

To Support Toddlers with Disabilities, Legislature Must Strengthen ECI

Testimony to House Appropriations Article II Subcommittee

Early Childhood Intervention (ECI) is one of the state's main programs for influencing children's trajectory during the developmentally critical years of early childhood and ensuring that more students start kindergarten ready to succeed. After past budget cuts to ECI, legislators should ensure full funding and support is provided to the program and the children with disabilities and delays who rely on it.

We are very thankful to the Subcommittee for holding this critical hearing on Early Childhood Intervention (ECI) and for working over the last year to attempt to strengthen the program. We would like to make a few key points about ECI today. We look forward to working with the Subcommittee to ensure that all children with disabilities and developmental delays can reach their potential.

Early Childhood Intervention (ECI) is the state program to contract with community organizations to provide life-changing therapies and services to children under age three with autism, speech delays, Down syndrome, and other disabilities and delays.

- By serving children during the critical first three years of their lives, the program has been highly effective in helping children learn to walk, communicate with their families, get ready to start school, or meet other goals.
- ECI reduces the need for special education and reduces the academic, social, and behavioral challenges that a child faces when starting elementary school.

Multiple state policies have placed a significant strain on ECI.

- Direct state appropriations for ECI have decreased from \$166 million in FY 2011 to \$148 million in FY 2018. In the 2017 session, lawmakers increased ECI appropriations, both for the remainder of the 2017 fiscal year and for the 2018-2019 biennium, but they did not fully fund anticipated caseload growth for 2018-2019.

Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

- In 2015, Texas legislators also reduced the Medicaid reimbursement rates paid to providers who offer speech, physical, occupational, and other therapies to children with disabilities (including ECI providers and non-ECI providers that serve children of all ages with disabilities.)
- In 2011, the Legislature also reduced eligibility for ECI.
- Texas was 45th in the nation in 2016-17 in terms of the percentage of kids under age three served by the state's early intervention program.

These state policy decisions have taken a toll on ECI and the children and families who rely on it.

- Six contractors withdrew from the state program in 2016 and 2017, leaving 44 providers in place. As reported last week by the Texas Tribune, two more – Texoma Community Center in Sherman and the Behavioral Health Center of Nueces County – have notified the state that they are shutting down their programs.
- Our research has found that when a provider shuts down, local ECI enrollment falls because of the time needed for a new provider to ramp up in the area; a breakdown in communication with families; and the loss of confidence in and awareness of the local ECI program among key community members, including the doctors and child care centers that often refer children to ECI.
- State funding cuts have forced ECI contractors to scale back their "Child Find" outreach levels, leading to lower enrollment.
- While ECI enrollment has partially rebounded in recent years, including a five percent increase between 2015 and 2016, overall enrollment is 10 percent lower than in 2011 despite a 4 percent increase in the number of Texas children under age three.
- The state cuts affected children of all backgrounds, but there was a disproportionate impact on Black children. Statewide ECI enrollment of Black children decreased 30 percent from 2011 to 2016, compared to 10 percent among Hispanic children and 8 percent among White children.

We recommend the following to address the state funding challenges faced by ECI providers.

- Ensure state funding fully covers anticipated caseload growth.
- Increase the per-child state appropriated funds for ECI contracted organizations to cover the actual costs of providing services to children who qualify for services
- Ensure ECI organizations have sufficient funding to increase their Child Find efforts.