



**Recommendations for FY2023 for *Early On*® Michigan**

**1. Address the funding and eligibility inequities in the *Early On* system.**

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

- Increase funding in order to provide quality early intervention services to the eligible population.
- 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, allow for a planful implementation schedule that accommodates local readiness.
- 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:**

<b>Fiscal Year</b>	<b>SSA 54d Allocation</b>	<b>System Changes</b>
FY 22	\$14.15 million	Current year
FY 23	\$28 million	1/3 of ISDs implement single, aligned system
FY 24	\$48 million	2/3 of ISDs implement single, aligned system
FY 25 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 special education millage funding. Peer states allocate significantly more state funds for early intervention with investments 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 \$14.15 million in FY 2022. 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. 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.*

## **2. Fund strategies for increasing and diversifying the early intervention workforce.**

Michigan is experiencing significant shortages in personnel to provide *Early On* services. The current workforce is not adequate to serve the eligible population. Michigan needs additional personnel, especially in the fields of school psychology and speech-language pathology. Also, in order to support meaningful intervention with families of infants and toddlers with disabilities and developmental delays, Michigan needs personnel from racial and cultural backgrounds representative of our diverse population. The *Early On* Michigan Foundation recommends funding strategies to recruit, prepare, and graduate personnel, beginning in high school, including scholarship programs in priority early intervention disciplines, with at least 50% of funds dedicated to increasing the capacity of institutions of higher education to attract, prepare, and graduate racially, ethnically, and linguistically diverse early intervention personnel.