibility, but the state serves children who are at risk for later delays or disabilities.	0
	2	
	1 State uses narrow criteria to determine eligibility, and the state does not serve children who are at risk for later delays or disabilities.	16
	0	



States Vary in How They Determine Who Is Eligible to Receive Early Intervention Services

In general, EI services are intended to support the development of infants and toddlers with a variety of delays and disabilities, not just children with the most severe impairments. Each state determines its own eligibility requirements within the federal guidelines, which means that the percentage of children ages 0 to 3 who may qualify for EI services varies greatly based on state policy. State eligibility policies are classified as “broad,” “moderate,” or “narrow,” depending on the percentage delay in a developmental area required to receive services (typically 25 percent, 33 percent, and 50 percent, respectively), but specific eligibility criteria vary considerably.¹⁹ The percentage delay is determined by calculating the difference between a child’s score on a standardized screening tool and the average score on that screening assessment based on the child’s age. Over 20 unique eligibility formulas are used by the states that use a numerical definition of developmental delay.²⁰

The following tables show the criteria used by states to determine eligibility for EI services and whether those criteria are considered broad, moderate, or narrow.

Criteria Used to Determine Eligibility for Early Intervention Services in States With Broad Eligibility Criteria

State	Criteria Used to Determine Eligibility for EI Services (<u>Broad</u> Criteria)
Alabama	25% delay in one area
Arkansas	25% delay in one area
Colorado	25% delay in one area
Delaware	25% delay or 1.75 standard deviations below the mean in one area
District of Columbia	50% delay in one area or 25% delay in two areas
Hawaii	1.4 standard deviations below the mean in one area; or 1 standard deviation below the mean in two areas
Iowa	25% or more delay in one area
Kansas	25% delay in one area; or 20% delay in two areas
Maryland	25% delay or more in one area; or manifests behavior that is likely to result in a subsequent delay
Michigan	20% delay or 1 standard deviation below the mean in one area
New Mexico	25% delay or 1.5 standard deviations below the mean in one area
Pennsylvania	25% delay or 1.5 standard deviations below the mean in one area
Texas	25% delay in one area; if the only delay is expressive language development there must be a 33% delay
Vermont	Clearly observable and measurable delay in one area
Virginia	25% delay in one area
Washington	25% delay or 1.5 standard deviations below the mean in at least one area
Wisconsin	25% delay in one area

Sources: As of June 2020. 2018 IDEA Infant and Toddler Coordinators Association, state regulations retrieved from state legal statutes, health department regulations, and Early Intervention program websites. For additional information, please refer to the Methods and Sources section of pn3policy.org.

Criteria Used to Determine Eligibility for Early Intervention Services in States With Moderate Eligibility Criteria

State	Criteria Used to Determine Eligibility for EI Services (<u>Moderate</u> Criteria)
California	33% delay in one area or are at high risk for developing a delay, for children up to 36 months old
Illinois	30% or more delay one area
Indiana	25% delay or 2 standard deviations below the mean in one area; or 20% delay or 1.5 standard deviations below the mean in two areas
Massachusetts	1.5 standard deviations below the mean in one area
Minnesota	1.5 standard deviations below the mean in one area
Mississippi	33% delay or 2 standard deviations below the mean in one area; or 25% delay or 1.5 standard deviations below the mean in two areas
Nebraska	2 standard deviations below the mean in one area or 1.3 standard deviations below the mean in two areas
New Hampshire	33% delay in one area or “atypical behavior” as documented by the family and qualified personnel
New York	33% delay, 12-month delay, or 2 standard deviations below the mean in one area; or 25% delay or 1.5 standard deviations below the mean in two areas
North Carolina	30% delay or 2 standard deviations below the mean in one area; or 25% delay or 1.5 standard deviations below the mean in two areas
North Dakota	50% delay in one area or 25% delay in two areas
Ohio	1.5 standard deviations below the mean in one area
Rhode Island	2 standard deviations below the mean in one area or 1.5 standard deviations below the mean in two areas
South Dakota	1.5 standard deviations below the mean in one area
Tennessee	40% delay in one area or 25% delay in two areas
Utah	1.5 standard deviations below the mean or at or below the 7th percentile in one area
West Virginia	40% delay in one area; or 25% delay in two areas
Wyoming	25% delay or 1.5 standard deviations below the mean in one area

Sources: As of June 2020. 2018 IDEA Infant and Toddler Coordinators Association, state regulations retrieved from state legal statutes, health department regulations, and Early Intervention program websites. For additional information, please refer to the Methods and Sources section of pn3policy.org.

Criteria Used to Determine Eligibility for Early Intervention Services in States With Narrow Eligibility Criteria

State	Criteria Used to Determine Eligibility for EI Services (<u>Narrow</u> Criteria)
Alaska	50% delay in one area
Arizona	50% delay in one area
Connecticut	2 standard deviations below the mean in one area; or 1.5 standard deviations below the mean in two areas
Florida	2 standard deviations below the mean in one area; or 1.5 standard deviations below the mean in two areas
Georgia	Diagnosed developmental delay confirmed by a qualified team of professionals
Idaho	30% delay, 6-month delay or 2 standard deviations below the mean in one area; or 1.5 standard deviations below the mean in two areas
Kentucky	2 standard deviations below the mean in one area or 1.5 standard deviations below the mean in two areas
Louisiana	1.5 standard deviations below the mean in two areas
Maine	2 standard deviations below the mean in one area; or 1.5 standard deviations below the mean in two areas
Missouri	50% delay in one area
Montana	50% delay in one area or 25% delay in two areas
Nevada	50% delay in one area or 25% delay in two areas
New Jersey	2 standard deviations below the mean in one area or 1.5 standard deviations below the mean in two areas
Oklahoma	50% delay or 2 standard deviations below the mean in one area; or 25% delay or 1.5 standard deviations below the mean in two areas
Oregon	30% delay or 2 standard deviations below the mean in one area; or 15% delay or 1.5 standard deviations below the mean in two areas
South Carolina	40% delay or 2 standard deviations below the mean in one area; or 25% delay or 1.5 standard deviations below the mean in two areas

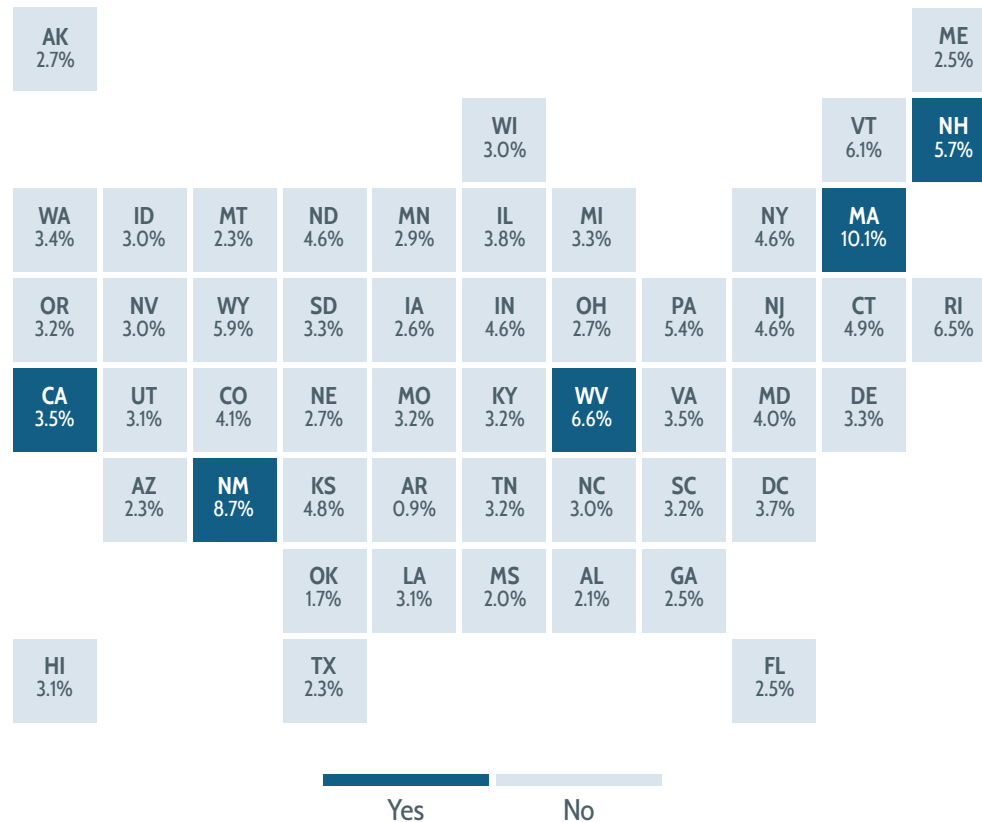
Sources: As of June 2020. 2018 IDEA Infant and Toddler Coordinators Association, state regulations retrieved from state legal statutes, health department regulations, and Early Intervention program websites. For additional information, please refer to the Methods and Sources section of pn3policy.org.

States Vary in the Percentage of Children Served by Early Intervention

The percentage of children served through Early Intervention services ranges from a low of 0.9% in Arkansas to a high of 10.1% in Massachusetts, despite research suggesting that the national prevalence of children under age 3 with delays and disabilities who can benefit from Early Intervention services is between 13% and 20%.²¹

Children Receiving Early Intervention Services

% of all children under age 3 receiving Early Intervention services



States with a "Yes" have made substantial progress toward implementing Early Intervention services.

Sources: 2018 IDEA Infant and Toddler Coordinators Association, state regulations retrieved from state legal statutes, health department regulations, and Early Intervention program websites, all as of June 2020. For additional information, please refer to the Methods and Sources section of pn3policy.org.

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