

October 6, 2017

Rationale for State Allocation of Funding

For Early On Michigan Birth to Three Early Intervention Services for Infants and Toddlers with Delays and Disabilities

In order to establish financial stability for Michigan's special education system, we must first begin with adequately funding our state's early intervention system, known as *Early On*[®] Michigan. Established under the federal Part C of the Individuals with Disabilities Education Act (IDEA), Michigan is unique in its lack of state appropriation for birth to three. We know that intervening as early as possible in the life of a child is the most efficient and effective strategy for supporting maximum developmental outcomes for young children with delays and disabilities. The National Forum on Early Childhood Program Evaluation and the National Scientific Council on the Developing Child report that "early experiences determine whether a child's brain architecture will provide a strong or weak foundation for all future learning, behavior, and health."ⁱ Research indicates that the first 1,000 days of life are crucial and that this is the time to make a lasting impact on the brain's architecture.ⁱⁱ Services to infants and toddlers who have or are at risk for developmental delays have been shown to positively impact outcomes across developmental domains, including language and communication,ⁱⁱⁱ iv v vi cognitive development,^{vii} social/emotional development,^{viii} ix and health.^x Families benefit from early intervention by being able to better meet their children's unique needs from an early age and throughout their lives.^{xi} xii Benefits to society include reducing economic burden through a decreased need for subsequent special education.^{xiii}

In 2016, 78% of infants and toddlers in *Early On* Michigan substantially increased their rate of growth in key developmental areas by the time they exited, typically at age three.^{xiv} Of families who participated, 84% indicated that *Early On* helped their children develop and learn.^{xv} In Michigan, less than 3% of all infants and toddlers receive early intervention services through *Early On* while 13% of school-age students receive special education services.^{xvi} In 2012, the Citizens Research Council of Michigan found that 225,000 students statewide were eligible for special education at a cost of \$14,397 each or \$3.2 billion. The National Early Intervention Longitudinal Survey Final Report (2007) indicates that 42% of children who participate in Part C of IDEA do not need special education supports or services in later years. Adequate investment in Michigan's infants and toddlers with delays and disabilities could result in significant savings for the State of Michigan in special education costs each year.

ⁱ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*.

<http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>.

ⁱⁱ Powers, Stefanie (2013). Zero to Three: National Center for Infants, Toddlers, and Families, September 2013, Volume 34, No.1, p.2.

ⁱⁱⁱ American Speech-Language-Hearing Association (2008). *Roles and responsibilities of speech-language pathologists in early intervention: Technical Report*. <http://www.asha.org/policy/TR2008-00290.htm>.

^{iv} McLean, L. K., & Cripe, J. W. (1997). The effectiveness of early intervention for children with communication disorders. In M. J. Guralnick (Ed.), *The effectiveness of early intervention* (pp. 349–428). Baltimore, MD: Brookes.

^v Ward, S. (1999). An investigation into the effectiveness of an early intervention method on delayed language development in young children. *International Journal of Language & Communication Disorders*, 34(3), 243–264.

^{vi} Joint Committee on Infant Hearing. (2007). Year 2007 position statement: Principles and guidelines for early hearing detection and intervention programs. *Pediatrics*, 120(4), 898-921.

^{vii} Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Singer, M. (2007). Early intervention for infants & toddlers with disabilities and their families: participants, services, and outcomes. *Final report of the National Early Intervention Longitudinal Study (NEILS)*. <http://www.sri.com/work/projects/national-early-intervention-longitudinal-study-neils>.

^{viii} Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Singer, M.

^{ix} Landa, R. J., Holman, K. C., O’Neill, A. H., & Stuart, E. A. (2010). Intervention targeting development of socially synchronous engagement in toddlers with autism spectrum disorder: A randomized controlled trial. *Journal of Child Psychology and Psychiatry*, Volume 52, Issue 1, pages 13-21, January 2011.

^x Center on the Developing Child at Harvard University (2010). *The foundations of lifelong health are built in early childhood*. <http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood>.

^{xi} Hebbeler, Spiker, Bailey, Scarborough, Mallik, Simeonsson, & Singer.

^{xii} Bailey, D. B., Hebbeler, K., Spiker, D., Scarborough, A., Mallik, S., & Nelson, L. (2005). Thirty-six-month outcomes for families of children who have disabilities and participated in early intervention. *Pediatrics*, 116, 1346-1352.

^{xiii} Hebbeler, Spiker, Bailey, Scarborough, Mallik, Simeonsson & Singer.

^{xiv} Wayne State University (2017). Child Outcomes Study.

^{xv} Wayne State University (2017). Family Outcomes Study.

^{xvi} <http://www.mischooldata.org>