

## 2021 Prenatal-to-3 State Policy Roadmap

### Methods and Sources

### Effective Strategies

## EARLY INTERVENTION SERVICES

### What are Early Intervention services and why are they important?

All references for this section are provided in the Notes and Sources section at the bottom of each webpage. Additionally, search the [Prenatal-to-3 Policy Clearinghouse](#) for an ongoing inventory of rigorous evidence reviews, including more information on Early Intervention services.

### What impact do Early Intervention services have?

The following studies meet standards of strong causal evidence to demonstrate the impacts of Early Intervention services for the health and wellbeing of young children and their families:

- A. Vanderveen, J. A., Bassler, D., Robertson, C. M. T., & Kirpalani, H. (2009). Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: A meta-analysis. *Journal of Perinatology*, 29, 343–351. <https://doi.org/10.1038/jp.2008.229>
- B. Teti, D., Black, M., Viscardi, R., Glass, P., O'Connell, M., Baker, L., Cusson, R., & Reiner Hess, C. (2009). Intervention with African American premature infants: Four-month results of an Early Intervention program. *Journal of Early Intervention*, 31(2), 146–166. <https://doi.org/10.1177%2F1053815109331864>
- C. Ramey, C., Bryant, D., Wasik, B., Sparling, J., Fendt, K., & LaVange, L. (1992). Infant Health and Development Program for low birth weight, premature infants: Program elements, family participation, and child intelligence. *Pediatrics*, 3, 454–465. <https://pediatrics.aappublications.org/content/89/3/454.long>
- D. Rauh, V., Achenbach, T., Nurcombe, B., Howell, C., & Teti, D. (1988). Minimizing adverse effects of low birthweight: Four-year results of an early intervention program. *Child Development*, 59(3), 544–553. <https://www.ncbi.nlm.nih.gov/pubmed/2454783>
- E. Roberts, M., & Kaiser, A. (2015). Early intervention for toddlers with language delays: A randomized controlled trial. *Pediatrics*, 135(4), 686–693. <https://doi.org/10.1542/peds.2014-2134>
- F. Shonkoff, J. & Hauser-Cram, P. (1987). Early intervention for disabled infants and their families: A quantitative analysis. *Pediatrics*, 80(5), 650–658. <https://pediatrics.aappublications.org/content/80/5/650>
- G. Guralnick, M. (1998). Effectiveness of Early Intervention for vulnerable children: A developmental perspective. *American Journal on Intellectual and Developmental Disabilities*, 102(4), 319–345. [https://depts.washington.edu/chdd/guralnick/pdfs/effect\\_EI\\_AJMR\\_vol102\\_98.pdf](https://depts.washington.edu/chdd/guralnick/pdfs/effect_EI_AJMR_vol102_98.pdf)

- H. McCormick, M., Brooks-Gunn, J., Buka, S., Goldman, J., Yu, J., Salganik, M., Scott, D., Bennett, F., Kay, L., Bernbaum, J., Bauer, C., Martin, C., Woods, E., Martin, A., & Casey, P. (2006). Early Intervention in low birth weight premature infants: Results at 18 years of age for the Infant Health and Development Program. *Pediatrics*, 117(3), 771–780. <https://doi.org/10.1542/peds.2005-1316>
- I. Hill, J., Brooks-Gunn, J., & Waldfogel, J. (2003). Sustained effects of high participation in an Early Intervention for low birthweight premature infants. *Developmental Psychology*, 39(4), 730–744. <https://doi.org/10.1037/0012-1649.39.4.730>

### How can states effectively implement Early Intervention services?

In the absence of an evidence-based state policy lever to ensure EI services effectively provide children and families the support they need, we present several choices that states can make to more effectively implement their EI programs. We identify states as leaders in the implementation of Early Intervention services if they:

- Serve a high share of their infants and toddlers relative to other states;
- Allow children with less severe delays to qualify for EI services and allow children to qualify through a wide variety of medical conditions and risk factors, which may include low birthweight and prematurity;
- Access a variety of funding streams beyond the federal Part C allocation to ensure that sufficient resources are available to provide eligible infants and toddlers with timely therapies and treatments; and
- Foster collaboration with other state agencies and systems.

Our determination of state leaders did not apply a specific numerical threshold or formula to the above criteria, but rather involved a holistic comparison of states' EI programs based on available data and consultation with national experts and researchers in Early Intervention.

To determine each state's share of infants and toddlers served by Early Intervention services, we calculated the percentage of children under age 3 served by EI services over the course of a 12-month reporting period based on annually reported state-level data from the US Department of Education and estimates of the under age 3 population from Census Population Estimates. (For further information regarding this calculation, see the information for Measure 1 below).

We collected information on state eligibility criteria for Part C programs from multiple sources: a database managed by the Early Childhood Technical Assistance (ECTA) Center, a report from the IDEA Infant & Toddler Coordinators Association (ITCA) containing states' self-reported eligibility categories, and information available on state agency websites and statutes. We also reached out to Part C coordinators in specific states to confirm state data and descriptions regarding eligibility criteria and categories, especially when eligibility categorizations were inconsistent across states.

A separate IDEA ITCA report provided states' self-reported funding information, and we also accessed a 2020 report by the National Center for Children in Poverty (NCCP) and the Georgetown University Health Policy Institute's Center for Children and Families for state-specific survey information on Medicaid and other funding mechanisms for EI. The NCCP and Georgetown report also included information on child welfare agencies' coordination with Part C programs, maternal depression screenings for mothers with children in EI services, and infant mental health trainings for EI staff, among other state policies and procedures related to EI.

We also performed outreach to Early Intervention researchers and experts regarding state strengths and investments in Part C programs to supplement the information we learned from written reports and to resolve any discrepancies between written sources. We convened a conference call in July 2021 with EI researchers to gain a greater understanding of various aspects of EI policy and to discuss states' strengths and areas for improvement in implementing their EI programs. We accessed a report from the Michigan Association of Administrators of Special Education to identify which states are designated as "birth mandate states," which are the states that provide a free, appropriate public education to all children ages 0 to 21, including EI services from birth to age 3 for eligible children (no family fees may be charged for EI services in these states).

To capture state compliance with the federally mandated policy requiring states to connect victims of child abuse or neglect to EI services as needed through a screening and referral process, we incorporated available information from the most recent Child Maltreatment report, including the percentages of children in each state who were victims of substantiated abuse or neglect and who were referred to Part C agencies for further screening, evaluation, or services.

To identify legislative progress associated with Early Intervention, electronic searches were performed in Quorum State (2009-2021) with final searches completed through August 15, 2021. The main search strategy used combinations of keywords for Early Intervention (early intervention OR Individuals with Disabilities Education Act OR Part C). Research staff conducted searches, analyzed results for relevant state legislation, and summarized the progress states made toward supporting Early Intervention programs.

**Sources:**

State	Sources
All States	<ol style="list-style-type: none"> <li data-bbox="375 1577 1482 1682">1. IDEA Infant &amp; Toddler Coordinators Association. (Sept. 2020). <i>Tipping points survey: Demographics and challenges</i>. Retrieved on July 12, 2021, from <a href="https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf">https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf</a></li> <li data-bbox="375 1688 1482 1898">2. Smith, S., Ferguson, D., Burak, E. W., Granja, M. R., &amp; Ortuzar, C. (2020). <i>Supporting social-emotional and mental health needs of young children through Part C early intervention: Results of a 50-state survey</i>. National Center for Children in Poverty, Bank Street Graduate School of Education, and the Georgetown University Health Policy Institute Center for Children and Families. Retrieved on April 8, 2021, from <a href="https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf">https://www.nccp.org/wp-content/uploads/2020/11/Part-C-Report-Final.pdf</a></li> <li data-bbox="375 1904 1482 1976">3. US Census Bureau, Population Division. (2020). <i>Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1,</i></li> </ol>

State	Sources
	<p>2010 to July 1, 2019 – sc-est2019-alldata6.csv [Data Set]. Retrieved June 30, 2020 from <a href="https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html">https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html</a></p> <p>4. US Department of Education. (July 8, 2020). <i>Cumulative number of infants and toddlers ages birth through 2 receiving early intervention services under IDEA, Part C, by race/ethnicity and state: 2019</i> [Data Set]. Retrieved on June 1, 2021 from <a href="https://www2.ed.gov/programs/osepidea/618-data/static-tables/2019-2020/part-c/child-count-and-settings/1920-cchildcountandsettings-11.xlsx">https://www2.ed.gov/programs/osepidea/618-data/static-tables/2019-2020/part-c/child-count-and-settings/1920-cchildcountandsettings-11.xlsx</a></p> <p>5. US Department of Education. (Nov. 2020). <i>IDEA Part C Child Count and Settings for School Year 2019-2020. OSEP Data Documentation</i>. Retrieved on June 1, 2021, from <a href="https://www2.ed.gov/programs/osepidea/618-data/collection-documentation/data-documentation-files/part-c/child-count-and-settings/idea-partc-childcountandsettings-2019-20.pdf">https://www2.ed.gov/programs/osepidea/618-data/collection-documentation/data-documentation-files/part-c/child-count-and-settings/idea-partc-childcountandsettings-2019-20.pdf</a></p> <p>6. US Department of Education. (July 8, 2020). <i>Number of infants and toddlers and percentage of population, receiving early intervention services under IDEA, Part C, by age and state: 2019</i> [Data Set]. Retrieved on June 1, 2021, from <a href="https://www2.ed.gov/programs/osepidea/618-data/static-tables/2019-2020/part-c/child-count-and-settings/1920-cchildcountandsettings-1.xlsx">https://www2.ed.gov/programs/osepidea/618-data/static-tables/2019-2020/part-c/child-count-and-settings/1920-cchildcountandsettings-1.xlsx</a></p> <p>7. E. W. Burak, Georgetown University Health Policy Institute, Center for Children and Families, personal communication, July 28, 2021.</p> <p>8. Early Childhood Technical Assistance Center (2021). <i>State and jurisdictional eligibility requirements for infants and toddlers with disabilities under IDEA Part C</i>. Retrieved on June 11, 2021, and August 5, 2021, from <a href="https://ectacenter.org/topics/earlyid/state-info.asp">https://ectacenter.org/topics/earlyid/state-info.asp</a></p> <p>9. M. Greer, IDEA Infant &amp; Toddler Coordinators Association, personal communication, July 28, 2021.</p> <p>10. IDEA Infant &amp; Toddler Coordinators Association. (2021). <i>Funding structure</i>. Retrieved on June 25, 2021, from <a href="https://www.ideainfanttoddler.org/pdf/Funding-Structure.pdf">https://www.ideainfanttoddler.org/pdf/Funding-Structure.pdf</a></p> <p>11. K. Johnson, Johnson Group Consulting, Inc., personal communication, July 28, 2021.</p> <p>12. E. Shaw, Early Childhood Technical Assistance Center, personal communication, July 28, 2021.</p> <p>13. S. Smith, National Center for Children in Poverty, personal communication, July 28, 2021.</p> <p>14. US Department of Health &amp; Human Services, Administration for Children and Families, Children’s Bureau. (2021). <i>Child maltreatment 2019</i>. Retrieved on May 5, 2021, from <a href="https://www.acf.hhs.gov/cb/report/child-maltreatment-2019">https://www.acf.hhs.gov/cb/report/child-maltreatment-2019</a></p>
Alabama	(no additional sources)
Alaska	(no additional sources)
Arizona	(no additional sources)
Arkansas	(no additional sources)
California	1. Cal Com. Code § 52022. (2012).
Colorado	<p>1. Early Childhood Technical Assistance Center. (2021). <i>Building the case to expand Medicaid and private insurance for Early Intervention: Interview with Part C Coordinator Christy Scott</i>. Retrieved on May 12, 2021, from <a href="https://ectacenter.org/topics/finance/btc.asp">https://ectacenter.org/topics/finance/btc.asp</a></p> <p>2. C. Scott, Colorado Department of Human Services, Office of Early Childhood, personal communication, July 13, 2021.</p>

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	3. S.B. 21-275, 73 <sup>rd</sup> Leg., 1 <sup>st</sup> Reg. Sess., (Colo. 2021).
Connecticut	1. S.B. 2., 2021 Leg., Reg. Sess., (Conn. 2021).
Delaware	1. H.B. 202, 151 <sup>st</sup> General Assembly. (Del. 2021). 2. S.B. 136, 151 <sup>st</sup> General Assembly. (Del. 2021).
District of Columbia	1. Groginsky, E. (2018, May 25). <i>Re: Change in the IDEA Part C eligibility criteria</i> . Office of the Superintendent of Education. Retrieved on July 26, 2021, from <a href="https://dcchildcareconnections.org/wp-content/uploads/Part-C-Eligibility-Criteria-Letter-Final.pdf">https://dcchildcareconnections.org/wp-content/uploads/Part-C-Eligibility-Criteria-Letter-Final.pdf</a> 2. Early Childhood Technical Assistance Center. (2021). <i>Building the case to expand Medicaid and private insurance for Early Intervention: Interview with Part C Coordinator Allan Phillips</i> . Retrieved on May 12, 2021, from <a href="https://ectacenter.org/topics/finance/btc.asp">https://ectacenter.org/topics/finance/btc.asp</a>
Florida	1. Florida Department of Health, Division of Children's Medical Services. (2018, January 1). <i>Florida Early Steps eligibility criteria [Fact sheet]</i> . (2018). Retrieved on July 26, 2021, from <a href="http://www.cms-kids.com/home/resources/es_policy/Attachments/2_At_Risk_Eligibility_Fact_Sheet.pdf">http://www.cms-kids.com/home/resources/es_policy/Attachments/2_At_Risk_Eligibility_Fact_Sheet.pdf</a>
Georgia	1. K. Spencer and K. Byrd, Georgia Department of Public Health, personal communication, June 23, 2021.
Hawaii	1. IDEA Infant & Toddler Coordinators Association. <i>2021 State Profile: Hawaii</i> . <a href="https://www.ideainfanttoddler.org/pdf/Hawaii.pdf">https://www.ideainfanttoddler.org/pdf/Hawaii.pdf</a> 2. C. Robles, Hawaii Department of Health, Early Intervention Section, personal communication, June 15, 2021. 3. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 25, 2021.
Idaho	(no additional sources)
Illinois	1. Illinois Department of Human Services. <i>Chapter 9 - Early Intervention eligibility criteria, evaluation and assessment</i> . Retrieved on July 26, 2021, from <a href="https://www.dhs.state.il.us/page.aspx?item=96963">https://www.dhs.state.il.us/page.aspx?item=96963</a> 2. K. Berman, Start Early, personal communication, August 4, 2021. 3. H.B. 2170, 101 <sup>st</sup> Leg., Reg. Sess. (Ill. 2021). 4. H.B. 3308, 102 <sup>nd</sup> Leg., Reg. Sess. (Ill. 2021).
Indiana	(no additional sources)
Iowa	1. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021. 2. Michigan Association of Administrators of Special Education. (2014). <i>Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states</i> . Retrieved on May 12, 2021, from <a href="http://maase.pbworks.com/w/file/attach/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf">http://maase.pbworks.com/w/file/attach/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf</a>
Kansas	(no additional sources)
Kentucky	(no additional sources)
Louisiana	(no additional sources)
Maine	(no additional sources)
Maryland	1. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021.

State	Sources
	2. Michigan Association of Administrators of Special Education. (2014). <i>Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states</i> . Retrieved on May 12, 2021, from <a href="http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf">http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf</a>
Massachusetts	1. Massachusetts Department of Public Health, Division of Early Intervention. (n.d.). <i>Early Intervention eligibility factors, definitions, criteria and procedures</i> . Retrieved on July 26, 2021, from <a href="https://www.mass.gov/doc/early-intervention-child-and-family-eligibility-factors/download">https://www.mass.gov/doc/early-intervention-child-and-family-eligibility-factors/download</a>
Michigan	1. Michigan Association of Administrators of Special Education. (2014). <i>Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states</i> . Retrieved on May 12, 2021, from <a href="http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf">http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf</a> 2. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021.
Minnesota	1. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021. 2. D. Hayden, Minnesota Department of Education, personal communication, July 14, 2021. 3. C. Tamminga, Minnesota Department of Education, personal communication, July 14, 2021. 4. Michigan Association of Administrators of Special Education. (2014). <i>Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states</i> . Retrieved on May 12, 2021, from <a href="http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf">http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf</a>
Mississippi	(no additional sources)
Missouri	(no additional sources)
Montana	(no additional sources)
Nebraska	1. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 9, 2021. 2. Michigan Association of Administrators of Special Education. (2014). <i>Comparing early childhood systems: IDEA Early Intervention systems in the birth mandate states</i> . Retrieved on May 12, 2021, from <a href="http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf">http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf</a>
Nevada	(no additional sources)
New Hampshire	1. RSA 171-A:31. (2016).
New Jersey	1. S. Evans, New Jersey Department of Health, personal communication, July 13, 2021.
New Mexico	1. L. Davidson, New Mexico Early Childhood Education & Care Department, personal communication, August 3, 2021. 2. Early Childhood Technical Assistance Center. (2021). <i>Building the case to expand Medicaid and private insurance for Early Intervention: Interview with former New Mexico Part C Coordinator Andy Gomm</i> . Retrieved on May 12, 2021, from <a href="https://ectacenter.org/topics/finance/btc.asp">https://ectacenter.org/topics/finance/btc.asp</a>
New York	(no additional sources)
North Carolina	(no additional sources)
North Dakota	(no additional sources)
Ohio	(no additional sources)

State	Sources
Oklahoma	(no additional sources)
Oregon	(no additional sources)
Pennsylvania	(no additional sources)
Rhode Island	<ol style="list-style-type: none"> <li>1. L. Barrett, Rhode Island KIDS COUNT, personal communication, August 3, 2021.</li> <li>2. J. Kaufman, Rhode Island Executive Office of Health and Human Services, Early Intervention Program, personal communication, August 3 and August 10, 2021.</li> <li>3. Rhode Island KIDS COUNT. (2021). <i>Early Intervention financing, staffing, and access in Rhode Island</i>. Retrieved on May 18, 2021, from <a href="https://www.rikidscount.org/Portals/0/Uploads/Documents/Special%20Publications/EI%20-%20RI%20KIDS%20COUNT%204.2021.pdf?ver=2021-04-15-113524-307">https://www.rikidscount.org/Portals/0/Uploads/Documents/Special%20Publications/EI%20-%20RI%20KIDS%20COUNT%204.2021.pdf?ver=2021-04-15-113524-307</a></li> </ol>
South Carolina	(no additional sources)
South Dakota	(no additional sources)
Tennessee	(no additional sources)
Texas	<ol style="list-style-type: none"> <li>1. Texas Health and Human Services Early Childhood Intervention Services. <i>Qualifying diagnosis search</i>. Retrieved on June 16, 2021, from <a href="https://diagsearch.hhsc.state.tx.us/Eligibility/Detail/23773">https://diagsearch.hhsc.state.tx.us/Eligibility/Detail/23773</a></li> <li>2. Texas Health and Human Services Commission. <i>Early Childhood Intervention Services implementation plan for maximizing funding progress report</i>. (March 2020). As required by 2021-21 General Appropriations Act, 86<sup>th</sup> Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 98). Retrieved on August 4, 2021, from <a href="https://www.hhs.texas.gov/reports/2020/03/early-childhood-intervention-services-implementation-plan-maximizing-funding-progress-report">https://www.hhs.texas.gov/reports/2020/03/early-childhood-intervention-services-implementation-plan-maximizing-funding-progress-report</a></li> <li>3. R. Hornbach, Texans Care for Children, personal communication, August 2, 2021.</li> <li>4. K. Mitten, Texans Care for Children, personal communication, August 2, 2021.</li> </ol>
Utah	(no additional sources)
Vermont	(no additional sources)
Virginia	<ol style="list-style-type: none"> <li>1. Early Childhood Technical Assistance Center. (2021). <i>Building the case to expand Medicaid and private insurance for Early Intervention: Interview with Part C Coordinator Catherine Hancock and Virginia Team Leader Kyla Patterson</i>. Retrieved on May 12, 2021, from <a href="https://ectacenter.org/topics/finance/btc.asp">https://ectacenter.org/topics/finance/btc.asp</a></li> </ol>
Washington	(no additional sources)
West Virginia	<ol style="list-style-type: none"> <li>1. West Virginia Department of Health and Human Resources. (n.d.) <i>West Virginia birth to three eligibility policy</i>. Retrieved on July 26, 2021, from <a href="https://www.wvdhhr.org/birth23/eligibility/reveligibilitypolicyformat2013.pdf">https://www.wvdhhr.org/birth23/eligibility/reveligibilitypolicyformat2013.pdf</a></li> </ol>
Wisconsin	(no additional sources)
Wyoming	(no additional sources)

## How do Early Intervention services vary across states?

Data were collected for 6 different measures to assess how states vary in their implementation of Early Intervention services. The data sets, calculations, and sources referenced for each state are listed below.

### Measures 1 and 3: Cumulative percentage of children under age 3 receiving Early Intervention services, overall and in each of four mutually exclusive race/ethnic groups

#### Definition:

The cumulative percentage of children under age 3 who received Early Intervention services during the state's most recent 12-month reporting period, as reported to the Department of Education's Office of Special Education Programs (OSEP).

#### Notes:

1. **Numerator:** The number of children under age 3 who received Early Intervention services during the state's most recent 12-month reporting period, overall and in each of four mutually exclusive race/ethnic groups.
2. **Denominator:** The number of children under age 3, overall and in each of four mutually exclusive race/ethnic groups.
3. Four mutually exclusive race/ethnic groups were created from the race/ethnicity information provided for both the data for the numerator (EDFacts Metadata and Process System [EMAPS]) and denominator (2019 vintage Census Population estimates). Three of the seven categories in EMAPS were white, Hispanic/Latino, and Black or African American. The fourth group was created as the sum of the remaining four categories (Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and two or more races). In the Census population estimate data, race/ethnic groups were calculated using the Hispanic/non-Hispanic and 6-race category indicators. If a child was identified as Hispanic, then they were categorized as Hispanic regardless of race. Next, children were identified as Black, non-Hispanic, then White, non-Hispanic. The fourth group was created from the other four non-Hispanic categories (Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and more than one race or unknown/not stated). Some race/ethnicity data for Montana were suppressed due to small sample sizes.
4. For each state, we calculated the difference in the percentage served between the race/ethnic group with the highest percentage served and the lowest percentage served to identify each state's range, or difference between the highest-served and least-served group. We identified the 10 states with the smallest gaps between the highest-served and least-served group.
5. The 12-month reporting period is defined by each state and varies across states, with some reporting on the calendar year and others reporting on timelines aligned with fiscal, academic, or other defined annual periods.
  - a. Arizona, California, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, Ohio, Texas, and Utah reported on the calendar year (1/1/2020 – 12/31/2020).



- b. Alaska, Florida, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Massachusetts, Minnesota, Nevada, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, Washington, Wisconsin, and Wyoming reported according to the state fiscal year (07/01/2019 – 6/30/2020).
- c. Colorado and Indiana reported on the federal fiscal year (10/1/2019 – 9/30/2020); Maryland reported from 10/2/2019 – 10/1/2020; and Michigan reported from 10/4/2019 – 10/3/2020.
- d. Arkansas reported from 11/2/2019 – 11/1/2020; Montana reported from 11/9/2019 – 11/9/2020.
- e. Alabama, Idaho, South Carolina, and Tennessee reported from 12/1/2019 – 11/30/2020; Connecticut, Delaware, the District of Columbia, Louisiana, South Dakota, Vermont, Virginia, and West Virginia reported from 12/2/2019 – 12/1/2020;
- f. Maine reported from 4/4/2019 – 4/3/2020.

**Sources:**

1. US Census Bureau, Population Division. (2020). *Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2010 to July 1, 2019 – sc-est2019-alldata6.csv* [Data Set]. Retrieved June 30, 2020 from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-state-detail.html>
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***Special Note About the Percentage Served by Early Intervention Services***

In the Roadmap, we chose to report on the cumulative, rather than point-in-time, number of children participating in Early Intervention services based on recommendations from national EI experts. Although the point-in-time measure (which captures the number of children served in each state on one specific day during a 3-month window in the fall) may be the more appropriate measure for children age 3 and older who may also be more likely to be receiving services in a formal school setting following an academic calendar, the cumulative data may be a better representation of the experience of children under age 3 as these data capture the full count of children receiving services over the span of a 12-month reporting period. The two measures are highly correlated ( $r = 0.97$ ), with the cumulative count generally reflecting a value twice the size of the point-in-time count. With this larger sample of children served, the cumulative count of children also allows for greater utility in disaggregating the percentage served by race/ethnicity groups within states. The table on the following page provides both the cumulative and point-in-time data for each state.

**Percentage of Children Under Age 3 Served in State Part C Programs,  
Point-in-Time and Cumulative Counts for 2019-2020**

State	Point-in-Time % Served	Cumulative % Served
Alabama	2.2%	4.4%
Alaska	3.1%	6.1%
Arizona	2.3%	4.6%
Arkansas	1.0%	2.1%
California	3.8%	6.5%
Colorado	4.3%	7.1%
Connecticut	5.4%	10.7%
Delaware	3.5%	7.7%
District of Columbia	3.5%	7.4%
Florida	2.8%	5.3%
Georgia	2.7%	5.0%
Hawaii	3.6%	7.6%
Idaho	3.2%	6.4%
Illinois	4.0%	10.1%
Indiana	4.9%	10.7%
Iowa	2.8%	5.7%
Kansas	5.1%	9.9%
Kentucky	3.4%	7.2%
Louisiana	3.1%	5.8%
Maine	2.7%	6.5%
Maryland	4.2%	7.7%
Massachusetts	10.6%	20.1%
Michigan	3.5%	7.0%
Minnesota	3.0%	6.5%
Mississippi	2.0%	3.2%

State	Point-in-Time % Served	Cumulative % Served
Missouri	3.3%	5.8%
Montana	2.4%	3.1%
Nebraska	2.8%	4.6%
Nevada	3.2%	6.3%
New Hampshire	5.7%	12.9%
New Jersey	5.0%	10.2%
New Mexico	8.9%	21.9%
New York	4.6%	9.4%
North Carolina	3.0%	5.8%
North Dakota	4.9%	9.5%
Ohio	2.9%	5.9%
Oklahoma	1.8%	3.0%
Oregon	3.3%	7.2%
Pennsylvania	5.8%	10.9%
Rhode Island	7.1%	14.6%
South Carolina	3.7%	6.9%
South Dakota	3.0%	6.2%
Tennessee	3.4%	6.6%
Texas	2.5%	5.3%
Utah	3.2%	6.9%
Vermont	6.4%	12.5%
Virginia	3.6%	7.0%
Washington	3.7%	7.3%
West Virginia	7.2%	13.8%
Wisconsin	3.0%	6.7%
Wyoming	5.7%	10.2%

## Measures 2 and 4: Percentage of babies born low birthweight (less than 5.5 pounds), overall and by four mutually exclusive race/ethnicity groups

### Definition:

The percentage of babies born in the past year who were born weighing less than 5.5 pounds (2,500 grams).

### Notes:

1. **Numerator:** The number of births in the past year in which the baby weighed less than 5.5 pounds (2,500 grams), overall and by four mutually exclusive race/ethnicity groups.
2. **Denominator:** The number of births in the past year with known birthweight, overall and by four mutually exclusive race/ethnicity groups.
3. The sample was limited to births in the past year with valid birthweight data. Race/ethnic groups based on mother's race and ethnicity were calculated using the Hispanic origin and 6-race category variables provided in the CDC WONDER online database. From these two variables, four mutually exclusive race/ethnic groups were created. If a birth was identified with a Hispanic mother, then the birth was categorized as Hispanic regardless of the race of the mother. Next, births were identified as those to Black, non-Hispanic mothers, then White, non-Hispanic mothers. The fourth group was created from all other non-Hispanic mothers (Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, more than one race, or unknown/not stated). Births to mothers whose Hispanic origin was reported as unknown on the birth certificate were excluded from the percentages reported by race/ethnic group. CDC reporting rules require the suppression of sub-national counts of 9 or fewer births.<sup>1</sup>

### Source:

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics. (n.d.). *Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020 [Data Set]*. Accessed at <http://wonder.cdc.gov/natality-expanded-current.html> on March 11, 2021.

## Measure 5: Criteria used to determine eligibility for Early Intervention services

### Definition:

We reported the following components of EI eligibility policies for each state.

1. Developmental delay eligibility criteria
2. States' self-declared eligibility category (broad, moderate, narrow) as reported in a 2020 survey
3. Low birthweight criteria for diagnosed/established conditions or at-risk eligibility
4. Preterm birth criteria for diagnosed/established conditions or at-risk eligibility
5. Whether the state is designated as serving at-risk children under federal Part C policies

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<sup>1</sup> Centers for Disease Control (CDC) National Center for Health Statistics (NCHS). (n.d.). *CDC WONDER Datasets - Data use restrictions*. As of February 10, 2020. Retrieved May 15, 2020 from <https://wonder.cdc.gov/DataUse.html#>

**Notes:**

States self-declared their eligibility categories in a September 2020 survey (see source below) as either broad, moderate, or narrow, meant to correspond roughly to the definitions below, although states with the same eligibility criteria did not always self-declare the same category. Some states corrected or confirmed their survey responses in communication with our Center in July and August 2021.

- a. **Broad eligibility** was defined in the September 2020 survey as: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains.
- b. **Moderate eligibility** was defined in the September 2020 survey as: 25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain.
- c. **Narrow eligibility** was defined in the September 2020 survey as: 33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, 2 standard deviations in two or more domains.

**Sources:**

1. IDEA Infant & Toddler Coordinators Association. (Sept. 2020). *Tipping points survey: Demographics and challenges*. Retrieved on July 12, 2021, from <https://www.ideainfanttoddler.org/pdf/2020-Tipping-Points-Survey.pdf>
2. Early Childhood Technical Assistance Center (2021). *State and jurisdictional eligibility requirements for infants and toddlers with disabilities under IDEA Part C*. Retrieved on June 11, 2021, and August 5, 2021, from <https://ectacenter.org/topics/earlyid/state-info.asp>
3. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, July 12, 2021
4. E. Shaw, Early Childhood Technical Assistance Center, personal communication, June and July 2021.
5. C. Scott, Colorado Department of Human Services, Office of Early Childhood, personal communication, July 13, 2021.
6. C. Robles, Hawaii Department of Health, Early Intervention Section, personal communication, June 15, 2021.
7. K. Berman, Start Early, personal communication, August 4, 2021.
8. S. Evans, New Jersey Department of Health, personal communication, July 13, 2021.
9. J. Kaufman, Rhode Island Executive Office of Health and Human Services, personal communication, August 3 and August 10, 2021.
10. L. Barrett, Rhode Island KIDS COUNT, personal communication, August 3, 2021.
11. Texas Health and Human Services Early Childhood Intervention Services. *Qualifying diagnosis search*. Retrieved on June 16, 2021, from <https://diagsearch.hhsc.state.tx.us/Eligibility/Detail/23773>

## Measure 6: State funding mechanisms for Early Intervention services

**Definition:** The state reports the primary source of funding for Early Intervention as either state, federal, or local funds; the state accesses private insurance for EI services; and the state charges family fees for EI services.

### Notes:

1. Supplemental sources for individual states were consulted to clarify/confirm the information data provided in the IDEA ITCA report
2. Staff at New York's Department of Health provided our Center with state funding information on August 30, 2021, but we were unable to include it in the main Roadmap materials because of report production deadlines.
3. We were unable to collect the funding indicators for Kansas.

### Sources:

1. IDEA Infant & Toddler Coordinators Association. (2021). *Funding structure*. Retrieved on June 25, 2021, from <https://www.ideainfanttoddler.org/pdf/Funding-Structure.pdf>
2. S.B. 2., 2021 Leg., Reg. Sess., (Conn. 2021).
3. M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, June 25, 2021.
4. K. Reks, New York Department of Health, personal communication, August 30, 2021.