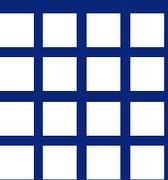


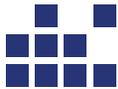
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The State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity

RUTGERS



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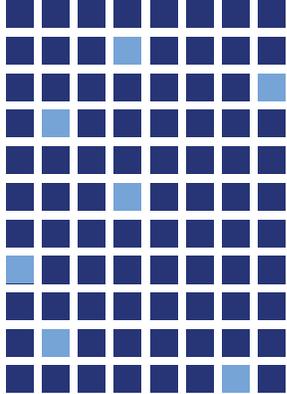
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TABLE OF CONTENTS

01	Executive Summary	4
02	Key Themes	12
	Impact of the Covid-19 Pandemic	16
	Race & Ethnicity	18
	Gender	20
	State Variation	22
03	Guide to State Profiles	28
04	Glossary	33
05	Endnotes	34
06	National Profile	36
07	State Profiles	44
08	Methodology	282
09	Appendix	286



01

Executive Summary

The federal Individuals with Disabilities Education Act (IDEA) affords eligible children the civil right of access to special education.¹ Access to Early Intervention (EI) and Early Childhood Special Education (ECSE) is essential to support children with disabilities at an early age, setting an early, strong developmental foundation, and putting them on a path towards success. As this report finds, not all young children are equally likely to have access to these important services.

The State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity is the first equity-focused report to look state-by-state at the two federally funded programs for young children with disabilities. Our report investigates variations in access to (1) Early Intervention (EI) for children birth to age 3 and (2) Early Childhood Special Education (ECSE) for children 3 to 5 not yet in kindergarten. We primarily examine data from the 2020-2021 school year but also examine trends from 2005-2006 to 2020-2021.

In addition to investigating variations in access to services *per se*, this report also looks at variations in how services are provided. For EI this is whether children are served in the natural environment.² For ECSE, this is whether children are served in their least restrictive environment (LRE).³ Under IDEA, young children are entitled to a free and appropriate public education (FAPE) in the natural or least restrictive environments to the maximum extent possible.

We investigated four types of variation in EI and ECSE services that can be related to equity. These are variations related to:

- **the impacts of the Covid-19 pandemic;**
- **race and ethnicity;**
- **gender; and,**
- **the state in which a child lives.**

We find variations or inequalities associated with each of these. In some cases, these variations clearly are inequitable. In other cases, this is less clear. For example, boys are more likely to receive EI and ECSE than girls in every state. As boys may be more likely to need special education services this may not be inequitable, though it also is possible that girls are more likely to be overlooked for services which would be inequitable. We discuss these issues more fully later in the report. Our key findings are as follows.

1. The Covid-19 pandemic resulted in fewer children receiving EI and ECSE services. Moreover, the pandemic led to a much larger decrease in EI services for Asian children and a much larger decrease in ECSE for Black children than for others. Such differential decreases cannot be justified, and steps should be taken to address the needs of children who missed out on services.
2. Asian, Hispanic, and Black children are less likely to receive both EI and ECSE services than are White non-Hispanic children. For Black children, the disparities in access to services are especially large and cannot plausibly be explained by differences in need. These differences are indefensible and should be eliminated.
3. Boys are twice as likely as girls to receive EI and ECSE. Potential reasons including biological differences need further study.⁴



“
For Black children, the disparities in access to services are especially large and cannot plausibly be explained by differences in need. These differences are indefensible and should be eliminated.”



4. The percentage of children served in EI and ECSE increases with state median income. Young children in states with the lowest incomes are least likely to receive IDEA services. Whether or not children receive EI and ECSE should not depend on the wealth of the state in which a child lives.

The report provides detailed recommendations to address the problems identified above which fall under three broad calls to action.

First, the federal government should increase funding substantially to decrease disparities across the states related to income.

Second, the federal government and/or other organizations should convene a national commission to formulate plans to address inequities in EI and ECSE. This commission should hold a national summit that brings together state program administrators so that states can learn from each other and contribute to the commission's plans.

Third, the federal government and others should incentivize the collection of more comprehensive information about EI and ECSE services and fund research to further investigate young children's special needs, identification, and services by geography, family income, race and ethnicity, home language, gender, and age.

The main source of data for the report are the U.S. Department of Education IDEA Section 618 Data Products: State Level Data Files. (For additional information see the [Methodology on page 282.](#))

Background

Early Childhood Special Education and Early Intervention

The federal Individuals with Disabilities Education Act (IDEA)⁵ requires that children with disabilities are provided with a free and appropriate public education (FAPE) in their least restrictive environment (LRE).⁶ IDEA was last reauthorized in 2004 though revisions have been made including one in 2016 to promote equity in identification and service provision.⁷ States and public agencies must follow federal law and guidance but within those parameters can make decisions about who is eligible for services, including how to define disability. Provisions for young children are contained in sections of the law called Parts B and C. Federal funding covers only a small percentage of costs, leaving the rest to states, counties, and school districts.⁸

Part C: Early Intervention

Part C of IDEA allocates funds to states that have developed statewide systems to provide family-centered services to children with disabilities under age three and their families. All states and most territories participate. States determine the lead agency for EI, how it operates, and funding for the program.⁹ The range of types of EI services vary widely across states, as this report shows.

Infants and toddlers are eligible for EI if they have a developmental delay or a diagnosed physical or mental condition with a high probability of resulting in developmental delay. In some states, children also qualify for EI if they are *at-risk* for a developmental delay.¹⁰ Each state defines developmental delay, including selecting the evaluation/

screening tools used. States may also use prematurity and/or low-birth weight as eligibility criteria. [See page 25](#) for additional information.

Part B, Section 619: Early Childhood Special Education Services

Section 619 of IDEA Part B, passed by Congress in 1986¹¹, incentivizes states to provide a free and appropriate public education and related services to children ages 3 to 5 years old with a disability. All states and territories participate. Under Section 619, 3- to 5-year-olds are eligible for ECSE if an evaluation determines they have a disability. Children served are classified into one of 12 disability categories or as developmentally delayed. States choose whether to use developmental delay as an eligibility criterion, the age range it applies to

(within the 3- to 9-years-old range), and how to define it.

Nationally, 45% of children in ECSE are classified as having a developmental delay. The next two most common classifications are speech or language disability (36%) and autism (12%). The other disability categories are much smaller with most under one percent (See Table 1). [See page 26](#) for additional information.

Table 1. Percent of Children in ECSE by Disability Classification

Disability Category	Percent of Children Receiving ECSE
Autism	12.9%
Deaf-blindness	0.03%
Developmental delay	45.11%
Emotional disturbance	0.06%
Hearing impairment	1.14%
Intellectual disability	1.21%
Multiple disabilities	0.79%
Orthopedic impairment	0.55%
Other health impairment	2.50%
Specific learning disability	0.09%
Speech or language impairment	35.81%
Traumatic brain injury	0.13%
Visual Impairment	0.30%



Current State of ECSE and EI

Nationwide three percent of children in the country under age 3 years received EI services and five percent of 3- and 4-year-olds received ECSE in Fall 2020. Within both EI and ECSE the percentage of children served increases with each year of age (See Figure 1). However, with the shift from EI to ECSE the percentage served drops from age 2 to age 3 nationally, and in most states.

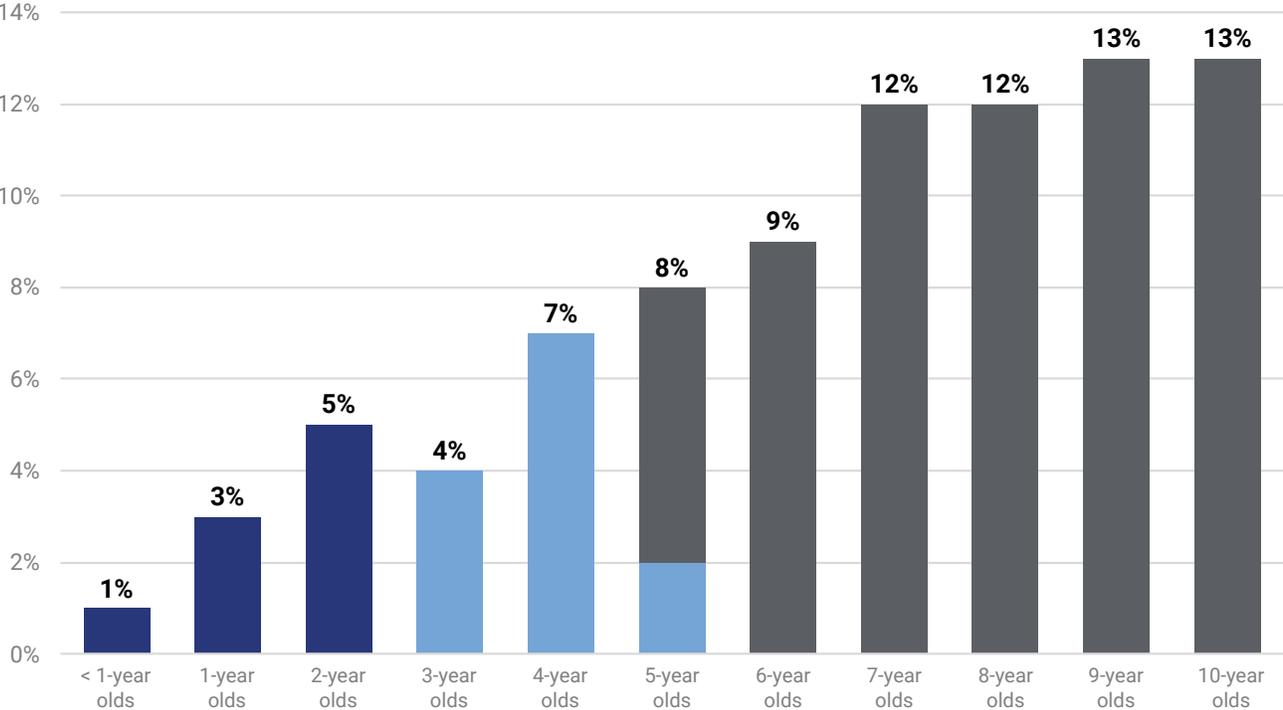


Figure 1: Percent of Children Receiving Early Intervention and Special Education by Single Year of Age

The percentage of children served in EI and ECSE is considerably lower than for the school-age population. The stair-step increases with age persist through kindergarten and the primary grades, with 12 percent of the entire school-populating receiving special education services.¹²

State variations in the percentage of children served in EI and ECSE generally follow the same patterns as state variations in the percentage served by special education at ages 6-11. That is, we found the percent of children in each state receiving EI, ECSE, and school-age special education are strongly, positively, and statistically significantly correlated. This suggests that the same needs and policy differences across states tend to drive special education services for children under age 5 and over age 5.

Nationally, the percentage of children receiving EI and ECSE has risen modestly over the last 16 years. We compared enrollment in 2005-2006 to that in 2019-2020, the last year prior to enrollment declines due to the pandemic. The percentage of children served in EI rose from 2.4% to 3.7%. Federal funding for Part C did not increase accordingly. The percentage of 3- & 4-year-olds in ECSE increased from 4.9% to 6.1%. Federal 619 funding decreased adjusting for inflation.¹³

These national averages mask the variation both between and within states. Under-identification of children who could benefit from EI and ECSE is suspected as some states serve higher percentages in EI and ECSE, some children spend considerable time on waiting lists for diagnosis and services, a much higher percentage of children receive services at school age, and within states some groups of children are more likely to receive services ([see pages 22 and 23](#)). For example, children in higher income states are, on average, more likely to receive EI and ECSE, than children in lower income states, even after adjusting for characteristics of the state population. Where you live should not determine your likelihood of receiving services and suggests a larger role for the federal government is needed in ensuring eligible children receive access to the services they need.

With the increase in the percent of children receiving special education for school-age children (compared to ECSE) comes some differences in patterns of classification by race. Specifically, Black children are less likely than White children to be identified for EI and ECSE, but the reverse is true for school-age special education. This raises questions about whether Black children are under-identified in the early years or disproportionately overidentified at school-age, or possibly both.¹⁴