Early Intervention for Montana's Infants and Toddlers

By Xanna Burg

February 2026

MONTANA
BUDGET
& POLICY
CENTER

Contents

Early Intervention 101: The Building Blocks *3*
Early intervention has tremendous benefits for children, families, and the state.

The Missing Blocks: Montana's Early Intervention Has Limited Reach *4*
Unfortunately, Montana has narrow eligibility criteria resulting in only a small percentage of infants and toddlers receiving services.

Fragile Foundations: Montana's Investment in Early Intervention *9*
Only recently has state funding for early intervention outpaced federal funding in Montana. Still, limited funding results in limited reach to infants and toddlers and provider rates that cannot keep up with rising costs.

Instability: An Early Intervention Workforce Under Strain *12*
The early intervention workforce has been under strain for years, as provider rates stalled, contractors still had to compete with rising wages to recruit qualified workers. This has meant higher caseloads per Family Support Specialist, fewer children served overall, or a combination of both. Health care providers are limited across most of Montana, particularly those with specialties to serve young children with disabilities.

Building A Stronger Early Intervention System *15*
Despite the challenges, there is a path forward to improve the early intervention system in Montana. Improving services for infants and toddlers requires state investments and collaboration across agencies that administer programs that support young children.

Early Intervention 101: The Building Blocks

Early Intervention Benefits Children, Families, and the State

Early childhood is a time of tremendous growth and learning for infants and toddlers. Throughout the first three years of life, young children are achieving new milestones, and their brains are developing at the fastest rate in their lifetime. Some young children need extra support to meet these early milestones. States provide extra support to infants and toddlers with developmental delays and disabilities through early intervention. In Montana, this program is known as Montana Milestones.[1] Early intervention is funded through Part C of the federal Individuals with Disabilities Education Act (IDEA) and state investments, alongside health insurance if a family has private or public coverage.[2]

Early intervention is effective, both for short-term and long-term benefits to children, families, and the entire state. In the short term, almost every infant and toddler receiving early intervention services in Montana improved their social-emotional and language skills, and 16 to 18.5 percent of young children improved enough to catch up to their peers.[3] Families in Montana overwhelmingly report that early intervention helps them better support their children's learning and development (93 percent of families).[3] Early intervention has long-term benefits too; an older national study showed that 32 percent of young children who received early intervention did not have a disability or need special education when entering kindergarten.[4] When early intervention prevents the need for special education, it has a fiscal benefit to the state for each year a child would have accessed special education in public schools.

In the 2024-25 school year, 21,888 children age 3 through 21 were enrolled in special education in Montana (reflecting 15 percent of the school population) and the state allocated approximately $53 million in state fiscal year 2024 as part of special education services.[5,6]

Early Intervention Covers a Wide Variety of Support Services for Young Children

A few examples:

- A Family Support Specialist provides training for parents on how to support their child's progress.
- A child with language delays receives speech-language therapy.
- A child with a hearing impairment receives testing and support on whether a device like a hearing aid is needed.
- A child with physical motor delays receives occupational or physical therapy.

Source: DPHHS, "Montana's Part C Compliance Document," July 2013

Despite the proven benefits of early intervention, children and families across the state face barriers to accessing high-quality services. States have a lot of flexibility to shape their early intervention programs, including setting eligibility criteria for children and the payment structure for providers, as well as determining how much the state invests alongside federal funding. This policy latitude provides opportunities to address the challenges families frequently face when trying to access early intervention services.

The Missing Blocks: Montana's Early Intervention Has Limited Reach

Montana's Early Intervention Program Has Narrow Eligibility Criteria

To qualify for early intervention services, states have flexibility to set specific eligibility criteria. Federal requirements outline that eligibility must include infants and toddlers: (i) with a diagnosed physical or mental condition with a high probability of resulting in developmental delay; and (ii) who have a developmental delay. In Montana, these are outlined as Type 1 and Type 2 eligibility:

- **Type 1 eligibility** includes a list of established conditions that must be diagnosed by a physician or psychologist.[7] This list of established conditions was implemented in 2018.[8] Prior to that, Type 1 eligibility was broader, and more conditions would qualify children to participate in early intervention.[9]

- **Type 2 eligibility** must meet a threshold of a 50 percent delay within one of the five domains (cognitive, physical, communication, social or emotional, and adaptive) or a 25 percent delay within two domains.[1] Delays are assessed using reliable and valid screening instruments, observations of children, and interviews with primary caregivers. A variety of health care providers, social workers, and Family Support Specialists can evaluate Type 2 eligibility.[8]

Neighboring States Have Broader Guidelines For Eligibility Than Montana

	Type 1			Type 2
	List of Conditions	Very Low Birthweight	Preterm Birth	Developmental Delay
Montana	Yes	No	No	50% delay in one domain or 25% delay within two domains
Idaho	No	Yes	Yes	30% below age norm, a six-month delay; or 2 standard deviations below the mean in one domain or 1.5 standard deviations within two domains
Washington	No	No	No	25% delay in at least one domain
Wyoming	No	Yes	Yes	25% delay in at least one domain
North Dakota	No	Yes	Yes	50% delay in one domain or 25% delay within two domains
South Dakota	No	No	Yes	At least 1.5 standard deviations below the mean in one or more domains

Notes: Montana has an exclusive list of conditions, where all eligible conditions are listed. Other states either have no list of conditions or the list includes only examples but is not exhaustive.

Source: Prenatal-to-3 Policy Impact Center, "Variation Across States in Criteria Used to Determine Eligibility for Early Intervention Services," 2025.

States can also elect to serve infants and toddlers at risk of developmental delay. Montana does not serve at-risk infants or toddlers. Montana's neighboring states have similar or less strict definitions of a developmental delay, and all neighboring states have broader guidelines for eligible conditions. For example, North Dakota, Idaho, and Wyoming all consider very low birthweight and preterm birth eligible Type 1 conditions, where Montana does not.[10]

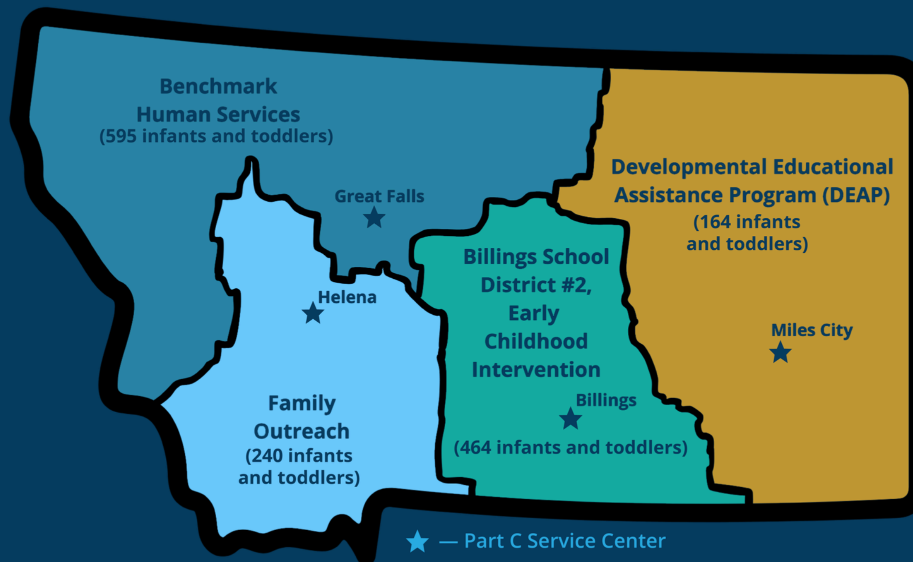
Montana is considering broadening Type 2 eligibility to a 40 percent delay in one domain or 20 percent delay in two domains, with initial conversations taking place during the November 2025 quarterly meeting of the Family Support Services Advisory Council. This change, if approved, would go into effect October 1, 2026, and is anticipated to serve 50 additional children.[11]

Montana's Early Intervention Program Serves a Small Percentage of Infants and Toddlers

Children eligible for early intervention services are entitled to receive them, and services in Montana are coordinated by four agencies that hold contracts with the state. In November 2023, 744 children received early intervention services, or 2.2 percent of the total population age birth through 2 that year.[12,13] Throughout the last decade, between 1.7 percent and 2.4 percent of the total population age birth through 2 received early intervention services in Montana.

Compared to other states, Montana falls in the bottom five for the percentage of infants and toddlers receiving early intervention.[10] Estimating the number of infants and

Early Intervention Services Are Provided by Four Agencies Across the State

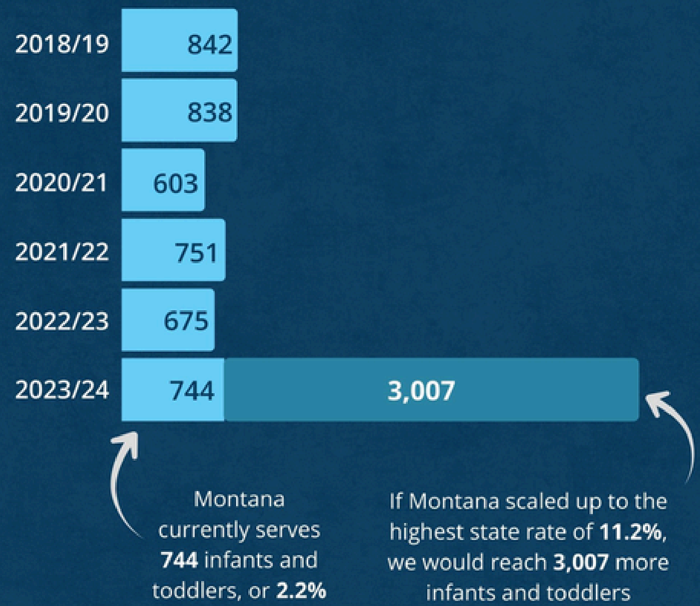


Early Intervention services in Montana are coordinated by four agencies that hold contracts with the state. Each agency serves a geographically large area as well as a variety of communities with diverse needs and different access to health care services.

Source: DPHHS, Early Childhood & Family Support Division.
Number of infants and toddlers represents the cumulative number receiving Early Intervention services throughout the federal fiscal year 2023, and is higher than the typical point-in-time estimates reported.

toddlers eligible for early intervention services is challenging, in part because of the specific eligibility criteria.

The state has historically set the target population rate for early intervention at 2.20 percent of the infant and toddler population (compared to a 2.95 percent target set nationally).[14] However, this target population rate does not reflect the percentage of the population that truly needs and would benefit from early intervention. The national average of infants and toddlers served is 4 percent, and in two states, more than 10 percent of infants and toddlers receive services.[10] An older national study found that closer to 13 percent of infants and toddlers had a delay that could benefit from early intervention.[15] In Montana, special education services offered by public schools to children ages 3 through 21 reached 15 percent of the public school enrollment in the 2024/25 school year, and local experts advise that while some children in special education may not have been eligible for early intervention under current guidelines, they all would have benefitted from services had they been identified and accessible.[5]



In short, Montana is missing infants and toddlers who could benefit from early intervention. For example, if Montana scaled up to the state with the highest reach (11.2 percent of all infants and toddlers receive early intervention services in New Mexico), roughly 3,000 more infants and toddlers would benefit.[10] This translates to four out of five infants and toddlers in Montana missing out on early intervention who would benefit in a state like New Mexico with broader reach.

While narrow eligibility criteria is one factor that makes it challenging for families to access early intervention, other families may not know that early intervention is a support service available to them. In Montana, referrals most commonly come from a social service or early intervention agency (33 percent), a health care provider (23 percent), or a child care provider or referral agency (19 percent).[16] A typical first step to identify and refer a child to early intervention is having a caregiver complete a developmental screening. However, many young children in Montana are not being screened, and there is not a universal process or tool to ensure screenings take place for all children. In 2022-2023, only 45 percent of parents in Montana reported completing a developmental screening for children age 9 months to age 3.[17]

Part of the federal funding for early intervention includes a requirement that states must have a Child Find system in place to identify and evaluate infants and

toddlers who could benefit from services.[18] Child Find includes public awareness programs as well as working with primary referral sources like health care providers, child care providers, local public health departments or social service agencies, child welfare staff, and other shelters that support families.[8]

Equity in Early Intervention Is Critical for Tribal Communities

Access to early intervention is not equitable across the state. While fewer than half of all Montana parents report completing a developmental screening for their infant or toddler (45 percent), the data is worse for some families of color. Between 2020 and 2024, only 34 percent of American Indian families reported completing a developmental screening.[19] Disparities in access to screenings is concerning given that a screening tool is often a first step to receiving early intervention services. Adding another layer, national research shows American Indian or Alaska Native infants and toddlers are the least likely to receive an evaluation even after being referred to early intervention, with only 59 percent receiving an evaluation compared to 75 to 86 percent for other races.[20] Equitable access to early intervention starts with screening tools and referrals that work for different communities.

While data points to inequities in the initial stages of connecting to early intervention, Montana's program does serve a larger proportion of children of color compared to the population breakdown. Of the early intervention recipients in Montana, one in three is a child of color, on par with the participation breakdown for special education in schools (27 percent of special education enrollment is a child of color).[21]

Getting connected with the early intervention program is just one part of a complex web of support. Many services require access to specialty health care providers, which are scarce all over Montana, but are often nonexistent in rural and Tribal communities. Research also shows that people of color have more limited access to providers and hospitals, have more difficulty finding culturally appropriate care, and experience lower quality of care.[22] Many Tribal communities rely on the Indian Health Service (IHS) for health services, which the federal government has chronically underfunded at levels that are a fraction of Medicaid funding.[23]

Services for Young Children Are Scattered Among Programs and Agencies

Another challenge for families of young children is navigating services scattered among different programs and agencies. Availability and how to access different programs varies from community to community. For example, a family in Great Falls would access early intervention through Benchmark Human Services, home visiting through the Cascade City-County Health Department, and apply for Best Beginnings through Family Connections. Once a child turns 3, this family would then switch to the public school system to access special education services, and if eligible for the Family Education and Support program,

would move to contacting the Developmental Educational Assistance Program (DEAP). In a matter of a couple of years, families are undergoing a lot of transitions, at a time when stability is critical for children's development. While programs and agencies do coordinate where possible, there is still room for improvement to consider the experience from a family's perspective.

Services for Young Children Are Scattered Among Different Programs and Agencies

Early Childhood Program	Agency Oversight	How Families Interact	Ages Served
Early Intervention, Part C of the IDEA, "Montana Milestones"	DPHHS	Four agencies contract with state	Age birth through age 2
Home visiting, "Healthy Montana Families"	DPHHS	16 local implementing agencies. Some counties or towns offer additional services.	Prenatal through age 4
Head Start and Early Head Start	Federal	23 programs (includes Tribal Head Start)	Age birth through age 4
Child Care, Best Beginnings	DPHHS	Two agencies contract with the state to enroll families	Age birth through age 12
Special education, Part B of the IDEA	OPI	Public schools	Age 3 through age 21
Family Education and Support program	DPHHS	Three agencies contract with the state	Age 3 through age 15
Early literacy classroom-based programs	OPI	Some public schools, in 2024-25, 89 districts participated.	Age 4

Notes: DPHHS: Department of Public Health and Human Services; OPI: Office of Public Instruction.

Fragile Foundations: Montana's Investment in Early Intervention

State Funding in Early Intervention Has Only Recently Outpaced Federal Funding

Recognizing limited federal funding has not kept up with growing need, most states have stepped up to invest additional state funding to expand the reach of early intervention programs. Funding for early intervention is the foundation for many program considerations. For example, narrow eligibility criteria is driven in part by limited funds available to the state. With limited funding comes more modest short and long-term benefits to children, families, and the state.

Early intervention funding comes from a mix of federal and state dollars, as well as health insurance payments if a family has this type of coverage. In fiscal year 2026, Part C of the Individuals with Disabilities Education Act (IDEA) provides $2.3 million for early intervention services.[24] This federal funding is not intended to fully fund services to all children who would benefit. Montana supplements early intervention funding with $3.9 million from the General Fund and $600,000 from State Special Revenue Funds. This amount includes an increase in state funds passed in the 2025 session to cover a higher provider rate.[25] With increased funding for provider rates, state funding makes up close to two-thirds of early intervention funding in the current biennium, where funding was more equally split between state and federal sources in

Montana's Early Intervention Funding is a Mix of Federal and State Dollars

	Actual		Budgeted	
	FY 2024	FY 2025	FY 2026	FY 2027
General Fund	$2,379,558	$2,568,626	$3,938,585	$4,452,094
State Special Revenue Fund	$599,125	$488,101	$600,000	$600,000
Federal Special Revenue Fund	$2,338,662	$3,885,176	$2,339,939	$2,421,233
Total	**$5,317,345**	**$6,941,902**	**$6,878,524**	**$7,473,327**

Source: Montana Legislative Fiscal Division, provided by email via special request

previous years. With this shift, Montana joins 36 other states that fund early intervention with primarily state or local funds.[10]

Montana's neighbor to the south, Wyoming, is in the top five states for percent of infants and toddlers receiving early intervention services.[10] Wyoming's rate of children served is three times as high as Montana's, which is expected given Wyoming's much broader guidelines for eligibility. In Wyoming, state funds make up nearly 80 percent of early intervention funding, contributing $8.9 million per year in fiscal year 2025.[26]

New Mexico is the highest performing state in terms of percent of infants and toddlers receiving early intervention services at 11.2 percent. In New Mexio, state funding makes up over 90 percent of early intervention funding ($2.7 million federal and $30 million state).[27] In Massachusetts, the next highest state at 10.4 percent of infants and toddlers receiving services, state funding makes up 77 percent of the early intervention funding ($9.4 million federal and $30.9 million state).[28]

Not captured in this funding data are health services covered by Medicaid or private health insurance. For example, if a child receiving early intervention services receives physical therapy, the therapy would first be billed to Medicaid or private insurance and early intervention would cover any copays, coinsurance payments, or if the child has a deductible, all payments until the deductible is met. For uninsured children, early intervention covers the full cost of services to families.

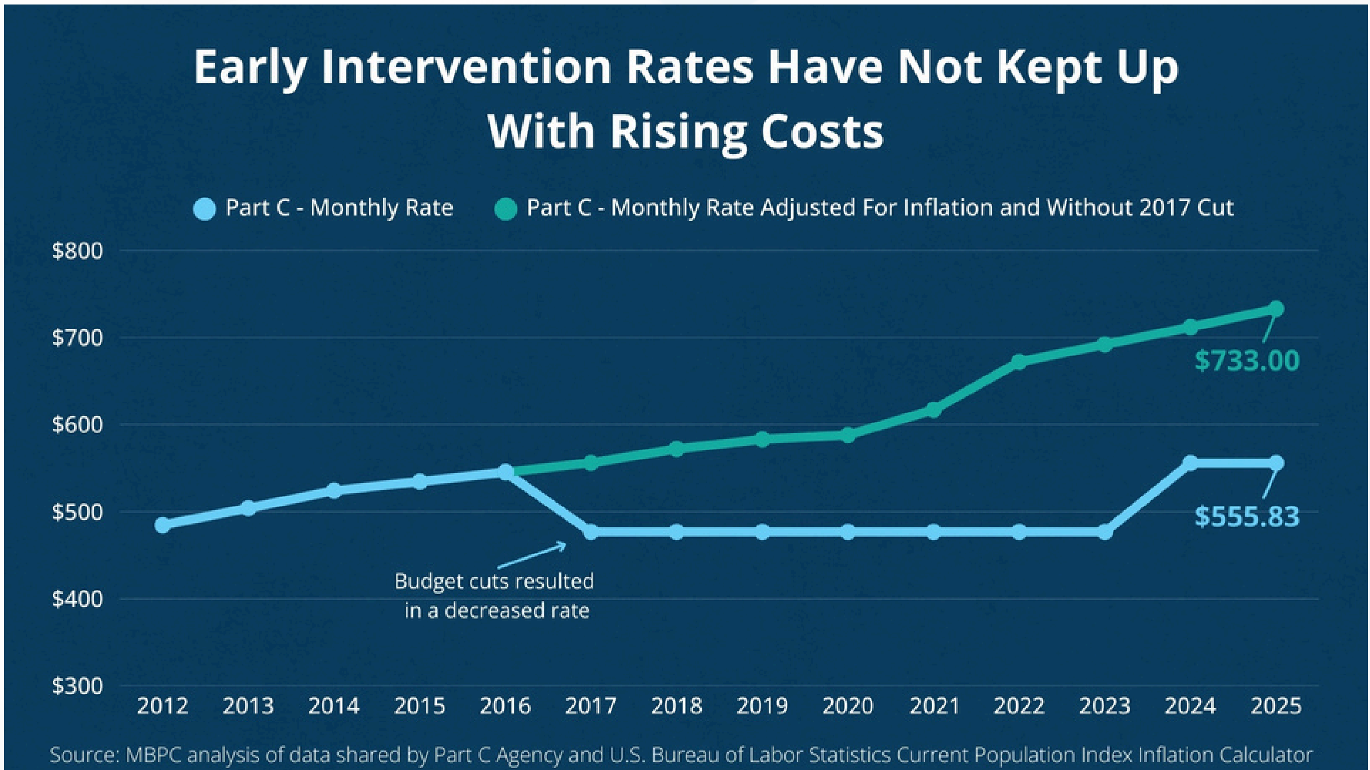
Provider Rates Increased But Still Lag Behind Rising Costs

Montana's funding structure for early intervention uses a bundled rate to determine funding provided to each of the four agencies across the state. An agency estimates the number of infants and toddlers they will serve and then receives a per child monthly rate to cover the costs of staffing Family Support Specialists and any other health services not covered by insurance.

The per child rate paid for early intervention services was cut in 2017, remained stagnant from 2017 to 2024, then revised again in 2024, leaving providers in a bind while costs and wages continued to rise throughout those seven years. The increased rate in 2024 ($555.83) reflected a 17 percent jump from the year prior, but only a 2 percent increase compared to the rate in 2016, just prior to the cuts.[29] Had the 2016 rate only kept up with inflation alone, today's rate should be closer to $730, nearly $200 more than the current rate.[30]

The rate increase was largely a result of a rate study completed in 2023, however, these studies do not happen at regular intervals to ensure rates keep up with the costs to provide services. Additionally, the agencies providing services submit a request for funding every five years, another layer that limits the ability for funding to shift based on needs and rising costs. Aside from the limited updates to the rate, having one,

statewide bundled rate has limitations by not accounting for variation in the cost to provide services across a geographically large state like Montana. For example, the cost model for services looks different in a high-cost-of-living area, where wages for Family Support Specialists must be higher to recruit qualified candidates. In other parts of the state, Family Support Specialists spend more time traveling to meet with families across a large region, ultimately lowering the caseload of families each specialist can work with. Other states use a fee-for-service model that could provide rates more in line with costs associated with the services provided.



Growing Up Does Not Wait for Improved Investments

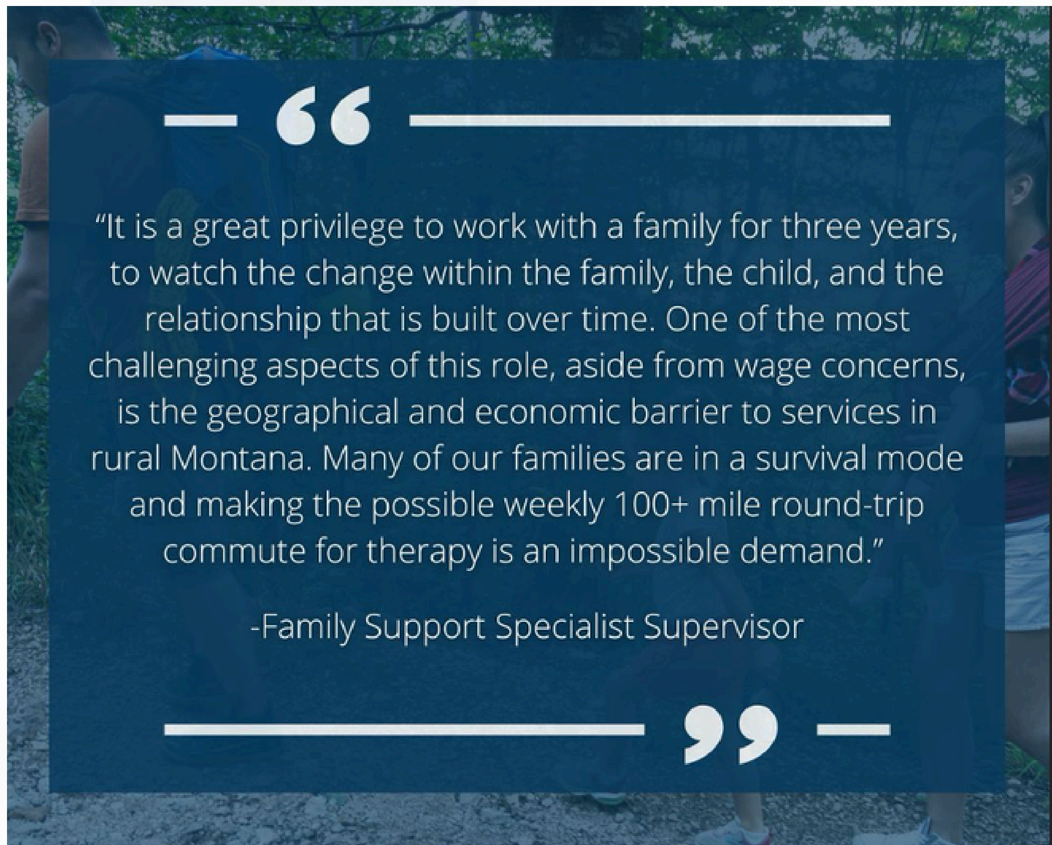
Early intervention is a unique program, supporting infants and toddlers during a short window of time; a window of time that is filled with tremendous growth and learning, with infant and toddler brains developing at the fastest rate in their lifetimes. With Montana's budget set on a biennial basis, every session that ticks by with minimal increases or no added funding, entire cohorts of children who could benefit from early intervention services miss out, costing these families and the state more in the long term.

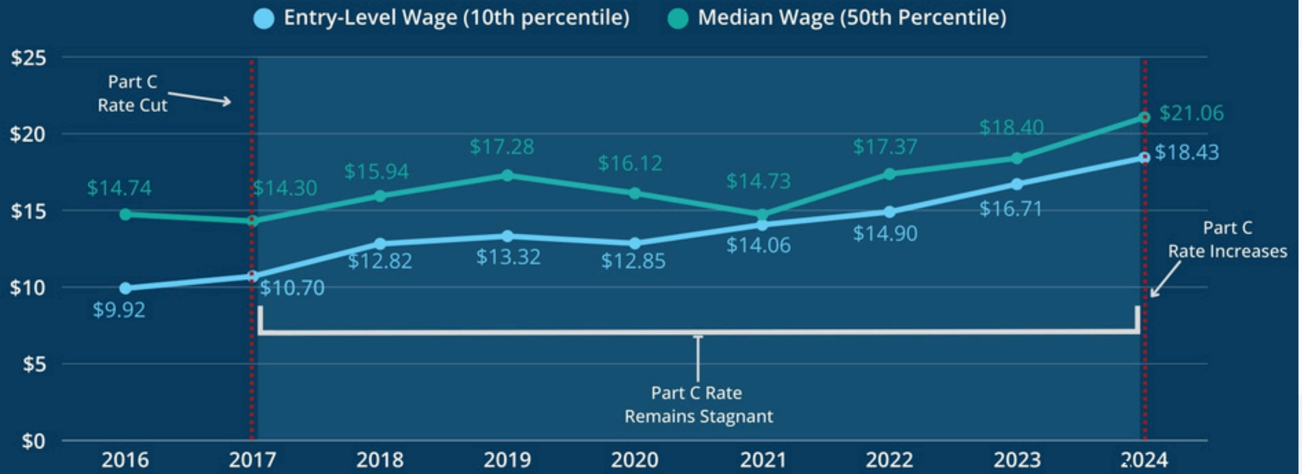
Instability: An Early Intervention Workforce Under Strain

Inadequate Funding for Early Intervention Leads to Staffing Challenges

With an underfunded early intervention system, the agencies that provide services face challenges hiring and retaining Family Support Specialists needed to work directly with families. A Family Support Specialist provides direct support, education, and referrals to families needing early intervention services. Family Support Specialists have bachelor's degrees and more specialized training above and beyond their degree to develop the knowledge and skills needed to provide expert advice on child development to a wide variety of families in diverse settings, including people's homes across Montana. It is a demanding but rewarding job.

Unfortunately, Family Support Specialists have not been compensated at a level on par with their qualifications, training, and services provided. The closest occupation in data provided by the Bureau of Labor Statistics (Child, Family, and School Social Workers who work at Individual and Family Service organizations) estimates that Family Support Specialists earned a median wage of $21.06 in 2024 with the lowest-paid workers earning $18.43.[31] Wages for this occupation have drastically increased since 2017 (median wage was $14.30), likely by necessity to recruit and retain a Family Support Specialist workforce. However, increasing wages during the same time period that rates were cut, and then remained stagnant, means more pressure on individual staff to carry higher caseloads, fewer children served overall, or a combination of both.





Montana's Health Care Landscape Filled With Provider Shortages

In addition to Family Support Specialists, health care providers, often those with specialities for working with young children and those with disabilities, are a critical part of the early intervention system. Health care providers like physical therapists, occupational therapists, speech therapists, and audiologists are key specialists providing services to infants and toddlers with disabilities. These health care providers work within the broader health insurance system, which presents its own challenges that govern what services are covered, rates paid, and ultimately their wages as well.

Montana falls in the bottom 10 states for the number of pediatricians relative to the child population, and 43 counties have no pediatricians in the entire county.[32] In a national survey of early

Montana Has a Health Care Provider Shortage, In Part Due to Low Compensation

Montana ranks...

41st	41st	47th	48th
for Pediatricians per 100,000 Children	for Median Wage of Speech-Language Pathologists	for Median Annual Wage of Occupational Therapists	for Median Wage of Physical Therapists

Sources: The American Board of Pediatrics and U.S. Bureau of Labor Statistics

intervention state coordinators from 2024, all responding states (which included Montana) noted that they have a provider shortage, with Speech Language Pathologists (93 percent of states reported a shortage), Physical Therapists (91 percent), and Occupational Therapists (84 percent) as the top three positions most likely to experience a shortage.[33] The primary reason for the shortages was low compensation followed by the increased demand to serve more children and families. Montana ranks 48th for the median annual wage of Physical Therapists ($92,910), 47th for Occupational Therapists ($84,440), and 41st for Speech-Language Pathologists ($80,330).[34]

Early intervention services are intertwined with the health care system, which is facing current and ongoing pressure, making it harder for people to access affordable health coverage. The uninsured rate of children in Montana has slowly ticked up in the last five years, with 7 percent of children birth to age 5 lacking any health insurance in 2024.[35] Higher rates of uninsured children has the potential to further strain the already limited early intervention budget. Uninsured families may also be hesitatant to access early intervention services fearing high costs and medical debt.

Building A Stronger Early Intervention System

There is a path forward to improve the early intervention system in Montana. Improving services for infants and toddlers requires more state investment and collaboration across agencies that administer programs supporting young children. Montana's early intervention program provides vital support for infants and toddlers with developmental delays or diagnosed conditions. Early intervention services include family education and support from Family Support Specialists as well as young children receiving specialty therapy or medical services.

The final section in this series brings together the most important takeaways, offering a snapshot of the successes, challenges, and opportunities that shape early intervention in Montana. The highlights below outline what's working and what still needs attention.

- **Early intervention is effective.** In the short term, almost every infant and toddler receiving early intervention services in Montana improved their social-emotional and language skills, and 16 to 18.5 percent of young children improved enough to catch up to their peers. In the long term, early intervention can prevent the need for special education, a benefit for children's academic learning and a fiscal savings to the state.

- **Montana's eligibility criteria is more limited compared to neighboring states.** States have flexibility to set eligibility criteria, and all of Montana's neighboring states have similar or less strict definitions of a developmental delay (Type 2 eligibility), and all neighboring states have broader guidelines for eligible conditions (Type 1 eligibility).

- **Montana serves only a small percentage of infants and toddlers.** When we look at other states, Montana is in the bottom five for the percentage of infants and toddlers receiving early intervention and is likely missing four out of five infants and toddlers who would benefit in a state with broader reach.

- **State funding has only recently outpaced federal funding in Montana,** thanks to a provider rate increase passed during the 2025 session. This means Montana now joins 36 other states that fund early intervention through majority state or local funds.

- **Provider rates still lag behind rising costs.** In 2024, the provider rate increased for the first time since 2016, after rates were cut in 2017. While this increase is important, it represents a modest 2 percent increase compared to the rate in 2016 and is much less than if the rate had kept up with inflation since then.

- **Stagnant provider rates amidst rising costs has made it increasingly hard to recruit Family Support Specialists at competitive wages for such a demanding and specialized job.** Family Support Specialists earn an estimated median wage of $21.06 in 2024 with the lowest-paid workers earning $18.43. Wages for this occupation have increased since 2017, however, increasing wages during the same time period that rates were cut, and then remained stagnant, means more pressure on individual staff to carry higher caseloads, fewer children served overall, or a combination of both.

- **Provider rates have no mechanism to continue adjusting for rising costs.** The rate increase was largely a result of a rate study completed in 2023; however, these studies do not happen at regular intervals to ensure rates keep up with the costs to provide services. Additionally, the agencies providing services submit a request for funding every five years, another layer that limits the ability for funding to shift based on needs and rising costs.

- **Health care providers who can provide such specialty services are in short supply in Montana.** Montana falls in the bottom 10 states for the number of pediatricians relative to the child population, and 43 counties have no pediatricians in the entire county.

- **Infants and toddlers cannot wait – every biennium that policymakers do not prioritize services like early intervention, entire cohorts of young children miss out on these critical services.** Early intervention is a unique program, supporting infants and toddlers during such a short window of time. It is a window of time that is filled with tremendous growth and learning, with infant and toddler brains developing at the fastest rate in their lifetimes.

A Path Forward to Improve Montana's Early Intervention Services

There are proven strategies to improve Montana's early intervention services for children, families, the agencies that coordinate local implementation, and the providers and specialists needed to provide critical health services.

Invest additional state funding in order to:

Expand eligibility requirements to reach more children that would benefit from services.

Raise reimbursement rates to shift the strain in funding away from low wages and high caseloads for Family Support Specialists.

Establish a regular timeframe for rate studies and rate increases to account for inflation and high-cost areas.

Streamline and support **collaboration between agencies and programs** serving young children.

Citations

[1] Department of Public Health and Human Services, "Montana Milestones Part C Early Intervention Program," Early Childhood and Family Support Division, access on Oct. 13, 2025.
[2] Center for Law and Social Policy and Zero to Three, "Early Intervention: A Critical Support for Infants, Toddlers, and Families," 2017.
[3] U.S. Department of Education, "State Performance Plan/Annual Performance Report: Part C, for state formula grant programs under the Individuals with Disabilities Education Act," Federal Fiscal Year 2023. Outcomes included in the report included: social-emotional skills (18.5 percent); acquisition and use of knowledge and skills like early language and communication (16 percent); and using appropriate behaviors to meet their needs (17 percent).
[4] Hebbeler, K., et al., "Early Intervention for Infants and Toddlers With Disabilities and Their Families: Participants, Services, and Outcomes," Final Report of the National Early Intervention Longitudinal Study (NEILS), Jan. 2007.
[5] KIDS COUNT Data Center, "Children Age 3 to 21 Enrolled in Special Education in Public Schools in Montana," 2024/25.
[6] U.S. Department of Education, Office of Special Education Programs, "Annual State Application Under Part B of the Individuals With Disabilities Education Act as Amended In 2004 for Federal Fiscal Year 2025."
[7] Department of Public Health and Human Services, "Part C of the IDEA and Family Education and Support Programs: Use of the Established Conditions List for Type 1 Eligibility," May 2019.
[8] Department of Public Health and Human Services, "Montana's Part C Compliance Document: Conformity with the Federal Rules and Regulations for the Early Intervention Program of Infants and Toddlers with Disabilities (Part C of IDEA)," July 2013.
[9] Developmental Educational Assistance Program, "Montana Milestones: Infant and Toddler Program, Parent Handbook: A Guide to Montana Milestones Services for You and Your Child," 2016.
[10] Prenatal-to-3 Policy Impact Center, "Prenatal-to-3 State Policy Roadmap 2025, Early Intervention Services," 2025.
[11] Family Support Services Advisory Council, presentation given Nov. 14, 2025, on file with author.
[12] MBPC calculations using of Office of Special Education Programs (OSEP), "IDEA Section 618 State Part C Child Count and Settings," 2014-2015 through 2023-2024.
[13] MBPC calculations using U.S. Census Bureau, "Vintage 2024 Population Estimates," MBPC information request, on file with author.
[14] Guidehouse Inc., "Montana Part C & FES Rate Studies," Aug. 3, 2023.
[15] Rosenberg, S., Zhang, D., and Robinson, C., "Prevalence of developmental delays and participation in early intervention services for young children," Pediatrics, Jun. 2008.
[16] Wilson, A., and Lux, C., "Montana Early Intervention Statewide Needs Assessment," The Institute for Early Childhood Education, University of Montana, 2024.
[17] Data Resource Center for Child & Adolescent Health, "Indicator 4.10: Did the child receive a developmental screening using a parent-completed screening tool in the past 12 months, age 9-35 months?," National Survey of Children's Health, 2022-2023.
[18] Early Childhood Technical Assistance Center, "Child Find Federal Requirements," accessed on Nov. 21, 2025.
[19] Population Reference Bureau analysis of National Survey of Children's Health, 2020-2024, on file with author.
[20] United States Government Accountability Office, "SPECIAL EDUCATION: Additional Data Could Help Early Intervention Programs Reach More Eligible Infants and Toddlers," Oct. 2023.
[21] Office of Public Instruction, "Growth and Enhancement of Montana Students, Interactive Dashboards, Montana's Special Education Student Population," 2023-2024.
[22] Hill, L, et al.., "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them," KFF, Oct. 2024.
[23] Per capita IHS expenditure in federal fiscal year 2023 was $4,078 compared to $7,909 per full-benefit enrollee in Medicaid in the same year. Indian Health Services, "IHS Profile," accessed on Nov. 4, 2025. KFF, "Medicaid Spending per Full-Benefit Enrollee by Enrollment Group," 2023.
[24] Hamilton, J., Legislative Fiscal Division, "RE: Part C/Early Intervention funding breakdown," email to Xanna Burg, MBPC, Nov. 12, 2025, on file with author.
[25] Legislative Fiscal Division, "HB 2 Base Comparison – 2027 Final, Decision Packages, DP25001 – Provider Rate Adjustment for Part C," accessed on Nov. 5, 2025.
[26] IDEA Infant & Toddler Coordinators Association, "2025 State Profile: Wyoming"
[27] IDEA Infant & Toddler Coordinators Association, "2025 State Profile: New Mexico."
[28] IDEA Infant & Toddler Coordinators Association, "2025 State Profile: Massachusetts."
[29] MBPC analysis of data shared by Part C Agency, June 2025, on file with author.
[30] U.S. Bureau of Labor Statistics, "CPI Inflation Calculator," accessed on Jan. 28, 2026.
[31] U.S. Bureau of Labor Statistics, "Occupational Employment and Wage Statistics, OEWS Research Estimates by State and Industry, Sector 62: Health Care and Social Assistance (including private, state, and local government hospitals)," May 2024 and May 2017.
[32] The American Board of Pediatrics, "General Pediatricians U.S. State and County Maps, State rank per 100,000 children," 2025.
[33] Infant and Toddler Coordinators Association, "2024 Tipping Points Survey, System Challenges and Opportunities," 2024.
[34] U.S. Bureau of Labor Statistics, "Occupational Employment and Wage Statistics," May 2024.
[35] KIDS COUNT Data Center, "Children Without Health Insurance by Age Group in Montana," 2024.

MONTANA
BUDGET
& POLICY
CENTER