

**Oregon State Legislature
House Committee on Early Childhood
Informational Meeting on Early Intervention/Early Childhood Special Education
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**TESTIMONY
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BIOGRAPHY - DR. CARRIE GILLISPIE

As a senior associate on the P-12 Research team, Carrie Gillispie conducts early learning research and develops Ed Trust's recommendations for national, state, and local policy and practice related to equity in early childhood education.

Prior to joining Ed Trust, Carrie was an instructor and research assistant at The George Washington University, a contractor for the U.S. Department of Education, a school psychology trainee and special educator, and a research fellow at the National Institute of Mental Health.

Carrie holds a doctorate in Special Education and Disability Studies from The George Washington University, a master's degree in School Psychology from the University of North Carolina at Chapel Hill, and a bachelor's degree in English from Bates College.

TESTIMONY BEFORE THE COMMITTEE

Thank you, Chair Power, and members of the House Committee on Early Childhood for the opportunity to speak with you today.

My name is Carrie Gillispie, and I am a senior P-12 research associate at The Education Trust. Ed Trust is a national nonprofit organization dedicated to closing long-standing opportunity gaps that separate students from low-income backgrounds and students of color from their peers.

Today, I'd like to speak with you about supporting young children with delays and disabilities equitably.

First, I'll describe our recent study entitled, "[Our Youngest Learners: Increasing Equity in Early Intervention](#)". Then, I'll discuss our recommendations for Oregon's approach to equitable early intervention and early childhood special education.

In partnership with Zero to Three and the National Center for Learning Disabilities, Ed Trust recently published a set of reports on equity in early intervention. The first report describes existing inequities in early intervention systems, and the second report gives findings from our survey of early intervention state coordinators across the country.

Early intervention is the key to setting children with delays and disabilities on a path to long-term success, but children of color face barriers to accessing these services that have likely only worsened during the pandemic. Every child from birth to age 3 in the U.S. is entitled under the Individuals with Disabilities Education Act (IDEA) to support in reaching developmental milestones if they have a developmental delay. Strong support as soon as a developmental delay is identified can have a positive ripple effect that lasts a lifetime. These services are provided not only for a child with a developmental delay, but also for the child's family, ensuring that caregivers have the tools they need to create a healthy, supportive environment for the whole family. Early interventionists work with children and families to build a variety of developmental skills, depending on each child's needs. These include physical skills like crawling and walking; thinking and learning skills; communication skills; daily living skills like eating and dressing; and social and emotional skills that are important for interacting socially.

Early intervention services are funded through a complex blend of federal, state, and local sources, and are part of IDEA. States have to make difficult decisions about how to fund critical IDEA services, including early intervention services, because Congress vastly underfunds IDEA. This often results in stricter eligibility requirements and other cost-saving measures that sometimes lead to a decrease in the number of children receiving services. As a result, inequities can begin to emerge in the earliest years of a child's education, growth, and development. Children of color tend to be identified as eligible for these crucial services later than their White peers, and too often, fail to receive the evaluations and services for which they are eligible. For instance, compared to their White peers with developmental delays, Black children with developmental delays are 44% less likely to be identified as such and receive services; and Latino children with developmental delays are 78% less likely to be identified as such and receive services. Young children missing these opportunities for early intervention services are potentially at greater risk of significant developmental and learning delays, which can greatly impact their long-term health and academic outcomes.

Given that over one-third of Oregon's infants and toddlers are children of color, inequities in early intervention can affect a large number of children throughout the state. Inequities in early intervention also affect children from low-income families, and over one-third of Oregon's infants and toddlers are from families who either have low incomes or live in poverty.

To find out how states are responding to the pandemic, we sent a survey to state coordinators of early intervention services in fall 2020. 29 coordinators responded. The work of coordinators was already challenging and underfunded before the pandemic, and the COVID-19 crisis presents a slew of additional challenges. The state coordinators reported that since the pandemic, referral rates for early intervention in several states across the country have dropped, many children and families have had to wait longer than usual to receive an evaluation and to establish eligibility for early intervention services, and early intervention service rates have dropped. It has been difficult to measure how this has affected families of color, families with low incomes, and families with home languages other than English due to lack of data that allows us to monitor and measure equity for our youngest learners. Although our survey was anonymous and, therefore, we don't have data specific to Oregon in our report, we do know from Zero to Three's [2021 State of Babies Yearbook](#) that prior to the pandemic, Oregon had room to improve its timeliness of Part C service delivery, and Oregon's percentage of infants/toddlers receiving IDEA Part C services is below the national average. This data reflects conditions prior to the pandemic, and it is likely that the pandemic has made timeliness and service delivery more difficult.

IDEA regulations state that when the lead agency or early intervention service provider receives a referral, the initial evaluation and assessments of the child and family, and the initial individualized family service plan meeting, must be completed within 45 days of the referral. This timeline is critical in that a child's acquisition and mastery of many key developmental skills takes place over the course of days, weeks, and months. When children and families have to wait extra days, weeks, and months, early interventionists miss critical opportunities to strengthen the course of a child's development. We learned through our survey that overall wait times increased in ten states out of the 29 states that responded to our survey. Because our survey was anonymous, we cannot specify which states these were. Only five states could provide data on wait times for families from populations disproportionately affected by COVID-19; on average, in these five states, wait times increased by 17 days for Black families, 18 days for Latino families, and 20 days for families with home languages other than English and families with low incomes. One state reported that wait times had increased by 60 days for Black children and by 59 days for Latino children. An extra 17 to 60 days, on top of a family's typical wait time, is a huge amount of time developmentally for an infant or toddler. Therefore, it's particularly concerning to know that many families' wait times have increased.

In our report, we offer several recommendations to increase equity in early intervention services:

First, states including Oregon must report better data in order to monitor and measure equity in early intervention and in early childhood education. Data systems should link early intervention, preschool, K-12, and postsecondary data in order to optimize outcomes throughout a student's education. States should also collect and publicly report more data that's specific to referral processes and Child Find activities – that is, the legal mandate that requires states to identify all children who are eligible for early intervention services. Early intervention and early childhood special education activities and processes can be improved and made more equitable through the public reporting and analysis of referral and screening counts, disaggregated by geographical region, type of referral or screening setting, family race and ethnicity, income level, and dual language learner status. We offer resources and examples of this in

our report. We can only fix what we can measure – so it is vital that the state collects and reports high-quality data.

Our next recommendation is that Oregon give ongoing guidance to its early intervention and early childhood special education systems on how to conduct Child Find, evaluation and assessment, and Part C service delivery equitably as we emerge from the pandemic, particularly for families without reliable internet and families with limited English proficiency. In order to make early intervention and early childhood special education more equitable, it's critical that Oregon use culturally and linguistically competent evaluation processes, to minimize racial and cultural bias and promote equity. This includes developing a racially, culturally, and linguistically diverse early intervention workforce that reflects the diversity of the early childhood population and antiracist and culturally competent, ongoing professional development that includes family engagement approaches. These strategies are needed to ensure that children who would benefit from services receive them, and to avoid inappropriate identification, placement, and instructional and disciplinary practices.

Next, we recommend that Oregon connect with other states to learn about what has been working elsewhere to improve equitable early intervention services both before and throughout the pandemic. In our report, we share examples of states who are working toward building their early intervention service capacity, including New Mexico, New Hampshire, West Virginia, Massachusetts, and California. We share several bright spots that we learned about from our survey respondents and that we hope states will emulate across the country, including making home broadband access more equitable to address disparities in technological access.

Oregon should also make it so that “at-risk” children are eligible for IDEA Part C services. According to Section 303.5 of IDEA, “at-risk” children are those under age three who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided, and this includes children with biological or environmental factors that can be identified like low birth weight, lack of oxygen, brain hemorrhage, and nutritional deprivation. As it stands, many of Oregon’s infants and toddlers who would likely benefit greatly from services are not eligible for them and are missing out on critical interventions that would strengthen their development. Including these “at-risk” children in Oregon’s eligibility would not only improve these children’s developmental outcomes, but reduce special education costs in the future as these students enter elementary school.

Our next recommendation is that Oregon increase its investment in Child Find activities in the coming year, and prepare for higher post-pandemic referral rates. Given that referral rates have dropped amid the pandemic, it's likely that referral rates will rise once young children return to early care and learning settings and visit pediatricians more regularly. Higher referral rates are not only likely for infants and toddlers, but for children who were preschool age during the pandemic and are, or soon will be, transitioning to kindergarten. In fact, under-identification amid the pandemic could produce a surge of referrals in elementary schools in the coming years. Furthermore, children who were found eligible for services before the pandemic, but have been unable to regularly access services amid the pandemic, may require additional services as in-person programming resumes. We have several recommendations in our report on ways in which Oregon can do this, such as increasing special education funding and providing dedicated funding for special education in preschool; requiring that all state-funded preschools use inclusion-based models that integrate children with and without disabilities and provide professional development for general education preschool teachers in inclusion-based practices; and providing financial incentives for districts to recruit and increase compensation for special educators

working in early childhood education settings and provide service scholarships and loan forgiveness programs for special education trainees.

In closing, I'd like to reiterate that early intervention for a child and family as soon as a developmental delay is identified can have a positive ripple effect that lasts a child's lifetime. Systemic racism in health and education systems combined with insufficient funding threaten access to these critical, life-changing services. The COVID-19 pandemic has caused early intervention referral rates and service rates to drop, and wait times to increase. I hope that the Committee will consider the many recommendations and examples we describe in our report in order to give Oregon's youngest learners the strong start they deserve.

I hope The Education Trust can continue to be a resource for this Committee as it works to address these critical issues facing our nation's youngest learners.

Thank you for the opportunity to speak with you today. I look forward to answering your questions.