

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 that serves as a foundation for all future development and learning. Early and effective intervention for vulnerable young children yields improved long-term outcomes.¹

In 1986, Congress established Early Intervention (EI) services for infants and toddlers under the Individuals with Disabilities Education Act (IDEA). Part C of IDEA requires states to identify and provide appropriate EI services to children under age three who are developmentally delayed or have a diagnosed condition that is associated with a developmental delay. States may also choose to serve children who are at risk of experiencing a delay if early intervention services are not provided.²

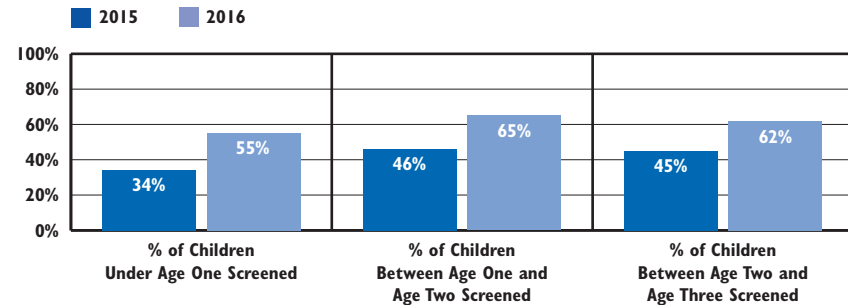
In Rhode Island, children are eligible for EI if they have a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) or if they have a developmental delay in one or more areas of development (cognitive,

physical, communication, social-emotional, and adaptive). Current eligibility criteria allow children with significant circumstances (e.g., significant trauma/losses, history of abuse/neglect, family lacking basic resources, parental substance abuse, significant parental health/mental health issues, and intellectual disability of caretaker, among others) to qualify through informed clinical opinion if the circumstances impact child or family functioning.³

Approximately 15% of U.S. children ages three to 17 have developmental disabilities, with higher prevalence among children from low-income families and among boys. The percentage of children recognized with developmental disabilities has been increasing in recent years due to increased survival rates among preterm infants and children with birth defects/genetic disorders and improved awareness and diagnosis of many conditions.⁴

The American Academy of Pediatrics recommends that physicians use a standardized developmental screening tool during well-child visits in order to improve detection of developmental delays.⁵ Early childhood developmental screenings are required and covered for all children with RIte Care coverage through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate.⁶

Developmental Screenings Completed, RIte Care Members Under Age 3, 2015 and 2016



Source: Rhode Island Executive Office of Health and Human Services, Calendar Years 2015 and 2016.

◆ As of June 30, 2017, there were 2,040 infants and toddlers receiving Early Intervention (EI) services, 6% of the population under age three. Of these, 55% percent were eligible due to a measured significant developmental delay, 21% due to a single established condition category (such as Down Syndrome), 23% due to significant circumstances impacting child or family functioning, and 1% were undetermined.⁷ Of the 2,040 children receiving EI services on June 30, 2017, 41% began receiving services before age one, 39% began at age one, and 20% began at age two.⁸

◆ In Calendar Year 2017 in Rhode Island, 4,140 children received EI services, down from 4,186 in 2016. In 2017, 1,002 children were discharged from EI upon reaching age three. Of these, 65% were found eligible and 18% were found not eligible for preschool special education. Fourteen percent were in the process of eligibility determination, and 2% left the program for other reasons.^{9,10}

◆ Because maltreated infants and toddlers are six times more likely to have a developmental delay, federal legislation requires states to have procedures in place to refer children under age three who were victims of child abuse or neglect to EI. States may choose to refer these children for developmental screening to determine whether an EI referral is needed.^{11,12} In 2017 in Rhode Island, there were 902 infants and toddlers under age three who were maltreated. Of these, 248 (27%) were referred to EI for an eligibility assessment, 461 (51%) were referred to First Connections for screening, 26 (3%) were already enrolled in EI or had otherwise been screened, and 167 (19%) refused consent for referral or were not referred. Of the 902 victims of maltreatment in 2017, 169 (19%) had been found eligible for EI as of March 2018.^{13,14}

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Table 32. Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2017

CITY/TOWN	CALENDAR YEAR 2017 ENROLLMENT			JUNE 30, 2017 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	CIRCUMSTANCES SIGNIFICANTLY IMPACTING CHILD/FAMILY FUNCTION*	DEVELOPMENTAL DELAY NO SPECIFIC INFORMATION	# OF CHILDREN UNDER AGE 3 ENROLLED IN EI	% OF CHILDREN UNDER AGE 3 ENROLLED IN EI
Barrington	366	53	14%	9	12	8	0	29	8%
Bristol	507	53	10%	7	9	4	0	20	4%
Burrillville	460	66	14%	4	19	5	1	29	6%
Central Falls	1,028	131	13%	9	42	10	1	61	6%
Charlestown	186	18	10%	2	3	0	0	5	3%
Coventry	940	100	11%	9	30	11	0	50	5%
Cranston	2,318	264	11%	30	71	31	0	132	6%
Cumberland	970	124	13%	17	36	9	0	62	6%
East Greenwich	299	48	16%	5	6	10	0	21	7%
East Providence	1,560	164	11%	15	49	14	0	78	5%
Exeter	166	16	10%	0	2	3	0	5	3%
Foster	113	4	4%	1	3	0	0	4	4%
Glocester	247	19	8%	0	4	7	0	12	5%
Hopkinton	258	29	11%	6	7	4	0	17	7%
Jamestown	85	16	19%	2	4	1	0	7	8%
Johnston	816	102	13%	13	18	14	1	46	6%
Lincoln	587	84	14%	7	29	6	0	41	7%
Little Compton	68	7	10%	1	1	2	0	4	6%
Middletown	502	73	15%	7	17	12	0	36	7%
Narragansett	271	20	7%	4	3	3	0	10	4%
New Shoreham	21	0	0%	0	0	0	0	0	0%
Newport	820	75	9%	11	19	7	0	37	5%
North Kingstown	728	88	12%	6	21	13	0	40	5%
North Providence	851	114	13%	13	39	10	2	64	8%
North Smithfield	290	39	13%	3	13	6	0	22	8%
Pawtucket	2,959	340	11%	33	98	32	0	163	6%
Portsmouth	429	65	15%	9	17	3	0	29	7%
Providence	7,609	964	13%	107	251	97	5	459	6%
Richmond	235	9	4%	0	1	4	0	5	2%
Scituate	193	32	17%	1	10	9	0	21	10%
Smithfield	402	47	12%	5	9	13	0	27	7%
South Kingstown	640	73	11%	10	13	12	2	37	6%
Tiverton	398	43	11%	4	7	8	0	19	5%
Warren	296	43	15%	4	12	11	1	28	9%
Warwick	2,322	297	13%	27	76	47	3	153	7%
West Greenwich	178	15	8%	3	4	1	1	9	5%
West Warwick	1,044	123	12%	13	34	12	1	60	6%
Westerly	726	61	8%	8	11	10	0	29	4%
Woonsocket	1,900	321	17%	22	120	26	1	169	9%
Four Core Cities	13,496	1,756	13%	171	510	165	7	853	6%
Remainder of State	20,292	2,384	12%	256	609	310	12	1,187	6%
Rhode Island	33,788	4,140	12%	427	1,119	475	19	2,040	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, Calendar Year 2017 and June 30, 2017 enrollment (point-in-time).

The denominator is the number of children under age three, according to Census 2010, Summary File 1.

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

*See Early Intervention Policy Manual for list of circumstances.

References

- ^{1,2,11} Jones, L. (2009). *Early experiences matter: A guide to improved policies for infants and toddlers*. Washington, DC: Zero to Three.
- ³ *Rhode Island Early Intervention policies and procedures: Eligibility determination*. (2013). Cranston, RI: Rhode Island Executive Office of Health and Human Services.
- ⁴ Boyle, C. A., et al. (2011). Trends in the prevalence of developmental disabilities in U.S. children, 1997-2008. *Pediatrics*, 127(6), 1034-1042.
- ⁵ Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee and Medical Home Initiatives for Children with Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405-420.
- ⁶ *Birth to 5: Watch me thrive! CMS efforts to ensure children receive developmental and behavioral screening*. (n.d.). Retrieved February 21, 2017, from www.medicaid.gov
- ^{7,8,9,14} Rhode Island Executive Office of Health and Human Services, 2017.
- ¹⁰ Rhode Island Executive Office of Health and Human Services, 2016.
- ¹² Child Welfare Information Gateway. (2013). *Addressing the needs of young children in child welfare: Part C Early Intervention services*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.
- ¹³ Rhode Island Department of Children, Youth and Families, children under age 3 maltreated in CY 2017 referred to Early Intervention and/or First Connections.