

# Children Enrolled in Early Intervention

## DEFINITION

*Children enrolled in Early Intervention* is the number and percentage of children under age three who have an active Individual Family Service Plan through a Rhode Island Early Intervention provider.

## SIGNIFICANCE

During the first few years of life, children develop the basic brain architecture and social-emotional health that serves as a foundation for all future development and learning. Infants and toddlers with developmental delays and disabilities and those who face significant family circumstances need extra help and should receive high-quality Early Intervention services to develop essential language, social-emotional, and motor skills to reduce the need for services when they are older.<sup>1</sup>

States are required to provide Early Intervention services to infants and toddlers with developmental delays and disabilities under Part C of the *Individuals with Disabilities Education Act (IDEA)*. States may also choose to serve children who are at risk of falling behind without early supports.<sup>2</sup>

In Rhode Island, children under age three are eligible for Early Intervention if they have a “single established condition” known to lead to developmental delay (very low birth weight, Down Syndrome, etc.) or if they have a significant

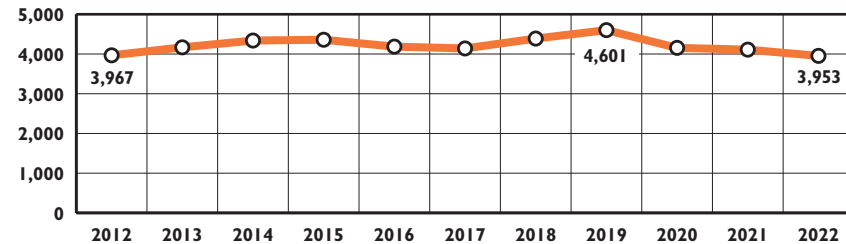
developmental delay in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Current eligibility criteria allow children with “significant circumstances” (significant trauma, history of neglect/abuse, parental substance abuse, significant parental health/mental health issues, etc.) to qualify through informed clinical opinion under the developmental delay category, if the circumstances impact child or family functioning.<sup>3</sup>

Approximately 17% of U.S. children ages three to 17 have developmental disabilities, with higher prevalence among children from low-income families and among boys. Nationally, less than a quarter of children with developmental delays and disabilities receive Early Intervention services before age three and most children with emotional, behavioral, and developmental conditions, do not receive services before age five.<sup>4,5</sup>

Early childhood developmental screenings are required and covered at pediatric health care visits for all children with RIte Care through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Routine developmental screening can identify children who may benefit from Early Intervention services.<sup>6,7</sup> In State Fiscal Year 2022, 62% of children under age three with RIte Care insurance had a developmental screening completed.<sup>8</sup>



**Infants & Toddlers Receiving Early Intervention Services, Calendar Years 2012-2022, Rhode Island**



Source: Rhode Island Executive Office of Health and Human Services. \*For 2022, calendar year data was not available due to a data system upgrade, so state fiscal year data (July 2021 – June 2022) was used instead.

◆ **As of June 30, 2022, there were 1,921 infants and toddlers receiving Early Intervention (EI) services, 6% of the population under age three. The number of children enrolled was down 19% from 2,358 in June 2019.<sup>9</sup>**

◆ **The number of children receiving Early Intervention services in State Fiscal Year 2022 (3,953) was down 14% from 4,601 in Calendar Year 2019. In State Fiscal Year 2022, 1,994 children were discharged from EI. Of these, 281 (14%) met their developmental goals and no longer needed EI services, 815 (41%) turned age three and were transitioned to preschool special education, 209 (10%) turned age three and were determined not eligible for preschool special education, 155 (8%) turned age three and were in the process of eligibility determination for preschool special education, 446 (22%) were withdrawn when parents/guardian declined services or were unreachable, 85 (4%) were withdrawn when the family moved out of state, and three (<1%) died.<sup>10</sup>**

◆ **As of June 30, 2022, in Rhode Island, Early Intervention services for 1,082 children (56%) were paid for by public insurance (RIte Care and Medicaid), 827 children (43%) were paid for by private health insurance provider, and 12 children (1%) were uninsured with services covered by federal *IDEA Part C* funding.<sup>11</sup>**

◆ **Starting in November 2021, infants and toddlers referred to Early Intervention in Rhode Island have been placed on a statewide waiting list due to a staffing crisis in the program. From November 2022 to February 2023, the state transferred 1,171 infants and toddlers from the state waiting list to referral lists managed by Early Intervention agencies and removed 382 children when the family declined the referral or did not respond to outreach.<sup>12,13,14,15</sup>**

# Children Enrolled in Early Intervention

Table 32. Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2022

CITY/TOWN	STATE FISCAL YEAR 2021-2022 ENROLLMENT			JUNE 30, 2022 ENROLLMENT BY ELIGIBILITY				
	# OF CHILDREN UNDER AGE 3	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI	SINGLE ESTABLISHED CONDITION	MEASURED DEVELOPMENTAL DELAY	SIGNIFICANT CIRCUMSTANCES IMPACTING CHILD/FAMILY FUNCTION	# OF CHILDREN ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
Barrington	366	50	14%	8	2	11	21	6%
Bristol	507	51	10%	4	7	17	28	6%
Burrillville	460	52	11%	3	13	14	30	7%
Central Falls	1,028	120	12%	10	16	29	55	5%
Charlestown	186	19	10%	1	6	3	10	5%
Coventry	940	100	11%	9	16	29	54	6%
Cranston	2,318	258	11%	14	37	64	115	5%
Cumberland	970	131	14%	6	22	40	68	7%
East Greenwich	299	57	19%	5	7	14	26	9%
East Providence	1,560	148	9%	8	10	49	67	4%
Exeter	166	10	6%	0	2	3	5	3%
Foster	113	12	11%	1	0	2	3	3%
Glocester	247	24	10%	1	6	7	14	6%
Hopkinton	258	30	12%	0	3	7	10	4%
Jamestown	85	7	8%	1	0	3	4	5%
Johnston	816	122	15%	12	15	27	54	7%
Lincoln	587	70	12%	6	14	22	42	7%
Little Compton	68	3	4%	0	0	2	2	3%
Middletown	502	69	14%	6	10	11	27	5%
Narragansett	271	17	6%	3	1	10	14	5%
New Shoreham	21	0	0%	0	0	0	0	0%
Newport	820	84	10%	11	12	17	40	5%
North Kingstown	728	80	11%	9	13	22	44	6%
North Providence	851	108	13%	7	11	34	52	6%
North Smithfield	290	30	10%	4	4	8	16	6%
Pawtucket	2,959	319	11%	25	28	86	139	5%
Portsmouth	429	68	16%	6	6	22	34	8%
Providence	7,609	935	12%	96	98	262	456	6%
Richmond	235	15	6%	0	0	3	3	1%
Scituate	193	39	20%	1	7	8	16	8%
Smithfield	402	51	13%	3	9	18	30	7%
South Kingstown	640	79	12%	4	10	17	31	5%
Tiverton	398	44	11%	3	12	9	24	6%
Warren	296	25	8%	5	2	7	14	5%
Warwick	2,322	249	11%	23	34	63	120	5%
West Greenwich	178	29	16%	1	3	13	17	10%
West Warwick	1,044	137	13%	8	26	34	68	7%
Westerly	726	62	9%	13	3	11	27	4%
Woonsocket	1,900	249	13%	16	68	57	141	7%
Four Core Cities	13,496	1,623	12%	147	210	434	791	6%
Remainder of State	20,292	2,330	11%	186	323	621	1,130	6%
Rhode Island	33,788	3,953	12%	333	533	1,055	1,921	6%

### Source of Data for Table/Methodology

Rhode Island Executive Office of Health and Human Services, Center for Child and Family Health, Early Intervention enrollment, State Fiscal Year 2022 and June 30, 2022 enrollment (point-in-time). In previous factbooks, calendar year data has been reported, but data was not available for calendar year 2022 due to a data system upgrade so state fiscal year data was used instead. On June 30, 2022, there were 17 children who were eligible for Early Intervention under the developmental delay category but didn't have specific information about measured delay or significant circumstances. We count them in the "significant circumstances" category.

The denominator is the number of children under age three, according to Census 2010, Summary File 1. Census 2020 data on the number of children by age by city/town of residence will not be available until September 2023.

Core cities are Central Falls, Pawtucket, Providence, and Woonsocket.

### References

- <sup>12</sup> Ullrich, R., Cole, P., Gebhard, B., & Schmit, S. (2017). *Early Intervention: A critical support for infants, toddlers, and families*. Washington, DC: Zero to Three and CLASP.
- <sup>3</sup> Rhode Island Early Intervention certification standards policies and procedures: IV. Eligibility determination. (2018). Cranston, RI: Rhode Island Executive Office of Health and Human Services.
- <sup>4</sup> Zablotsky, B., et al., (2019). Prevalence and trends of developmental disabilities among children in the United States: 2009–2017. *Pediatrics*, 144(4): e20190811.
- <sup>5</sup> Zubler, J. M., et al., (2022). Evidence-informed milestones for developmental surveillance tools. *Pediatrics*, 149(3): e2021052138.
- <sup>6</sup> *Early and Periodic Screening, Diagnostic, and Treatment*. (n.d.). Retrieved February 10, 2023, from www.medicaid.gov
- <sup>7</sup> Lipkin, P. H., Macias, M. M., & AAP Council on children with disabilities, section on developmental and behavioral pediatrics. (2020). Promoting optimal development: Identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, 145(1): e20193449.

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