

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

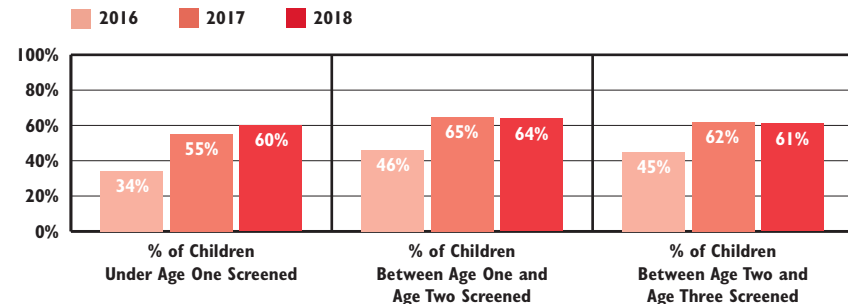
In Rhode Island, children are eligible for EI if they have a diagnosed medical disorder bearing relatively well-known expectancy for developmental delay (single established condition) or if they have a developmental delay in one or more areas of development (cognitive,

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, 2016-2018



Source: Rhode Island Executive Office of Health and Human Services, Performance Years 2016-2018.

◆ **As of June 30, 2018, there were 2,219 infants and toddlers receiving Early Intervention (EI) services, 7% of the population under age three. Of these, 52% percent were eligible due to a measured significant developmental delay, 25% due to significant circumstances impacting child or family functioning, 22% due to a single established condition category (such as Down Syndrome), and 1% were undetermined. Of the 2,219 children receiving EI services on June 30, 2018, 43% began receiving services before age one, 36% began at age one, and 21% began at age two.⁷**

◆ **In Calendar Year 2018 in Rhode Island, 4,389 children received EI services, up from 4,140 in 2017. In 2018, 1,224 children were discharged from EI upon reaching age three. Of these, 62% were found eligible and 19% were found not eligible for preschool special education. Thirteen percent were in the process of eligibility determination, and 6% left the program for other reasons.^{8,9}**

◆ **Because maltreated infants and toddlers are 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.^{10,11} In 2018 in Rhode Island, there were 980 infants and toddlers under age three who were involved in indicated cases of abuse or neglect. Of these, 229 (23%) were referred to EI for an eligibility assessment, 645 (66%) were referred to First Connections for screening, 43 (4%) were already enrolled in EI or had otherwise been screened, and 63 (6%) moved out of state or were not referred. Of the 980 children, 171 (17%) had been found eligible for EI as of February 2019.^{12,13}**

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Table 33. Infants and Toddlers Enrolled in Early Intervention (EI) by Eligibility Type, Rhode Island, 2018

CITY/TOWN	CALENDAR YEAR 2018 ENROLLMENT			JUNE 30, 2018 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	52	14%	10	12	7	0	29	8%
Bristol	507	50	10%	9	11	9	0	29	6%
Burrillville	460	79	17%	5	25	14	2	46	10%
Central Falls	1,028	135	13%	7	44	10	2	63	6%
Charlestown	186	17	9%	3	2	3	0	8	4%
Coventry	940	97	10%	14	21	17	0	52	6%
Cranston	2,318	295	13%	26	75	47	1	149	6%
Cumberland	970	160	16%	21	53	17	1	92	9%
East Greenwich	299	44	15%	7	6	5	0	18	6%
East Providence	1,560	152	10%	14	32	17	0	63	4%
Exeter	166	14	8%	3	3	1	0	7	4%
Foster	113	8	7%	2	4	1	0	7	6%
Glocester	247	19	8%	3	5	4	0	12	5%
Hopkinton	258	34	13%	5	4	5	1	15	6%
Jamestown	85	12	14%	1	2	3	0	6	7%
Johnston	816	122	15%	15	30	9	0	54	7%
Lincoln	587	86	15%	5	30	10	0	45	8%
Little Compton	68	5	7%	0	0	3	0	3	4%
Middletown	502	66	13%	4	12	8	0	24	5%
Narragansett	271	21	8%	2	1	5	0	8	3%
New Shoreham	21	0	0%	0	0	0	0	0	0%
Newport	820	79	10%	8	20	9	0	37	5%
North Kingstown	728	92	13%	13	20	19	1	53	7%
North Providence	851	122	14%	21	39	9	0	69	8%
North Smithfield	290	49	17%	3	17	3	0	23	8%
Pawtucket	2,959	349	12%	47	93	29	1	170	6%
Portsmouth	429	59	14%	7	15	8	1	31	7%
Providence	7,609	1,047	14%	126	282	106	8	522	7%
Richmond	235	12	5%	1	2	1	0	4	2%
Scituate	193	37	19%	2	13	7	0	22	11%
Smithfield	402	63	16%	5	14	11	0	30	7%
South Kingstown	640	73	11%	4	12	13	1	30	5%
Tiverton	398	57	14%	9	17	8	0	34	9%
Warren	296	39	13%	8	7	4	0	19	6%
Warwick	2,322	303	13%	33	65	46	2	146	6%
West Greenwich	178	20	11%	2	3	7	0	12	7%
West Warwick	1,044	102	10%	9	30	21	1	61	6%
Westerly	726	86	12%	12	14	14	0	40	6%
Woonsocket	1,900	332	17%	24	125	36	1	186	10%
Four Core Cities	13,496	1,863	14%	204	544	181	12	941	7%
Remainder of State	20,292	2,526	12%	286	616	365	11	1,278	6%
Rhode Island	33,788	4,389	13%	490	1,160	546	23	2,219	7%

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 2018 and June 30, 2018 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 Lurie-Hurvitz, E. (2009). *Early experiences matter: Making the case for a comprehensive infant and toddler policy agenda*. Retrieved February 27, 2019, from www.zerotothree.org
- ² Jones, Lynn. (2009). *Making hope a reality: Early Intervention for infants and toddlers with disabilities*. Retrieved February 27, 2019, from www.zerotothree.org
- ³ Rhode Island Early Intervention certification standards policies and procedures: IV. Eligibility determination. (2018). 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 27, 2019, from www.medicaid.gov
- ^{7,8,9} Rhode Island Executive Office of Health and Human Services, 2018.
- ⁹ Rhode Island Executive Office of Health and Human Services, 2017.

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