

Make the following system changes to move toward one aligned, cohesive early intervention system.

- Adopt a definition of special education eligibility for infants and toddlers that aligns with the current *Early On eligibility*.
- Strengthen *Early On* Personnel Standards and include all early intervention personnel recognized under Part C of IDEA as allowable providers for infants and toddlers currently eligible for special education.
- Phase in and fund changes over three years, utilizing a three-cohort adoption schedule.
- Maintain full funding for early intervention services after alignment to ensure adequate services for eligible infants, toddlers and their families.

Increase state funding for *Early On* incrementally, until funding is \$68 million, as follows:

Fiscal Year	SSA 54d Allocation	System Changes
FY 20	\$7.15 million	None (current fiscal year)
FY 21	\$28 million	1/3 of ISDs implement single, aligned system
FY 22	\$48 million	2/3 of ISDs implement single, aligned system
FY 23 and beyond	\$68 million	All ISDs implement single, aligned statewide system

Rationale

Early On® is Michigan's early intervention system responsible for implementing the federal Individuals with Disabilities Education Act (IDEA), Part C, specific to infants and toddlers with special needs, from moderate delays to significant disabilities. Families who are caring for infants and toddlers with disabilities need services (e.g. speech therapy, special instruction, or physical therapy) that promote strategies caregivers use themselves to support their children's optimal development. Because of rapid brain development during the first three years of life, quality early intervention produces greater outcomes than waiting until a child enters school, improving quality of life and educational success. Appropriate early intervention services during the youngest years are more cost effective because they mitigate the impact of delays and disabilities and reduce the need for more expensive special education later.

Current Challenges

Insufficient and Inequitable Resources: Michigan significantly under-invests in early intervention. Prior to FY 2019, Michigan was the only state to rely solely on federal and local (millage) funding. Peer states allocate significantly more state funds for early intervention with investments ranging from \$50 M to \$126 M in Minnesota, Illinois, and Pennsylvania. Michigan's lack of investment results in families left without required supports and significant inequities across the state. In FY 2019, Michigan made an important first step by allocating state funds for *Early On* to begin to address decades of under-investment; this allocation was \$7.15 million in FY 2020. However, a \$68 million annual investment is needed to adequately fund the *Early On* system to ensure children and families receive high quality, early intervention services regardless of their diagnosis or location.

Two-tiered, Inefficient System: In 1971 Michigan was a national leader and became a birth mandate state, providing special education services to infants and toddlers, birth to age 3. Fifteen years later, the federal enactment of what is now Part C of IDEA also required states to serve infants and toddlers with delays and disabilities. Michigan maintained our existing special education system AND created another broader system to address Part C, which resulted in two distinct systems for services. Throughout Michigan's early intervention history, there have been changes to closer align federal and state regulations; however, the bifurcated system perpetuates inconsistencies, creates duplication and diminishes inadequate resources by maintaining:

- two sets of contradictory regulations and rules depending on diagnosis and delay;
- separate and complex eligibility criteria which require additional evaluations, causing confusion for families and service providers;
- disparate services for families across the state based on eligibility and local millage;
- incongruent frequency and intensity of services dictated by available resources, not child or family need; and
- challenges in accessing qualified personnel for children who are not eligible for special education.

Ultimately, funding a single aligned, cohesive early intervention system will improve equity and access to *Early On* regardless of community, resulting in better outcomes for children and families across the state.