

## Testimony to be delivered to the New York City Council Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse, and Disability Services

**Re: Early Intervention** 

## December 15, 2014

Thank you for the opportunity to speak with you. My name is Randi Levine, and I am Policy Coordinator and Early Childhood Education Project Director at Advocates for Children of New York. For more than 40 years, Advocates for Children has worked to promote access to the best education New York can provide for all students, especially students of color and students from low-income backgrounds. Each year, Advocates for Children helps thousands of parents navigate the process of getting educational services for their children, starting at birth.

Advocates for Children supports Proposed Int. No. 571, which would enable the Department of Health and Mental Hygiene to house the Early Intervention (EI) program within the new Division of Family and Child Health. We are hopeful that this new division will take a holistic approach to child health services and will work on building a continuum of services for children and families. We also hope that this new division will build strong partnerships with other governmental agencies working on behalf of children, as a common problem we hear from parents involves the complicated transition from Early Intervention services, administered by DOHMH, to preschool special education services, administered by the DOE, when children turn three years old.

This has been a momentous year for early childhood education in New York City. Advocates for Children has long championed the expansion of Pre-K, and we celebrate the fact that more than 53,000 four-year-old children are sitting in full-day, public Pre-K seats right now. This expansion will make a significant difference in preparing children to succeed in school. At the same time, research shows that the brain is developing most rapidly from birth to age three. By detecting developmental delays and intervening at the time when children's brains have the most elasticity, the Early Intervention program provides critical services, helps children prepare for school, and saves money in the long run.

Despite this impact, Early Intervention has been the target of state budget cuts in recent years. In fact, state funding for EI decreased by 27% from FY 2010-2011 to FY 2014-2015. These decreases included a 10% cut to the EI reimbursement rate for home- and community-based services in April 2010 and an additional 5% cut to the

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reimbursement rate for all EI services in April 2011. Meanwhile, in April 2014, the State implemented a new process for reimbursement, placing significant administrative burdens on EI service coordinators and programs, which have had to navigate the complex system of commercial insurance billing without any additional administrative staff and with little training or assistance.

As a result, some experienced EI providers in New York City have shut their doors or stopped taking EI cases. For example, in May 2014, St. Mary's Healthcare System for Children closed its EI program, which had been in existence for 20 years and had served more than 3,000 infants and toddlers in 2013 alone. The program explained that it could no longer afford to operate due to the recent state budget cuts and the fact that last year's state budget included no relief. The children who are hit hardest by these cuts are often children living in low-income neighborhoods where provider shortages are most acute.

As the City Council advocates this year for the State to provide additional Pre-K funding, as it should, we hope that the Council will also prioritize funding for Early Intervention. We look forward to working with you to protect and strengthen Early Intervention. Thank you for the opportunity to speak with you. I would be happy to answer any questions.