



2020 TIPPING POINTS SURVEY

Demographics and
Challenges



IDEA
INFANT & TODDLER
COORDINATORS ASSOCIATION



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OVERVIEW

For the fifteenth consecutive year, the ITCA has surveyed its members regarding state responses to the issues and challenges of Part C implementation. ITCA utilizes this information to track emerging issues and state responses related to eligibility, finance and decisions regarding continued participation in Part C. ITCA and its members also make this aggregate information available to the Administration, to Congress, to our early childhood and disability partners, and to state and local elected officials.

Fifty-one of the fifty-six states and jurisdictions (hereafter referred to as states) completed the survey over the summer months of 2020. The response rate is significant given the many challenges that states were dealing with because of COVID-19. Not every question was answered by every respondent. As with all ITCA surveys, the data are reported by frequency as well as by type of lead agency when relevant. In charts or tables that provide answers by these categories, the number of total respondents by these categories is included in parentheses. The charts in the report reflect the responses of those states who answered each specific question. ITCA draws no conclusions from the data analysis and does not verify the data but simply reports the data as provided by the states. All information is aggregated and individual state responses are confidential.

EXECUTIVE SUMMARY

The following questions were asked and the responses are summarized below. Questions were categorized by theme. For each question, additional information is provided in the body of the report including any trend analysis that is available.

Continued Participation

1. *Which statement describes the status of your state's continuing Part C participation? Check all that apply.*

Forty-nine states responded to this question. Forty-four states (90%) responded that there were no discussions related to dropping out of Part C. One state (2%) indicated that it was having serious discussions related to continued participation in Part C. Two states (4%) responded that in the last 18 months, they have been asked to prepare documents/plans about either 1) what our state early intervention system would be like without a federal Part C grant or 2) the benefits to our state of continuing participation in Part C as compared to the challenges. Two states had additional comments detailed in the report.

2. *If discussions are taking place, which issue will cause the leadership in your state to decide to drop out. Check all that apply.*

One state responded to this question and indicated state budget availability would be the issue that could result in dropping out.



3. *Please check the statement that applies to the 2020-2021 fiscal year.*
Forty-nine states responded to this question. Forty-eight states (98%) indicated that their state would be able to continue to participate in Part C through June 30, 2021

4. *Which statement describes the status of your state funding for Part C for 2020-2021?*
Forty-three states responded to this question. Seventeen states (40%) responded that their funding was increased. Ten states (23%) indicated that their funding was decreased. Seven states (16%) responded that their funding was frozen, and nine states (21%) responded that their budget was not finalized yet.

5. *As a result of state fiscal issues, what will you do in the next twelve months to continue participation in Part C? Check all that apply.*
Ten states responded to this question. Five states (50%) plan to make changes in the state Medicaid plan to increase coverage for Part C services. Three states (30%) will require approval for hours of service that exceed an identified amount. Two states (20%) will narrow eligibility and two states (20%) indicated they will reduce provider reimbursement or develop legislation related to the use of private insurance.

Eligibility

6. *Which statement describes the status of eligibility in your state for the last three years?*
Forty-five states responded to this question. Forty states (89%) indicated that they have not changed eligibility criteria. Four states (9%) responded that they have broadened eligibility. One state (2%) indicated that it is planning to change eligibility in the 2020-2021 fiscal year.

7. *If you changed your eligibility criteria, what are you doing for children who no longer meet your eligibility criteria?*
Only one state responded to this question. The state indicated that they seek alternative funding to support them in a separate system and refer them to other community agencies.

8. *If you are changing your eligibility criteria in the 2020-2021 year, please check the answer that describes what you are planning.*
One state responded to this question and indicated that its eligibility criteria will be more restrictive.

Child Services

9. *What is the average number of planned hours on IFSPs of direct service (excluding service coordination and evaluation/assessment per child per month?*

Twenty-three of the fifty-one states were able to provide data in response to this question. The average number of planned hours of direct service was 4.7 with a range of 1 to 10. The median number of planned hours of direct service was 4.5.

10. *What is the average number of delivered hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month?*

Twenty of the fifty-one states responded to this question. The average number of delivered hours of service was 4.6 with a range of 2-22. The median number of delivered services is 3.6.

11. *What is the average length of time a child is in your Part C system?*

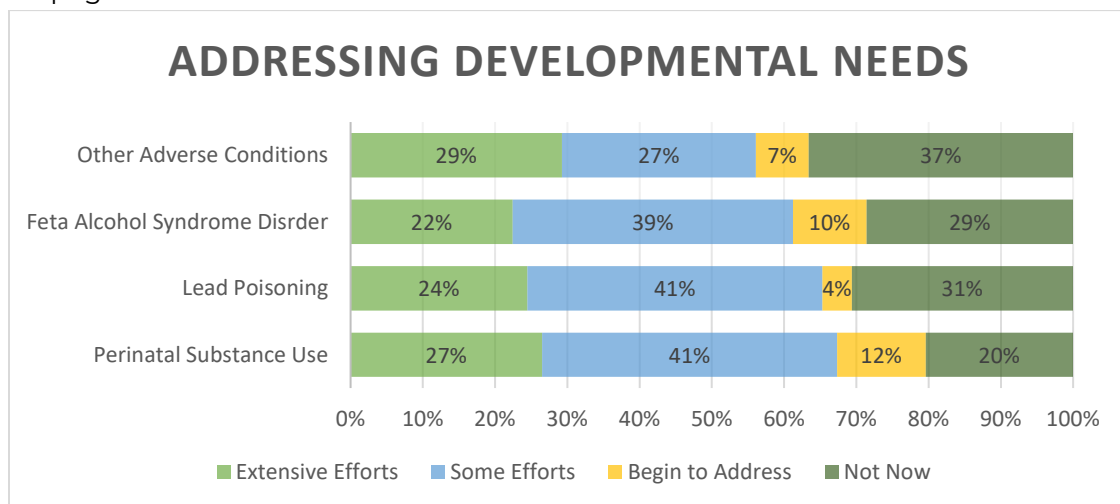
Thirty-three states responded to this question. The average number of months that a child is in the Part C system across the thirty-three respondents was 14.1 months with a range of .85 to 30. The median length of time is 13 months.

12. *What is the average age of referral for a child in your Part C system?*

Thirty-five states responded to the question. The average age at referral across the thirty-five respondents was 17.3 months with a range from 9.7 to 21. The median age of referral was 17.25 months.

13. *Is your state addressing the developmental needs of infants with the following conditions?*

Forty-nine states responded to this question. The chart that follows captures their responses. The responses of states that identified “other adverse conditions” are included on page 25.





14. *What specific activities are you implementing to address the needs of infants prenatally exposed to substance use?*

Forty states responded to this question and their specific activities are included in the full report on page 27.

Provider Issues

15. *Is your state experiencing shortages in qualified providers?*

Forty-eight states responded to this question. Forty-one of the forty-eight states (85%) responded that they were experiencing shortages

16. *If yes, which type of providers are you experiencing shortages in? Check all that apply.*

Forty-eight states responded to this question. The top three shortages that were reported are: Speech-language Pathologists (69%); Physical Therapists (67%); and Occupational Therapists (64%). Shortages identified for other personnel are captured on page 30.

17. *What are you doing to address the shortages?*

Forty states responded to this question and their specific activities are included in the full report on page 30.

18. *What is the status of provider reimbursement in your state over the last three years? Check all that apply.*

Thirty-nine states responded to this question. Thirty-one states (77%) indicated that provider rates will remain the same. Eight states (23%) indicated that they have increased provider rates.

19. *If you contract with agencies/organizations to serve as local lead agencies, did any of those agencies/organizations decline to continue because of fiscal constraints in the last three years?*

Forty-eight states responded to this question. Four states (8%) indicated that they had agencies that declined to continue to provide services. Eighteen states (37%) did not have any agencies decline and 25 states (52%) indicated this question was not applicable.

20. *If your state uses contractors to provide direct services, did any of those contractors decline to continue because of fiscal constraints in the last three years?*

Forty-six states responded to this question. Twenty-five states (54%) reported that no contractors had declined to continue. Thirteen states (28%) indicated that they had contractors and five states (11%) indicated this question was not applicable.



Early Childhood Partnerships

21. Is your Part C system involved with your state's Home Visiting initiatives?

Forty-eight states responded to this question. Forty-one states (85%) reported that they are involved with home visiting initiatives. Seven states (15%) indicated they are not involved.

22. Have you collaborated with your MIECHV program to discuss how the joint guidance document could be implemented in your state?

Forty-eight states responded to this question. Twenty-eight states (48%) are collaborating with their MIECHV program regarding the joint guidance document. Twelve states (25%) have not collaborated, and eight states (17%) reported they are not sure what the guidance document is.

23. Did your state receive a B-5 grant for 2020?

Forty-six states responded to this survey. Seventeen states (37%) indicated they received a B-5 grant for 2020. Twenty-nine states (63%) reported they did not receive a grant in 2020.

24. Describe how your Part C system is involved in the implementation of the grant.

Seventeen states responded to this question. The response to this question can be found on page 38.

25. Is your Part C system involved in your state's early childhood mental health initiatives?

Forty-nine states responded to this survey. Thirty-eight states (77%) indicated they are involved with their state's early childhood mental health initiatives. Comments on how they are involved can be found on page 40.

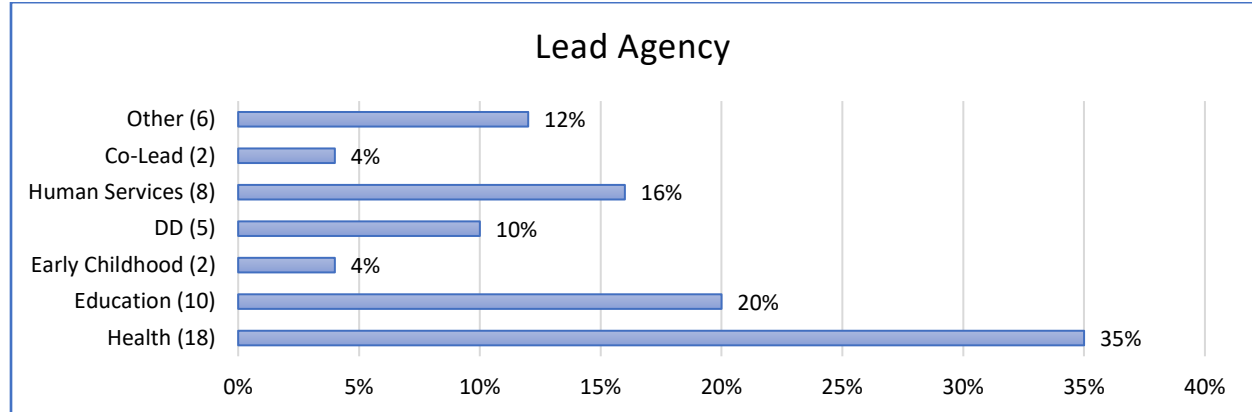
SECTION I: STATE DEMOGRAPHICS

At the request of members, the types of lead agencies have been expanded to include the following: Health, Education, Early Childhood, Developmental Disabilities, Human Services, Co-Leads and Other. A list of states, their identified lead agency, eligibility, and type of infrastructure is included as Appendix A.

Lead Agency

Of the states that responded to the survey, eighteen states identified themselves as a health lead agency, ten states were education lead agencies, 2 states identified early childhood, five states identified developmental disabilities, eight states identified human services, two states identified as co-leads and six agencies identified “Other”. States that chose “other” identified the following agencies:

- Economic Security;
- Department of Health and Welfare;
- Executive Office of Health and Human Services;
- Dept of Behavioral Health & Developmental Services; and
- Department of Children, Youth & Families (includes child welfare)



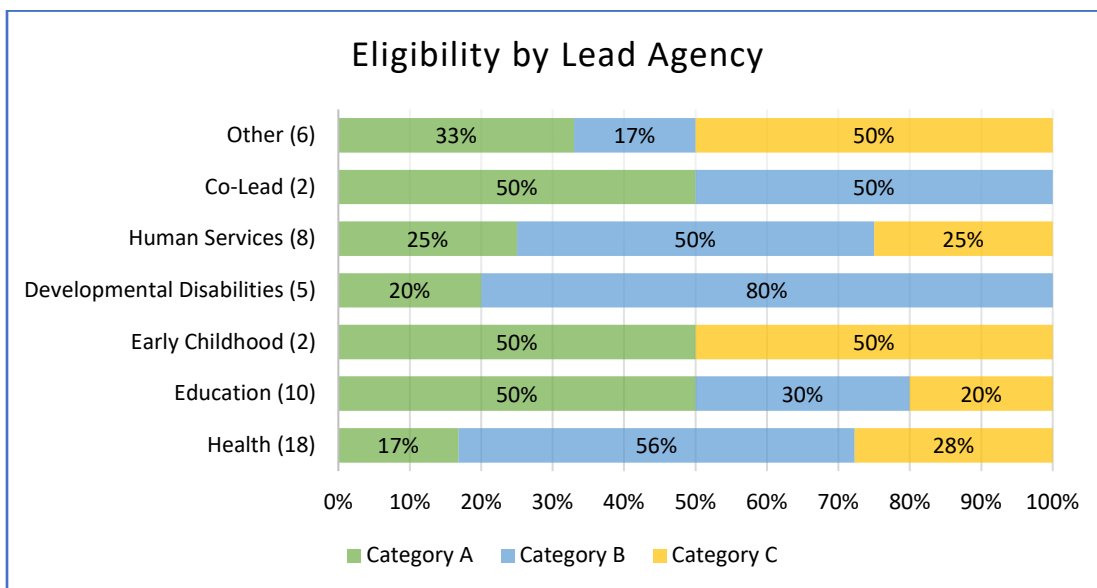
Eligibility

OSEP has discontinued categorizing states by eligibility criteria, however ITCA members have requested that eligibility continue to be one of the data elements collected from states. The ITCA has established the criteria for eligibility categories and states self-select their eligibility status using the following criteria:

- Category A: At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains;

- Category B: 25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain; and
- Category C: 33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, and 2 standard deviations in two or more domains.

Fourteen states (27%) identified their eligibility criteria as meeting Category A. Twenty-three states (45%) selected Category B and thirteen states (28%) selected Category C. The following chart captures the state eligibility by type of lead agency.



Infrastructure

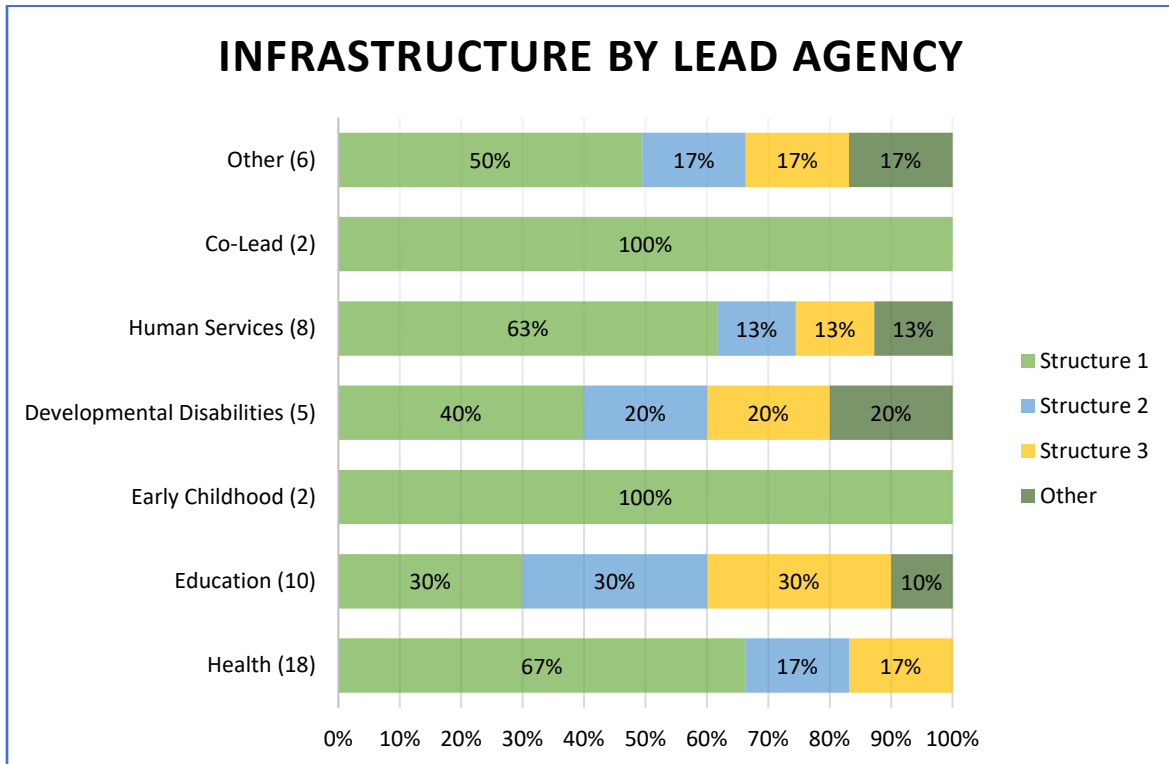
Participants were asked to choose a category that most closely aligned with the Part C system infrastructure. Forty-seven states responded to this question.

- **Structure 1:** Twenty-nine states (57%) responded that their infrastructure is primarily composed of programs/agencies that are responsible for all eligible children from referral through transition in an assigned regional or local catchment area. Services are provided by program staff or contractors hired by the program.
- **Structure 2:** Nine states (18%) responded that their infrastructure is primarily composed of programs/agencies that are responsible for referral to initial IFSP development including service coordination in an assigned regional or local catchment area. Services are provided through a statewide central reimbursement system that pays providers/practitioners.
- **Structure 3:** Nine states (18%) responded that their infrastructure is primarily composed of state lead agency employees: Based at regional/local areas; Provide

services and are responsible for referral through transition; May also have some private EI service providers/agencies as supplemental vendors.

- **Other:** Four states (8%) Identified a different structure than the three described.

The chart that follows provides state infrastructure by type of lead agency.



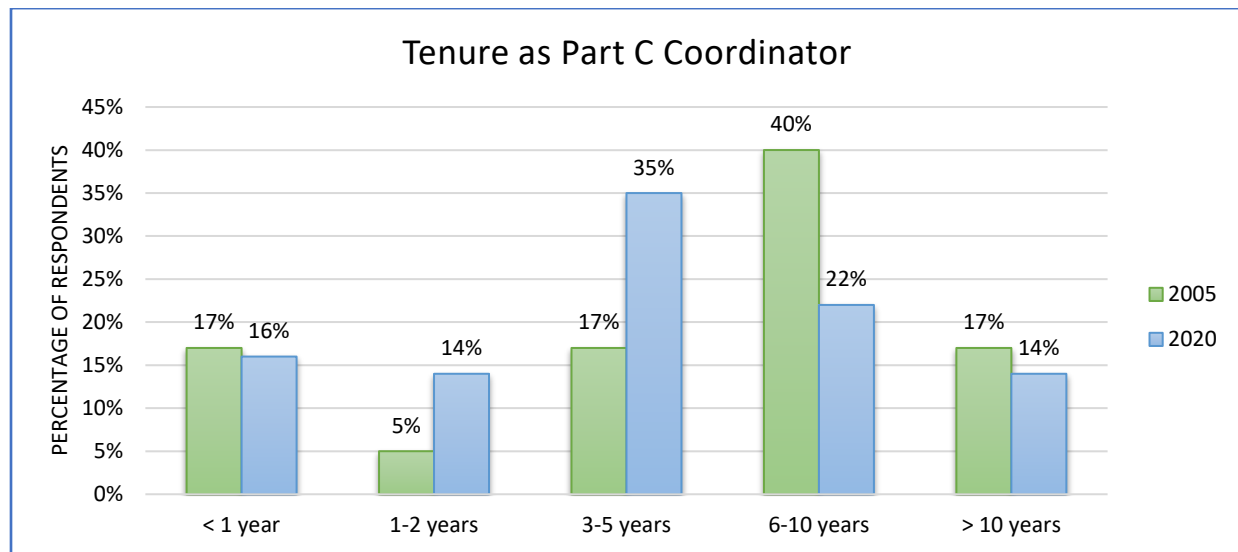
SECTION II: PART C COORDINATOR DEMOGRAPHICS

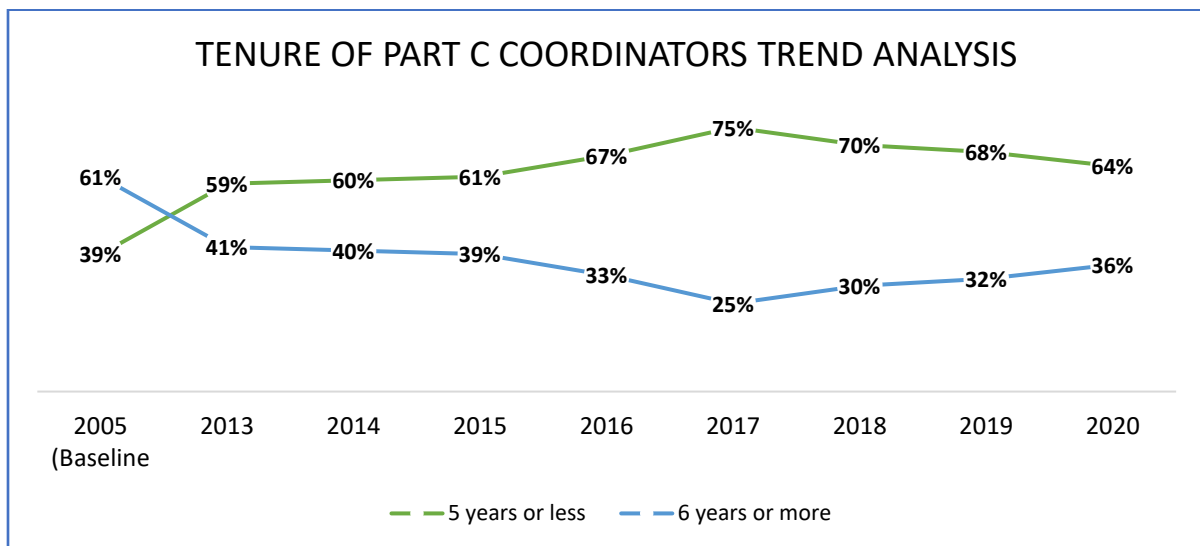
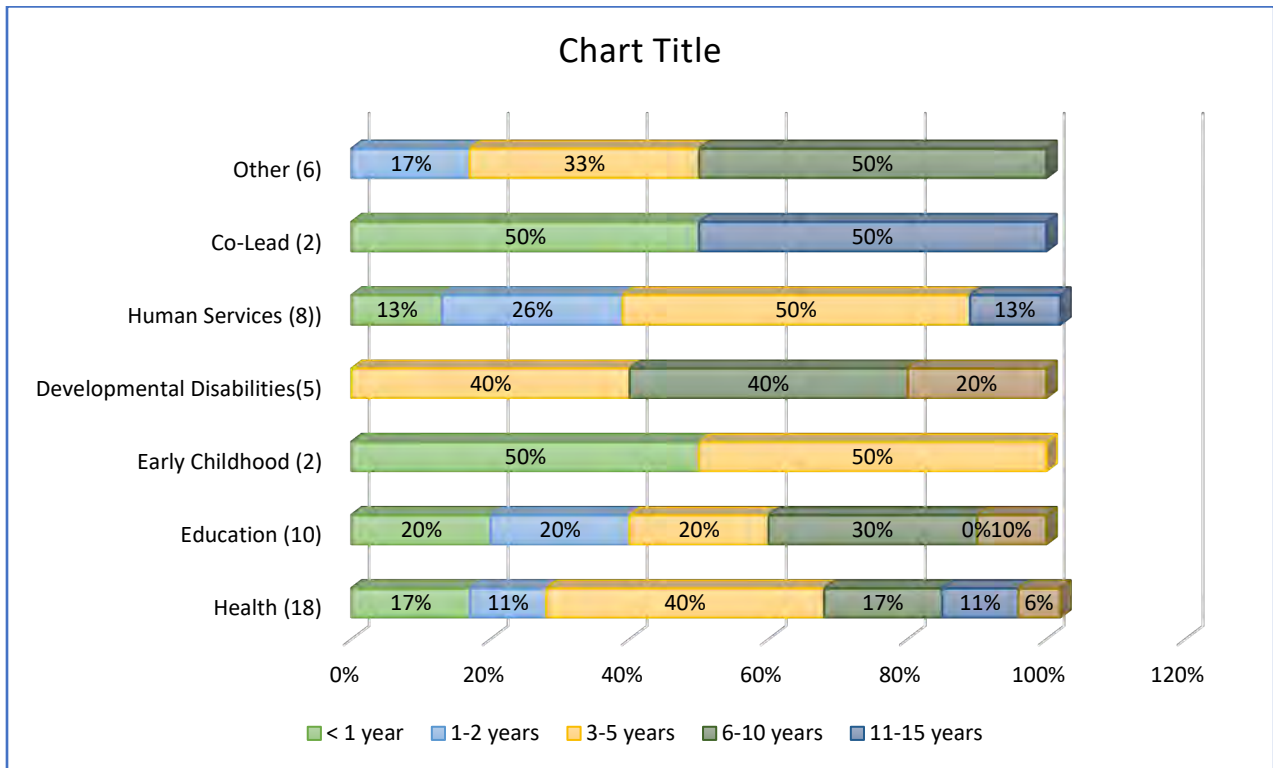
Because of the continuing turnover in state Part C leadership, the ITCA is committed to tracking the status of Part C Coordinators and attempting to better understand the needs of Part C leaders at the state level. Understanding the demographics of the individuals who serve in this important role is the responsibility of ITCA and provides an opportunity to identify trends and to analyze stresses and challenges to better meet the needs of our members.

Tenure

1. How long have you been the Part C Coordinator?

Fifty-one states responded to this question. Fifteen of the fifty-one coordinators (30%) reported their state has a Part C Coordinator with two years or less of experience. Thirty-three states (65%) have coordinators with 5 years of experience or less. The charts that follow compare data from the baseline of 2005 to current data for 2020 by type of lead agency and a trend analysis of the changes over the last several years.

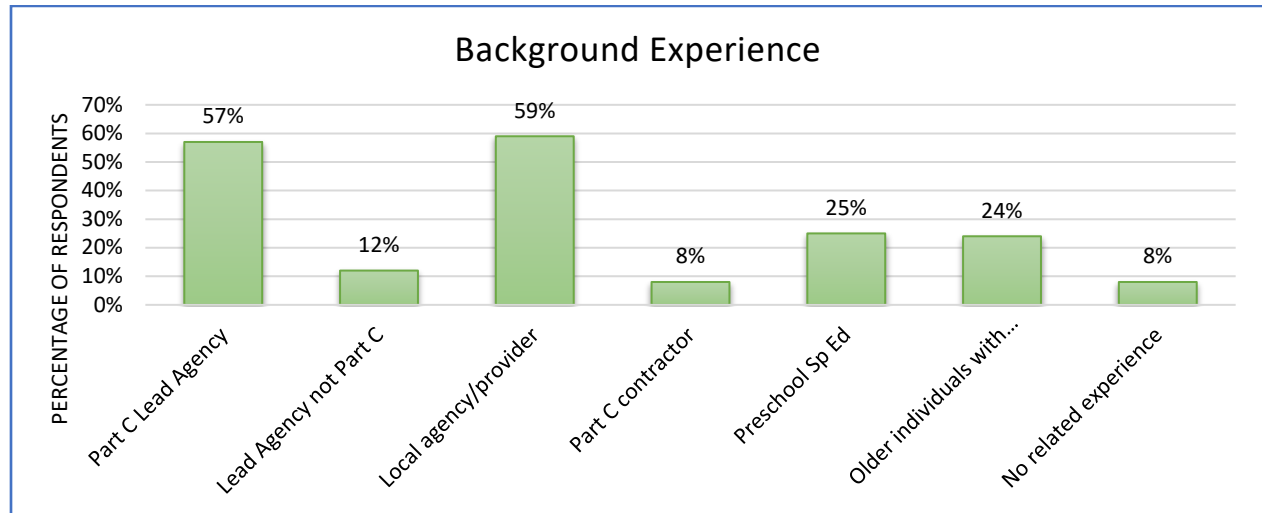




Experience

2. Did you have Part C experience prior to becoming the Part C Coordinator? Check all that apply.

Fifty-one states responded to this question. Twenty-nine of the fifty-one coordinators (57%) had worked for the lead agency in the Part C office. Thirty of the fifty-one coordinators (59%) had also worked at a local agency/provider.



	Part C Lead Agency	Lead Agency Not Part C	Local Agency Provider	Part C Contractor	Preschool Special Ed	Older Individuals with Disabilities	No Related Experience
Health (18)	56%	11%	56%	11%	39%	33%	11%
Education (10)	50%	20%	70%	10%	30%	20%	0%
E. Childhood (2)	100%	0%	100%	0%	0%	0%	0%
Dev. Disabilities (5)	40%	20%	20%	0%	20%	0%	20%
Human Services (8)	75%	0%	50%	0%	25%	13%	0%
Co-Lead (2)	50%	50%	50%	0%	0%	100%	0%
Other (6)	50%	0%	67%	17%	0%	17%	17%

Those who responded that they had no related experience identified their experience below:

- Child Protection and Safety; Social Services for Aged and Disabled; Aged and Disabled Medicaid Waiver.
- Child welfare experience for 17 years working with children and families.
- I have an early childhood education/background; prior to working for the state agency I was in the private sector in the EC field.
- I was an administrator/director of a large early learning program. I have a child who received Part C services.
- I worked in the state Medicaid agency and had knowledge of EI



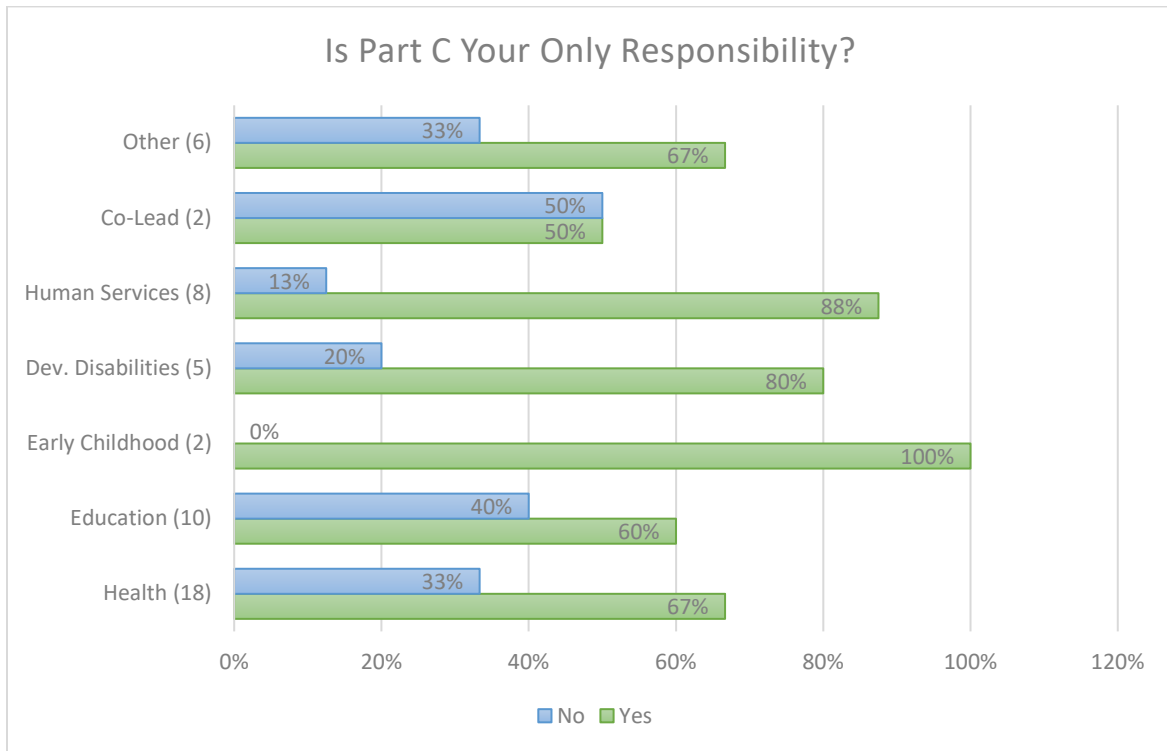
- My primary expertise is in operating and administration of programs that support children and adults with disabilities.

Additional Responsibilities

3. Is Part C your only responsibility?

Fifty-one states responded to this question. Thirty-six respondents (71%) indicated that Part C was their only responsibility. The fifteen other respondents (29%) were asked to identify the additional programs for which they are responsible. Other responsibilities that were identified follow:

- Early Hearing Detection and Intervention (EHDI); Early Periodic Screening, Detection, and Treatment (EPSDT)
- I also oversee the state-wide Children's Medical Services program and the Georgia Autism Initiative.
- I am also responsible for the Head Start Collaboration Office. Recently our agency (Education) has been looking at early learning
- I am the program manager for the EHDI program and the Head Start Collaboration Office.
- I am the state director of a quasi-state agency that is responsible for the administration of both Part C and Part B/619 services. This includes oversight the development, implementation, and monitoring of state and regional budgets, development of contracts and contractor relations, accounts payable/receivable, human resources, programming, etc. In addition to the state director role, I am also the state EI Technical Adviser.
- I oversee the Medicaid waiver program, Living Well grant support, Division wide Training (all topics)
- Monitoring activities related to other federally funded programs.
- Multiple programs that support children with special needs
- Preschool Development Grant B-5; Great Start Collaboratives (including 54 statewide public-private collaboratives) and Parent Coalitions; Home Visiting; Family Engagement
- State and federally funded home visiting, early childhood mental health consultants, childcare health consultation, Strengthening Families, Help Me Grow
- Title V Children with Special Health Care Needs
- Other Medicaid services for children with special health care needs.
- Part B 619 and Family Support Programs (which includes: MIECHV home visiting, community-based family centers and Children's Trust Fund positive parenting programs). We are the Bureau of Early Intervention Services and Family Supports.
- The Family Education Support (FES) Program for children and young adults with disabilities, age 3 to 21. This Program is funded by Title XX.

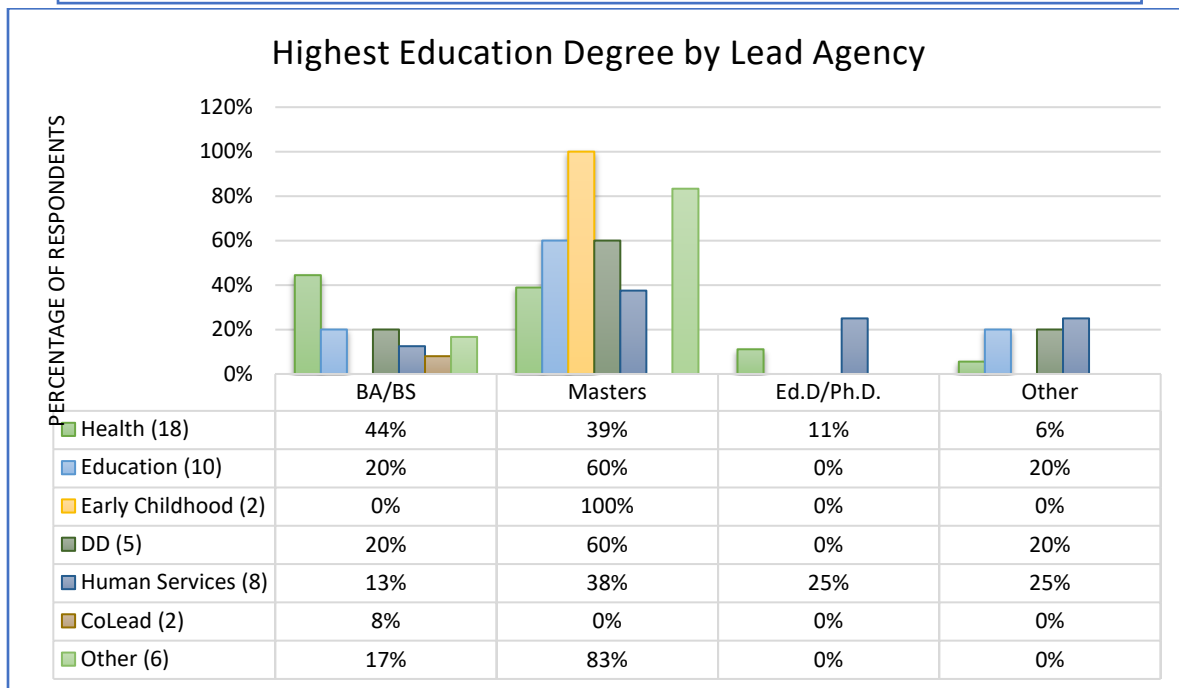
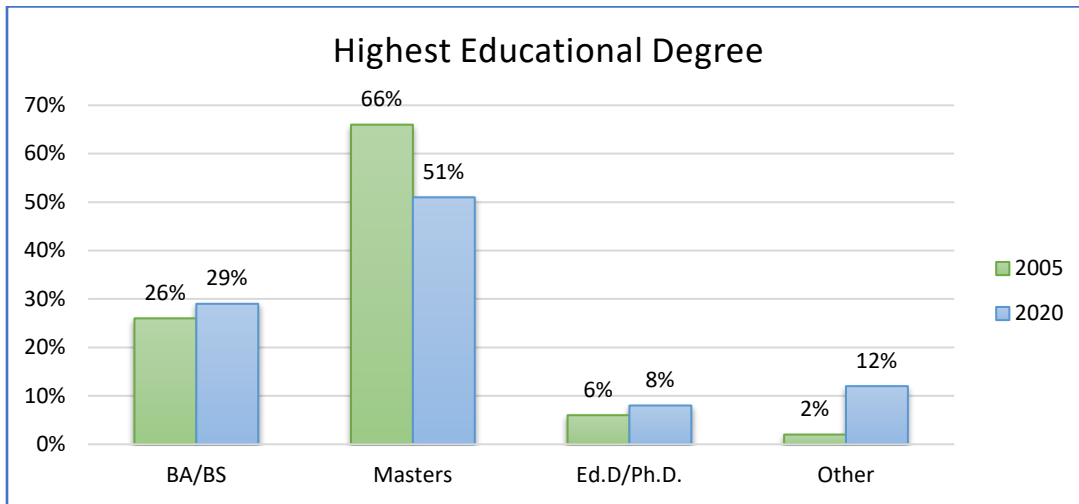


Education

4. *What is the highest educational degree that you have achieved?*

Fifty-one states responded to this question. Twenty-six respondents (51%) have a master’s degree; fifteen respondents (29%) have a bachelor’s degree; four respondents (8%) have a Doctoral degree; and six respondents (9%) indicated other. Those that indicated other include:

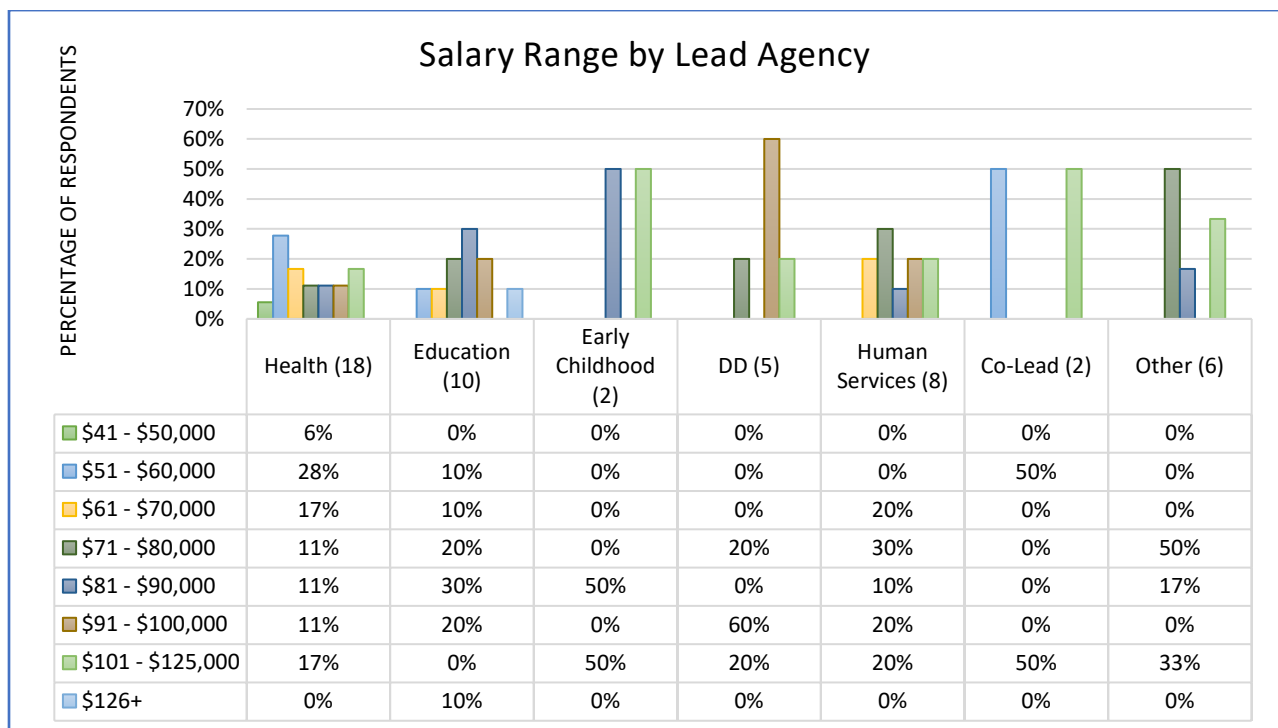
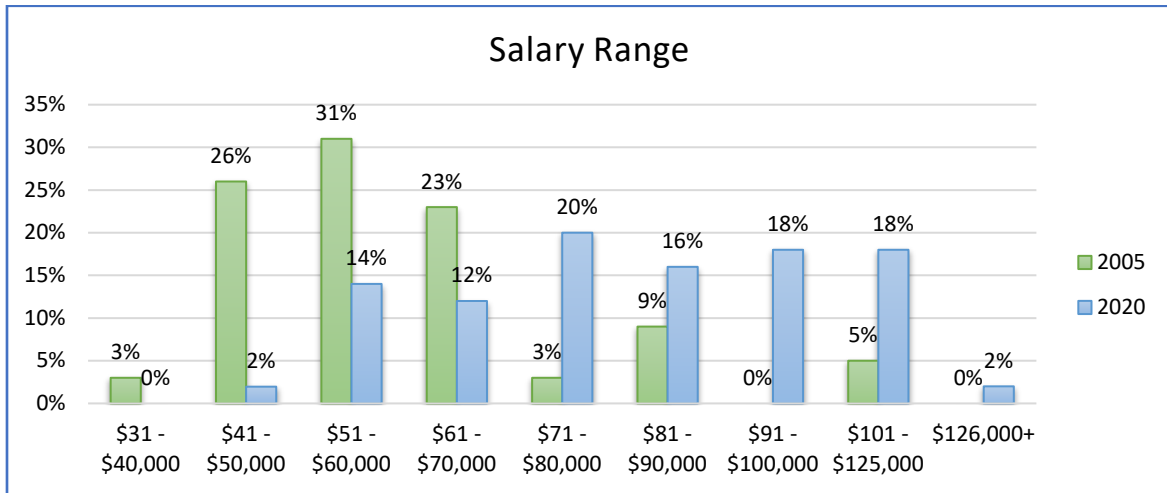
- J.D. - An attorney;
- Specialist degree;
- Master’s degree with additional hours;
- An associate degree; and
- High School diploma with additional college classes.



Salary

5. Please indicate your salary range.

Fifty-one states responded to this question. Ten respondents (20%) indicated that their annual salary ranged between \$71,000 – 80,000. This was the most frequent response. In 2005, the most frequently cited salary range was \$51-60,000 representing 31% of the respondents. In 2020, there were no respondents with a salary range between \$31 – 40,000, one respondent with a response of \$41,000-\$50,000 and one respondent with a salary range above \$126,000.



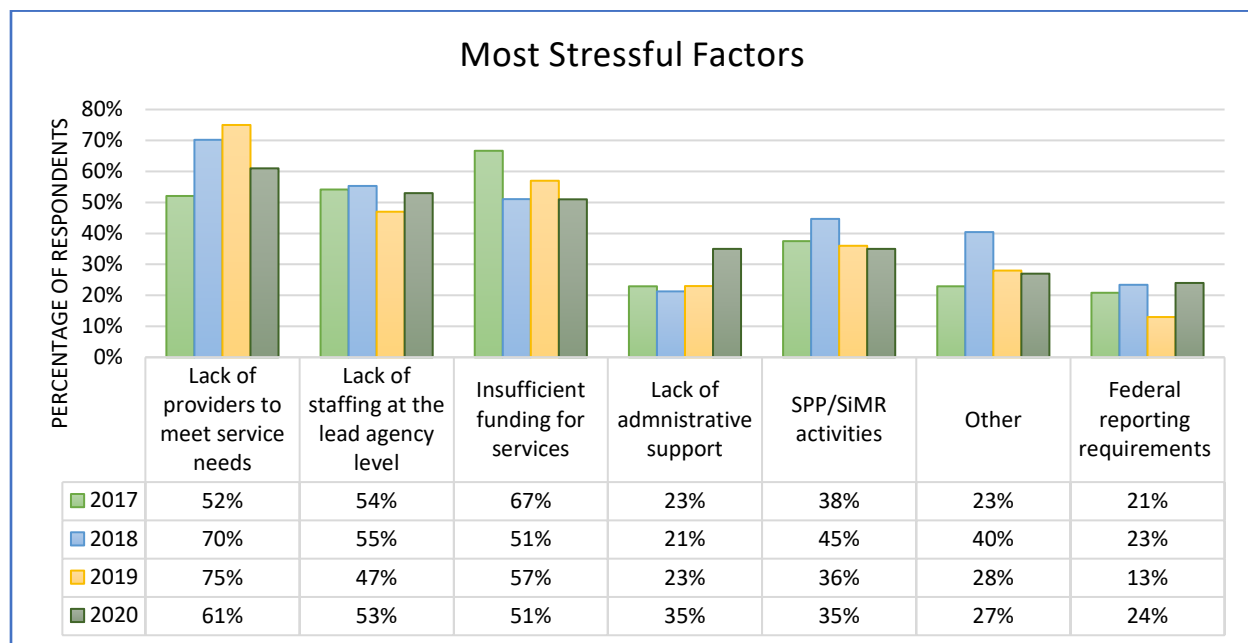
Stress

6. Identify the factors that are the most stressful in your position as the Part C Coordinator. Check all that apply.

Fifty-one states responded to this question. The top three factors that were identified as producing the most stress were:

- Lack of providers to meet service needs (61%);
- Lack of staffing at the lead agency level (53%); and
- Insufficient funding for services (51%).

ITCA has been tracking this information since 2017. The chart below captures responses over time. While in 2017, the most stressful factor reported was insufficient funding for services, for the three most recent years, the most stressful factor is the lack of providers to meet service needs.



Other factors reported include:

- COVID and the guidance, change, reporting implications associated with this for years to come.
- Early intervention providers who resist changing practice from clinical services to coaching
- High turnover
- Insufficient funding for infrastructure development especially for personnel/workforce, governance, and data components.
- Lack of agency infrastructure
- LACK of providers trained in Part C evidence-based practices during preservice
- Lack of understanding of Part C in department and political/legal pressures with no support

- Learning the position and navigating a pandemic.
- Many competing priorities with Part C responsibilities and as a Section Supervisor in DOH.
- Navigating a large bureaucracy, difficulty filling state office positions with qualified/experienced staff, CHANGE is constant, Politics, Workload exceeds capacity
- None of the above. However, dealing with COVID is now very stressful in ensuring that families continue to receive services smoothly.
- Politics
- The number of staff, at the lead agency, has been significantly reduced. Duties previously assigned to other staff members have been reassigned to remaining staff. Currently, I am covering the work of 4 full-time equivalents and it is unlikely that I will receive additional help at any time soon.
- We currently have vacancies at the state level that we are trying to fill

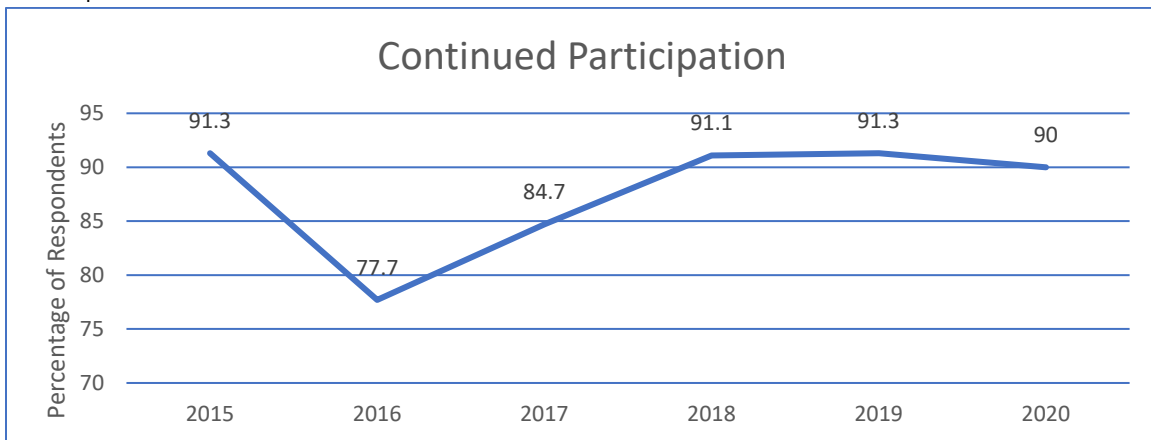
Section III: TIPPING POINT QUESTIONS

In this section of the report, responses will be analyzed by lead agency and/or trend data when relevant and number of responses support anonymity.

Continued Participation

1. *Which statement describes the status of your state's continuing Part C participation? Check all that apply.*

Forty-nine states responded to this question. Forty-four states (90%) responded that there were no discussions related to dropping out of Part C. One state (2%) indicated that it was having serious discussions related to continued participation in Part C, Two states (4%) responded that in the last 18 months, they have been asked to prepare documents/plans about either 1) what our state early intervention system would be like without a federal Part C grant or 2) the benefits to our state of continuing participation in Part C as compared to the challenges. Two states had additional comments detailed in the report.



2. *If discussions are taking place, which issue will cause the leadership in your state to decide to drop out. Check all that apply.*

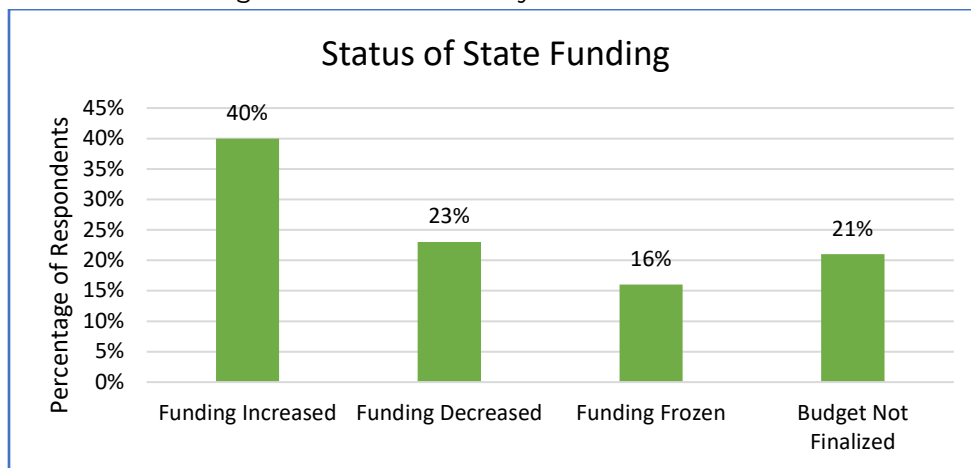
One state responded to this question and indicated state budget availability would be the issue that could result in dropping out.

3. *Please check the statement that applies to the 2020-2021 fiscal year.*

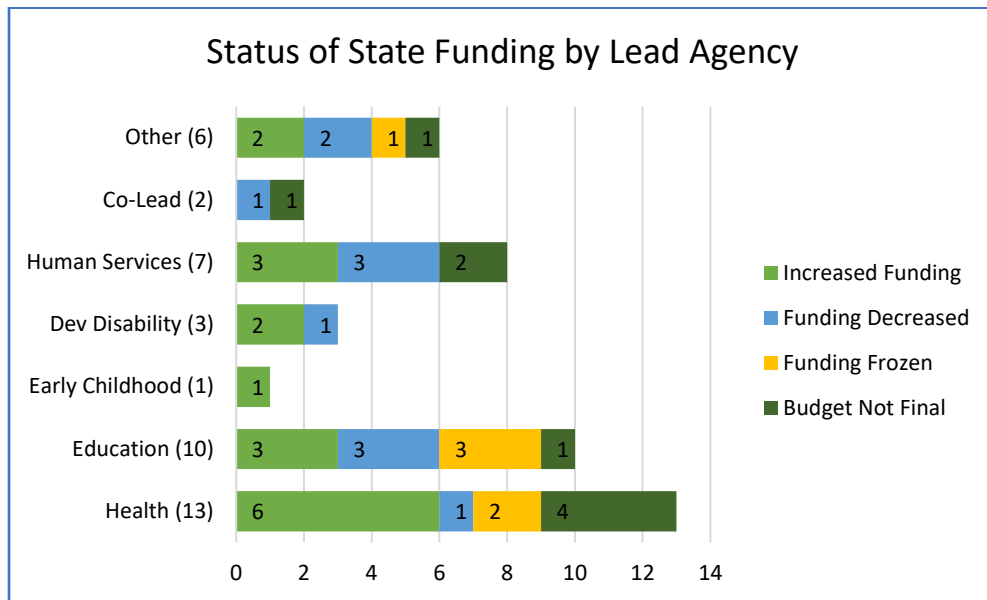
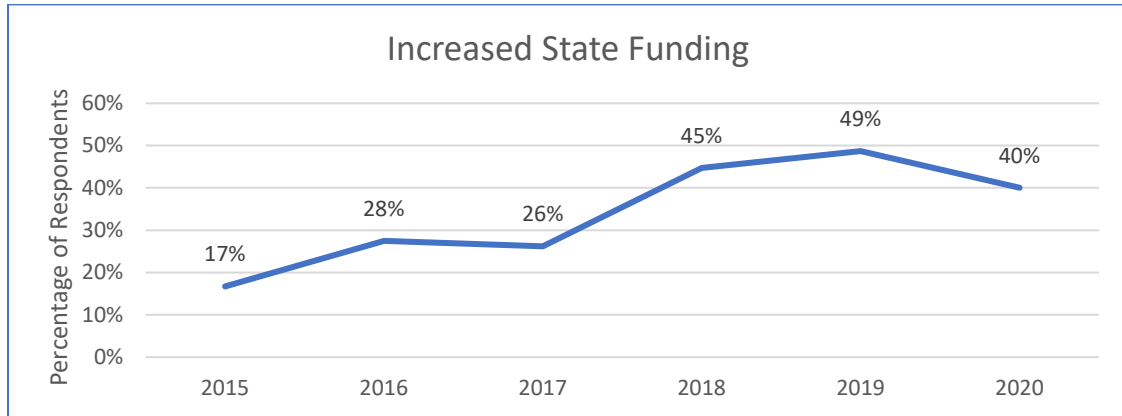
Forty-nine states responded to this question. Forty-eight states (98%) indicated that their state would be able to continue to participate in Part C through June 30, 2021

4. *Which statement describes the status of your state funding for Part C for 2020-2021?*

Forty-three states responded to this question. Seventeen states (40%) responded that their funding was increased. Ten states (23%) indicated that their funding was decreased. Seven states (16%) responded that their funding was frozen, and nine states (21%) responded that their budget was not finalized yet.



The trend over the last several years has been for an increase in state funding. This year the percentage of states with funding increases has dropped by 9%. This increase is not unexpected given state revenue decreases because of COVID-19. Several states commented that they expect that funding may be cut as the year progresses.



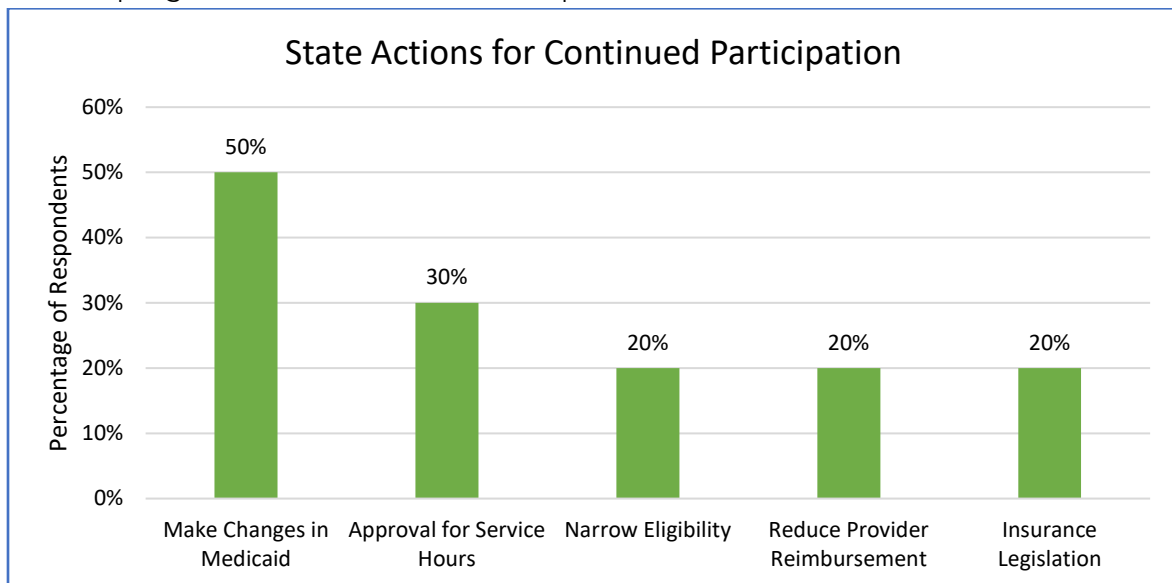
For states with cuts in state funding, the amount ranged from 2% to 15%. Additional comments included:

- We anticipate a budget cuts this year and for several years ahead.
- Apportionment funding increased; this could change when the legislature returns in January. We have been engaged in reduction exercises and state staff have been required to take furlough days
- Now, all state departments must reduce by at least 15%
- Department budget cut by 4% with more expected in January. Early Intervention was not cut during the special session.
- Governor asked all State agencies to cut 15% from their budgets. Some of the EI budget was part of the total agency budget cut. No cuts to rates or SPOE contracts were necessary for the 2020-2021 budget.

- No cuts will occur for services, rather direct service provider positions which are vacant will remain so, resulting in a cost savings with a hiring freeze.
- The state only contributes the amount of funding needed to meet the maintenance of effort requirements. It has been this way for over a decade. By never getting increases, it is the equivalent of getting reductions each year.
- very minimal amount and not what was requested
- We do not have a state budget for Part C. We utilize IDEA Part B and C funds, as well as federal Medicaid Targeted Case Management funds, MIPS, and state/local taxes.
- We have an enacted 5-month budget so far this year so potentially
- We have been frozen since 2008.

5. *As a result of state fiscal issues, what will you do in the next twelve months to continue participation in Part C? Check all that apply.*

Ten states responded to this question. Five states (50%) plan to make changes in the state Medicaid plan to increase coverage for Part C services. Three states (30%) will require approval for hours of service that exceed an identified amount. Two states (20%) will narrow eligibility and two states (20%) indicated they will reduce provider reimbursement or develop legislation related to the use of private insurance.



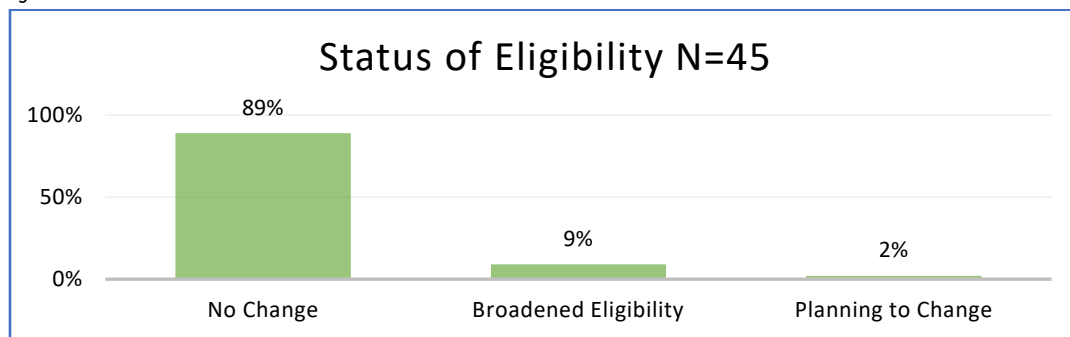
Comments from states responding to this question include:

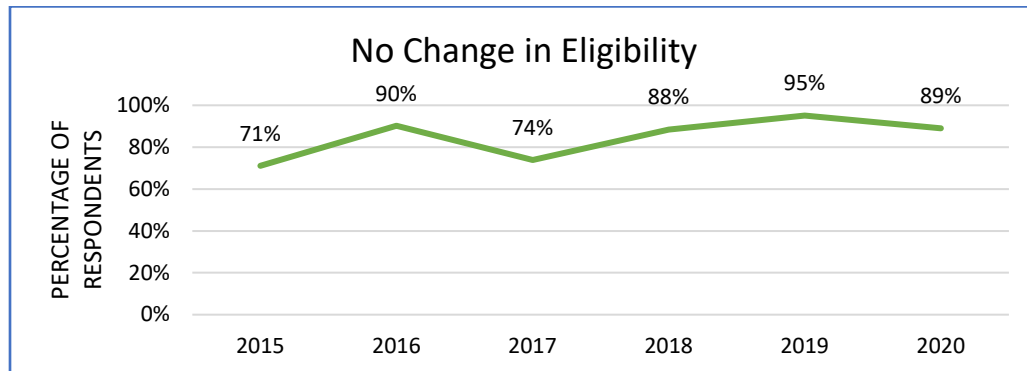
- All options will be reviewed and weighed. Infrastructure budget was the first to be cut to avoid cuts to provider reimbursement.
- Fiscal monitoring
- Considering COVID19 pulling together a group of stakeholders to look at financial impact and further needs
- Increase HCBS Waiver slots to enroll more children in the waiver

- Investigate other funding sources to help support Part C
- We are a birth mandate state which means we will not have family fees or bill the family's private insurance. We watch for grant opportunities to help support Part C but have been unsuccessful so far. It would be wonderful if Part C had State PD Grants specific to early intervention or Part C and Part B 619 together!
- just closely monitoring data
- Release RFP for EI Programs that will cap indirect costs at 10% and continue with telepractice statewide which will decrease travel cost to neighbor islands, mileage, and travel time cost.
- Review Medicaid rates; Reallocate contract dollars based on an analysis of historical expenditures; Explore opportunities to maximize Medicaid funding and potentially to increase CHIP coverage; Increase use of telehealth; Identify and implement additional opportunities for cost savings and administrative efficiencies
- Reviewing impact of narrowing eligibility for services. Legislation to raise private insurance cap on EI services
- Service utilization reviews, merging of units, reduce TA, Re-compete for providers
- Unsure currently
- We are looking at revising our fiscal policy. We are also in conversation with Medicaid regarding a carveout from the CMOs for our children and families
- We are researching eligibility and evaluation data to see if narrowing eligibility may be an option if necessary.
- We are still waiting to hear if there will be budget cuts, if verified then will look at changing criteria for eligibility and other fiscal resources
- We have done all that already, we will work on increasing CI revenue...

Eligibility

6. Which statement describes the status of eligibility in your state for the last three years? Forty-five states responded to this question. Forty states (89%) indicated that they have not changed eligibility criteria. Four states (9%) responded that they have broadened eligibility. One state (2%) indicated that it is planning to change eligibility in the 2020-2021 fiscal year.





The percentage of states with no change in eligibility dropped this year after a three-year increase.

7. *If you changed your eligibility criteria, what are you doing for children who no longer meet your eligibility criteria?*

Only one state responded to this question. The state indicated that they seek alternative funding to support them in a separate system and refer them to other community agencies.

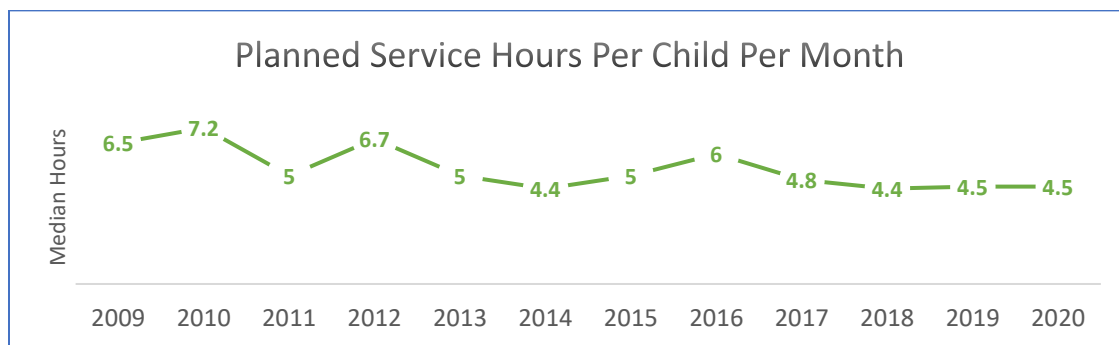
8. *If you are changing your eligibility criteria in the 2020-2021 year, please check the answer that describes what you are planning.*

One state responded to this question and indicated that its eligibility criteria will be more restrictive.

Child Services

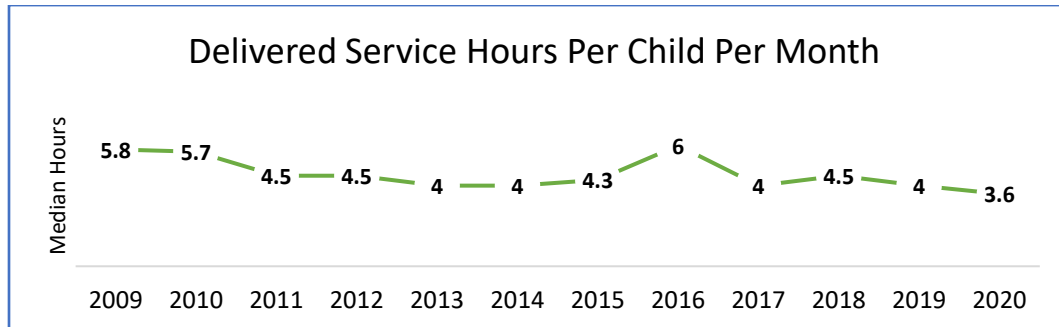
9. *What is the average number of planned hours on IFSPs of direct service (excluding service coordination and evaluation/assessment per child per month)?*

Twenty-three of the fifty-one states were able to provide data in response to this question. The average number of planned hours of direct service was 4.7 with a range of 1 to 10. The median number of planned hours of direct service was 4.5.



10. *What is the average number of delivered hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month?*

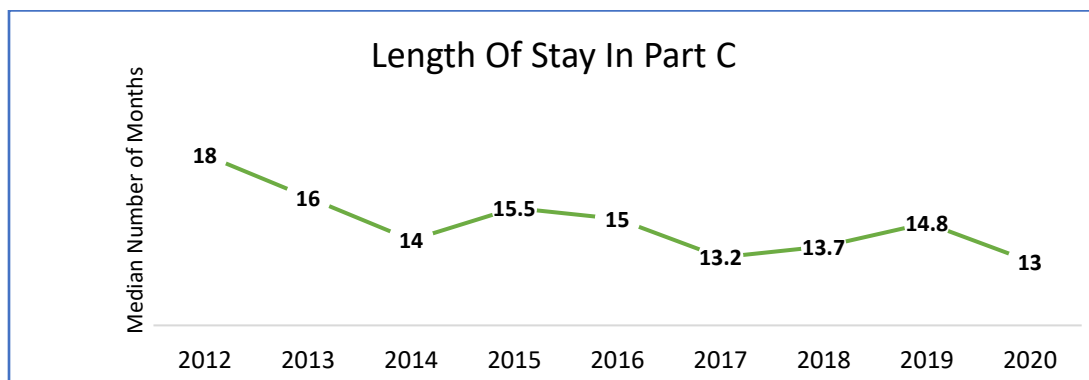
Twenty of the fifty-one states responded to this question. The average number of delivered hours of service was 4.6 with a range of 2-22). The median number of delivered services was 3.6 hours per child per month. The median number decreased for the second year.



Note: In 2020, of the fifty-one states that participated in the survey, only seventeen states were able to provide both planned and delivered service hours.

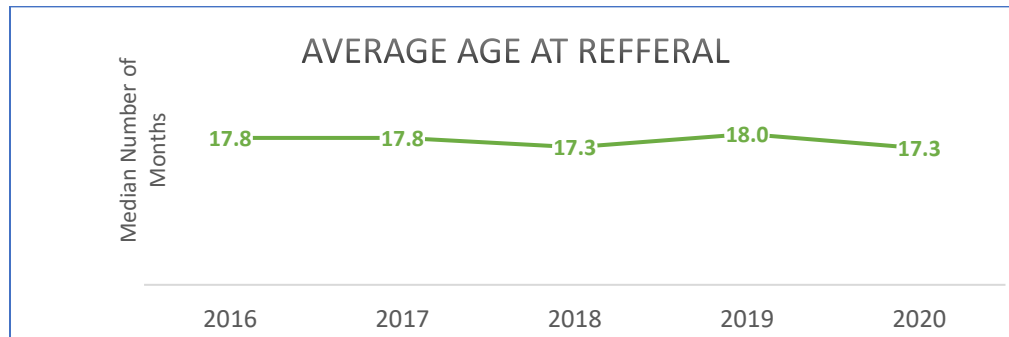
11. *What is the average length of time a child is in your Part C system?*

Thirty-three states responded to this question. The average number of months that a child is in the Part C system across the thirty-three respondents was 14.1 months with a range of .85 to 30. The median length of time is 13 months.



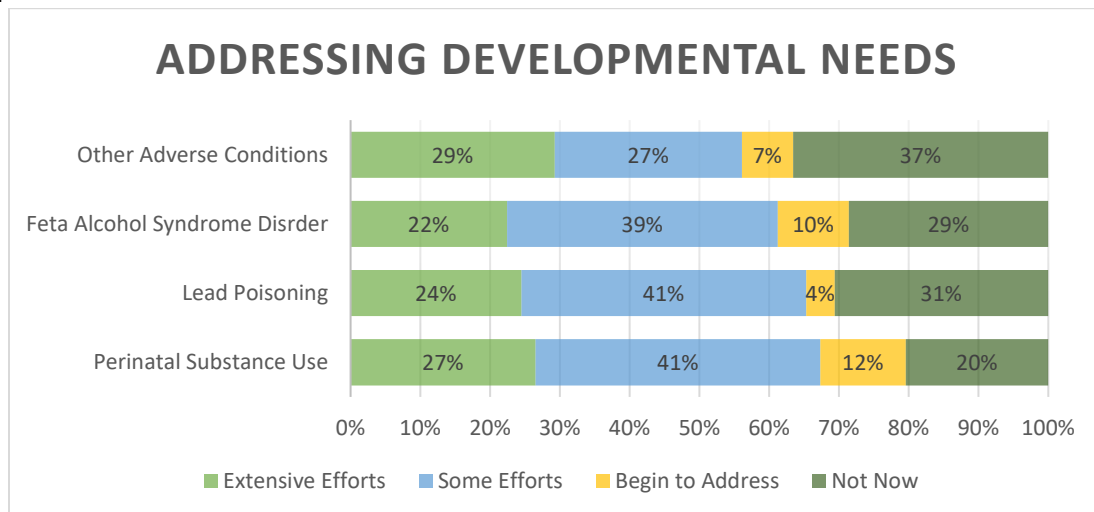
12. *What is the average age of referral for a child in your Part C system?*

Thirty-five states responded to the question. The average age at referral across the thirty-five respondents was 17.3 months with a range from 9.7 to 21. The median age at referral was 17.3 months.



13. *Is your state addressing the developmental needs of infants with the following conditions?*

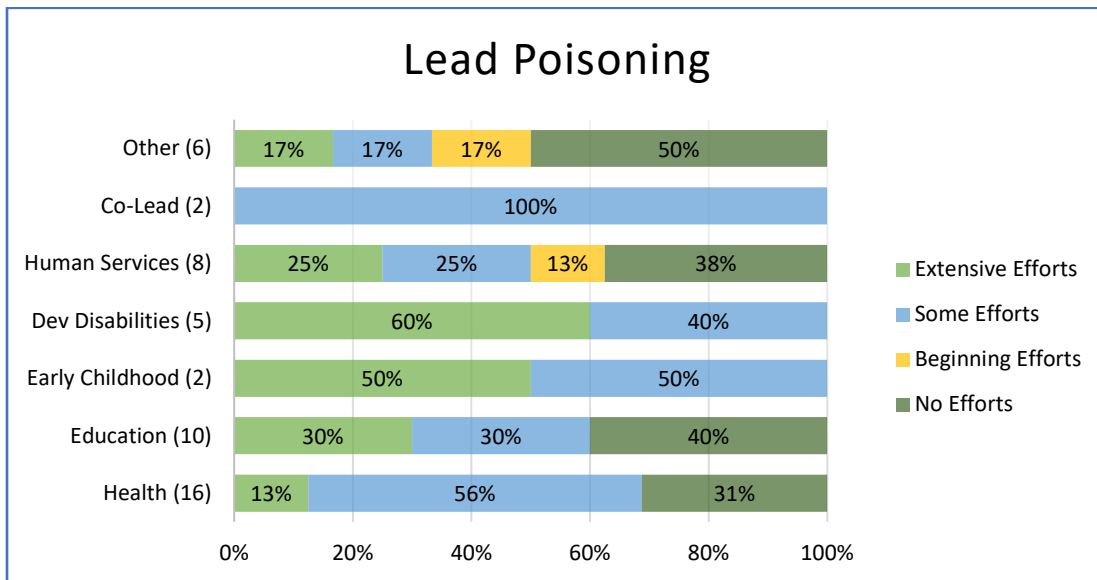
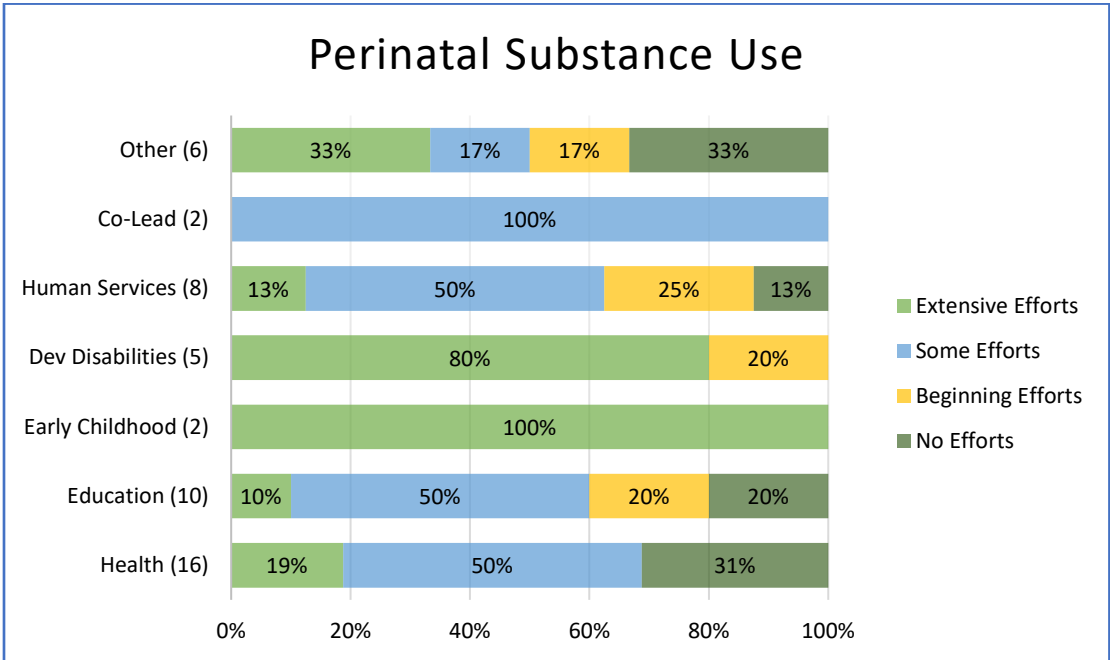
Forty-nine states responded to this question. The chart that follows captures their responses.

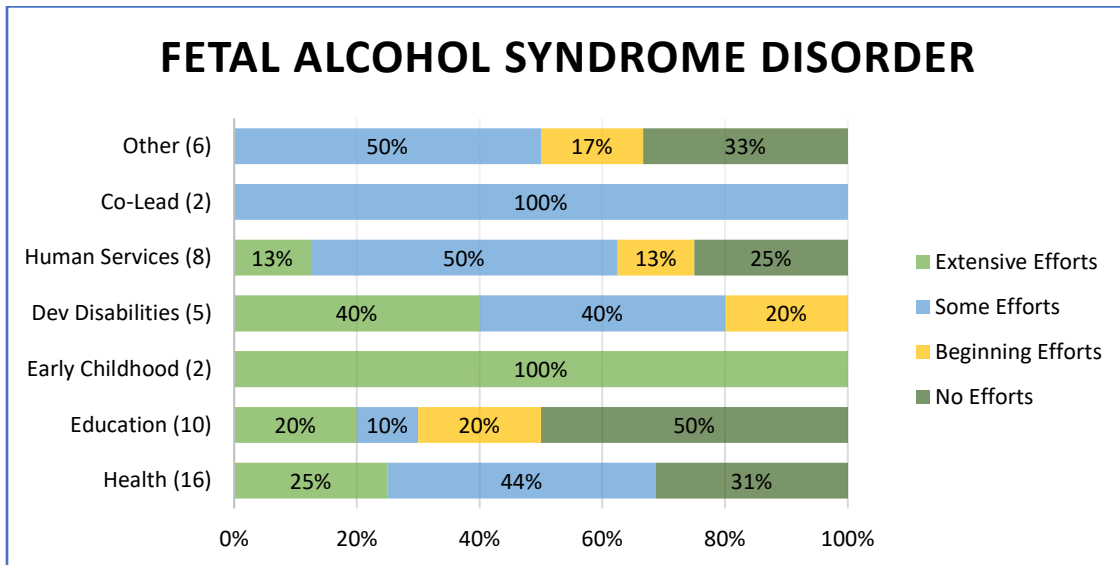


The responses of states that identified “other adverse conditions” include:

- All ACEs
- Children in child protection; children experiencing homelessness; children affected by trauma and intergenerational trauma/resilience
- Delays in social emotional development
- DPH is part of a state Infant Mental Health collaborative
- Families affected by trauma
- Homelessness
- Infant Mental Health task force and we serve environmental at-risk children
- Infant Mortality
- NOWs/NAS
- Post-natal depression
- Safe sleep

- Social-emotional expanded definition
- Trauma exposed
- Very low birthweight
- Zika





14. *What specific activities are you implementing to address the needs of infants prenatally exposed to substance use?*

Forty states responded to this question.

- NAS is an eligibility diagnosis under biological risk.
- Training
- Grant with the University; pilot program for child protection referrals over the next 3-5 years; Interagency Early Intervention Committee (IEIC) work plan goals related to children experiencing homelessness and experiencing trauma/intergenerational trauma/resilience (ACES trainings for referral sources); pre-natal education, supports, and monitoring through interagency collaboration with Dept of Health and Dept of Human Services
- Intermittent collaboration with perinatal workgroup.
- We have not specifically implemented any activities outside of processing referrals and determining eligibility based on developmental delay. NAS is not a Category 1 condition in GA.
- Cross systems training on Plans of Safe Care and EI's role on local teams. Promoted webinars on supporting families carrying for infants with NAS. Data sharing agreement with Dept of Health for infants with NAS.
- Collaboration with NICU. We have an early intervention provider within the University Hospital and a home visiting program.
- Part C participates in the state's perinatal quality improvement collaborative. The IPQIC has developed a "bundle" of materials for hospitals working with mothers who are pregnant and/or have just given birth and are experiencing SUD. Part C has implemented professional development opportunities for personnel around SUD and working with substance exposed infants.



2020 TIPPING POINTS SURVEY

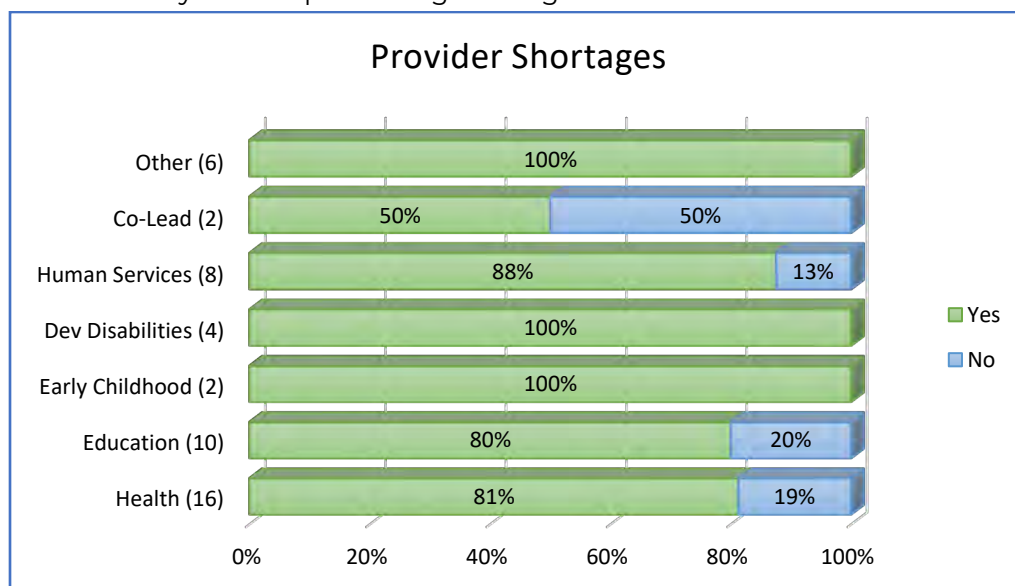
- Collaborating with DHHS Division of Children and Family Services regarding policies and procedures.
- Intense coordination with birthing hospitals and supports for mother/caregiver
- Exploring adding to established condition database
- Increased coordination/collaboration among state departments to improve efforts; local pilot activities; increased training for the field.
- There are two private/grant-funded efforts that Part C is collaborating with. One is to ensure hospitals refer children born under these symptoms are referred and the second is to capture data on effects on infants/toddlers born under these conditions.
- development of outreach and program enhancement within agency
- Joint training with home visiting and social service staff to support families with substance exposed newborns
- it really depends on the reason for referral. If dr. reports that child has seizures or shows side effects of mother's substance use, then child will automatically qualify. If at birth, the child does not display any effects at the time, the child is placed on a screening and screenings are conducted.
- We have multiple trainings and support for professionals
- Partnering with organizations serving children with NAS, educating referral sources and stakeholders on NAS and how to refer to Part C
- This is a focus of the Behavioral Health & Developmental Services agency and the Health Dept. They are providing support and services
- Clarity related to eligibility for the program
- Working with our partners to develop action items
- We have partnered with the University on Disabilities and through grant support, we have begun to implement ECHO SCOPE which includes 10 weeks of 90 minute sessions to increase provider knowledge and skills for working with infants born drug exposed and parents with drug addictions.
- These are qualifying conditions for early intervention services in our state. We work closely with the Office of Disability Prevention for Children on outreach and training related to these topics and EI services.
- Serving on Perinatal State and Regional Advisory Boards, working with Department of Mental Health, and partnering with AAP
- No specific activities are currently being implemented within the lead agency.
- Training for EI providers, particularly around social-emotional development + the Brazelton Institute's Newborn Behavioral Observation tool
- Including diagnoses for eligibility that will include infants who have been exposed to substance use prenatally.
- Data sharing with DPH and Home Visiting
- Education and awareness

- Working closely with the Department of Human Services who has an automatic referral system for these children IF they are displaying symptoms at birth or test positive for substances at birth.
- Implementing SCOPE/ECHO trainings in partnership with Leadership in Education and Neurodevelopmental Disabilities (LEND)
- Beginning to look at the eligibility and referral rates.
- Collaboration with other agencies in the state that serve impacted children and families
- Partnering across state agencies to support local referrals and collaboration
- Developmental surveillance of children in program for NAS babies, NICU follow up
- Working with child protection and community organizations in regions where NAS is highest to look at prevention and to target follow up strategies
- These children are automatically eligible and typically participate in our EI Program housed with our NICU at the major university hospital in the state with extensive wrap around services.
- Professional development provided to Early Interventionists to support coaching and RBEI practices with specific strategies to increase family members' capacity to help their child.
- Increase funding for lead abatement
- Increased reporting efforts and collaboration with Public Health Initiatives in high risk areas of the state

Provider Issues

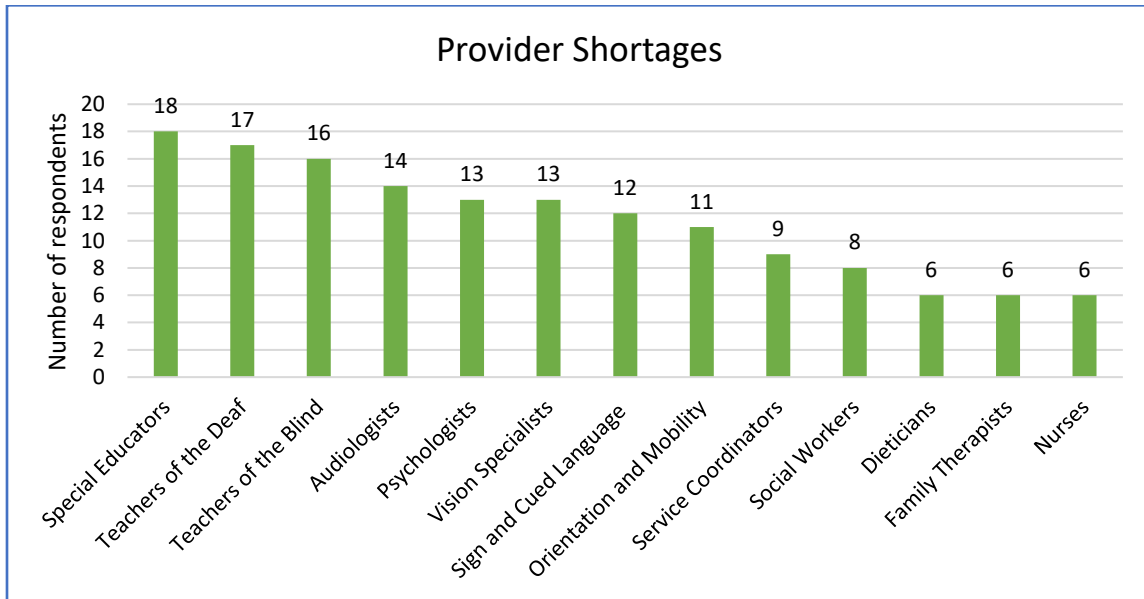
15. *Is your state experiencing shortages in qualified providers?*

Forty-eight states responded to this question. Forty-one of the forty-eight states (85%) responded that they were experiencing shortages



16. *If yes, which type of providers are you experiencing shortages in? Check all that apply.*

Forty-eight states responded to this question. The top three shortages that were reported are: Speech-language Pathologists (69%); Physical Therapists (67%); and Occupational Therapists (64%). Shortages identified for other personnel are captured on the chart that follows.



17. *What are you doing to address the shortages?*

Forty states responded to this question. Specific activities identified include the following:

- Advocating to continue telehealth so that the available providers can access children across the state
- Comprehensive System of Personnel Development TA with ECPC; grow-your-own particularly in rural areas; variances; continuous improvement cycles for licensing
- Continue to network with universities, continue to advertise positions in all early childhood entities we can, and continue to work with HR.
- DDS does not collect on data on this, but regional centers have reported shortages across numerous provider types. My state promotes workforce development activities through the Statewide Screening Collaborative. The Comprehensive System of Personnel Development provides the framework for coordinating the delivery of personnel development activities. (<https://www.dds.ca.gov/services/early-start/training-and-technical-assistance/>)
- Developed reports by zip code to identify where Medicaid providers exist who are not Part C providers so we can target outreach.
- Hiring exceptions



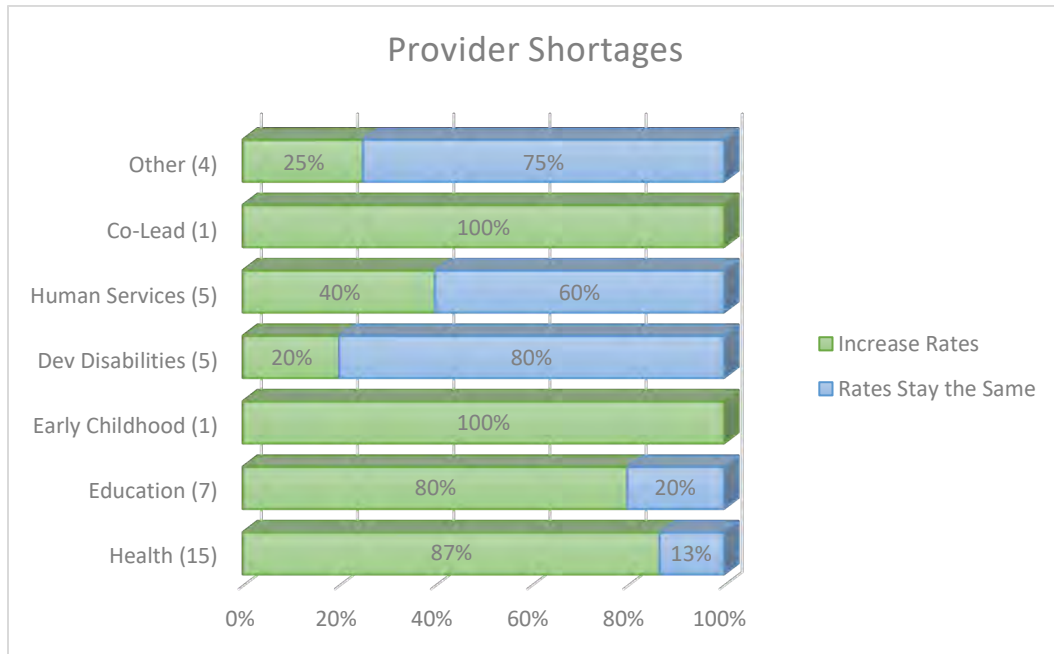
- It has been identified as a concern and brought to executive leadership at our agency. COVID-19 has created other challenges related to reduced referrals/caseloads. We are now focusing on retaining current staff
- Local incentives
- We have implemented competitive compensation and is increasing its use of telepractice to reduce travel time of scarce providers.
- We are instituting a new teacher certification for birth-kindergarten. This is resulting in the change of structures of teacher preparation institutes and increasing the inclusion of birth to three programs and services through pre-service, teacher prep, and professional learning.
- New plans that focus on retention of providers by supporting professional development and collaborations in the Part C system. Linkages with Higher Ed.
- Offering hiring bonuses, enhanced recruitment
- Offering scholarships, working with ICC and other providers of ECS
- Only have some shortages mostly in SLP services due to salary disparity with school district. Continue to report on disparity to legislatures for funding increase but it does not pass.
- Outsource to private entities
- Partnering with state agencies on recruitment and retention, developing better data collection
- Provided individual programs with funds to support recruitment and retention. Advocating for rate increase to pay professionals competitive wages.
- Providing tuition assistance via state university system. Developed task force to address issues.
- Rate Studies / Partnership with universities for internship opportunities / coordinated recruitment
- Rates have been raised to compensate EI services better in hopes of attracting therapists to the field. ICC has a workforce subcommittee taking a deep dive into what is needed to encourage professionals to work within EI.
- Recruiting and working with professionals in the field to bring in new contractors
- Recruiting at job fairs, internet postings
- Recruiting teachers who retire from school systems, working with the state schools for deaf and blind, using teletherapy (now), piloting a primary provider model in one region.
- Recruiting with ICC members representing high education program prep. Examining rule changes. Teletherapy.
- Recruitment and Retention workgroups within SSIP and CSPD.
- Recruitment statewide
- Recruitment via licensing boards and university programs, participation in professional conferences, etc.
- Remote EI and Distance Payments for no shows



- Since COVID-19 and the expansion of Medicaid to fund teleintervention, the impact of shortages of individual disciplines has diminished.
- Since our providers are contractors it is difficult to retain providers with no incentives. We are partnering with the DPH HR office to post job postings on the state job board, we will be working with ECPC to focus on the CSPD and have partnered with DOE in a grant application.
- Some of the shortages are due to small number of professionals graduating from these academic programs and opting to provide services in the private sector or not staying in the island. We often do not have the resources to address shortages. We will be distributing a survey for service providers to collect data on their concerns on providing services in light of the COVID 19 pandemic and start a brainstorming to design and implement activities to address shortages with the resources we have.
- Speaking with professional associations, forging partnership with institutes of higher education to address pipeline/have a prepared workforce.
- We announce the OT position on the public-school system website. we also have ads in national organizations.
- We applied for the OSERS personnel retention grant
- We continue to work towards telehealth to get appropriate providers into families' homes.
- We have been undergoing intensive TA with the ECPC to revamp our CSPD for 0-5 years of age. We are also implementing new personnel standards and an online credential for all EI professionals. We have collaborated with a State University to develop an EI Master's Degree that leads to an EI/ECSE license. We are also looking at a rate study to increase reimbursement rates.
- We have worked hard to engage and build relationships with our IHEs over the past several years. We provide presentations for schools who train a variety of our personnel, provide internship opportunities, and are working to align and expand the pre-service training and education our personnel are receiving in the area of early childhood special education and early intervention.
- Working through a strategic planning process and engagement with statewide workforce initiatives.
- Working with higher-education institutions. Updating the Credentialing website with more focus to attract new providers. Some efforts on rate increases.
- working with IHE, Therapy Boards, and local recruitment efforts. Virtual visits are allowing flexibility.
- Working with the institutes of higher education that graduate specialists and high schools to make sure they know about early intervention as an option for a career.
- Working with University staff. Developing new recruiting strategies

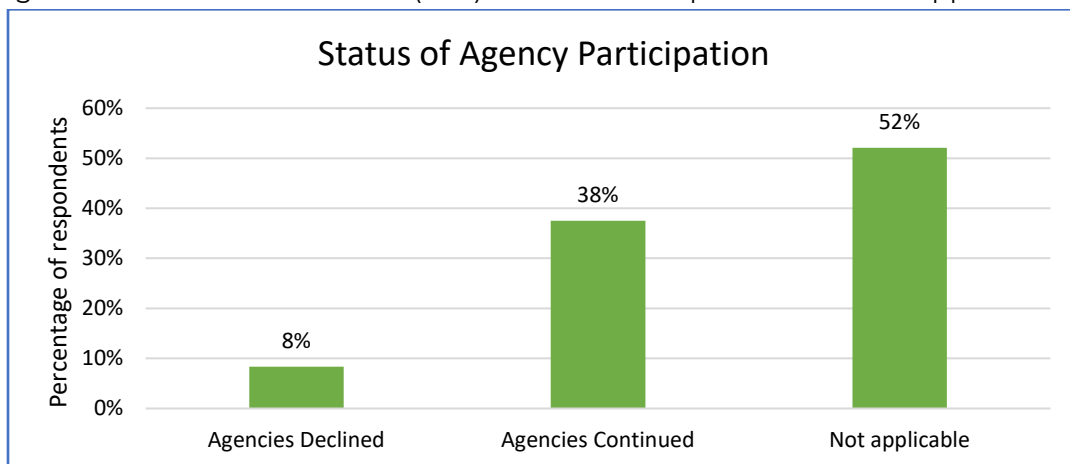
18. *What is the status of provider reimbursement in your state over the last three years? Check all that apply.*

Thirty-nine states responded to this question. Thirty-one states (77%) indicated that provider rates will remain the same. Eight states (23%) indicated that they have increased provider rates. One state that the responded rates stayed the same indicated that provider rates would increase in the coming year.



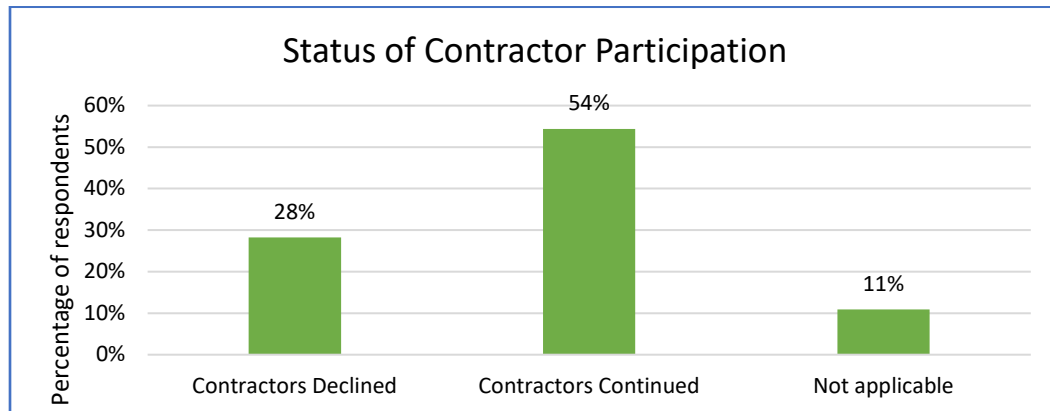
19. *If you contract with agencies/organizations to serve as local lead agencies, did any of those agencies/organizations decline to continue because of fiscal constraints in the last three years?*

Forty-eight states responded to this question. Four states (8%) indicated that they had agencies that declined to continue to provide services. Eighteen states (37%) did not have any agencies decline and 25 states (52%) indicated this question was not applicable.



20. *If your state uses contractors to provide direct services, did any of those contractors decline to continue because of fiscal constraints in the last three years?*

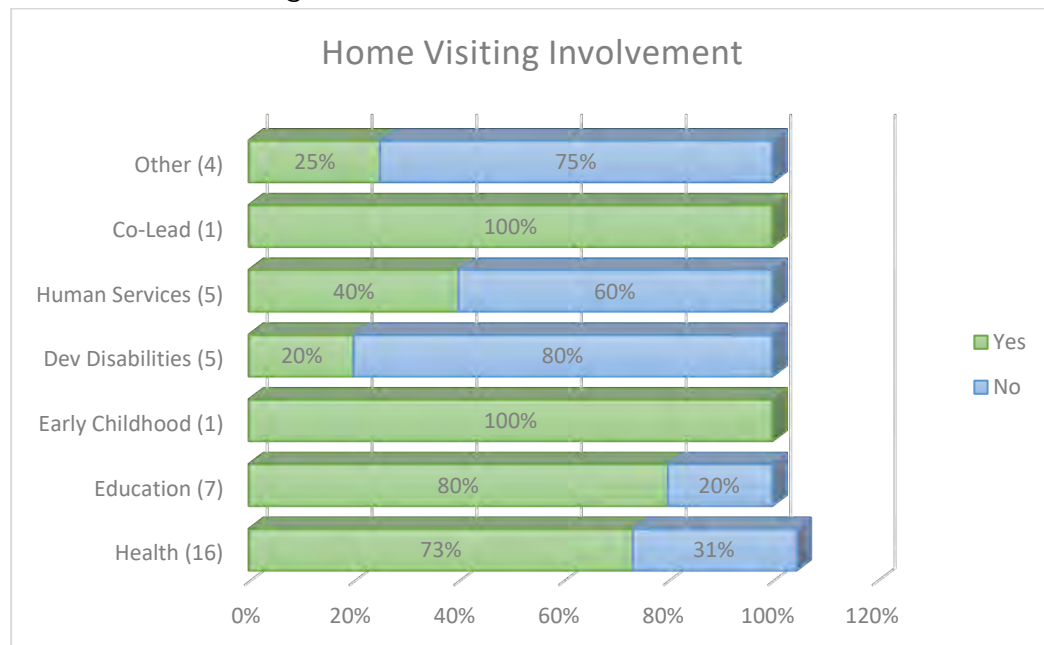
Forty-six states responded to this question. Twenty-five states (54%) reported that no contractors had declined to continue. Thirteen states (28%) indicated that they had contractors and five states (11%) indicated this question was not applicable.



Early Childhood Partnerships

21. *Is your Part C system involved with your state's Home Visiting initiatives?*

Forty-eight states responded to this question. Forty-one states (85%) reported that they are involved with home visiting initiatives. Seven states (15%) indicated they are not involved with home visiting initiatives





- Both programs under one bureau
- EI is included in planning for Home Visiting services & expansion
- Have a data sharing agreement, participate in needs assessment, participate in a cross-agency improvement workgroup
- Home visiting is a primary referral source
- Home Visiting is in the same agency and division. We are meeting regularly about intersections re; workforce development
- HV advisory committee, collaborative efforts
- I am also on the leadership team for the Home Visiting Initiative. Through this cross-representation, we can increasingly partner efforts of MIECHV, our state-funded home visiting services, and Part C to support a no-wrong door access to services.
- Joint SEN training, SICC activities
- MIECHV, ECCS
- MOU with MIECHV program and Department of Health and Human Services
- We have been working with HV system with collaborative trainings.
- Ongoing interagency collaboration; regional IEIC make-up
- Our consulting nurse participates in home visiting initiatives
- Our EI program is currently developing an agreement to share data with our Perinatal High Risk Management system (Dept. of Health) and has served on the advisory group for the state's MIECHV program; however, turnover in leadership with MIECHV has prevented meaningful collaboration.
- Part C director serves on Home Visiting advisory board. Likewise, Home Visiting representative on the ICC.
- Sharing information and resources. Have a joint single point of contact for families and includes early intervention. The Department of Education (IDEA Part C), Department of Public Health (MIECHV) and the Department of Human Services (Children at Home) funding supports this initiative.
- The Home Visiting Program is housed within DPH, so we have opportunity to collaborate, share training opportunities & other resources. We hope to collaborate more directly.
- The Home Visiting Program refers children when identified.
- There is a MOU between EIS and Home Visiting,
- They refer for evaluations
- We are beginning to be informed and aware.
- We are housed in the same Office of Early Childhood
- We are working to collaborate. Refer families to HV as EI Providers and vice versa. HV is now in the same Division as EI.
- We collaborate well. the program is a part of HOME visiting needs assessment that they are undergoing right now. we access HOME families and provide them the

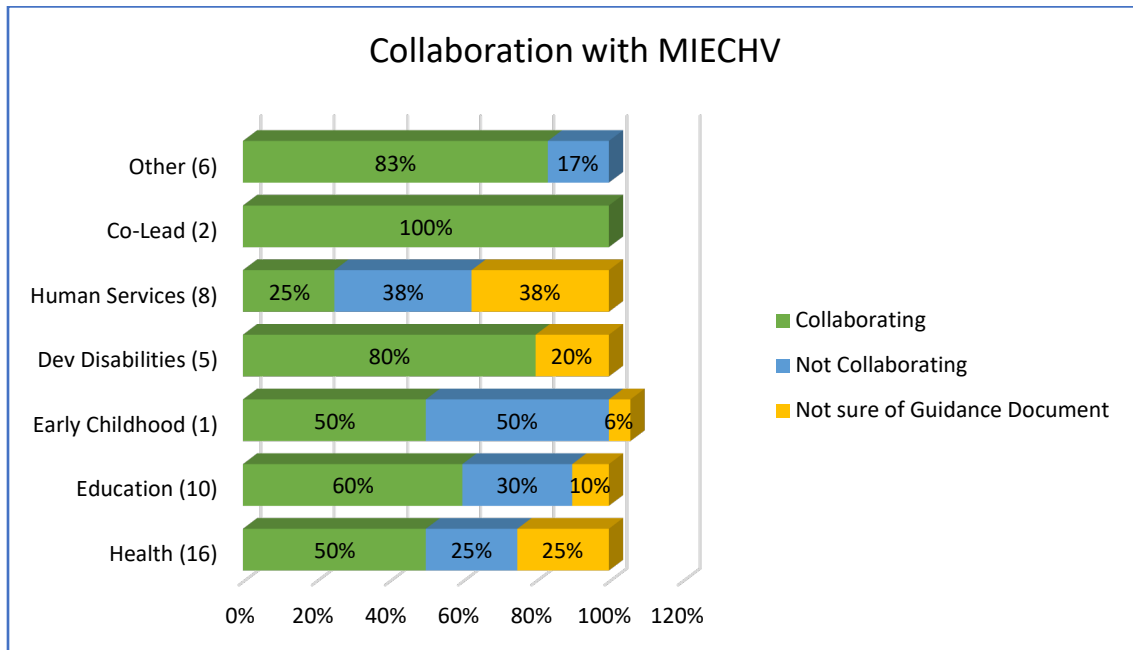
opportunity to participate in EI family meetings. HOME and EI are referral sources to each other.

- We have a joint Family Visiting council that includes all programs that provide home visiting to families with children b-3
- We have been having internal discussions about combining efforts in home visiting across our state.
- We have done cross-training and included Child Welfare as well Also, added a referral code in the data system to HV.
- We serve on their guidance committee.
- We share a centralized intake system for EI and HV; many EI SC agencies also provide HV in their community.

22. Have you collaborated with your MIECHV program to discuss how the joint guidance document could be implemented in your state?

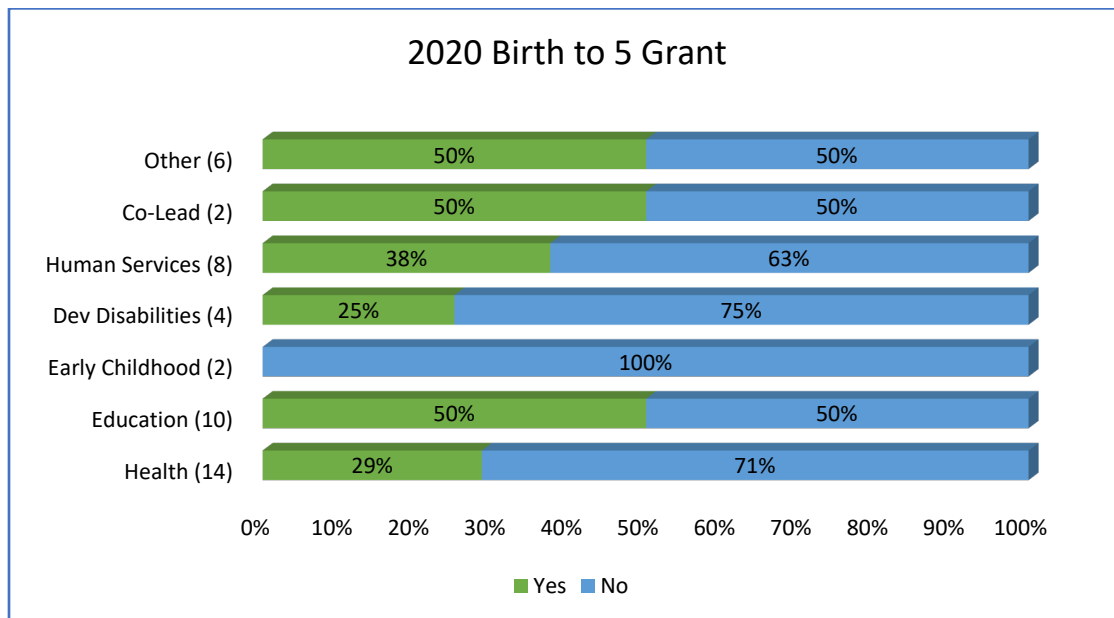
Forty-eight states responded to this question. Twenty-eight states (48%) are collaborating with their MIECHV program regarding the joint guidance document. Twelve states (25%) have not collaborated, and eight states (17%) reported they are not sure what the guidance document is. The following comments were included:

- Each year we strive to work closer with MIECHV and Early Head Start. Different federal requirements for each program makes true collaboration difficult. The COVID-19 pandemic has brought Part C and MIECHV closer at the state level to coordinate home visitation protocols.
- I have contacted the office several times, but they have experienced significant turnover in the leadership of that program that has prevented meaningful collaboration.
- MOU needs to be revisited and the content needs to be more effectively disseminated to frontline providers.
- No direct benefits to Early Intervention
- Ongoing interagency collaboration
- The MIECHV Program Manager position has had high levels of turnover. We have had to start and stop several times and have not completed the task.
- We are just beginning these conversations with new HV leadership in our state
- We are updating policy/procedure language to incorporate some of the attainable joint statement recommendations.
- We have plans to explore this during this next year
- We have had initial discussions but no set plans



23. Did your state receive a B-5 grant for 2020?

Forty-six states responded to this survey. Seventeen states (37%) indicated they received a B-5 grant for 2020. Twenty-nine states (63%) reported they did not receive a grant in 2020.

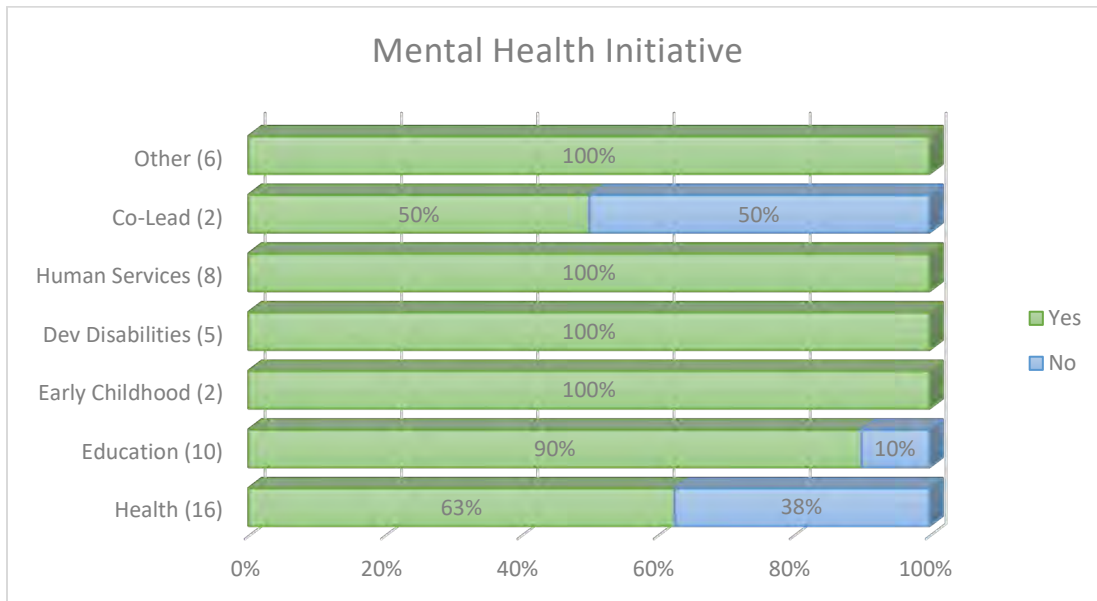


24. Describe how your Part C system is involved in the implementation of the grant.

Twenty-one states responded to this question.

- Advisory Committee participation
- Early Childhood Autism Initiative, working and training childcare providers, hiring family engagement specialists, leadership training, RBI and RBHV Training for state, Public Awareness Initiatives, and collaboration with Hands and Voices
- Early Childhood Transitions are included in the workplan
- Fully involved with strategic planning
- Hear reports of implementation
- I am part of the steering committee and was on many of the sub-committees.
- Informational assistance to grant writers
- Membership on the grant leadership team and subcommittees.
- Part C was involved in the statewide needs assessment and participates in state leadership structures that can give input. Community grants are available for targeted initiatives.
- Part of the cross-system service delivery model
- Planning and community engagement; execution of specific components; direct collaboration in the interagency development of Help Me Connect (a statewide navigator system and Resource Connector that is supporting our B-5 Grant work in our state)
- Professional development opportunities and family engagement activities
- The California Department of Education (CDE) received a Preschool Development Grant. DDS collaborates with CDE as a stakeholder in its implementation.
- The first year, Part C is involved in the PD part. We then will expand in future years to more collaboration in inclusive work.
- The Part C office sits on the statewide council for thriving children to ensure equal access to all.
- We are a key player in our PDG B-5 grant at all levels
- We are stakeholders assisting the program to develop a needs assessment and theory of action and mission. TA for this is provided and we have scheduled meetings for September. We just met initially on August 13
- We have not begun our PDG implementation, however Part C will receive funds to support teletherapy, family leadership, and ICC/LICC work.
- We have several Part C projects with the PDG B-5 work, including an inclusion pilot and professional learning development for childcare, state-funded programs, and Head Start/Early Head Start. Additionally, all Part C staff participate in various PDG B-5 projects centered on topics such as social-emotional development, developmental screening, natural environments/inclusion
- We were not included in the planning or implementation of the grant.
- Worked on strategic plan and Part C is a collaborator on several objectives

25. *Is your Part C system involved in your state's early childhood mental health initiatives?*
Forty-nine states responded to this question. Thirty-eight states (77%) indicated they were involved in early childhood mental health initiatives and eleven states (23%) were not involved at this time.



Comments:

- "all young children in the CNMI will be screened using the ASQ screening tool: this is a Public Health initiative that EI encourages all families to access. EI service coordinators also have been trained and conduct ASQs when necessary
- Additional training and support are available for Part C providers.
- Beginning in February, we collaborated with our state mental health agency to provide contracts to local mental health agencies to participate in EI teaming with all of our local EI systems
- Central office staff participate on the board. Several professionals in early intervention have obtained endorsements.
- Collaboration statewide re: social emotional development for EI eligible families, with Technical Assistance from NCPMI (National Center for Pyramid Model Innovations).
- Early Childhood Mental Health Consultants program is housed in the same Office of Early Childhood
- In collaboration with Department of Mental Health, Department of Early Childhood Education, the Partnership for Children and First 5, we have developed an IECMH System within the state. Extensive training and planning are underway. IECMH



Consultants have been hired to support young children and their families across Alabama.

- Interagency workgroups
- DHHS received funding for Early Childhood Mental Health Consultation. The Part C Coordinator is part of the implementation team. Also, we are applying for SPDG to address infant mental health and trauma-informed practice.
- Member of the IMH task force and various other groups.
- Membership on the DHHS Division of Public Health Pediatric Mental Health Access advisory group.
- We recently joined the Alliance for the Advancement of Infant Mental Health and has formed a state professional association to promote a credential for infant mental health. Part C is a part of this group and will support staff in the attainment of this credential, once established. Part C also has recently begun implementing joint training with REACH the recipient of the SPDG focused on response to intervention, inclusion, and behavioral supports through a collaboration with the SICC Chair who works with REACH MS.
- Most of the partnership work is with Infant Mental Health
- Ongoing interagency agreements; Staff responsible for ECMH are on our ICC; partner in and support for ECMH trainings statewide; Part C Coordinator on grant review team for ECMH statewide grant program; many IEIC work plans contain ECMH-supportive goals and trainings; Part C staff participate in ECMH initiatives and trainings as appropriate
- Part C is represented on the State ECMHC group and we are implementing Pyramid Model now!
- Part C participates in numerous committees at the state level for I-ECMH.
- Part C participates in work groups, strategic planning, and conferences. ECMH representatives participate in ICC.
- Participate in a state strategic plan to increase availability of resources in this area.
- PD for staff in EI for several years about infant mental health, included in SSIP - partnering with a University this is very consistent
- Pyramid Model implementation (NCPMI TA for Part C)
- Serve on the board of some of our Infant Mental Health initiatives
- State staff serve on the council and information is shared among agencies who provide early intervention. Training opportunities are extended to early intervention providers.
- The Department of Developmental Services receives Mental Health Services Act (MHSA) funds for regional centers to develop and oversee innovative projects. These projects focus on treatment for children and families with mental health diagnoses and supports early childhood mental health initiatives.
(<https://www.dds.ca.gov/services/mhsa/regional-center-projects-focusing-on-early-childhood/>)



- The Part C Coordinator is the President of the state Infant and Young Child Mental Health Association, serves on the Leadership Team of the NC Social Emotional Health Initiative, receives TA from Zero to Three on early childhood mental health policy and financing, and also has engaged the Georgetown COE to explore ECMHC.
- We are adding the Office of Children's Mental Health Director to our state ICC
- We are engaged in conversations regarding how early childhood mental health consultation might be structured in our state
- We are engaged with the Suspension/Expulsion Prevention Workgroup; Homelessness Taskforce; Social-Emotional Standards group, and developmental screening focus.
- We are members of the Infant Early Mental Health Coalition and are collaborating with policy makers on expanding infant mental health services and training opportunities for LCSWs.
- We are the state's mental health provider for the 0-3 population. We are working with a coalition of state partners and TA centers to identify opportunities to strengthen financing and delivery of early childhood mental health services in our state.
- We collaborate with Aim Early Organization to assist with their bi-annual Infant Mental Health two-day trainings. We have an organizational membership to Aim Early. We provide reflective supervision to staff and contractors who have their Aim Early endorsement.
- We have an ICC Infant Mental Health Committee that provides guidance to us for training and services. We are involved on multiple state efforts involving IMH.
- We help fund CT-AIMH and our family liaison is a board member. All EIS programs have behavioral health practitioners available for evaluations, assessments, and IFSP teams.
- We help to fund the state MH coordinator position and provide financial support for a conference focused on early childhood MH
- We recently collaborated on a local grant opportunity aimed to expand infant and early childhood mental health training supports to early care and education providers, expand mental health provider competency around infant and early childhood mental health/wellness, and increase the SW providers enrolled in Part C.
- We share trainings - have webinars for enrolled professionals
- Work closely for referrals and service provision
- Working to increase professionals that are competent with infant mental health.



Appendix A: State Status

State Demographics
September 2020

States	Lead Agency	Eligibility	System Infrastructure
ALABAMA	4	A	1
ALASKA	1	C	1
AMERICAN SAMOA	1	A	1
ARIZONA	7	C	1
ARKANSAS	5	A	4
CALIFORNIA	4	B	4
COLORADO	5	C	1
CONNECTICUT	3	C	1
DELAWARE	1	B	3
DISTRICT OF COLUMBIA	2	A	1
FLORIDA	1	C	1
GEORGIA	1	B	3
GUAM	2	A	1
HAWAII	1	A	1
IDAHO	7	B	3
ILLINOIS	5	B	2
INDIANA	4	B	2
IOWA*	2	A	2
KANSAS	1	A	1
KENTUCKY	1	C	3
LOUISIANA	1	C	2
MAINE	2	C	3
MARYLAND*	2	A	1
MASSACHUSETTS	1	A	1
MICHIGAN*	2	A	1
MINNESOTA*	2	B	1
MISSISSIPPI	1	B	1
MISSOURI	2	C	2
MONTANA	1	C	1
NEBRASKA*#	6	B	1
NEVADA	5	B	1
NEW HAMPSHIRE	5	B	1
NEW JERSEY	1	B	1
NEW MEXICO	3	A	1
NEW YORK	1	B	2
NORTH CAROLINA	5	B	3
NORTH DAKOTA	5	C	1
NORTHERN MARIANAS	2	A	4
OHIO	4	B	1
OKLAHOMA	2	B	3
OREGON	2	C	1
PENNSYLVANIA #	6	A	1
PUERTO RICO	1	B	1
RHODE ISLAND	7	C	4
SOUTH CAROLINA	7	C	2
SOUTH DAKOTA	2	B	2
TENNESSEE	4	B	3
TEXAS	5	A	1
UTAH	1	B	1
VERMONT #	6	A	1
VIRGIN ISLANDS	1	B	1
VIRGINIA	7	A	1
WASHINGTON	7	A	1
WEST VIRGINIA	1	B	2
WISCONSIN	1	B	1
WYOMING	1	B	1

Eligibility Categories

A	At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains	18
B	25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain.	23
C	33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, 2 standard deviations in two or more domains.	15

Lead Agency

1 Health	20
2 Education	12
3 Early Childhood	2
4 Developmental Disabilities	5
5 Human Services	8
6 Co-Leads	3
7 Other	6

System Infrastructure

1	Programs/agencies are responsible for all eligible children from referral through transition in an assigned regional or local catchment area. Services are provided by staff of the responsible entity or contractors hired by the responsible entity.	35
2	Programs/agencies are responsible for all eligible children from referral through transition in an assigned regional or local catchment area. Services are provided by staff of the responsible entity or contractors hired by the responsible entity.	10
3	State employs staff who work at the state, regional or local level and provide services. State may also hire contractors to supplement delivery of early intervention services.	7
4	Other	4

* Birth Mandate



IDEA
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