



January 2016

Early On® Michigan Early Intervention: Supporting Infants, Toddlers and Their Families

Every new parent looks forward to their baby's first smile, first words, and first steps. But what happens when a child is behind in reaching those milestones? Or what happens when a child has a medical condition that might delay reaching some of those major milestones? New parents who find themselves caring for children with special needs, from developmental delays to significant disabilities, often need support and services to help their children develop to their fullest potential. Children and their families need support so that they can grow, develop, learn and be as ready as possible for success with friends, in school, and in life. *Early On* Michigan was created to do just that.

What is *Early On*? *Early On*, Michigan's program for the federal Individuals with Disabilities Education Act – Infants and Toddlers with Disabilities Program (IDEA Part C), provides early intervention services to families with infants and toddlers birth to age three who have a developmental delay or a diagnosed health condition that could lead to such delay. *Early On* specializes in evaluating and serving children that are not developing at the same rate as other children in many areas including physical, cognitive, communication, adaptive, and social-emotional development. All children who are identified to be eligible for *Early On* services must be served. With a service coordinator, families of eligible children participate in the development of an Individualized Family Service Plan that identifies the appropriate intervention services based on the child's strengths and needs. These services are intended to be provided in the natural environment, a typical setting for same-age peers without a delay – often in the child's home.

Early On Key Facts:

- 2.6% or 18,000: children served
- 7.8% or 53,000: estimated number of eligible children
- 11,000: children eligible for *Early On* only
- 40% nationally: children who do not need special education in preschool and k-12 after appropriate early intervention services
- \$0: current state spending on *Early On* only children.
- \$918 million: FY2016 state spending on special education

Why Early Intervention Matters: As decades of brain research has demonstrated, positive early experiences are essential for later success in school and life. It has been well established that early intervention is an effective way to impact a child's development by preventing or reducing problems that can affect children as they get older and even into adulthood. Services to young children who have developmental delays have been shown to positively impact outcomes across developmental domains including health, language and communication, cognitive development, and social/emotional development. While outcomes differ according to each child's disability and age at entry into early intervention, appropriate services help many children develop skills at a level equal to their peers by age three. In fact, over two in five infants and toddlers who receive appropriate early intervention services will not require special education in preschool and kindergarten entry.¹ For children with severe disabilities, progress may be slower and children with degenerative conditions may even lose skills, but early intervention can help slow or reduce the impact of their disabilities. Furthermore, families benefit from early intervention by being able to better meet their children's special needs from an early age and throughout their lives.

Federal IDEA Part C: IDEA Part C was created in 1986 to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce educational costs to society by

minimizing the need for special education services as children with disabilities reach school age. Part C federal funding is intended to assist states with identifying eligible children and to support service coordination for services addressing health, education, human services, and developmental disabilities, and not intended to fund service delivery. As a result, with the passage of IDEA Part C, most states began investing state funds supplementing their federal appropriation for service provision and coordination to ensure that infants and toddlers could receive the early intervention services they need to reach their optimal development and lay a foundation for education success.

Early On Challenges in Michigan: Historically, Michigan has been a leader in recognizing the value of special education for younger children, providing Michigan mandatory special education (MMSE) to eligible children beginning at birth prior to the federal mandate with the passage of IDEA Part C. With the federal expansion through Part C, Michigan established eligibility criteria for infants and toddlers who were not eligible for MMSE but who had some delay that could be addressed through earlier intervention services through *Early On*. That resulted in Michigan as the only state creating two different Part C tiers – those who qualify for more intensive services through both *Early On* and MMSE, and those who qualify for less intensive services through *Early On* only support. The intention of this tiered eligibility was to allow infants and toddlers with significant delays to receive intensive services while also providing appropriate intervention to young children with some delay to get more children developmentally on-track and ready for school. Providing appropriate early intervention services to children with some delay ensures fewer children need special education services in preschool and in k-12.

With this two-tiered structure comes significant challenges to adequately serve *Early On* only eligible children. Services for the 11,000 *Early On* only infants and toddlers and their families are drastically underfunded since Michigan never invested in Part C/*Early On* services for infants and toddlers who do not qualify for special education. Michigan currently receives approximately \$11.8 million in federal funding to serve all infants and toddlers who qualify for *Early On*. Local and intermediate school districts are left to supplement this funding utilizing local special education millage dollars and Medicaid where local funds are available for children who qualify, yet these funds are not consistently available across the state. Further, ISDs that coordinate *Early On* services with their local public health and community mental health agency partners have faced additional challenges as those community-based partners have also been subjected to significant cuts in the state budget.

For the vast majority of ISDs, families with *Early On* only children often receive minimal services that are likely insufficient to ensure optimal development. In fact, *Early On* and birth to three special education often operate as two separate programs with different staffing at the local level due to the significant discrepancies in resources available. Consequently, a November 2013 State of Michigan Auditor General report found serious deficiencies for *Early On* only eligible children due to a drastically underfunded and inconsistently implemented system across the state.

Opportunities to Improve Early On Services: With Michigan's increased focus on early childhood care and education and 3rd grade reading proficiency, better support for our youngest children with developmental delays and disabilities is essential. National estimates indicate that if appropriate early intervention services are provided, 37% of those children will not need special education services when they enter preschool and 42% will not need special education services by the time they reach kindergarten.ⁱⁱ However, the reality remains that as long as Michigan continues to have a two-tiered system of supports for *Early On* and no dedicated funding stream for *Early On* services, children will continue to receive inadequate services to realize those types of results.

Streamline Eligibility. Looking at states that also provide state-mandated special education beginning at birth, Michigan is the only state that has a two-tiered eligibility system for early intervention services. All other states have one system of eligibility for both Part C as well as special education, funded by: their federal Part C allocation, state appropriations, and Medicaid at a minimum.ⁱⁱⁱ Systems, services, and processes aren't differentiated by children eligible for special education versus Part C like in Michigan, and children in other birth-mandate special education states receive more robust early intervention services than the majority of children in Michigan. Michigan must streamline eligibility for *Early On* and Michigan Mandatory Special Education to create one pool of children eligible for the comprehensive services that should be available to best support their development. This streamlined eligibility would do the following:

- make Michigan's early intervention system more family-friendly by bringing together two disjointed systems and eliminate separate assessment processes and service availability for *Early On* and MMSE.
- ensure that all children eligible for *Early On* receive appropriate services by qualified personnel, similar to the minimum service requirements mandated by special education.
- ensure that all children with special needs in Michigan receive some services supported by the state, which would then be Medicaid matchable to maximize all public resources available to support those early intervention services.

Invest in *Early On*. Michigan continues to be in the minority of states that does not have a state appropriation for IDEA Part C services. Even streamlining eligibility and creating a single tiered system would continue to leave the system under-resourced, as streamlining the two systems would create a larger pool of children eligible for *Early On/MMSE* services. Additionally, the inequitable funding across ISDs for special education services broadly speaking could prove to be a challenge for ISDs with already under-resourced K-12 special education systems.

Furthermore, providing state investment for *Early On* would allow better maximization of Medicaid funds – funds that are currently underutilized due to the vast majority of ISDs relying solely on Michigan's federal IDEA Part C funds to support *Early On* services. Since Medicaid funds cannot be matched with other federal funding, a state investment would provide ISDs with the funds necessary to leverage these important federal matching dollars. Providing a state resource for *Early On* and allowing ISDs to maximize Medicaid funds would ensure that Michigan's youngest children can receive the services they need for optimal development. While the Michigan Department of Education has estimated that the state would need \$100 million to adequately resource the *Early On* system, this does not take into the account the Medicaid matching potential of those resources. Further, Michigan spends nearly \$1 billion in special education, but up-front investment in early intervention can dramatically reduce special education costs down the road.

With one of the main goals of the Michigan Department of Education to ensure all children are developmentally on-track and reading by 3rd grade, Michigan must look to streamline the *Early On* and special education systems and begin to invest state resources to better support *Early On*. This will ensure all children can receive the appropriate early intervention services they need while saving taxpayer dollars.

ⁱ Hebbeler et al (2007). *Early Intervention for Infants and Toddlers with Disabilities and Their Families*. Available at http://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf

ⁱⁱ Ibid.

ⁱⁱⁱ Michigan Association of Administrators of Special Education (2014). *Comparing Early Childhood Systems: IDEA Early Intervention Systems in the Birth Mandate States*. Available at <http://maase.pbworks.com/w/file/fetch/96292569/MAASE%20Birth%20Mandate%20States%20Report%20FINAL%2005.20.14.pdf>.