

ECI Advocacy Coalition

82nd Texas Legislative Session

As introduced, the House and Senate budget bills do not include enough funds to sustain a quality Early Childhood Intervention Services (ECI) system that reaches children in need of services. These budget proposals would:

- Reduce the number of children receiving ECI services by over 20%, serving at least 6000 fewer infants and toddlers.
- Continue inadequate service levels, averaging just 2 hours of monthly contact.

Guiding Principles of the ECI Advocacy Coalition

- **It is critical for Texas to have an ECI system that reaches children aged birth to age three with disabilities or developmental delays, provides the level of early intervention services needed to help them reach their potential, and is sustainable.**
- **Interventions in early childhood are more effective and less costly than interventions made later in a child or adult's life.** If the Texas ECI system is not strengthened:
 - Young children and families will not receive services in time to significantly change the child's trajectory, requiring they access additional, more costly services as the child ages.
 - Other systems, such as schools, child welfare and juvenile justice will be called on to deal with problems left unaddressed, when problems are more entrenched, difficult and expensive to treat.
 - Texas taxpayers will spend more on interventions which have less of an impact on a child's outcome.
- **Gaps created by an inadequate ECI system cannot be filled by existing early childhood or health,** which target other populations, have different parameters and use different interventions.
- **Ensure families' access to developmental services that adhere to ECI's family-focused model by:**
 - Restoring the hole left by ARRA funds used last session to fund ECI by funding Exceptional Item 1 in the Department of Assistive and Rehabilitative Services (DARS) Legislative Appropriations Request
 - Avoiding significant narrowing of eligibility to ensure early intervention services are made available to children who need them
 - Increasing average service hours to the minimum service levels recommended by an external evaluation commissioned by DARS
 - Continuing to work with families to show them how to help their child reach their potential
 - Avoid moving towards a medical or clinical service model

In order to illustrate the potential impact of these proposed recommendations, the stakeholders developed a series of scenarios of children who would be eligible under current criteria but who would not be eligible if these changes are made.

Scenario 1 – a 19 month old child with no medical diagnosis is enrolled in ECI based on a 3 month delay in communication. The child has a significant birth history (born at 31 weeks, tested positive for cocaine exposure, hypertonic and low birth weight) and was in the NICU after birth. The child has minor motor issues but not enough to qualify in the motor area. The child received ECI services until age three years and was found to not need Part B preschool services. Under our recommendations, this child would not have received early intervention services and would likely have been eligible and in need of preschool special education services.

Scenario 2 – a 15 month child with no diagnosed condition used no words, produced vowels but no consonants and used some signs to communicate. The child was beginning to lose signs and words and is getting progressively worse. A 20% delay in communication is demonstrated but the child is not eligible under the revised 25% delay. Without services, this child would probably need more intense and costly services.

Scenario 3 – a 31 month old child has a 7 month delay in communication. The child is barely putting 2 words together, e.g. more cookie. This child would not be eligible if the recommendations are accepted and this delay will have a major impact on pre-literacy and later school success.

Scenario 4 - Parent of a third grader relayed to me, having lived in a broad category state, her child did not receive ECI services. She was told that she is in the range of normal, but her mother could hardly understand what she was saying. Child has had to be part of the special education system since she was enrolled in kindergarten and has since had difficulty learning to read. In third grade, she is now learning to read words. Third graders typically read to learn rather than learn to read. In our new criteria for eligibility, articulation will not allow for enrolling this child. However, if enrolled and speech therapy begun, the child could benefit from the holistic framework from which ECI works and address cognitive deficits.

Excerpt from Emerald Consulting. (2009). A Report to the Texas Early Childhood Intervention (ECI) System Regarding the Stakeholder Task Force Meeting on ECI Eligibility. http://www.dars.state.tx.us/ecis/eci_eligibility_2008.pdf

Scenario 5: A 28 month old child has a family history significant for speech and language disorders (Dad and two of three older siblings all received speech therapy). This child was referred to ECI by his pediatrician at 12 months, 18 months, and now after his two-year well baby check due to red flags on the developmental screenings. The evaluation results after each referral show between a 15-19% delay, and therefore he would not qualify for ECI services (under proposed standards). It is well documented that the incidence of speech and language disorders increases with family history and the pediatrician and family have been concerned about his communication development for over a year; however, under the proposed eligibility standards, this child would not receive services. Under the current standards, this child would have received services after the 12 month referral and the concerns potentially could have been remediated. Early communication skills lay the foundation of later academic skills, particularly literacy skills.