



Sargent Shriver National Center on Poverty Law

Illinois Early Intervention

Illinois's Early Intervention (EI) program, implementing Part C of the Individuals with Disabilities Education Act, was created in 1986 to support children from birth to 3 years who have a developmental delay, disability, or certain at-risk conditions for a developmental delay.¹ At no charge, the EI program will evaluate infants and toddlers through one of the 25 Child and Family Centers in the state for delays in movement, learning, dealing with others, behavior, or self-help skills. If a child is eligible, a coordinator will develop an Individualized Family Service Plan (IFSP) and arrange for services to be provided in the child's natural environment to enhance development.²

Eligibility Criteria

To be eligible, children must be under 36 months of age, have a physician's diagnosis of a physical or mental condition that causes developmental delay, or have an identifiable developmental delay of at least 30% below the mean for function in one or more area, or be at risk of substantial developmental delay because of certain risk factors.

Services Provided

Services and support for families are individualized to meet the child's goals. EI services include developmental evaluations, assessments and therapy, physical therapy, occupational therapy, speech/language therapy, service coordination, psychological services, assistive devices and social work services.

The State of Illinois is continuing to make full payment for Early Intervention services because the Early Intervention program is Medicaid reimbursable and, therefore, pursuant to the consent decrees in *Memisovski v. Maram*, No. 92 C 1982, and *Beeks v. Bradley* No. 92 C 4204, claims must continue to be paid regardless of the status of the state budget.

Major Funding Sources

Federal

- Medicaid match, Dept. of Health and Human Services
- IDEA Part C, Dept. of Education

State

- General Revenue Fund, Illinois Department of Human Services
- Medicaid, Illinois Department of Healthcare and Family Services

Family

- Private health insurance
- Fees

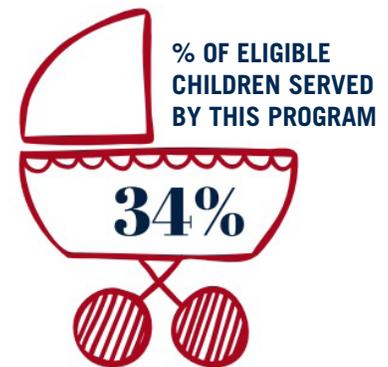
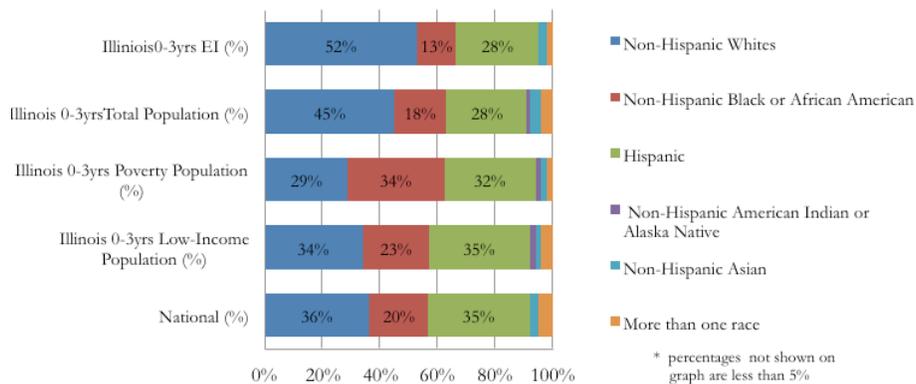
1. 325 ILCS 20, *Early Intervention Services System Act*. See also, *Early Intervention 0-3* <http://www.upstreamhealth.org/resource/detail/22/early-intervention-03>. (2016) *Early Intervention Program Services*. Retrieved from <http://eiclearinghouse.org/resources/getting-started/ei-program-services>
2. *Equip for Equality's Legal Advocacy Program*. (2014). *Early Intervention Clearing House*. (2016) *Early Intervention Program Services*. Retrieved from <http://eiclearinghouse.org/resources/getting-started/ei-program-services>

Effectiveness of Early Intervention Services

Positive early experiences are essential for later success in school, the workplace, and the community. Research has shown that services to young children who have or are at risk for developmental delays are positively associated with overall health,³ language and communication,⁴ cognitive development, and social/emotional development.⁵ Families benefit from early intervention by being able to better meet their children's needs from an early age and throughout their lives. Early Intervention is also cost effective; many children receiving EI services are diverted from later costly special education.

Currently in Illinois, EI serves approximately 21,000 infants and toddlers and their families monthly—about 4% of all birth to three year olds (compared to the national rate of participation of 3%⁶). However, research indicates that as many as 13% of birth to three year olds have delays or disabilities that make them eligible for EI. Two-thirds of children receiving services are male. Over half of children in EI receive Medicaid.

Estimated Percentage of Children 0-3yrs in Illinois Early Intervention by Race & Ethnicity



Source: U.S. Department of Education, Office of Special Education –IDEA Section Report-SY-14 and U.S. Census 2010-2014 American Community Survey 5-year estimates.

This graph shows that in the Early Intervention Part C program, children of color appear to be less likely to receive services than non-Hispanic White children. The difference in receipt of EI services across racial groups may emerge as toddlers grow. One national study (Feinberg et al., 2011) showed that there were no racial differences among 9-month-olds, when eligibility was most often based on a medical condition, but at 24 months, when eligibility is more often based on developmental delay detected by active screening and surveillance, Black toddlers were less likely to receive services.

Currently in Illinois, we do not have access to data by race broken down by age to determine whether this may account for the differences shown in the graph.

3. Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving Upstream. *Journal of Public Health Management and Practice*, 14(Supplement). doi:10.1097/01.phh.0000338382.36695.42

4. Feinberg, E., Silverstein, M., Donahue, S. & Bliss, R. (2011). The impact of race on participation in Part C Early intervention services. *Journal of Developmental and Behavioral Pediatrics*, 32(4), 1-8.

5. Guralnick, M. J. (2011). Why Early Intervention Works. *Infants & Young Children*, 24(1), 6-28. doi:10.1097/iy.0b013e3182002cfe. Rosenberg, S. A., Robinson, C. C., Shaw, E. F., & Ellison, M. C. (2012). Part C Early Intervention for Infants and Toddlers: Percentage Eligible Versus Served. *Pediatrics*, 131(1), 38-46. doi:10.1542/peds.2012-1662

6. Illinois Bureau of Early Intervention. (2016). Early Intervention Statistical Report retrieved from <https://illinois.edu/blog/files/6480/324759/91124.pdf>