

Elizabeth Burke Bryant

Testimony on H-7225, Article 9, Section 5 in support for the FY25 budget proposals to provide rate increases for both Early Intervention and First Connections and to request consideration for additional rate increases for these vital early childhood development programs.

Chairman Abney and members of the House Finance Committee,

My name is Elizabeth Burke Bryant and I am a Professor of the Practice of Health Services, Policy, and Practice at the Brown University School Of Public Health where I am based at the Hassenfeld Child Health Innovation Institute. Thank you for this opportunity to provide testimony in support of critical rate increases for the Early Intervention and First Connections programs. I am providing this testimony in my individual capacity.

Early Intervention - I am writing in support of the Governor's inclusion of the full OHIC recommended rate increase in the proposed FY25 budget. The recommended EI rate increases range from 13% to 18% above current rates, amounting to approximately \$3.8 million in additional funding. This increase, in addition to the 45% increase two years ago will help to reduce waiting lists for EI services, however the General Assembly should consider larger EI rate increases of 25% and an annual COLA to eliminate waiting lists and ensure timely access to these vital services. A bill has been introduced in the House and Senate with that proposal (Representative Cotter and Senator Valverde). The General Assembly should also consider having the EI rate increases go into effect as of July 1, 2024 rather than October 1, 2024.

Under IDEA, Part C, the state is required to provide Early Intervention (EI) services to all eligible children from birth to age 3. Despite the significant 45% EI rate increase in the FY23 budget (the first in 22 years) and additional federal ARPA dollars, families continue to wait for EI services for their young children. According to EOHHS, as of December 13, 2023 there were 716 children waiting more than the 45 days required by federal law to be evaluated. Some children are aging out of the program before they receive services or they receive services for a short period of time and then age out. Children with developmental disabilities or delays who don't receive appropriate and timely EI services are more likely to require Special Education services later than children whose delays are addressed early through EI. It's very difficult for parents to know their young child would benefit from EI to address their developmental delays or disabilities but are unable to get their child into EI. I urge your favorable consideration of this additional rate increase for Early Intervention.

First Connections – First Connections is a newborn home visiting program provided by the RI Department of Health which provides essential services to Rhode Island's most at-risk children when they are released from the hospital after birth and during the early years to ensure a safe

environment and connect them and their family to supports needed for healthy development. Referrals to First Connections are made by birthing hospitals, and by DCYF pursuant to the federal Child Abuse Prevention and Treatment Act (CAPTA) for children who are identified as at-risk by DCYF but who are not open to DCYF. Current funding for the First Connections program is \$1.5 million and it serves approximately 3,000 families with newborns per year. The proposed FY25 budget includes 33% of the OHIC recommended increase for First Connections, amounting to \$114,000 versus the \$345,000 recommendation. First Connections received its first rate increase in 22 years in the FY23 budget, but that rate is set to expire on July 1, 2024. The proposed 33% increase on top of the old rate will amount to a rate cut and providers have indicated it will not be enough for them to continue providing this essential service after July 1. The General Assembly should consider making the current First Connections Medicaid rates permanent and providing a COLA for this program. A bill with this proposal has been introduced in the House and the Senate by Representative Giraldo and Senator Valverde.

First Connections is cost effective because it prevents children from being in unsafe environments and over time it prevents children from going into the child welfare system/DCYF care. It is a life-line for newborns who are at risk and Rhode Island needs it to continue to operate. I urge your favorable consideration of this proposal for First Connections funding in the FY25 budget.

Thank you for your leadership on behalf of Rhode Island's children and families.

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