



## **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 20% or greater delay in development or who have diagnosed health conditions 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%: special education savings in preschool and k-12 with appropriate early intervention services
- \$0: current state spending on *Early On* only children.
- \$938.9 million: current 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 one in three infants and toddlers who receive appropriate early intervention services will not require special education in preschool and even fewer will need services at kindergarten entry.<sup>1</sup> 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 was not intended to be a stand-alone program, but rather to build interagency partnerships among state agencies and programs in health, education, human services, and developmental disabilities. Part C federal funding is intended to assist states with identifying eligible children and to support service coordination, but is not intended to fund actual service delivery. As a result, with the passage of IDEA Part C, most states began investing state funds to support Part C to ensure that young children 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 was a progressive state when it came to special education, in that it provided mandatory special education to eligible children beginning at birth prior to the passage of the federal requirement. With the implementation of Part C, Michigan became the only state that tiered eligibility for early intervention services by maintaining its birth to age three special education population in addition to providing broader eligibility criteria for infants and toddlers eligible under Part C. Tiered eligibility allows infants and toddlers with significant delays to receive intensive services while 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 eligibility structure, Michigan created two pools of children eligible for *Early On* – children eligible for both *Early On* and state-mandated special education and children eligible only for *Early On* services. Services for the 11,000 “*Early On Only*” infants and toddlers and their families are drastically underfunded and the system has significant deficiencies, as was found in the State of Michigan Auditor General Performance Audit of *Early On* in November 2013. This is due to the fact that Michigan never invested state funding for *Early On*, meaning that services for infants and toddlers who do not qualify for special education are significantly under-funded. Currently, Michigan receives approximately \$11.8 million in federal funding, which averages at about \$639 per child annually. Local and intermediate school districts are left to supplement the funding, utilizing state special education dollars (for children who are also eligible for special education), and local millage dollars where available that’s inconsistent across the state, and not adequately serving all eligible children. Funding for *Early On* is so low that services are funded at just five percent the level of similar programs in peer states throughout the nation.

With Michigan’s increased focus on early childhood care and education and 3<sup>rd</sup> grade reading, 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.<sup>ii</sup> While it is estimated that \$100 million is needed to adequately fund *Early On*, Michigan currently spends almost \$1 billion in special education. Clearly, up-front investment in early intervention can dramatically reduce Michigan’s special education costs. With one of the main goals of the Michigan Department of Education – Office of Great Start to ensure all children are developmentally on-track, Michigan must begin to invest state resource to better support *Early On*. Not only will adequate funding ensure that all children can receive the appropriate early intervention services they need, it will save significant taxpayer dollars in the future.

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<sup>i</sup> Hebbeler et al (2007). *Early Intervention for Infants and Toddler with Disabilities and Their Families*. Available at [http://www.sri.com/sites/default/files/publications/neils\\_finalreport\\_200702.pdf](http://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf)

<sup>ii</sup> Ibid.