



## **Testimony in Support of Increased State Funding for *Early On***

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MICHIGAN HOUSE APPROPRIATIONS SCHOOL AID AND EDUCATION SUBCOMMITTEE

### **Nicole Hamp, MD, MPA, FAAP:**

Esteemed Committee Members, thank you for having us. Today, we are testifying in support of increased state funding for *Early On* Michigan, our state's Early Intervention system. My name is Dr. Nicole Hamp. I am a developmental behavioral pediatrician, medical director and owner of Arbor Autism in Ypsilanti, MI, and adjunct clinical assistant professor at the University of Michigan Medical School. I sit on the Boards of Directors for Autism Alliance of Michigan and the *Early On* Michigan Foundation, and serve as the state liaison to the Council on Early Childhood for the American Academy of Pediatrics. My research and advocacy efforts focus on ways to improve early identification and evaluation of children with developmental delays and disabilities.

In the United States, 1 in 6 children has a developmental delay or disability, and 1 in 36 children has autism spectrum disorder. This means that on average in a Kindergarten classroom of 20 children, there should be 3 students with a history of developmental delay, and across two classrooms at least one child with autism. Research has shown that interventions provided to children with (or at risk of) developmental delay are most beneficial when offered at a very early age. From a neurodevelopmental perspective, this makes sense. The first five years of a child's life, and especially the first three, are crucial to brain growth and development. A baby is born with sparse neural circuitry, then with increasing age there is tremendous growth in the brain, with an increase in both number and complexity of connections between brain cells or neurons. Around 2 years of age, there is a peak in the number of these connections, or synapses. At this point, a critical period of neurodevelopment occurs which we refer to as synaptic pruning. During this time, effective connections are strengthened, and weak ones die away. This is an important developmental step and is thought to be largely dependent on input from the environment. So it stands to reason that if an infant or toddler with developmental delay or disability is identified and intervention begins either before or while brain connections are being established, he or she stands the best chance of achieving their optimal developmental outcomes.

Part C of the Individuals with Disabilities Education Act, which mandates that every state offer an Early Intervention program for children with delays between birth and 3 years, was created in 1986 to enhance the development of infants and toddlers with disabilities, minimize potential developmental delay, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age. The primary goal of Early Intervention, or EI, is to support families in promoting their child's optimal development and to facilitate the child's participation in family and community activities. Eligible children and their families are entitled to receive a broad range of services designed to maximize their

development, including speech and language, developmental, nutritional, occupational and physical therapies, and social work services.

Consistently in Michigan and nationally, nearly half of children enrolled in Early Intervention exhibit greater than expected growth, in that they acquire skills at a faster rate even after leaving the program. Infants and toddlers in early intervention experience:

- Increased motor, social and cognitive functioning;
- Improved acquisition of age appropriate skills;
- Reduced negative impacts of their disabilities.

In fact, nationally 54% of children who had received early intervention exited functioning at or above age level in overall academic skills. Additionally, 69% of children in the program because of a risk condition and 46% of children in the program for developmental delay were not enrolled in special education at kindergarten.

It is estimated that every dollar spent on early childhood educational interventions saves at least \$7.30 in future costs, and some studies have found that intervening early can save up to \$17 for every dollar spent (after accounting for future education, health, and economic support costs). In general, early intervention services are 2.5 times less costly than special education services in preschool and elementary years. Yet, for some reason, Early Intervention has been historically ignored and underfunded in our state. Michigan didn't actually contribute any amount of state funding to the program until 2018. Furthermore, of the three possible eligibility criteria, we only offer services to two categories of children: those with medical conditions and those with a 20% delay or more. Unlike other peer states, such as Illinois, Michigan has opted not to offer services for children at significant risk of delay.

Despite underinvesting in the program by at least \$100 million, policymakers call on Early Intervention, or *Early On* as we call it in Michigan, to serve families in times of tragedy, like the Flint water crisis. Indeed, recent proposed legislation responding to universal lead screening would mandate pediatricians to refer to *Early On* when they identify a child with an elevated blood lead level. This would lead to a significant increase in caseloads for school districts across the state and without a commensurate funding increase to support that work, all of the families who need these invaluable services will suffer.

Furthermore, as our state takes its first steps towards offering universal PreK, we have to consider what it means to provide a program that is really for ALL children. Setting the stage to offer a truly inclusive preschool environment means that we have to think about what is happening with families before their children walk into school for the first time. I know the state is planning to make a considerable contribution to MiLEAP to make UPK a reality, but if you all don't increase your investment in Early Intervention in a meaningful way, this year and in every budget to come for the foreseeable future, you are setting our preschoolers and their teachers up for failure. With a more robust system of Early Intervention, we will identify children with delays, and start interventions, well before they hit preschool. Through EI, we can identify children with special needs and either completely address their delay, or transition them from an Individualized Family Service Plan to an Individualized Education Plan, so that they enter PreK

ready to learn. This also gives the schools and teachers a much better sense of what the true needs of their students are before they arrive in the building on their first day.

Today, we have a very specific ask - we would like you to increase state *Early On* funding by \$15 million this year, for a total of 37.3 million. In order to make Michigan the best state to have and raise a baby, we have to start at the beginning. Early Intervention, offered between birth and three years of age, takes advantage of a time in a child's development when there is unlimited promise and potential. When it comes to childhood development, you can't start at the end, or even part way through, and work backwards. You can and you must start at the beginning. If you don't, you are undercutting every other investment you are making in education this year. It's not that those investments don't matter, they just matter less. Let's start early and set Michigan children up for success. There is a lot of work to do, and this is a small start, but a significant one. An investment in *Early On* is an investment in our future.

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**Christy Callahan, M.A.:**

Hello, thank you for listening to our testimony today. I'm Christy Callahan, Director of Innovative Projects at Clinton County RESA. Our office is a grantee for MDE and MILEAP. We carry out statewide activities to support *Early On*. We operate 1800earlyon so that parents, physicians, and child care providers can make referrals. We also provide professional development to personnel who work with eligible children and their families. Separately, I'm President of the Board of Directors for the *Early On* Michigan Foundation and Chair of the Governmental Relations Committee for the Michigan Division for Early Childhood. These last 2 are volunteer roles. I'm here on my own time. I grew up in Livonia at 5 mile and Newburgh, and now live in DeWitt, which is District 77.

As we heard from Dr. Hamp, it's important to invest in the earliest years, as that is when we can have the most impact on the developmental trajectory of young children. *Early On* does just that, supporting families who have infants and toddlers, birth to age 3, with developmental delays and disabilities.

Every state has an early intervention system, ours is called *Early On* Michigan. It is established under Part C of the Individuals with Disabilities Education Act, the same act that authorizes special education. Infants and toddlers are eligible for *Early On* if they have a 20% delay in development or an established medical condition that is likely to result in delay. Services are provided in the natural environment, mostly the home, to support parents and families so that they know how to support the unique needs of their babies and toddlers who may have

challenges in crawling, talking, walking, eating, etc. Providers include speech therapists, occupational therapists, physical therapists, teachers, social workers, psychologists, and more. Prior to Part C and *Early On*, Michigan was a pioneer in providing special education services to infants and toddlers, since 1971, before the federal mandate in 1986. Since we had this state special education system in place when *Early On* was created, we ended up with two populations served under *Early On*. Remember, a child has to have a 20% delay or medical condition to qualify for *Early On*. Of those, only 42% of the children in *Early On* qualify as eligible under special education, which provides access to personnel who are reimbursed through special education.

Here you can see the number of infants and toddlers served. 12,907 on count day, over 26,000 annually. 42% of our children also qualify for special education services, which brings more frequent services and highly qualified personnel. Often children in *Early On* are served by personnel who meet only the minimum standard for *Early On* personnel, which can be a Bachelor's degree or even a high school diploma plus training. 58% of children do not qualify for special education, which can mean less frequent services, by personnel who are less prepared, which is inadequate to meet the needs of children who could really benefit from more intensive support.

Our identification rate is about 4% and reflects the number of infants and toddlers served, birth to 3, as a percentage of the population. As our state allocation for *Early On* has grown modestly, Michigan's rate of identification is also steadily increasing. However, we are consistently below the national average. We know that the Michigan K-12 special education identification rate is about 13% and so there are likely many more children who would be eligible for services.

In 2023, *Early On* Public Awareness processed 21,845 referrals. This number does not include those referrals that go directly to the ISDs. You can see that we've significantly surpassed our pre-pandemic levels as we have a 27% increase since 2019.

Currently, support for *Early On* includes \$14.5 million in federal Part C of IDEA funding, \$22.3 million in School Aid 54d funds, reimbursement through special education for the personnel serving that subpopulation, and inequitable millage funding throughout the state. Just recently, the American Institutes for Research produced a cost study, funded by the Michigan Department of Education through Preschool Development Grant funds, that estimates that a high quality early intervention system in Michigan would cost approximately \$230 million.

We know that the most recent increase in funds through 54d made a difference. A survey of ISDs in 2022 found that 100% of all respondents reported that as a result of increased funds they either increased the frequency of *Early On* services and/or hired more qualified staff to perform evaluations and provide additional services.

We have several reasons to increase investment in *Early On*.

1. The science of brain development tells us that investing and intervening in the earliest years has the potential to make the most significant gains for young children.

2. With PreK for All expansion, we want our youngest learners, birth to 3, to receive the supports and services they need to position them for success.
3. With the new requirement for Universal Lead Screening, more infants and toddlers will be referred to *Early On* than ever before.
4. The demand is there, more infants and toddlers are eligible than our system can adequately serve. We must strengthen the *Early On* infrastructure that supports them.
5. An increase of \$15M in Section 54d to \$37.3 M would make a difference for our Michigan families and their young children.

Thank you for your consideration.

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**Teri Melchert, OTR/L:**

Good Morning, My name is Teri Melchert. I am an Occupational Therapist and the *Early On* Facilitator at South Lyon Community Schools in Oakland County. I am here today to talk about the *Early On* system and some of its challenges.

*Early On* is a complicated system that is divided into two parts. One group consists of infants and toddlers with a 20% delay in at least one developmental domain, or an established health condition, like cleft palate, prenatal drug exposure, or lead exposure, which is likely to lead to a delay. We refer to these children as “*Early On Only*”. The second group of children are those we refer to as “*Early On and Special Education*” because Michigan School Code provides special education services to infants and toddlers who meet the eligibility criteria identified in the Michigan Administrative Rules for Special Education. In other words, we have two distinct groups of children in Michigan’s *Early On* system. One is eligible for *Early On Only*, and one is eligible for *Early On and Special Education*. All of the children receive an Individualized Family Service Plan, or IFSP, and all children are entitled to the provision of federally mandated early intervention services.

This bifurcated system is important to understand because it impacts the funding available to our youngest and most vulnerable children. *Early On Only* children are not eligible for the funding and associated services that Special Education eligible children receive, which is not equitable, especially for a state-wide system that is supposed to be comprehensive and coordinated. When children are eligible for both *Early On* and Special Education, the State of Michigan provides fiscal support under Section 52, per pupil foundation allowance, or Section 51a in cost reimbursement. On the other hand, children who are eligible as Part C Only cannot access those funds, or the service providers funded through those funding streams. Up until

2018, services for these children were generally covered through local special education millage funds and Federal Part C of IDEA funds that are disseminated to each Intermediate School District from MDE. However, per federal legislation, the Part C funds were not appropriated to pay for services and are grossly insufficient to do so. The intent of the federal Part C dollars was to build interagency partnerships and facilitate coordination of payment. Yet, until 2018, those federal funds were the only source of payment for Michigan's *Early On Only* eligible children. Since then Michigan created a line item within the state School Aid budget for *Early On*, to increase services for infants and toddlers with disabilities. Today, Section 54d is \$22.3 million. This has allowed our county to hire 17 special education certified employees to provide services to *Early On Only* eligible children and has tripled the frequency of services prior to 2019. This is significant because the disparities in funding within the two groups of *Early On* eligible children determine what services and supports children have access to.

The type and frequency of services that families receive is a function of resources and funding. Because we have not built one efficient system with equal access to funding streams, *Early On Only* children are often offered minimal services and service providers. For example, 65% of children who were *Early On Only* received less than one visit per month while 81% of children who were *Early On* and Special Education eligible received service weekly or twice a week (MAASE, 2016).

In terms of the array of services and service providers to whom children and families have access, again the disparity between the two groups of children is glaring. *Early On Only* children have consistently less access to federally qualified personnel (MAASE, 2016). Again, due to funding limitations, most of our state has had to create two service delivery systems, one of *Early On Only* providers and one that includes Special Education providers. These teams tend to vary greatly in background and credentials, with *Early On Only* families typically limited to a finite group of providers such as nurses or social workers, with no access to speech and language pathologists, occupational therapists, physical therapists, and special education teachers. As state funds are added to the early intervention system through Section 54d, many service areas have finally been able to hire federally required personnel to serve *Early On Only* children, mirroring the providers available to children who are also eligible for special education. This is important because qualified and certified professionals who have expertise in infants and toddlers with disabilities lead to the best outcomes for children and families.

Michigan has a complex early intervention system, and I would be remiss to ignore the systemic issues that make this work difficult at the local level. Our system can be hard to understand, even as an early childhood professional. I'm sure it's hard for you to understand it, too. Imagine how difficult it is for a parent to understand. Increased funding will reduce the disparities that currently exist between our *Early On Only* and *Early On* and Special Education Students. It will create an *Early On* system that ensures that all children with developmental delays and disabilities have access to the array of qualified providers required by federal law and the frequency of services needed to meet their unique needs during the most critical window of development in their lives.

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**Victoria Martinez:**

Hello, my name is Victoria Martinez and I am a parent of a child who received *Early On* services. My daughter was born with Down Syndrome and started her *Early On* journey at 3 months of age. Without this foundation, I am sure her educational experience would have been vastly different due to her delays. Without the services she received, the gap between her and her nondisabled peers would have been significantly larger, not allowing her to be fully included with them in kindergarten. This would have significantly changed her life trajectory in the K-12 system and made her feel isolated and segregated. Due to her services in *Early On*, my daughter has been included in the general education classroom since attending early Head Start at age 3.

Increased funding for *Early On* would give more families like mine a better foundation for their child to transition into preschool and kindergarten. And as my colleagues have mentioned, special education services for older students are more expensive, and *Early On* bridges the gaps for children and prevents them from needing as many services later on.

*Early On* helped me as a parent start my leadership journey in special education. I learned so much when researching and advocating for my daughter in *Early On*, which gave me the expertise to sit on my Local Interagency Coordinating Council, Michigan Interagency Coordinating Council, Special Education Advisory Committee, and my local Parent Advisory Committee in Wayne County. My passion for early intervention has led me to work with families across the state as the *Early On* Liaison for Michigan Alliance for Families, the state's parent training and information center.

In my leadership journey, I have heard from many parents about how great their *Early On* services have been. For example, a family in my local Parent Advisory Committee truly loved their *Early On* experience from start to finish and their child is now thriving in school. However, I have also heard from parents whose experiences could have been better. I know a family who was told by their pediatrician at 2 and a half years old that they need to look into *Early On* for speech, and when they finally received an evaluation, the *Early On* provider who was sent to their home was under qualified to perform the thorough evaluation that their child needed. Because of this, and the fact that the child was already 2 and a half years old, the family was told they were better off to wait until 3 years old and be evaluated by their local school for special education services. This child was then evaluated and found eligible for an IEP for Speech services. Imagine how this family would have been supported in building their child's language skills if *Early On* had more funding to do family outreach and make more connections

in the community. This family could have started receiving services before their child's second birthday instead of being stuck without any early intervention services.

Families are not usually familiar with early intervention services and their pediatricians often fail to refer families in a timely manner. Additionally, there are families who are not receiving enough services or services frequently enough to meet their child's needs, causing them to exit the *Early On* system prematurely. Then there are families who aren't getting any support. Due to a lack of child find activities in their community, these families have never been identified or even made aware that their child could be eligible.

Increased funding for *Early On* would allow more children and families to be found eligible earlier, which would better prepare them for social, academic, and life success.

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**Kae Dubay:**

Good morning. My name is Kae Dubay and I am a parent of a child who received early intervention at 18 months through *Early On*. My son, Lee, had a significant (47%) speech and language delay, as well as some other diagnoses later on. He was completely non-verbal until the age of two, and when he did begin to speak, he had a number of articulation and phonological disorders. In addition to the speech and language delay, he was also diagnosed with sensory processing disorder. I can tell you that a child who is unable to regulate, but also unable to effectively communicate, is extremely difficult and frustrating, for both the parent and child. We did not have the perfect *Early On* experience and frankly did not get all of the supports that he and we needed, but in the end, he exited *Early On* as special education eligible and received an IEP (Individualized Education Plan) through our local elementary school at three years old. That single connection is what eventually led us to the outside OT and social work services that he needed to excel and thrive. I would have never known how to navigate that system, or even known that it was available at that age, without *Early On*. *Early On* was the bridge for Lee to get the services that he needed and today he is a happy, healthy, academically, socially and emotionally successful *almost* 13-year-old and I know, without a doubt, that he and my family wouldn't be where we are today without *Early On*.

I know that my family's story is not unique. *Early On* has impacted so many families. Here are a couple quotes from others that have utilized *Early On*: "*Early On* has been helpful with speech and language, but also sensory and behavioral issues. I can't imagine where we'd be without *Early On* services." And "I am a better parent because of the support we received from *Early On*. I have learned so much about how to help my almost-two-year-old learn and develop. Thank you for all that you do, *Early On*. You have made a huge difference in our lives."



You might wonder why I pushed so hard for Lee to get the services that he needed or why I so willingly accepted them. I have the unique experience of being able to speak to the importance of early intervention from not only a parent and professional lens, but also as a sibling. My brother, Ted, has a mental illness and was in great need of early intervention but being born in the 70s and growing up in the 80s and even into the 90s, the understanding of mental health was in its infancy. My parents tried to get help and support, but it simply didn't exist at that time. In fact, a pediatrician told my mom, "Well, he's not a cool kid". That was the kind of help and support they received. Unsurprisingly, he struggled socially and academically in school, eventually dropping out. He turned to drugs and alcohol to self-medicate and that led to a near-fatal heroin overdose. So why was Ted's outcome so different from Lee's? The only difference is that Lee received early intervention and Ted did not. Ted received little to no intervention services, which led to social and academic struggles; which led to poor coping skills and substance use; which directly led to chronic joblessness and homelessness. It took him 44 years to gain stability in his life. Lee received early intervention through *Early On* at 18 months and special education services with his IEP. We did the outside OT and social worker services; which meant that he was socially, emotionally and academically ready at the time of school entry; which has led to social, emotional and academic success. Lee was set-up to succeed when he entered school, and Ted was set-up to fail. I can't stress this enough; early intervention services are literally life-altering for the children who receive them, like Lee, and for those who do not, like Ted.

Taking my parent and sibling hat off and looking at things from the early childhood system lens, early intervention is vital for children to obtain positive outcomes. 80% of a child's brain develops by the age of three. Birth to three is a critical time for growth and development and we need to ensure that all children are supported.

Michigan indeed has several health and educational services for children; however, the vast majority are prevention based with the focus of preventing adverse outcomes. I agree that an ounce of prevention is worth a pound of intervention, but once a child is identified as having a delay or disability, we are no longer looking at prevention. We need intervention and *Early On* is an intervention program that specifically focuses on children with delays or disabilities. In addition, the majority of programs and services also have income eligibility, oftentimes excluding the families in the ALICE threshold (minimum income level necessary for survival) and making them ineligible for services, regardless of that child having a delay or disability. *Early On* is one of the very few programs that does not have income eligibility, ensuring that children who most need support and services are eligible because we know that children who are born with established health conditions or who are determined to have a delay or disability are at higher risk of having poor outcomes without intervention, so it is essential that they receive supports and services.

I've talked a lot about what makes *Early On* great and why it is so important, but there are absolutely some continued unmet needs. Two immediate needs are additional funding and community outreach and awareness of *Early On*.

The primary need is additional funding. The current funding for *Early On* results in staffing limitations. When there are less staff, less families can be served. We are seeing a 26% increase in referrals of children since the pandemic, and an even higher neurodivergent population. In addition to the overall higher referral rates, we know that a large population of the CAPTA (child abuse prevention and treatment act) referrals, which have also increased, result in families declining services. There are several schools of thought on why this happens, but in the end, these children who are born exposed to substances are one of the highest needs populations but are not currently being adequately served.

Throughout the state, a large majority of the children served in *Early On* are 2 years of age. More and more children are being referred/enrolled around 2, versus earlier in life. Investing early reduces the number of children receiving special education in the K-12 system and lessens the strain on the K-12 system, both costs and staffing. We know that children who receive intervention at a younger age have increased positive outcomes. It is imperative to get more children referred and enrolled in *Early On* before age 2.

A fully funded *Early On* system could possibly support staff to focus on the highest needs populations by being present in the hospitals and working with families to build positive relationships at the beginning of a child's life, connecting them to the services they need. A fully funded *Early On* system could also support a family advocate to connect with families, on a personal level, and support them in enrollment and other services. A fully funded *Early On* system could provide additional professional development to support the staff. A fully funded *Early On* system could support community education to help our families in Michigan better understand *Early On*, remove stigmas, and connect them to services sooner, all of which increase the positive outcomes for our children in Michigan.

Today, we are asking for an increase in state *Early On* funding by \$15 million, for a total of \$37.3 million. Setting our children up for success now better supports our state as a whole. An investment in *Early On* is an investment in our children and our future.

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