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Testimony Re: H-7123, Article 1, Section 16
Early Intervention Recovery
Senate Finance Committee
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Rhode Island KIDS COUNT coordinates the Right from the Start Campaign, a state policy coalition led by eight organizations to advance state policies and budget priorities that will help families with young children.

Both Rhode Island KIDS COUNT and the Right from the Start Campaign **support the Governor's proposals in Article 1, section 16 of his FY23 budget proposal to provide funding to Early Intervention providers so they can provide financial incentives to help reduce staff turnover and can work to eliminate the statewide waiting list for infants and toddlers with developmental challenges.**

The Governor has proposed a short-term infusion of cash to help the Early Intervention programs continue to operate, **but what is desperately needed is a significant and permanent Medicaid rate increase, as proposed in Senator Valverde's Early Intervention and First Connections Act, S-2546.** A permanent rate increase is needed so that Early Intervention programs can offer better long-term wages and benefits to recruit and retain skilled educators and licensed therapists.

The Early Intervention program is a public education program that Rhode Island operates to serve infants and toddlers with developmental challenges as required under Part C of the federal *Individuals with Disabilities Education Act*. Although Rhode Island uses Medicaid and private health insurance to fund most services (as does Massachusetts and several other states), **the program is a public education program overseen by the U.S. Department of Education, Office of Special Education Programs.**

Effective Early Intervention services help children make developmental progress and can help them catch up with their peers. Researchers have found that **about one-third of infants and toddlers who received Early Intervention no longer had a developmental delay, disability, or special education need in kindergarten.**

In November 2021, Rhode Island Early Intervention providers were not able to enroll new children or conduct eligibility assessments, because they did not have enough qualified staff. There is now a statewide waiting list for eligibility assessments and services. Early Intervention programs do not have enough qualified staff because the wages and benefits they can offer do not meet market standards. Early Intervention programs cannot offer competitive wages and benefits because the Medicaid rates (and the commercial health insurance rates) that pay **for Early Intervention services have not been raised since 2002, and in fact they were cut by 3% in 2009.**

In 2019, Early Intervention services in Rhode Island were funded with \$8.5 million from Medicaid (\$4.5 million federal and **\$4 million state general revenue dollars**), \$7.9 million from commercial health insurance, and \$400,000 from the state's IDEA Part C grant. **State funding was higher in 1999 when \$4.4 million in state general revenue was allocated to Early Intervention.** Funding for Early Intervention has been inadequate for decades. In 2019, the estimated annual funding per child enrolled in Early Intervention averaged \$3,542. This is only 10% higher than the 1999 annual per child funding amount when a Governor's Task Force recommended that annual funding per child enrolled in Early Intervention be raised to \$5,700.

Early Intervention programs have been struggling to maintain operations for years. **In 2015, both Hasbro Children's Hospital and the James L. Maher Center closed Early Intervention programs** due to inadequate funding to cover staffing and services.

Infants and toddlers are suffering because of inadequate Medicaid rates. Before the pandemic began, Early Intervention programs had a **33% staff turnover rate per year**. And a 2019 Early Intervention staff survey found that only 28% report high job satisfaction, **82% planned to leave their jobs if salaries do not improve**, and 52% had looked for another job in the past six months.

Unmanageable caseloads, in addition to low pay, is a common reason Early Intervention staff are leaving. Each time a staff person leaves, her caseload of about 30-40 children and families must be transitioned to other staff and new relationships must be formed to effectively deliver services. Retaining qualified and effective staff is essential for high-quality services and improved child outcomes.

Below are comments made on the 2020 Early Intervention family survey, demonstrating the value of consistent, effective, professional staffing for these programs.

"It has been incredible to see the progress our son has made across the last year! He has grown from a very shy boy at his first visit when he would not even go near our educator to hugging her at his last few meetings! We could not be more thankful for our educator's care and LOVE for our son and our entire family! It has been a JOY to see our son's language development progressing!"

Comment on the 2020 Rhode Island Early Intervention Family Survey

"From the start since my son was 18 months old, I believe the lack of consistency in people involved with my son's case has caused him to not be able to get the most out of this program before he ages out. He would see the same people for a few visits and then be assigned someone new on multiple occasions for various reasons. The new people would essentially have to "start over" to get to know him, in order to help him the best way they knew how. Which would delay the progression that he could have been making."

Thank you for this opportunity to provide testimony. We support any effort to fund Early Intervention and believe the short-term funding will help but a permanent rate increase is desperately needed.