

EI/ECSE Talking Points

Early Intervention (EI) services are for children birth through two years of age who have developmental delays or are diagnosed with a medical condition likely to result in a developmental delay. **Early Childhood Special Education (ECSE)** is special education for children age three to school age with disabilities.

EI/ECSE programs/services are mandated by state and federal law and require that children benefit from the services. The programs are funded with Federal Funds (17%) and State General Funds (83%).

The purpose of EI/ECSE is to (1) assist families in understanding their child's disabilities and developmental needs, (2) reduce the impact of those disabilities and developmental needs, (3) increase the child's school readiness, and (4) increase the child's potential for success in school and his/her adult life.

Service Levels Standards: In 2009 a Legislative Work Group consisting of early learning specialists, service providers, advocates, school officials and ODE staff with the assistance of Dr. Tom Parrish (American Institutes of Research) developed a description of recommended service levels required to provide benefit to children in the program. Over the past eight years EI/ECSE funding has not kept pace with the caseload growth resulting in a significant reduction in services to children. In 2014 the percentages of children receiving the recommend levels of service were:

- 30.4% of EI children,
- 64.1% of ECSE children with low needs,
- 6.9% of ECSE children with moderate needs and
- 1.4% of ECSE children with high needs

Funding History: In the 2005/07 biennium there were 17,727 children in Oregon's EI/ECSE program with a per child funding level of \$7,116. In the 2013/15 biennium there were 22,370 children in the program with a per child funding level of \$7,373 --- **a per child funding increase of only 3.6% over eight years.**

2015-17 Caseload Increase and Funding: The 2015/17 EI/ECSE Budget is based on a projected caseload growth of 2.18% and as of November 2015 the caseload has increased by 3.33%. This increase is due in part to the universal screening effort launched by the CCOs and HUBs at the direction of the legislature. Just to maintain the current minimal (insufficient) service level for the anticipated caseload increase will require a \$5.4 million increase in the 2015/17 EI/ECSE Budget.

The current funding for EI/ECSE provides an inadequate program that diminishes the growth and future of our students, drives up the cost of serving those students through out their K-12 schooling, and limits their opportunities for success as adults.