

## **Penny wise and child foolish**

By Kevin Rodman Conare

Every year across Massachusetts, community-based providers offering early intervention program serve 30,000 children with developmental disabilities. These intervention services reach children ranging from birth to three years of age, the most critical time in brain development. Never again in life do children rebound as easily as in the first three years, a critical and brief window of opportunity to impact a child's development in a positive way.

The Commonwealth struggles annually with the budget, which allows for increases in the number of cases, but seldom provides sufficient increases in the contract rates. This has led to an enormous salary gap, with most Early Intervention programs paying their nurses, physical therapists, occupational therapists and speech language pathologists 30-to-45 percent less than the market. This has left a shortage of professional skills and staff to support children in the most critical time of their lives.

This year, the Department of Public Health is recommending another more drastic cost saving measure — increasing the eligibility criteria for children from 25 percent delay to 30 percent. This seemingly small adjustment will have enormous impact, denying services from 1,800 to 2,000 children next year who would otherwise qualify for them. Sadly, this is a trend, reducing the number of children served by increasing eligibility from the original 16 percent for children under 12 months, to the current 25 percent to the proposed 30 percent.

This approach is both short-sighted and damaging. Aside from the emotional toll this will have on families who have nowhere to turn for services, it will eventually cost the system more money. Here's the math. Last year, 1387 children who entered the EI system with moderate to severe delays, were not referred for Special Education preschool services. The average cost for these services in FY '05 was \$14,500 per child. Therefore, the likely savings for these children deferred from SPED was about \$20 million.

Aside from cost, this approach is clumsy and clinically unsound. We know this from experience. Kennedy-Donovan Center operates four early intervention programs in south central and eastern Massachusetts. Each year, we are privileged to serve 3,000 families, offering ongoing services to nearly 2,000 children. As such, we have supported changes that

would tighten up services at the end rather than the beginning stages, by making sure children who no longer need services have transitioned out. Tightening up the front end simply means that many children who need services will not have access to them or will not receive them until it is too late.

We have, therefore, joined with providers across the state to urge the Commonwealth not to adopt these changes — changes that will ultimately cost the system more anyway. There are ways to save money without affecting services. But that will require a thoughtful approach which engages providers, families and the government together, not a simplistic approach that retreats from inclusive eligibility.

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