

Access to Early Intervention



Access to quality early learning and Early Intervention is vital to supporting and maintaining a child's overall health and well-being, and contributes to the long-term vitality of our state. Providing Early Intervention to children with developmental delays or disabilities can prevent later need for behavioral health-related intervention or reduce the intensity of interventions needed.

Supporting children's early development and learning results in:

INCREASED reading & math achievement

IMPROVED mental health

HIGHER high school graduation rates

LOWER RISK of heart disease

FEWER teen pregnancies

LONGER lifespans¹

Despite more than 50 years of research on Early Intervention, many of Ohio's infants and toddlers don't have access to the Early Intervention services they may need.

Ohio only serves 5.9% of its 0-to-3 population in Early Intervention over the course of a year, while 10.5% of babies were born preterm. This puts Ohio in the bottom half of states on an indicator of children served.² The science is clear; Ohio can and should invest more in Early Intervention services to better support the development of infants and toddlers.

What is Ohio Early Intervention?

Ohio Early Intervention is the statewide system providing coordinated services for families of infants and toddlers with disabilities or developmental delays. Early Intervention programs were established under the Individuals with Disabilities Education Act (IDEA), and the programs are regulated federally by the Office of Special Education Programs (OSEP) and in Ohio by the Department of Developmental Disabilities. In November 2020, the Governor's Children's Initiative published the final recommendations of the Children Services Transformation Advisory Council, including the recommendation to elevate prenatal-to-three prevention and Early Intervention efforts through identifying barriers and efficiencies to increase enrollment, improve service delivery, and better coordinate care.

Ohio Early Intervention is grounded in research that demonstrates young children learn best in familiar settings and from familiar people. The services offered through Early Intervention equip the family and caregivers in supporting their infant or toddler. This is made possible through the assistance of a service coordinator and service providers through an Individualized Family Service Plan (IFSP). The IFSP describes which service or services will be needed to help families meet the outcomes and when, where, and how those services will be paid for and provided. Services may include occupational therapy to help an infant learn to hold their bottle, physical therapy to help them learn to roll over, or speech therapy to help them learn to eat or speak.

Early Intervention Meets Families Where They Are

Each Early Intervention system has a point of entry or local/regional contact point designated to accept referrals from sources who suspect a developmental delay or disability in an infant or toddler. Referral sources can be parents, caregivers, health care providers, teachers, child care workers, and social service personnel, among others. Early Intervention helps families better meet children's needs earlier in life.

In Ohio:

Early Intervention in SFY22 served **25,733** CHILDREN

(An avg. of 12,009 served at a time.)³

In SFY21, **29%** OF CHILDREN were referred by their family & caregiver.

In SFY21, **95%** OF PARENTS reported Early Intervention services helped effectively communicate their children's needs. 93% reported developmental & learning help.

Who is Eligible?

Qualifying for Early Intervention is based on the infant's or toddler's developmental needs. The services are free and available to all eligible families, regardless of income. Each state has some discretion in setting eligibility criteria for Early Intervention services, including how to define "developmental delay." As a result, definitions of eligibility for these services can differ significantly from state to state.

More information on Ohio's specific eligibility requirements are available at <https://ohioearlyintervention.org>.

Ohio is one of just nine states that report that they refer 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data.

Barriers to Eligibility in Ohio

Despite the extensive research suggesting that infants participating in early intervention services who are born preterm or of low birthweight see improved cognitive, motor, behavioral, and language development, **Ohio does not include prematurity in its eligibility criteria.** Instead, children must have an additional birth complication to qualify through very low birthweight.

Similarly, lead exposure can result in developmental delays, yet **data suggests that babies who have lead exposure are not getting the early intervention services they may need.** Ohio ranks second highest out of all 50 states on the number of children with lead in their blood, and lead paint may be present in as many as two-thirds of Ohio's homes.



1 in 10 babies was born preterm in Ohio in 2021.



1 in 20 are being served by Early Intervention



1 in 12 babies was low birthweight.⁵

Early Intervention Works!

Positive early experiences are essential prerequisites for later success in school, the workplace, and the community. Consistent evidence has emerged from rigorous studies of Early Intervention programs, particularly those focused on premature or children with low birthweight. The evidence suggests the services can improve outcomes in cognitive development, language/communication skills, behavior, and motor skills.

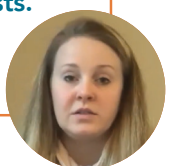
With Early Intervention:

- Children with speech or language difficulties who receive speech therapy show significantly more improvement than children who do not.⁶
- Children who participate in occupational therapy have a greater chance of developing cognitive, social-emotional, motor, and self-care skills.⁷
- Some studies have shown that infant massage can stimulate growth.⁸

The foundation for a healthy life starts early. Without increased investment and support, some young children can face lifelong challenges to their physical and mental health.

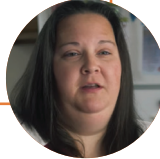
“She wasn’t saying mama, she wasn’t saying dada, and after she started speech therapy she started to really blossom. These services are going to save the school system so much money. She’s not going to need therapists.”

– Kayla, Ohio Mom



“If it weren’t for the health screening at Head Start, I would not have known that she was having issues hearing. Getting ear tubes stopped the hearing loss. She’s in second grade and absolutely thriving.”

– Christina, Ohio Mom, Family Action Network Ambassador



“I would still consider Ian mostly nonverbal. I am a different person now because of this experience. I’m more patient. Before they came, Ian and I would cry every day together. We don’t cry anymore. He does so many things that I did not think in a million years he would be doing at 3.”

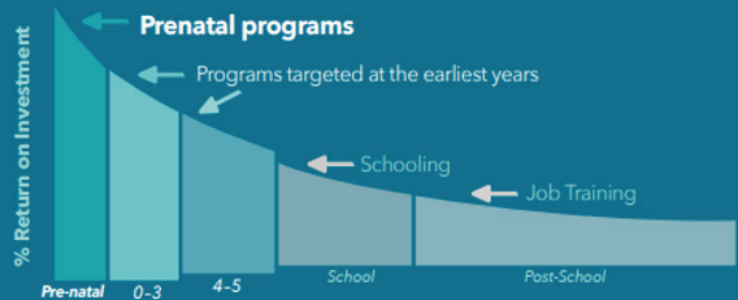
– Brittany, Ohio Mom



The Bottom Line

Investments in early childhood not only benefit the well-being of children and their families but also pay long-term dividends to the state and our economy. Our youngest children are our future workforce, parents, caregivers, and leaders. We can secure a strong future for Ohio by prioritizing the needs of our youngest Ohioans. While Ohio has made progress in fostering a landscape that supports young children and their families, there is still significant room for improvement. To implement Early Intervention services more effectively, Ohio must serve a higher share of infants and toddlers, allow children who are born with very low birthweight and prematurely to qualify for Early Intervention services, and ensure that sufficient resources are available to provide eligible infants and toddlers with timely therapies and treatments. Early Intervention is a worthy investment, and not just for kids. The earlier we provide resources to educate people, the more money we save in the long term.

The highest return comes from investments in the earliest years because that work reduces later spending on special education, health care, and leverages dollars spent later.



Citations

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