



# 2021 TIPPING POINTS SURVEY

Demographics,  
Challenges and  
Opportunities



**IDEA**  
INFANT & TODDLER  
COORDINATORS ASSOCIATION



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### OVERVIEW

For the sixteenth consecutive year, the Infant and Toddler Coordinators Association (ITCA) has surveyed its members regarding the issues and challenges of Part C implementation. ITCA utilizes this information to track emerging issues and state responses related to eligibility, state financial support, personnel, decisions regarding continued participation in Part C and involvement in the broader early childhood system. In addition, the demographics of state Part C coordinators provide a national snapshot of the characteristics of Part C leadership.

Fifty of the fifty-six states and jurisdictions (hereafter referred to as states) completed the survey over the fall months of 2021. 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. ITCA and its members make this aggregate information available to the Administration, to Congress, to our early childhood and disability partners, and to state and local elected officials.

Thank you to the following states that participated in the survey:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming



### 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-seven states responded to this question. Forty-six states (97.9%) responded that there were no discussions related to dropping out of Part C. One state (2.1%) indicated that in the past, there had been brief "what if" discussions related to Part C participation, but never any serious or ongoing discussions.

2. *Which statement describes the status of your state funding for Part C for 2021-2022?*

Forty-two states responded to this question. Twenty states (47.6%) responded that their funding was increased. One state (2.4%) indicated that their funding was decreased by 22%. Twenty-one states (50%) responded that their funding was frozen.

#### Eligibility

3. *Which statement describes the status of eligibility in your state for the last three years?*

Forty-eight states responded to this question. Forty-three states (89.6%) indicated that they have not changed eligibility criteria. Three states (6.2%) responded that they have broadened eligibility. One state (2.1%) indicated that it is planning to broaden eligibility in the 2021-2022 fiscal year.

#### Child Services

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

Forty-four states responded to this question. Eighteen of the forty-four states were able to provide data in response to this question. The average number of planned hours of direct service was 4.9 with a range of 1.2 to 16. The median number of planned hours of direct service was 4.



5. *What is the average number of delivered hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month?*  
Forty-three states responded to this question. Fifteen of the forty-three states were able to provide data. The average number of delivered hours of service was 3.6 with a range of 1.2 to 7. The median number of delivered services is 3.4.
6. *What is the average length of time a child is in your Part C system?*  
Forty-three states responded to this question. Twenty-three of the forty-three states were able to provide data. The average number of months that a child is in the Part C system was 13.5 months with a range of .86 to 20. The median length of time is 14 months.
7. *What is the average age of referral for a child in your Part C system?*  
Forty-three states responded to this question. Twenty-five of the forty-three states were able to provide data. The average age at referral was 17.3 months with a range from 9 to 26. The median age of referral was 17 months.

### Provider Issues

8. *Is your state experiencing shortages in qualified providers?*  
Forty-seven states responded to this question. Forty-six of the forty-seven states (97.9%) responded that they were experiencing shortages.
9. *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: Physical Therapists (82.6%); Speech-language Pathologists (80.4%); and Occupational Therapists (70.2%). Shortages identified for other personnel are captured on page 27.
10. *What are you doing to address the shortages?*  
Forty-four states responded to this question and their specific activities are included in the full report on page 27.
11. *What is the status of provider reimbursement in your state over the last three years? Check all that apply.*  
Forty-eight states responded to this question. Twenty-three states (47.9%) indicated that provider rates will remain the same. Nineteen states (39.6%) indicated that they have increased provider rates. One state (2.1%) decreased the reimbursement rate. Four states (8.33%) indicated that they will increase reimbursement in the next twelve months.

12. *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-seven states responded to this question. Two states (4.3%) indicated that they had agencies that declined to continue to provide services. Twenty-one states (44.7%) did not have any agencies decline and twenty-three states (48.9%) indicated this question was not applicable.

13. *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-seven states responded to this question. Twenty-four states (51.1%) reported that no contractors had declined to continue. Ten states (21.3%) indicated that they had contractors who declined to participate, and ten states (21.3%) indicated this question was not applicable.

### Early Childhood Partnerships

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

Forty-eight states responded to this question. Seventeen states (35.4%) reported that they are implementing at least one or two activities with partners related to this initiative. Fourteen states (29.2%) are in early planning efforts with partners related to this initiative. Eight states (16.7%) are involved in extensive activities with partners and nine states (18.7%) indicated they are not involved. Comments on how they are involved can be found on page 32.

15. *To what extent is your Part C system involved in your state's Preschool Development Grant (PDG)?*

Forty-six states responded to this question. Twenty-six states (26.1%) responded that they did not receive a PDG grant. Eleven states (23.9%) reported that they are implementing at least one or two activities with partners related to this initiative. Ten states (21.7%) indicated they are not engaged with partners. Eight states (17.4%) are in early planning efforts with partners related to this initiative. Five states (10.9%) are involved in extensive activities with partners. Comments on how they are involved can be found on page 34.

16. *To what extent is your Part C system involved in your state's early childhood mental health initiatives?*

Forty-six states responded to this survey. Sixteen states (34.8%) indicated they are in early planning efforts with partners. Twelve states (26.1%) are implementing at least one or two activities with partners related to this initiative. Thirteen states (27.7%) are involved in extensive activities. Five states (10.9%) are not engaged with partners in this area. Comments on how they are involved can be found on page 36.

*17. To what extent is your Part C system involved in your state's early childhood equity initiatives?*

Forty-eight states responded to this question. Twenty states (41.7%) indicated they are in early planning efforts with partners. Ten states (20.8%) are implementing at least one or two activities with partners related to this initiative. Five states (10.4%) are involved in extensive activities. Fourteen states (29.2%) are not engaged with partners in this area. Comments on how they are involved can be found on page 38.

*18. To what extent has Part C been able to work with partners from other state early childhood initiatives to develop and implement cross agency infrastructure (e.g., professional development, technology, broadband access, data sharing, finance, governance, councils, interagency agreements etc.) to enhance equitable opportunities for children birth to five and their families?*

Forty-six states responded to this question. Sixteen states (34.8%) responded that Part C is in discussion with other early childhood initiatives and exploring ways to build cross-system infrastructure. Sixteen states (34.8%) indicated that Part C and other early childhood initiatives are implementing strategies to build cross-system infrastructure. Five states (10.9%) indicated there are no plans at this time. One additional state (2.2%) indicated there is a plan, but no implementation has begun.

*19. In addition to data sharing for transition to preschool, to what extent are data being shared with other early childhood programs to inform decisions and ensure access and equity?*

Forty-eight states responded to this question. Seventeen states (35.4%) responded they are exploring ways to share data across systems. Fourteen states (29.2%) indicated that data are currently shared with other statewide partners. Seven states (14.6%) have plans to share data and six states (12.5%) have no current plans to share data.

*20. How are American Rescue Plan funds being used to enhance the Part C system in your state? Check all that apply.*

Forty-eight states responded to this question. The top three responses were:

- Workforce capacity (professional development, coaching, incentives to retention, etc.) (87.5%);
- Child Find efforts and public awareness campaigns (70.8%); and
- Develop or enhance data systems (68.7%).

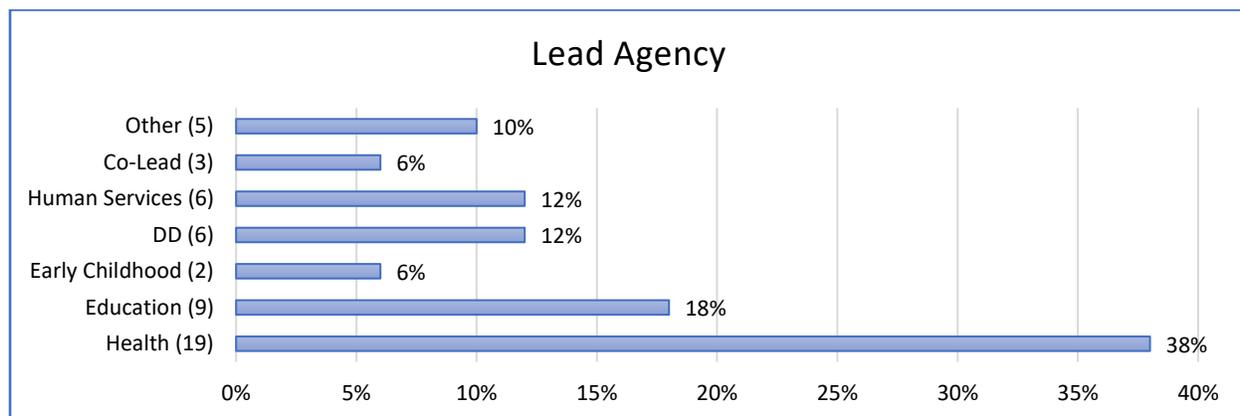
## SECTION I: STATE DEMOGRAPHICS

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.

### Lead Agency

Of the states that responded to the survey, nineteen states identified themselves as a health lead agency, nine states were education lead agencies, 2 states identified early childhood, six states identified developmental disabilities, six states identified human services, three states identified as co-leads and five states 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).



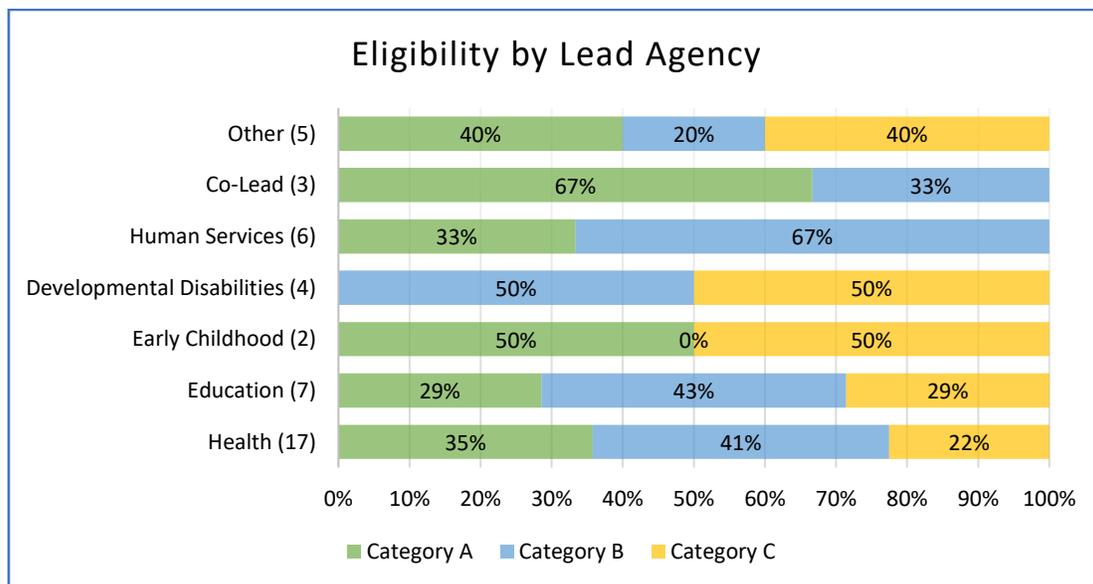
### Eligibility

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 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.

Forty-four states responded to this question. Fifteen states (34.1%) identified their eligibility criteria as meeting Category A. Seventeen states (40.9%) selected Category B, and eleven states (25%) selected Category C. The following chart captures the state eligibility by type of lead agency.



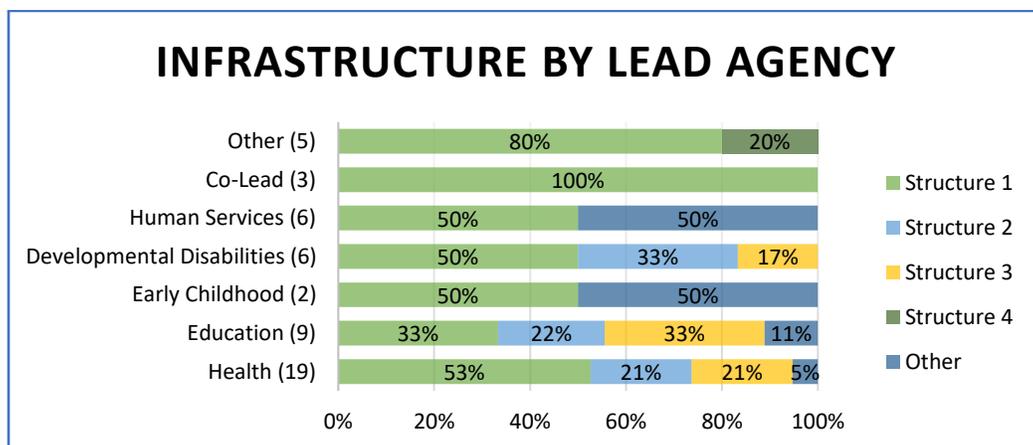
Infrastructure

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

- **Structure 1:** Twenty-seven states (54%) 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:** Eight states (16%) 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:** Eight states (16%) 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.
- **Structure 4:** One state (2%) responded that their infrastructure is composed of multiple state agencies /programs and their regional/local counterparts are responsible for different groups of children based either on eligibility criteria or on provision of specific services.
- **Other:** Six states (12%) Identified a different structure than the four described. Those included:
  - All Part C services are delivered through local school districts from referral (birth mandate state)
  - Lead agency staff are responsible for intake and eligibility statewide. Local agencies provide services to children from IFSP to transition, including service coordination.
  - Programs/agencies are responsible for referral through transition in an assigned regional or catchment area. Services are provided by specialists in the community.
  - Programs/agencies are responsible from referral to transition within geographic areas. EI services are fee-for-service to independent Payee/EIS providers.
  - Provider agencies are contracted directly with the state lead agency and those contracted agencies are responsible for all eligible children from referral through transition in their contracted service area.
  - State hires staff who provide general supervision and administrative services at the state level as well as staff who provide service coordination services at the regional and local level and contracts with EIS providers for the delivery of early intervention services.

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



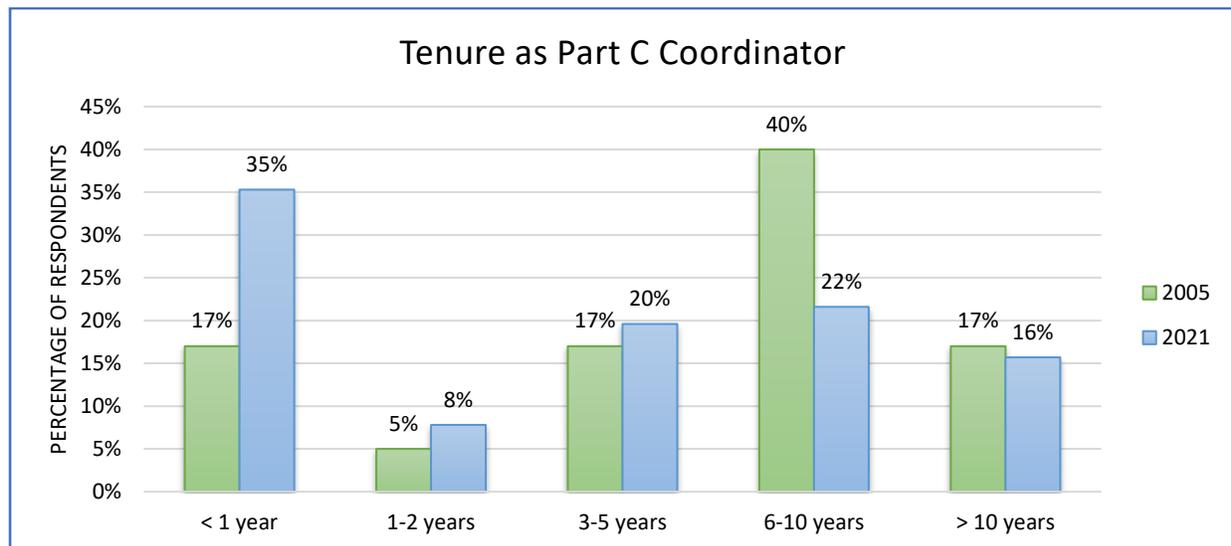
## SECTION II: PART C COORDINATOR DEMOGRAPHICS

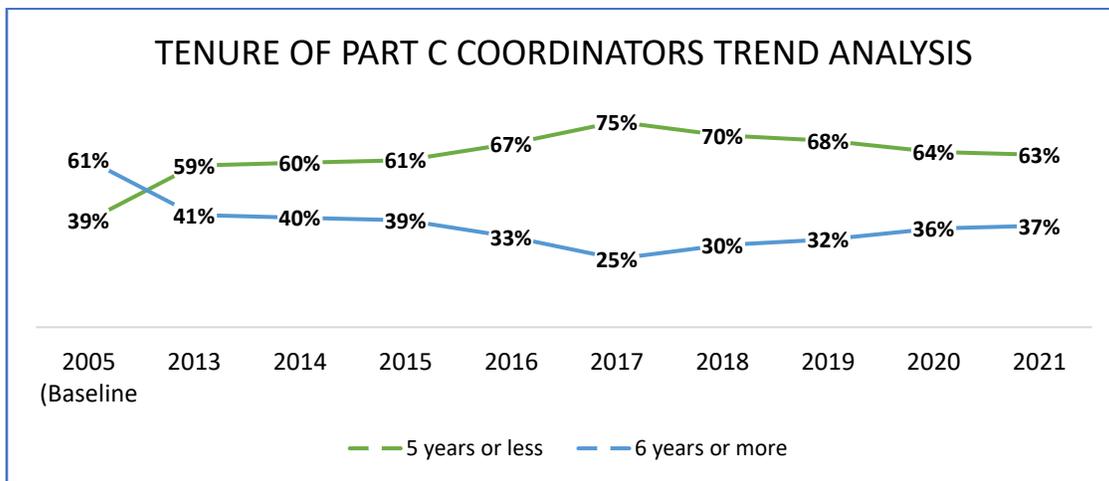
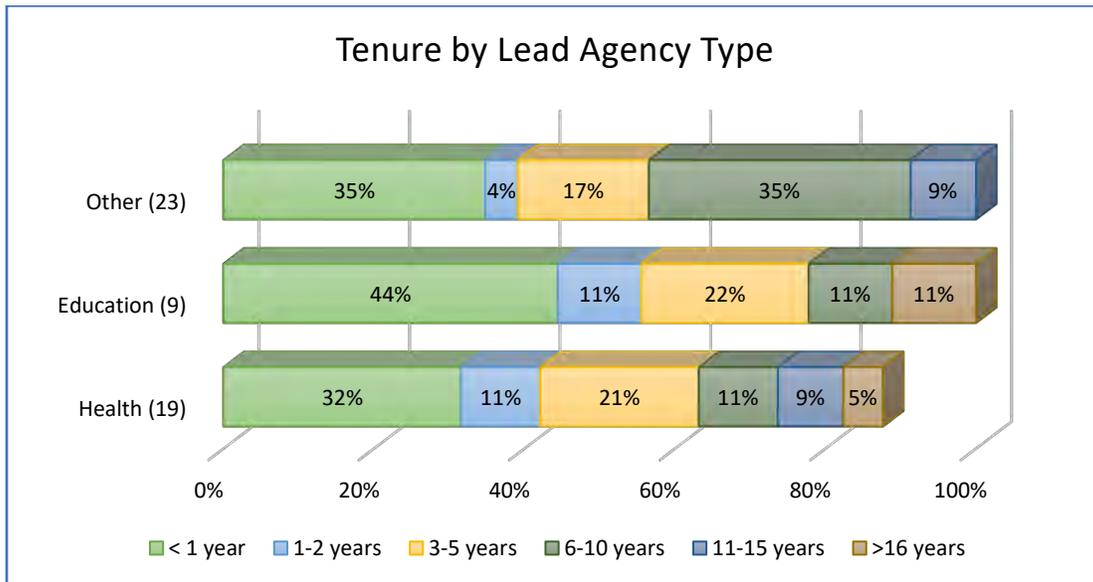
Because of the continuing turnover in state Part C leadership, the ITCA is committed to tracking the status of Part C Coordinators and attempting to better understand the needs of Part C leaders at the state level. Understanding the demographics of the individuals who serve in this important role is the responsibility of ITCA and provides an opportunity to identify trends and to analyze stress factors and supportive factors to better meet the needs of our members. To protect identification of any state, the lead agency analysis will be conducted with Health, Education and Other as the categories.

### Tenure

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

Fifty-one states responded to this question. Twenty-two of the fifty-one coordinators (43%) reported their state has a Part C Coordinator with two years or less of experience. Thirty-two states (63%) have coordinators with 5 years of experience or less. The charts that follow compare data from the baseline of 2005 to current data for 2021 by type of lead agency and provide a trend analysis of the changes over the last several years.

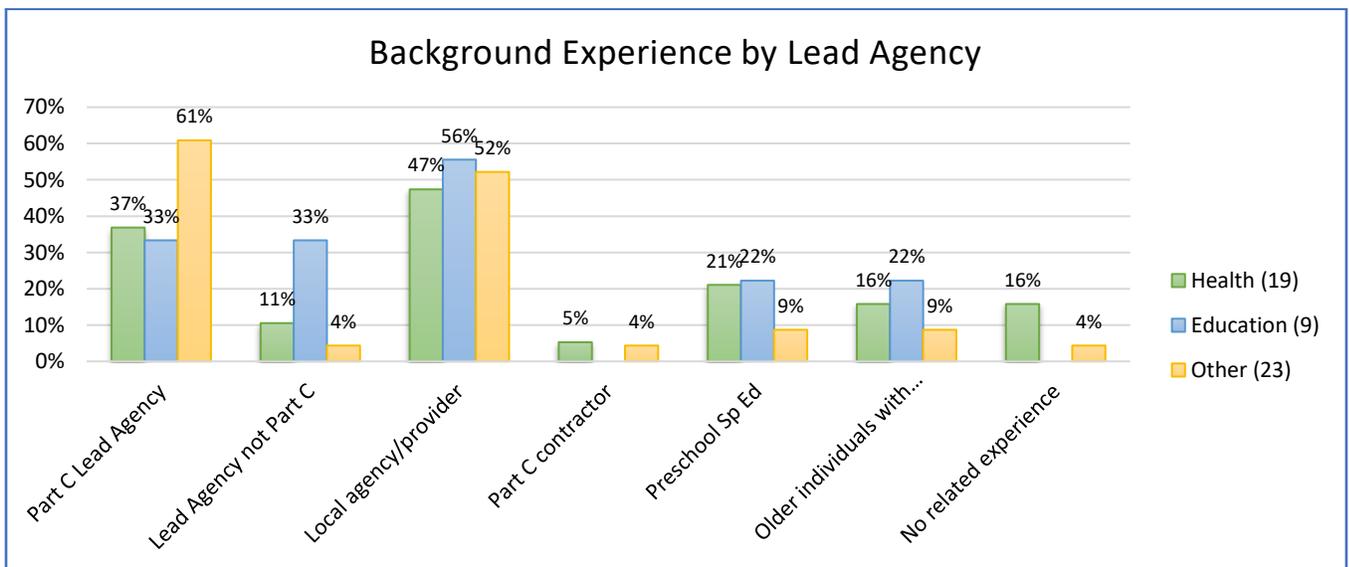
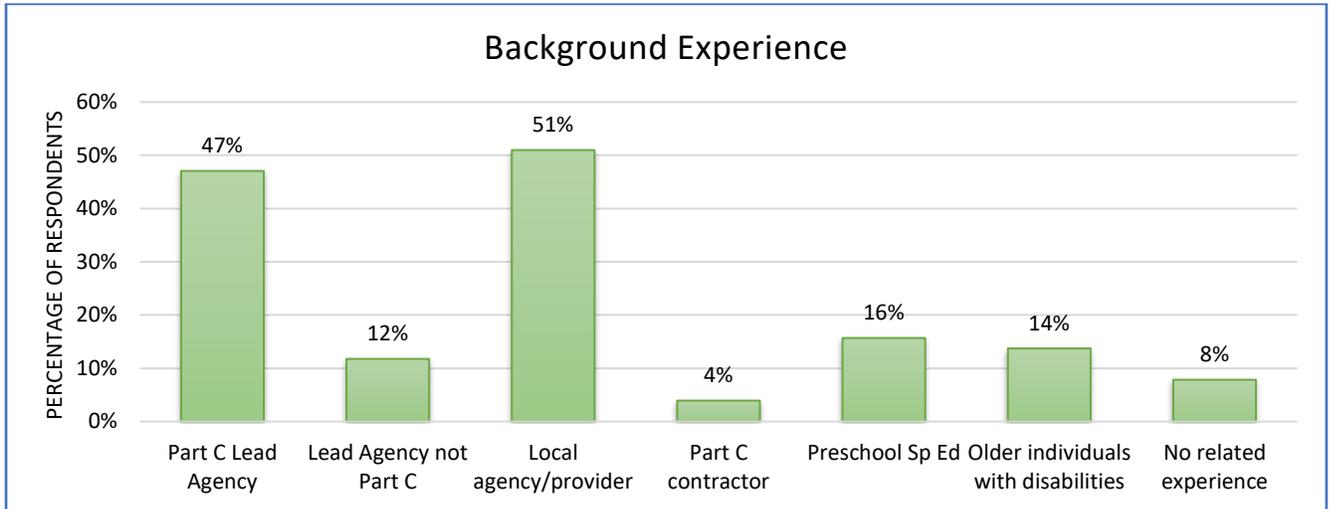




## Experience

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-four of the fifty-one coordinators (47.1%) had worked for the lead agency in the Part C office. Twenty-six of the fifty-one coordinators (50.12%) had also worked at a local agency/provider.



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

- Also previously served on the SICC
- Had previous experience in Part C at a local level and Supervisory experience in Developmental Disabilities.
- Preschool and elementary school teacher; administrator of local Head Start Program.
- Worked at the state Medicaid agency in mental health policy with some knowledge of Part C

- Managing compliance for state and federal laws for both federal and state agencies; writing, bidding on, and managing contracts with private, state, and federal agencies; developing and managing budgets; and coordinating between multiple state and federal agencies, tribal organizations, private organizations, and members of the public on State projects. My experience in education includes developing and implementing public educational programs; securing and meeting the requirements of federal educational grants; working with teachers, curriculum specialists, and directly with students on subjects in science and history; developing museum exhibits, teaching classes for members of the public and at the college level.
- I was the director of an employer sponsored childcare, preschool, kindergarten, and mildly ill sick care program. Serving 250-300 children.
- I worked in Early Childhood type programs for 7 years before working as a Part C Coordinator in Head Start.
- Immediately prior, I worked in an international credentialing body
- My most recent prior experience was working as the Early Hearing Detection and Intervention (EHDI) Coordinator/Newborn Hearing Screening Program Director.
- None of the above really capture my experience. I worked for another state agency responsible (through contract) for delivering service coordination and special instruction services to children eligible for Part C

### Additional Responsibilities

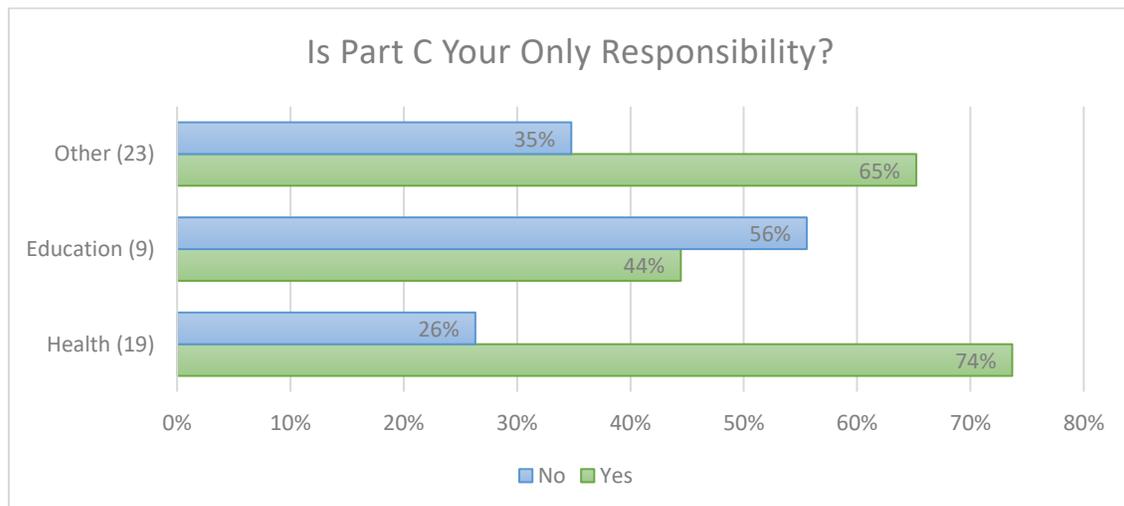
#### *3. Is Part C your only responsibility?*

Fifty-one states responded to this question. Thirty-three respondents (64.7%) indicated that Part C was their only responsibility. The eighteen other respondents were asked to identify the additional programs for which they are responsible.

Other responsibilities that were identified follow:

- Title V Children with Special Healthcare Needs Program.
- State plan and waiver amendments, federal billing and HCBS monitoring, rates and vendorization, and Electronic Visit Verification
- Serve as Branch Manager also overseeing home visiting (state and federal program), early childhood mental health, childcare health consultation, KY Strengthening Families, Help Me Grow and special projects.
- Preschool Development Grant activities.
- Part B 619, MIECHV, Children's Trust Fund (CTF), and other federal and state funded family support/positive parenting programs.
- Oversee other Medicaid services for children with special health care needs.
- Intellectual and Developmental Disabilities Unit

- In addition to Part C responsibilities, I am responsible for aligning Part C and 619 across the continuum.
- I'm the administrator for the Department of Education's newly formed Office of Early Learning Services. I oversee Part C, the Head Start Collaboration Office director and now Part B 619 coordinator.
- I support the total system in which Part C is provided (Children's Integrated Services, which provides health and developmental early childhood home visiting services for children and their families, prenatally up to age six), providing technical assistance, contract oversight and monitoring, and program support. I hold content expertise in Part C and am responsible for overseeing all data collection, general supervision, and reporting for Part C, etc.
- I support B through kindergarten
- I supervise the EHDI Coordinator and the Early Head Start Coordinator, I supervise 3 Program Specialists, and one clerical staff, which are all part of the Part C program, of which policy/process work and data are a large part of job duties.
- I am the Director of Child & Adolescent Health which oversees all health services programs for children and adolescents, including Genetics/Newborn Screening, EHDI, Surveillance of Hemoglobinopathies, Birth Defect Registry, Lead Poisoning Prevention & Healthy Homes, EPSDT, Early Intervention, Children & Youth with Special Health Care Needs, and Adolescent Health.
- ECSE, Low Incidence services, Early Literacy
- Early Childhood Special Education, Medicaid Waiver
- Director for Bureau of Children's Services
- An additional program for children and young adults, 3 to 21, with developmental disabilities entitled Family Education and Support.

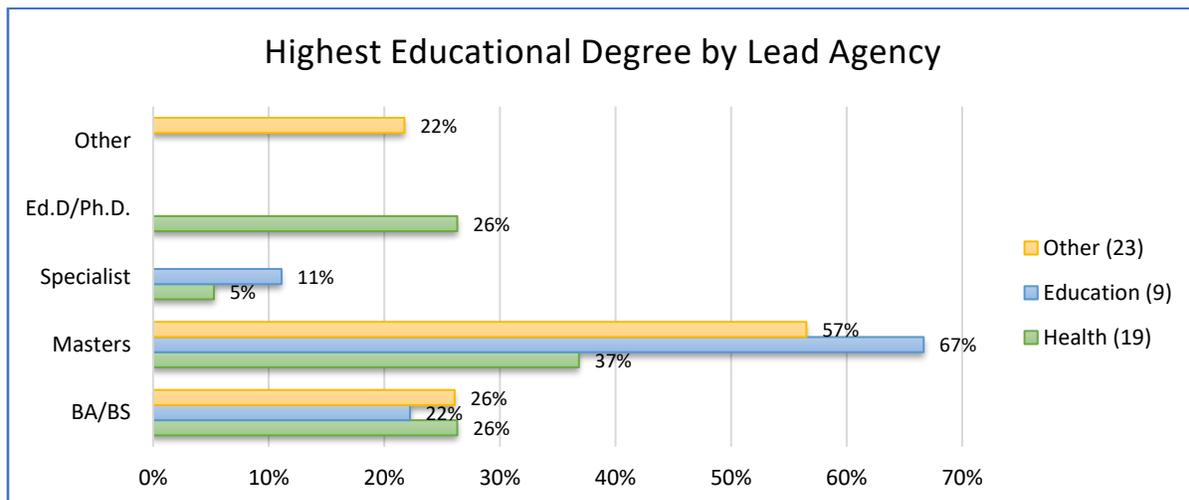
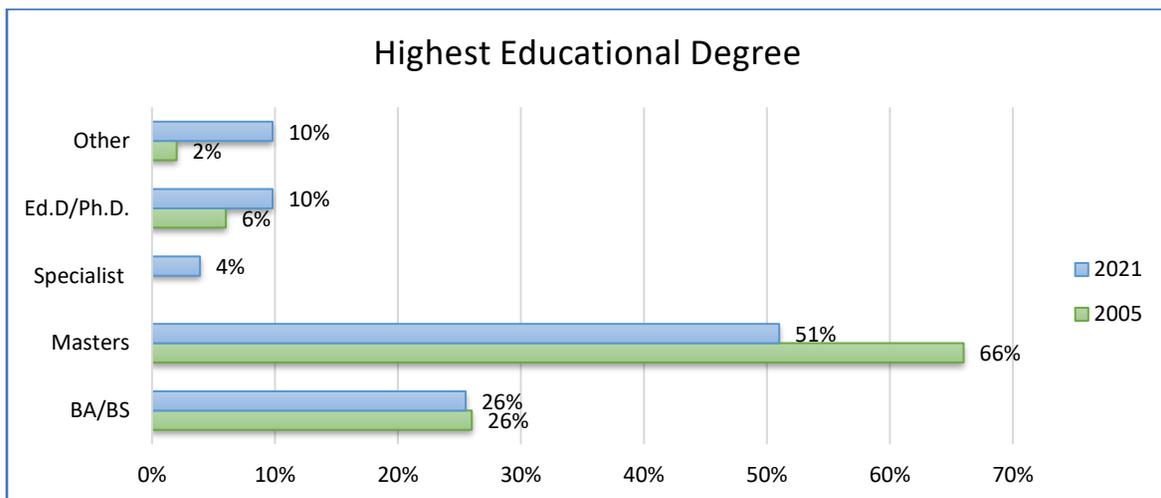


Education

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;
- ABD
- Master's degree with additional hours;
- An associate degree; and
- High School diploma with additional college classes.



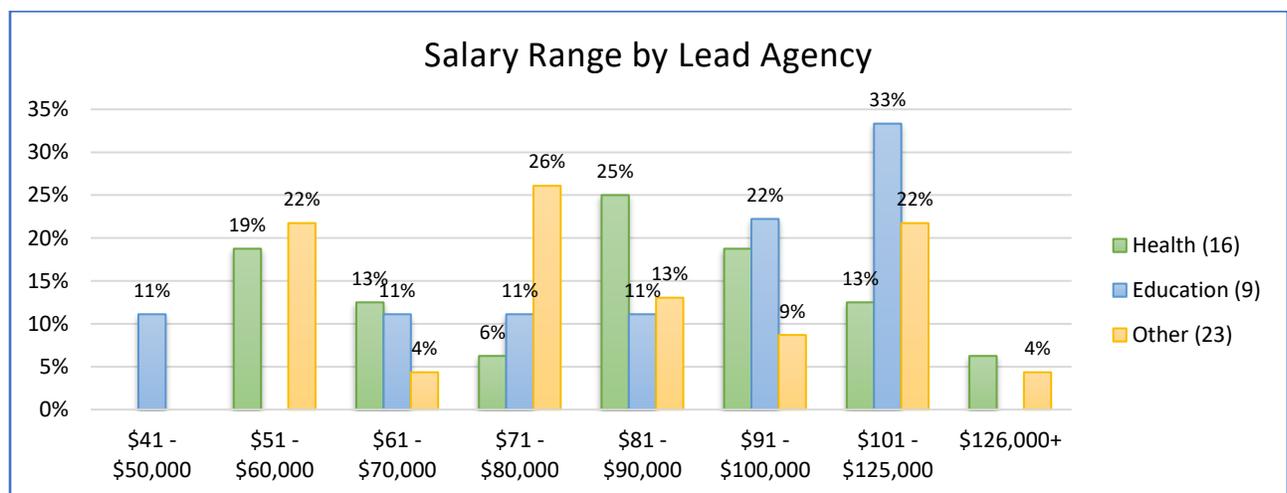
5. What was your area of study?

- Anthropology
- Behavior Analysis
- Business Administration - Marketing
- Child and Family Development, B.S., Management and Leadership, M.A.
- Child Development
- Clinical Psychology
- Criminal Justice / Early Childhood Education
- Early Child Education/Early Intervention
- Early Childhood
- Early childhood and elementary education
- Early Childhood Education (5)
- Early Childhood Special Education with Post grad in Infant-Parent Mental Health
- Early Intervention; Deaf Education; Speech-Language Pathology; Elementary Educ
- Early Special Education
- ECSE (B.S), ED Leadership (M.A)
- Education
- Educational Leadership/Director of Special Education
- Elementary Education with a minor in Early Childhood Education and Special Education
- Family Relations and Child Development
- Health Systems Research and Evaluation
- Human Services (2)
- MA - Early Childhood Education, PhD - Child Development
- Marriage and Family Therapy with a focus on families with young children with disabilities
- Mental Health Nursing
- PhD in Infant and Early Childhood Development
- Political science followed by law
- Psychology
- Public Administration
- Public Health
- Public Policy
- School Psychology
- Social Work (4)
- Special Education (4)
- Speech/Language Pathology (3)

Salary

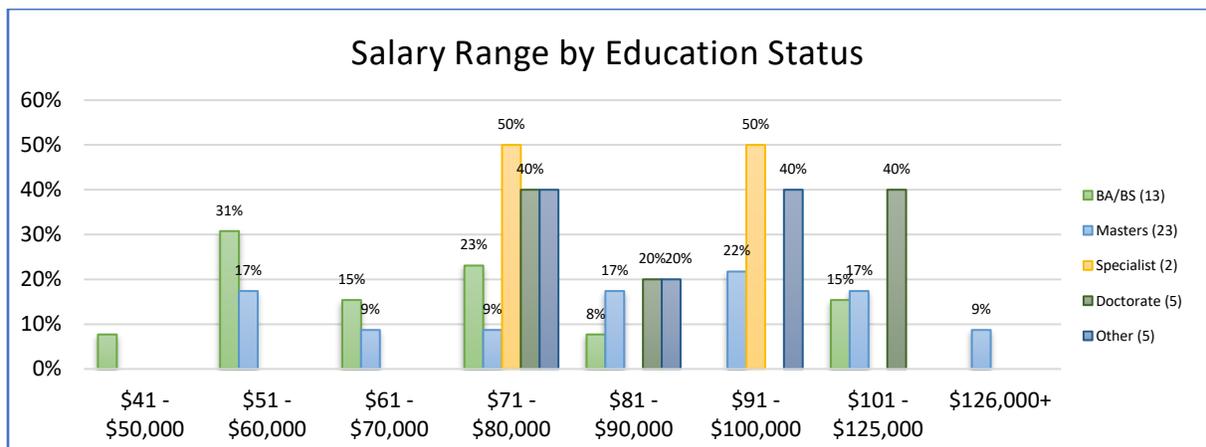
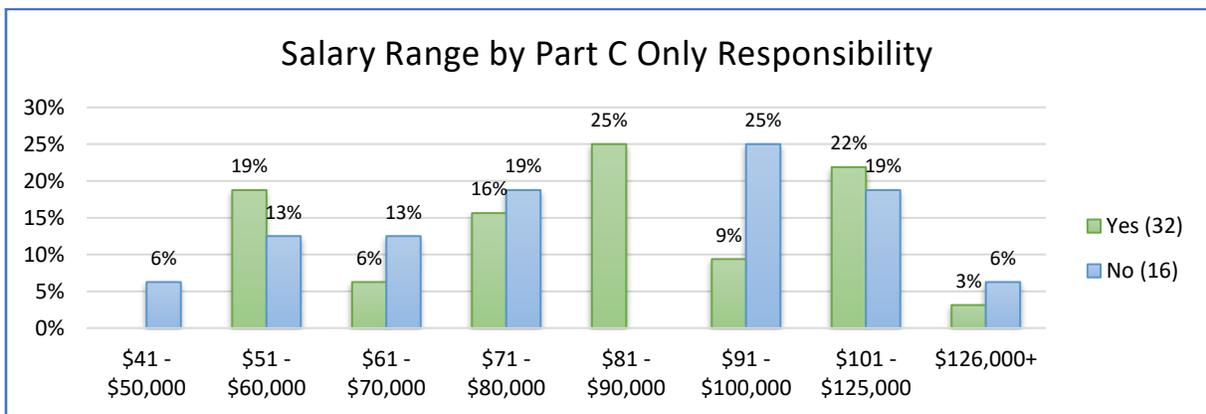
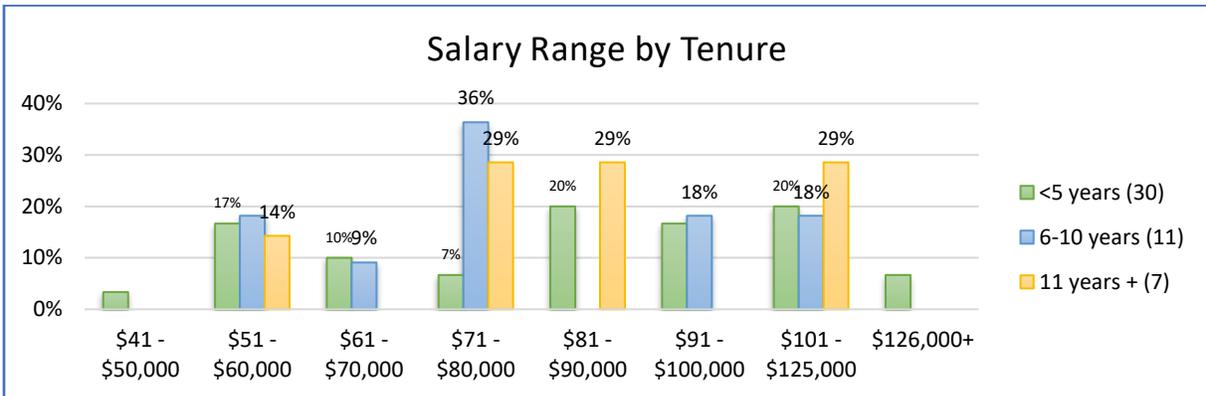
6. Please indicate your salary range.

Forty-eight states responded to this question. Ten respondents (21%) indicated that their annual salary ranged between \$101,000 – 125,000. This was the most frequent response. In 2005, the most frequently cited salary range was \$51-60,000 representing 31% of the respondents. In 2021, there were no respondents with a salary range between \$31 – 40,000, one respondent with a response of \$41,000-\$50,000 and two respondents with a salary range above \$126,000.



This year ITCA members asked for additional salary analyses to see if there was any correlation between salary levels and the following factors: Education, additional

responsibilities beyond Part C and years of experience. The following charts provide that analysis.



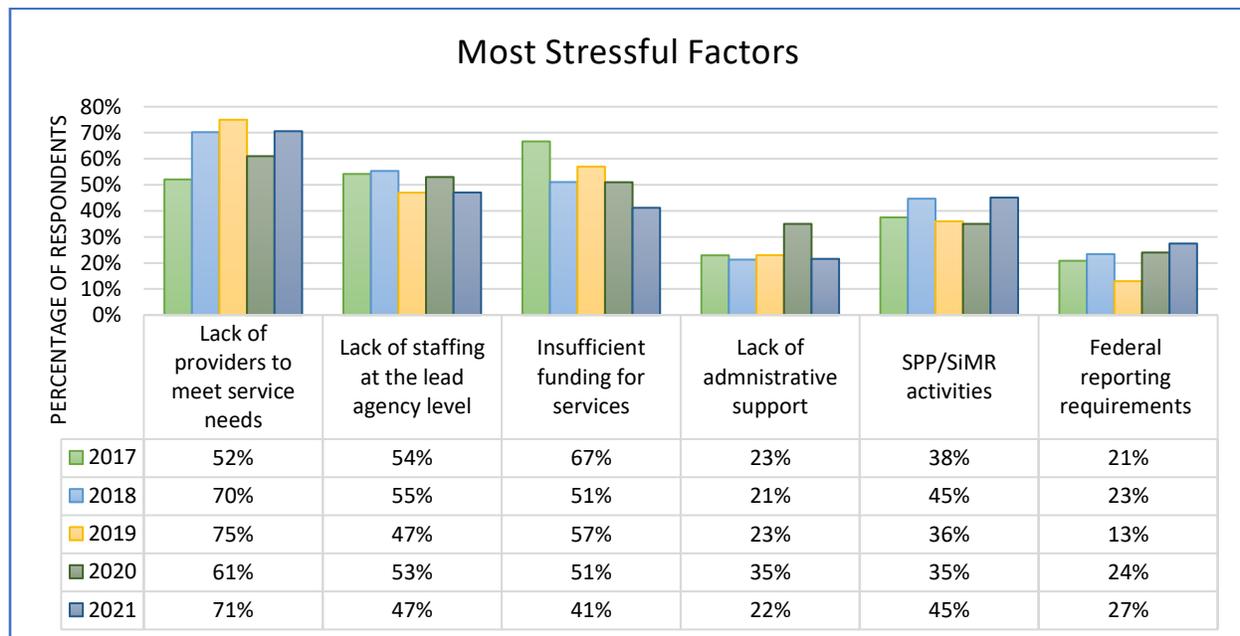
Stressful and Supportive Factors

7. 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 four most recent years, the most stressful factor is the lack of providers to meet service needs. This year, the survey asked about the impact of COVID, and 27 states (53%) indicated that the pandemic was second only to provider shortage in terms of stress.

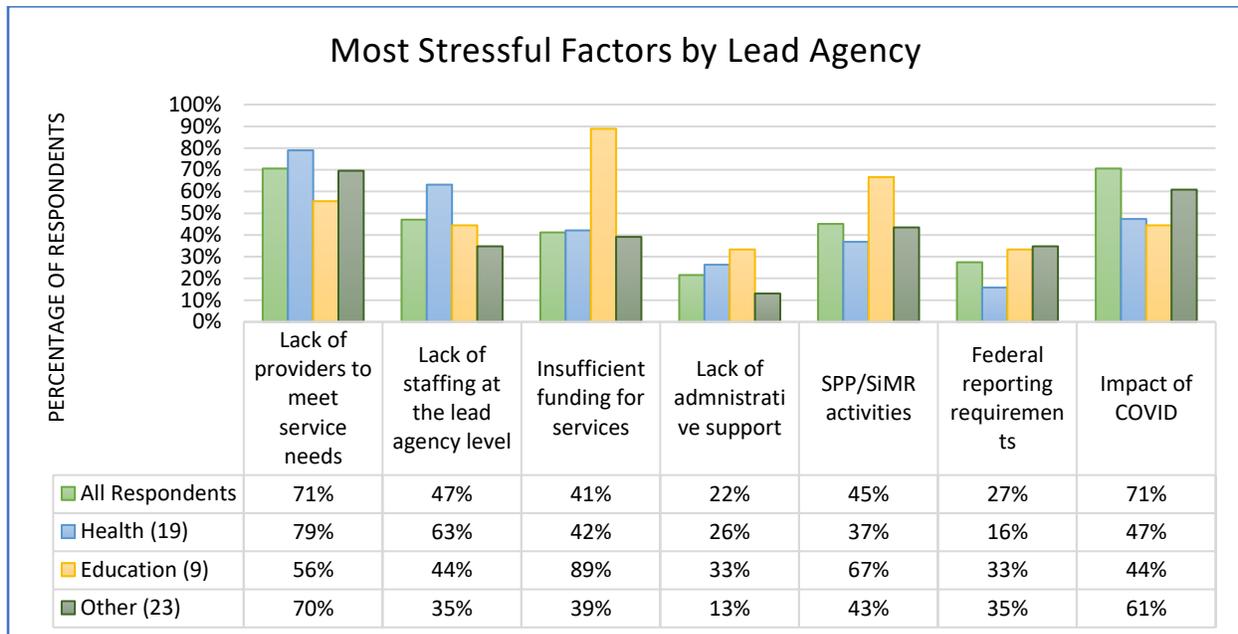


**Additional Comments included:**

- Advocacy efforts that result in legislation with no infrastructure to support the requirements.
- Anticipate challenges in making programmatic changes
- Continuous competing priorities.

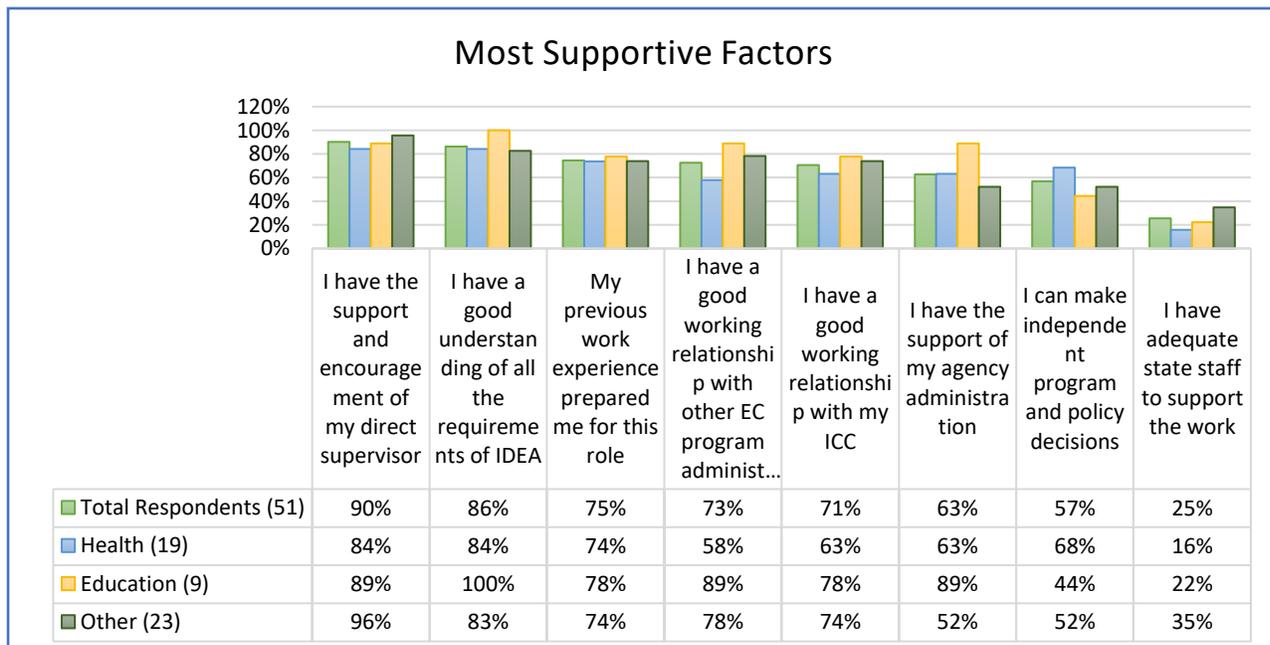
**Additional Comments included:**

- Between all of the state and federal reporting requirements and activities, it feels like there is never time to sit back and think about ways to be innovative. I find myself saying, "ok, what's the next report that's due." And just about the time we finish one, it's time to start the next one. I think it's important for others to understand that most of us have numerous reports that must be completed at a state level. In our state, we are required to complete 6 reports in addition to the SPP/APR, Grant application and all of the data reports.
- Competing demands for my time; excessive emails
- DMS
- I'm so new as the Part C Coordinator and believe that the areas marked above will decrease as I learn the process.
- multiple responsibilities that take away from time to focus on Part C
- Not just COVID, but constant shifts due to other emergencies: hurricanes. Overall shift in job focus over the years from program focus to business operations--contracts, RFPs, invoices--have taken over more and more of my time.
- Our lead agency staffing has improved greatly in the past 2 years, however still additional staff are needed.
- Recruitment and retention of Providers of Color and providers with dis/abilities; Would like more support tied to the interagency/collaborative aspects of Part C - how to create new systems components with limited funding to better meet whole family needs; Ensuring we are meeting the needs of each and every infant, toddler, and family - specifically doing better for infants, toddlers, and families made to be most marginalized by the current systems
- The difficulty and challenges in making system changes given the barriers and hurdles caused by state and agency rules and process, especially the length of time and difficulty of making changes; the lack of collaboration with early childhood programs in the state (turf issues and would-be partners acting in competitive instead of collaborative ways); the high turnover of local program staff which challenges the implementation of evidence-based practices and leads to feelings of always starting over



*8. What factors are supportive of your position as the Part C Coordinator?*

This is a new question this year to help ITCA understand what factors are helpful to Part C Coordinators in their position. Fifty-one states responded to this question.



**Additional Comments:**

- Although we have quite a number of vacancies, the directors, and leaders we have are very passionate and committed to Part C.
- good understanding of home visiting and family support programs
- Great, supportive staff who always offer to assist with the load.
- I am a system's thinker and understanding of how to use data to drive decision-making
- I have a good working relationship with my ICC
- I have a team of dedicated staff with many years of experience in Part C
- My TA person
- My OSEP State Contact
- Wonderful TA support and support through ITCA

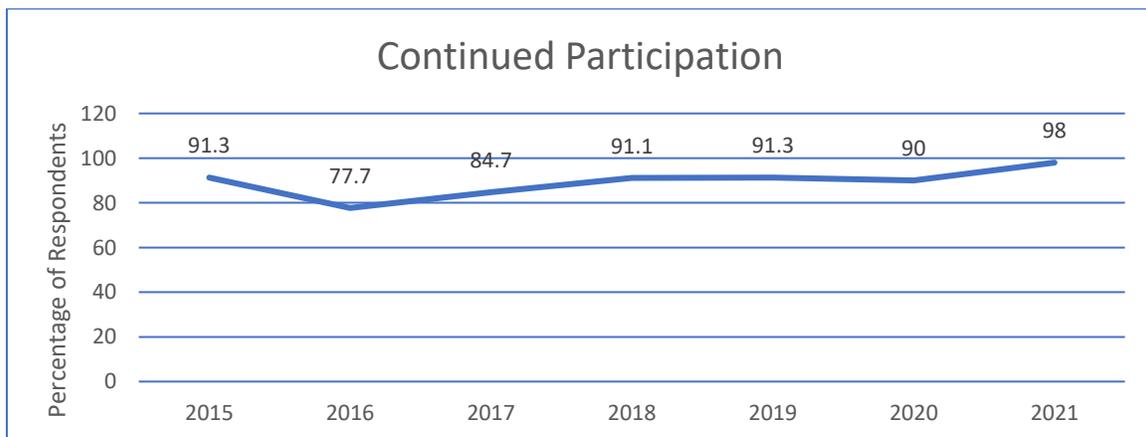
**Section III: TIPPING POINT QUESTIONS**

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

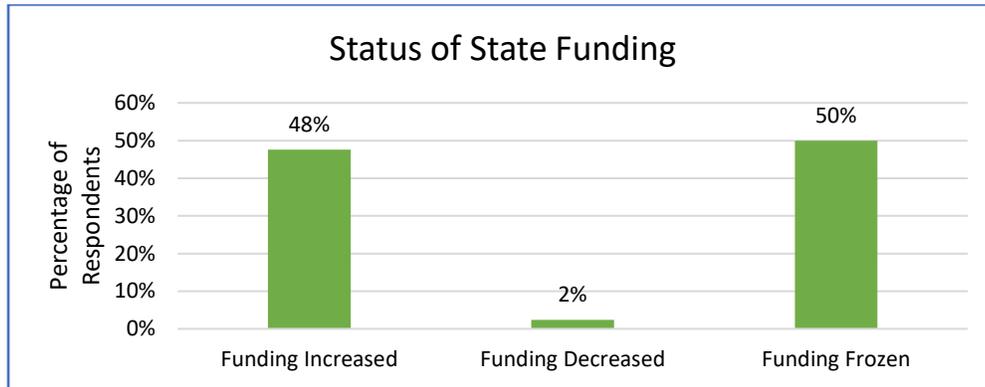
1. *Which statement describes the status of your state's continuing Part C participation? Check all that apply.*

Forty-seven states responded to this question. Forty-six states (97.9%) responded that there were no discussions related to dropping out of Part C. One state (2.1%) indicated that in the past, there had been brief "what if" discussions related to Part C participation but never any serious or ongoing discussions.

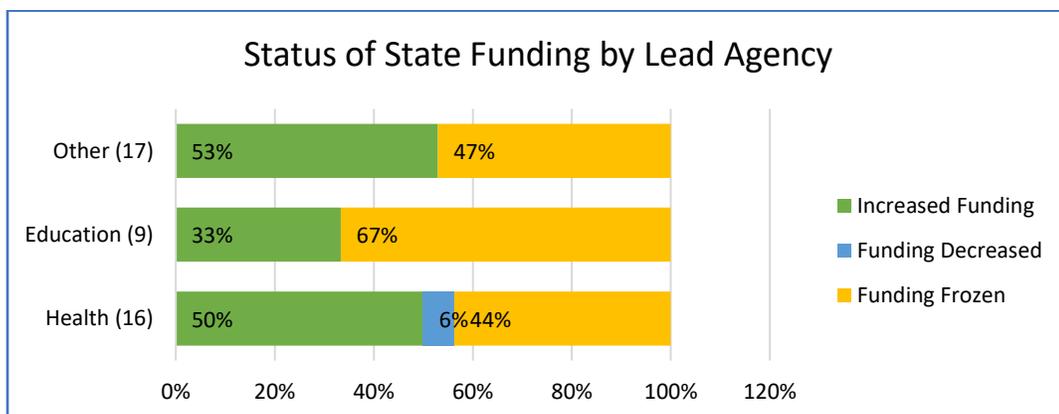
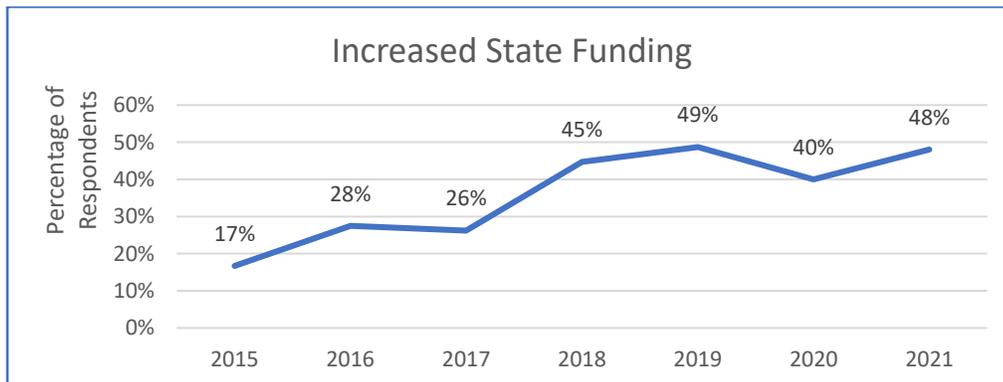


2. Which statement describes the status of your state funding for Part C for 2021-2022?

Forty-two states responded to this question. Twenty states (47.6%) responded that their funding was increased. One state (2.4%) indicated that their funding was decreased by 22%. Twenty-one states (50%) responded that their funding was frozen.



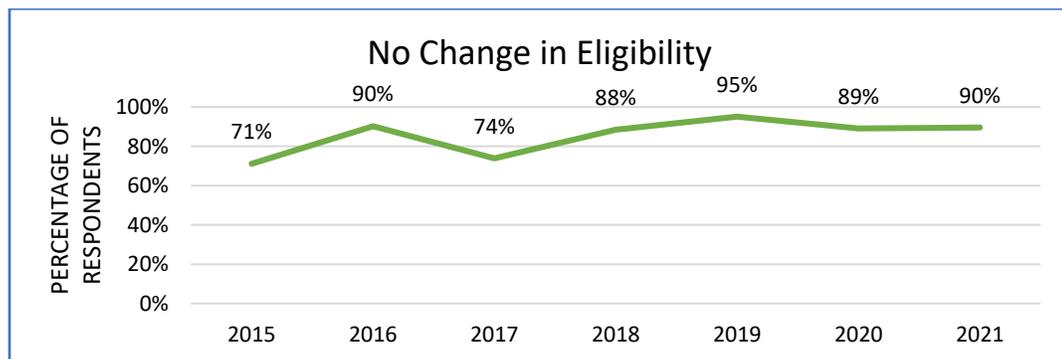
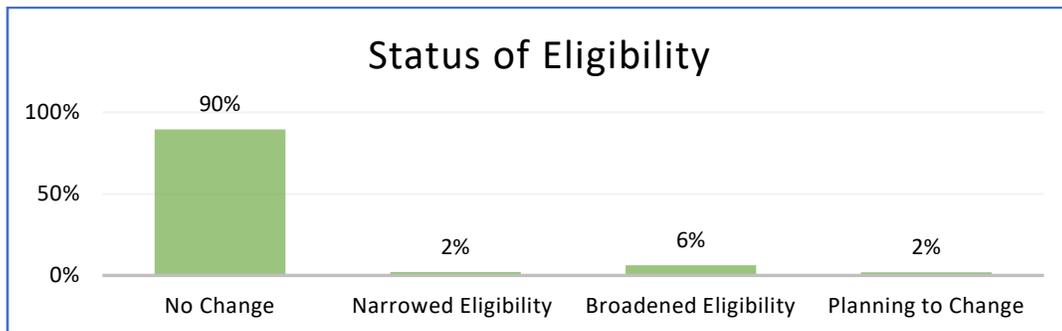
The trend over the last several years has been for an increase in state funding.



Eligibility

3. *Which statement describes the status of eligibility in your state for the last three years?*

Forty-eight states responded to this question. Forty-three states (89.6%) indicated that they have not changed eligibility criteria. Three states (6.2%) responded that they have broadened eligibility. One state (2.1%) indicated that it is planning to broaden eligibility in the 2021-2022 fiscal year.



Child Services

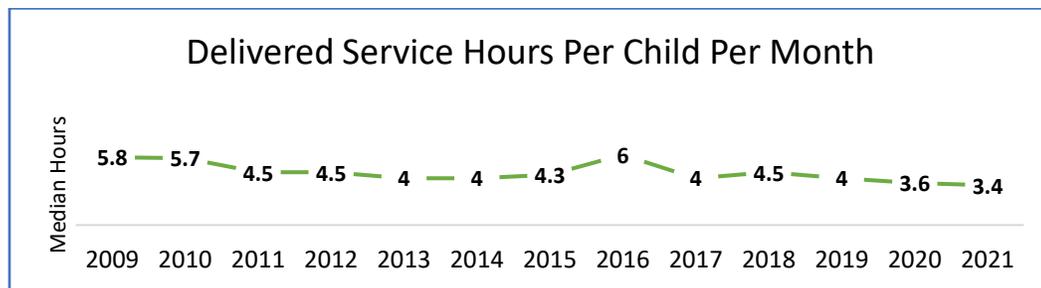
4. *What is the average number of planned hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month?*

Eighteen of the forty-four states that responded to this question were able to provide data in response to this question. The average number of planned hours of direct service was 4.867 with a range of 1.2 to 16. The median number of planned hours of direct service was 4.



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

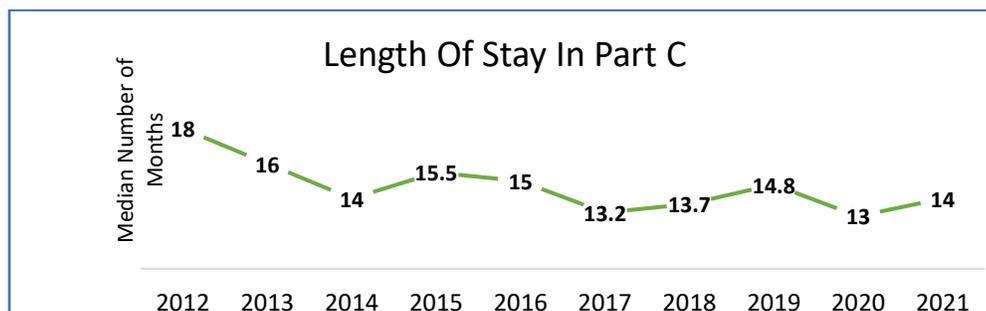
Fifteen of the forty-three states that responded to this question were able to provide data. The average number of delivered hours of service was 3.61 with a range of 1.2-7. The median number of delivered services was 3.4 hours per child per month. The median number decreased for the second year.



**Note:** *In 2021, of the fifty-one states that participated in the survey, only twelve states were able to provide both planned and delivered service hours.*

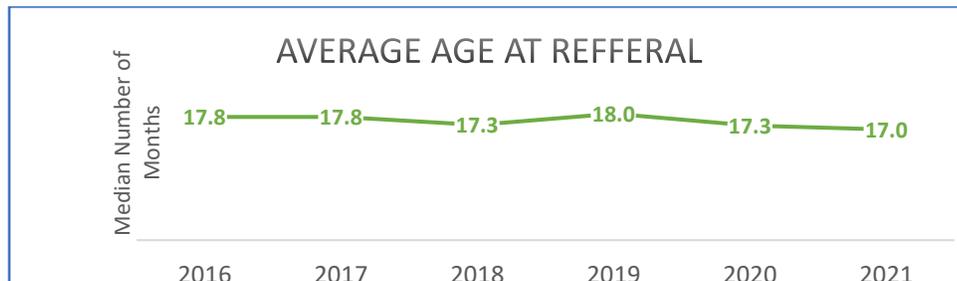
6. *What is the average length of time a child is in your Part C system?*

Twenty-three of the forty-three survey respondents were able to provide data. The average number of months that a child is in the Part C system was 13.5 months with a range of .86 to 20. The median length of time is 14 months.



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

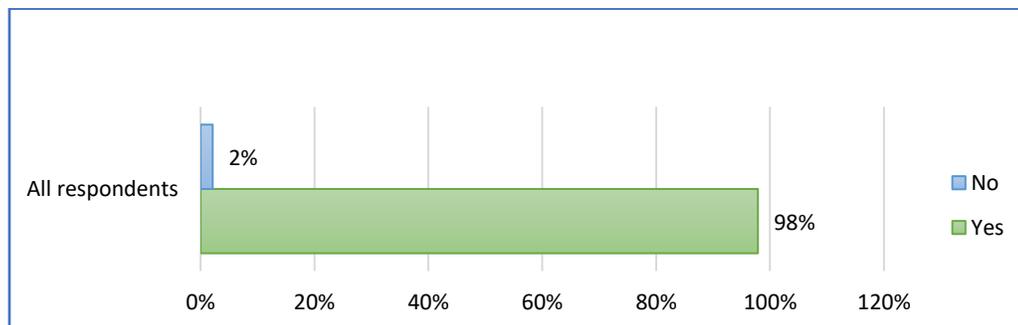
Twenty-five of the forty-three survey respondents were able to provide data. The average age at referral was 17.3 months with a range from 9 to 26. The median age of referral was 17 months.



Provider Issues

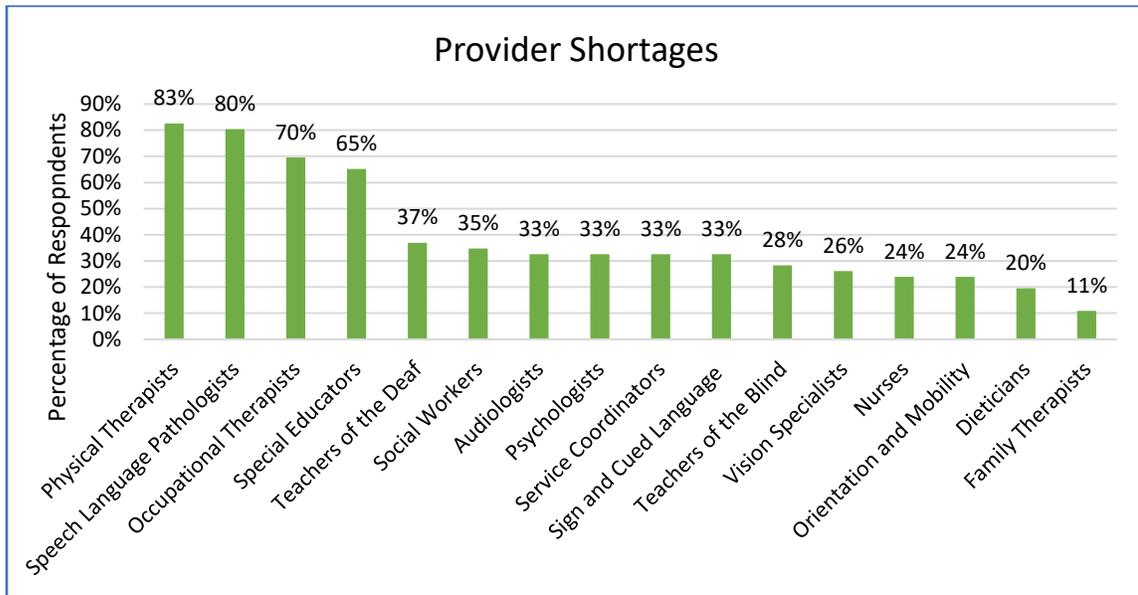
8. *Is your state experiencing shortages in qualified providers?*

Forty-seven states responded to this question. Forty-six of the forty-seven states (98%) responded that they were experiencing shortages



9. *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 (80.4%); Physical Therapists (82.6%); and Occupational Therapists (70.2%). Shortages identified for other personnel are captured on the chart that follows.



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

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

- Increasing availability of teletherapy. Piloting with education cooperative to offer teletherapy. Collaboration with university on possible Paid Internships. Have been invited to speak with Program Prep Programs (PT, OT and SLP) over the next semester to build interest in the program with those currently in the preparation programs. Using ARP funds to support work with our state's tribal colleges on integrating our PD into their existing early childhood programs. Generate individuals from communities where typically underserved due to provider shortages "grow your own" practice. Proposing state rule language to introduce a new therapy in the Special Instruction discipline.
- Attending university career fairs, relaxing credentialing requirements, personnel retention grant
- Budget Request for FY23 to increase rates so that EI providers can offer competitive wages. ARPA proposal into state to request "relief" funding for providers to retain current staff and recruit/retain new staff.
- Collaborating with local colleges to create workshops to address the teachers of the blind shortage issue.
- Continued efforts to contract for this work with increased compensation; looking at qualification standards that the lead agency controls (e.g., for service coordinators)
- Conversations with other corporations to add more providers and increasing rates per service.
- Creating a program to work with Universities to get more students into Part C careers.

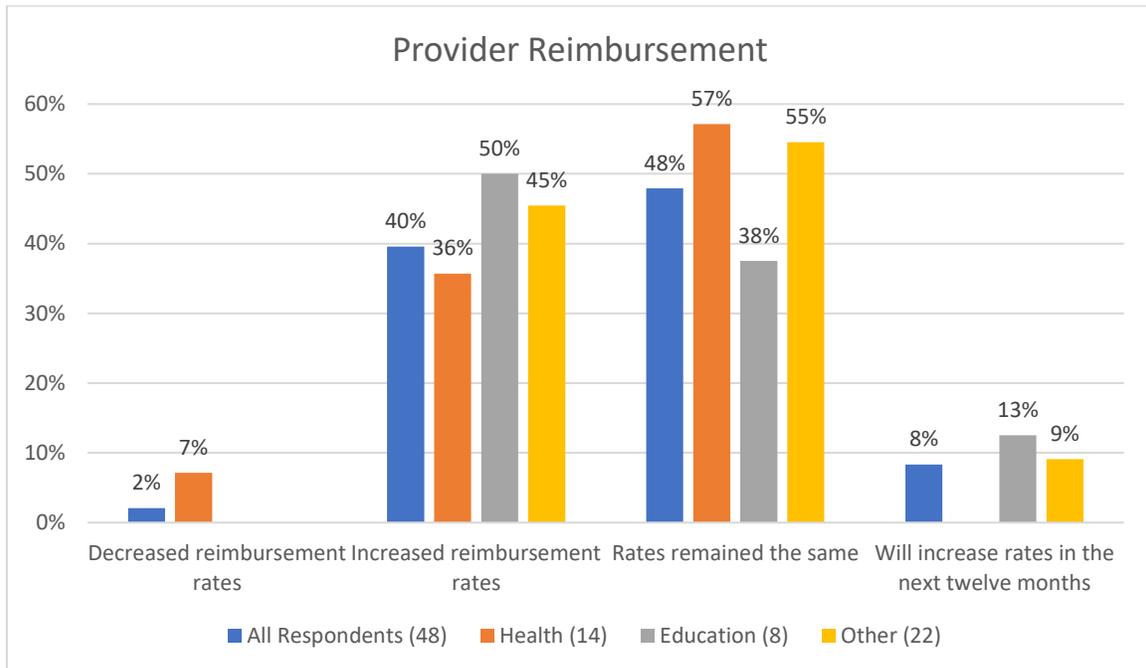


- Developing outreach plans with other agencies and Universities/tech programs, using ARP funds
- EI Leadership Certificate, Exceptional Hire Process
- Encouraging existing vendors to increase staffing. Requesting additional contractors with other providers.
- Exploring ongoing telehealth options across the state.
- Focusing on retention strategies like reflective supervision and Communities of practice, partnering with higher Ed for pre-service training and curriculum building.
- Formal TA support for CSPD through ECPC; interagency collaboration; supporting grow-your-own; prioritizing workforce as one of our new SSIP goals and systems-review work
- Helping local programs problem solve. Considering a statewide resource that will be used virtually if no other option for low incident services. State will assist in funding it.
- Increase provider reimbursement rates, promote EI credentialing for an incentivized rate
- Instituted teleservice. Permit clinic services. Recruit locally
- It is difficult to address because of geography.
- Launching Personnel Retention Grants, Giving Workforce funds via state ARP funds, reviewing existing workforce standards for revisions
- Lots of outreach, checking resources constantly, encouraging consultation with IFSP teams, continuing virtual services as long as allowable.
- Multiple collaborative projects
- Outreach to universities.
- Proposals for use of ARPA funding; contract with WestEd
- Recruitment activities, retention/morale booster activities and planning a system study by a separate division in our department.
- Recruitment and retention strategies are being developed to address the shortage.
- Recruitment and Retention strategies, connecting with IHEs to promote EI, provider rate increase
- Recruitment efforts coordinated with HR, local contacts, advertisements, word of mouth
- Regional recruitment efforts
- Sharing resources/staff across regional EI programs
- There are different degrees of shortages than can vary across localities and time. We are working with universities to attract providers, telehealth will be a new tool for our state, considering sharing providers across local systems
- Utilizing and encouraging use of telepractice providers, hoping SSIP Staffing Workgroup on Recruitment & Retention, as well as CSPD R&R workgroup will increase recruitment. Using the 2020 WICHE salary and rate study to support budget request.
- We are assessing the degree of shortages and needs in collaboration with the Michigan Dept. of Education Office of Special Education and our Early On Training and Technical Assistance Center.

- We are holding 3 stakeholder focus groups to gather ideas to target ARPA investments to address provider shortages.
- We are in the process of addressing the immediate crisis due to the pandemic and will be working with SICC committee to develop a longer-term strategy
- We are providing distance payments for our Deaf and Hard of Hearing programs; Allowing for Remote Early Intervention; Planning on a workforce analysis to explore rates; and have been awarded an 84.325L and 84.325P grant to support providers within the system in various ways.
- We have an Outreach Manager imbedded in our office. She has built relationships with IHEs and frequently does presentations to college students. We are also working on our retention of personnel as well.
- We have been working with higher education agencies to promote, local system points of entry engage with local facilities, word of mouth, conferences and New to EI Forum calls monthly to allow questions to be asked/answered to help engage those interested.
- We recently increased our rates as part of an overall strategy to draw more PT/OT/SLPs to our field. In addition, we are working with our Higher Education institutions to help with pre-service preparation and motivation so serve children in our age range.
- We will be focusing on recruitment and retention using ARP Funds
- We will use ARPA Funds to do recruitment
- We've included this as a goal for the lead agency and are working to recruit new providers through outreach to Medicaid providers. COVID has made this more difficult, and we've lost providers who can now deliver services via telehealth
- Working with our Higher Ed. groups. Expansion of recruitment efforts. Workplace flexibility. Etc....
- Working with the ICC and other state partners. Recruitment/retention strategies and additional contract positions to manage and implement outreach activities, support family access to services and adequate provider options, particularly in rural areas of the state.
- Working with universities. Alternative route for special educators

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

Forty-eight states responded to this question. Twenty-three states (47.9%) indicated that provider rates will remain the same. Nineteen states (39.6%) indicated that they have increased provider rates. One state (2.1%) decreased the reimbursement rate. Four states (8.33%) indicated that they will increase reimbursement in the next twelve months.

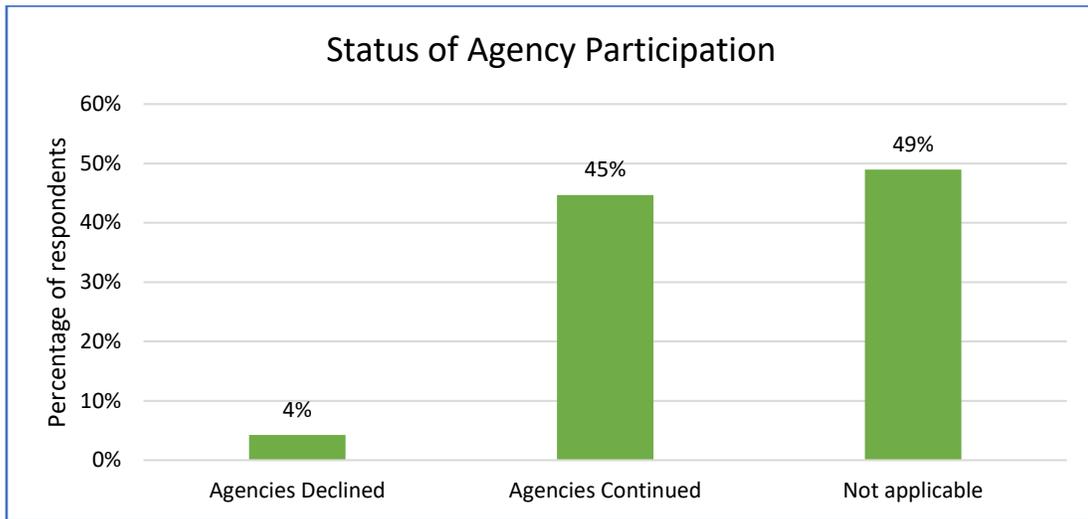


Four states provided the following comments:

- We use a grant system not a reimbursement system; Medicaid rates have generally declined; Case Management rates have increased.
- Have a request in to increase rates for 2022-23 since no rate increase since 2010.
- We have increased reimbursement rates for some providers while reducing it for others
- Medicaid reimbursement rate was reduced by state.

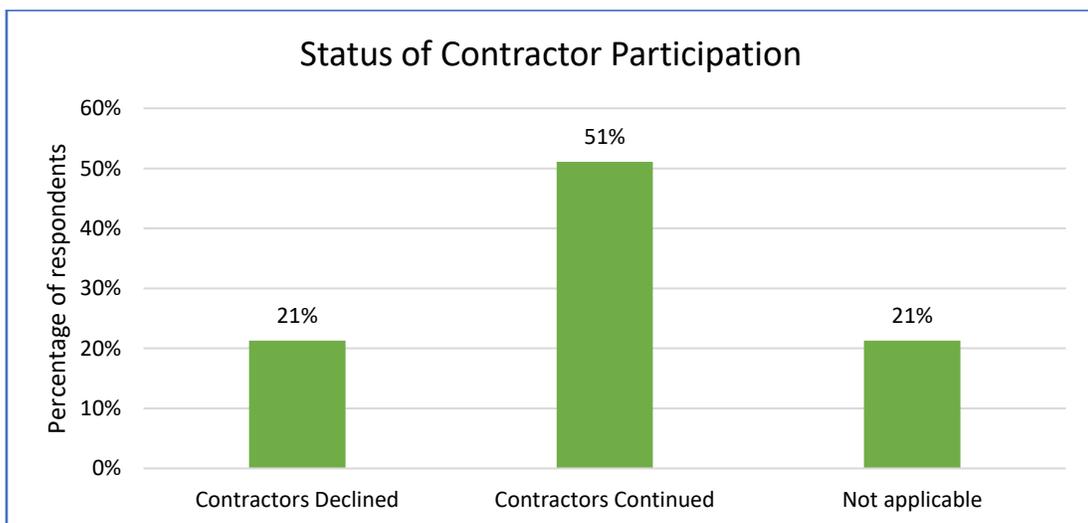
12. *If you contract with agencies/organizations to serve as local lead agencies, did any of those agencies/organizations decline to continue because of fiscal constraints in the last three years?*

Forty-seven states responded to this question. Two states (4.3%) indicated that they had agencies that declined to continue to provide services. Twenty-one states (44.7%) did not have any agencies decline and twenty-three states (48.9%) indicated this question was not applicable.



13. *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?*

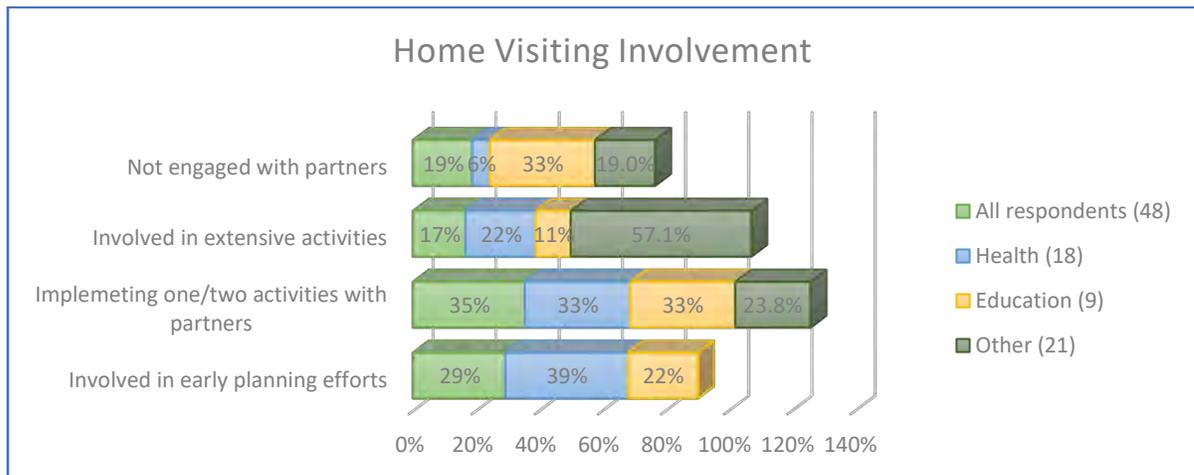
Forty-seven states responded to this question. Twenty-four states (51.1%) reported that no contractors had declined to continue. Ten states (21.3%) indicated that they had contractors that declined to continue, and ten states (21.3%) indicated this question was not applicable.



Early Childhood Partnerships

14. *To what extent is your Part C system involved with your state's Home Visiting initiatives?*

Forty-eight states responded to this question. Seventeen states (35.4%) reported that they are implementing at least one or two activities with partners related to this initiative. Fourteen states (29.2%) are in early planning efforts with partners related to this initiative. Eight states (16.7%) are involved in extensive activities with partners and nine states (18.7%) indicated they are not involved.



If yes, please describe:

- We have been participants in the home visiting program since its inception.
- Address why not involved.... Funding is duplicated. Services are duplicated. Everyone is siloed because of funding.
- Again, lots of planning, not much actual implementation improvement.
- Communicating with representatives from home visiting agencies and waiting to collaborate on legislation describing the status of home visiting programs in the state.
- EIS is a member of the Advisory Council. There have been leadership changes in Home visiting that lead to a slowdown in engagement and activities.
- Engaging with the State's home visiting program was identified as part of a needs assessment.
- Healthy mothers, healthy babies; fatherhood initiative, Help Me Grow
- HV and Part C have piloted a 0-5 initiative to collaborate in ways that support families in promoting their child's health, growth, and development, knowing their rights, and accessing resources with a focus on increased developmental screenings of infants/toddlers and joint planning (with families) across programs to improve child outcomes.

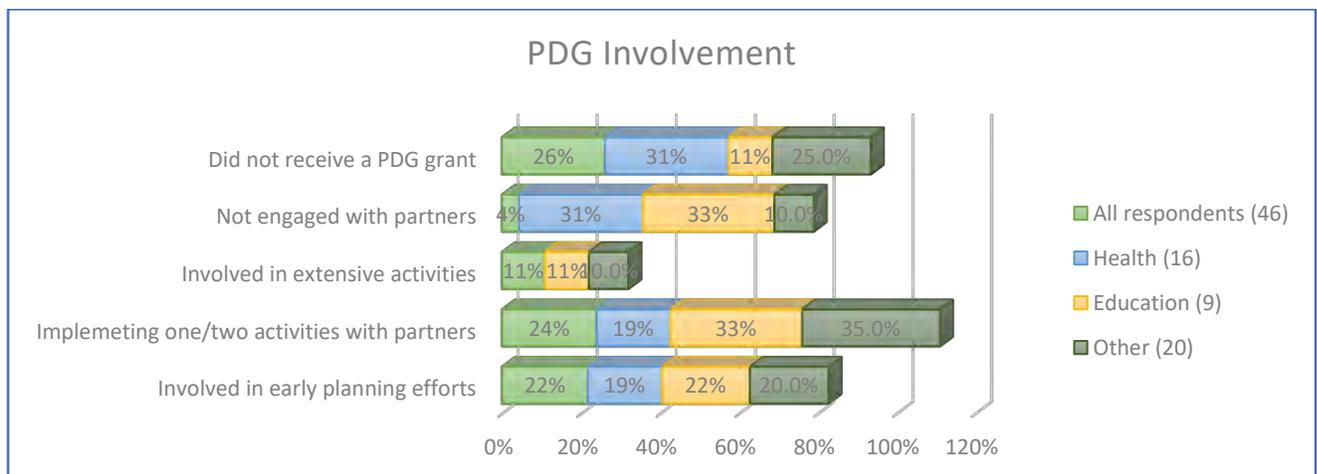
- Lead agency has engaged in planning meetings with the Maternal, Infant and Early Childhood Home Visiting program
- MIECHV and other federal and state funded evidence-based home visiting programs fall under our bureau as well as community-based family centers, promoting responsible fatherhood programs, CTF and CBCAP funded positive parenting programs, Parent to Parent of PA.
- Part C is an active participant in home visiting and is involved in helping with obtaining Medicaid coverage for those services. We also share training materials as appropriate and are working on ways to coordinate with home visiting for our new SSIP.
- Part C is part of the State Committee. HVP makes referrals to Part C.
- Participate in bimonthly meetings with interagency partners, including home visiting, to coordinate EC system activities, including development of an EC website, planning for data sharing efforts, etc.
- Reflective supervision, workforce development planning
- Responsive Home Visiting is one of the services offered by the Children's Integrated Services Program alongside Part C and in partnership with our Health Department, who holds the MIECHV funding for the sustained home visiting services.
- The Coaching Model, evidence-based practices, and have been serving children in the NE for many years.
- This is in the extremely early planning stages - Part C was just moved under the same division as home visiting.
- We are at a beginning level more collaboration with home visiting, including considerations of referral coordination and aligned guidance
- We are engaged with the home visitation leadership group and recently started working on further collaboration with home visiting initiatives
- We are in the same division as our Home Visiting partners and we will be engaging with HV providers at their annual meeting by providing information about Part C. We are also engaging in a project around increasing family use of the ASQ 3 with our HV partners.
- We are involved but I would call us a fringe partner in the past. Now that we are all working on Mental Health initiative we are partnering more on combined training and discussing possible support for mentoring and data gathering.
- We are utilizing modules from The Institute for the Advancement of Family Support Professionals. We are also utilizing Routines-Based Model for EI Home Visits.
- We are working on cross training and increased referrals across home visiting services.
- We fund a partial FTE at MDHHS to support early intervention within home visiting programs. We coordinate /align policies, procedures, and guidance between home visiting and EI. Michigan's home visiting initiative has Part C

representation and the MICC has representation from MDHHS home visiting leadership.

- We have a joint family visiting council, shared PD, and child find.
- We have had some cross-training efforts and included a code in the Part C system to indicate children who were referred from Part C to HV to help track those.
- We have partnered with MIECHV on some Personnel Development activities.
- We participate in meetings on a regular basis, but are not implementing initiatives currently
- Worked with all home visiting agencies in Covid protocols.

*15. To what extent is your Part C system involved in your state's Preschool Development Grant (PDG)?*

Forty-six states responded to this question. Twenty-six states (26.1%) responded that they did not receive a PDG grant. Eleven states (23.9%) reported that they are implementing at least one or two activities with partners related to this initiative. Ten states (21.7%) indicated they are not engaged with partners. Eight states (17.4%) are in early planning efforts with partners related to this initiative. Five states (10.9%) are involved in extensive activities with partners.



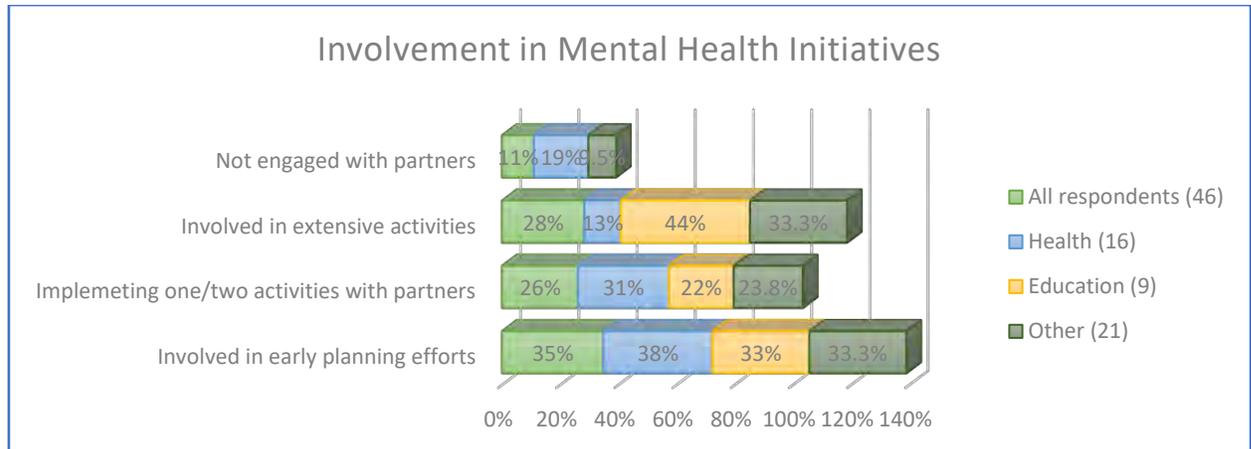
*Describe how your Part C system is involved in the implementation of the grant.*

- Discussed with other entities re whether social emotional supports that are working well in Part C may apply to other programs/projects in our state.
- Efforts around Part C services in childcare centers Providing resources to NICUs for children born with disabilities.

- EI practitioners have been participating in PDG PD opportunities around IMH
- I want to discuss why I answered "NO"... PDG Grant is a distraction from real issues in the field. Private group well connected politically has obtained the funding. Has become a not included local providers but only Administrators from State Agencies' or handpicked providers. In my opinion, affordable and quality childcare is not addressed. Totally useless. Waste of federal funds.
- IECMHC, Inclusion Builders, Strong Beginnings, Integrating B-5, reflective spaces - all have intentionally aligned with Part C programs
- Lead agency is represented at PDG State Stewardship Team meetings
- Our Professional Development work is engaging with PDG as well as some other efforts on IECMH supports.
- Part C is an integral part of our PDG, including development of our new interagency statewide resource navigator as part of the Part C Coordinator's position description; involved in JPA development; involved in many of the community and interagency initiatives
- Ready Rosie, Getting Ready, and Pyramid model implementation B-5
- State training for early childhood staff (EI included) Wage scale for all early childhood professionals (EI included)
- The Early Childhood Systems team developed a data dashboard to which we provide data
- The PDG grant funded a statewide training for all Early Intervention providers in FGRBI -- FGRBI is now a required practice. In addition, the PDG grant funded our lead agency's Infant and Early Childhood Mental Health Task Force which has informed our work around Reflective Supervision.
- Training for families, RBI & RBHV, Autism, professional development, support Reach Out and Read
- Unsure
- We collaborate with our Division of Early Childhood to support the program. Our SSIP locals are participating, and the funding stream runs through our office.
- We are participating in discussion and decisions but are not directly involved in further actions
- We were included in the planning efforts of the PDG Grant, and some funding was utilized to support the GEER efforts in Connecticut which impacted Part C initially.
- We have knowledge and have been involved in some planning
- Transition C to B and Pyramid Model work

16. *To what extent is your Part C system involved in your state's early childhood mental health initiatives?*

Forty-six states responded to this survey. Sixteen states (34.8%) indicated they are in early planning efforts with partners. Twelve states (26.1%) are implementing at least one or two activities with partners related to this initiative. Thirteen states (27.7%) are involved in extensive activities. Five states (10.9%) are not engaged with partners in this area.



Describe your involvement:

- Anticipate using ARP funds for this initiative
- Circle of security, reflective practice, and collaborate on multiple PD offerings and participate on advisory committees
- Conducting activities using IECHMH consultants in pilot programs to identify and assist families with additional resources and supports.
- Early Childhood and Family Mental Health is one of the services offered by the Children's Integrated Services Program alongside Part C.
- IMH coursework available to EI practitioners, building on the work through SSIP, and CSPD.
- In cooperation with our state mental health agency, we are now providing early childhood mental health consultants to every local EI team in the state. While these consultants do not provide direct services to families under our agreement, they do participate in weekly or biweekly EI team meetings and support primary and secondary service providers.
- In the early stages of understanding the state's needs related to IECMH service delivery and collaborating with relevant partners.
- Lots of planning and talk, not much action.

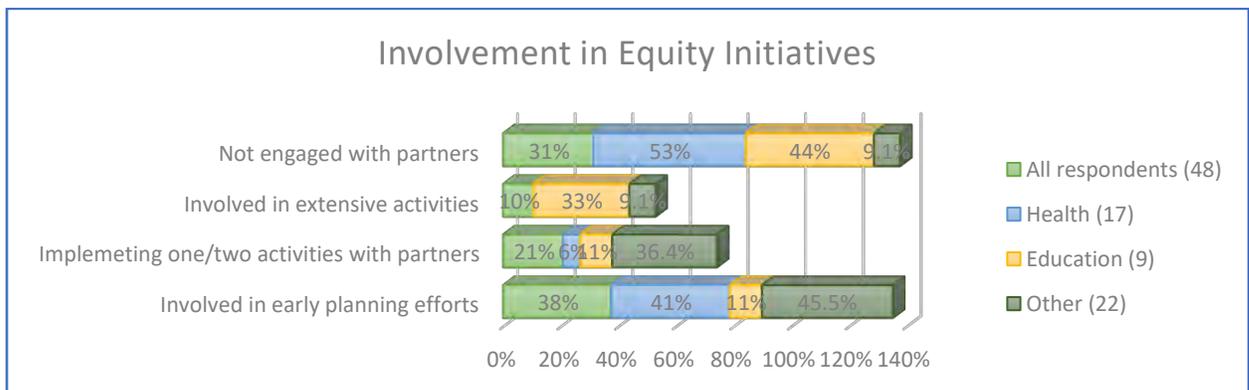


- Oklahoma changed our SSIP to focus on Infant Mental Health. We are implementing the Pyramid model and are coordinating our efforts with similar efforts in public schools, Human Services, childcare and Head Start programs.
- ORIMHA
- Our agency is the MH agency and is focused on improving EC MH services. We hired an EC MH coordinator and selected social emotional as the new SSIP
- Our SSIP work is based upon improving early childhood mental health. We have an active role in the development, planning, training, implementation, evaluation of the pyramid model statewide.
- Part C is an active partner in our early childhood mental health grant reviews, participates in a number of training and grant opportunities, etc
- Participate in a TA workgroup on IECHMH, planning to use ARPA funds to address IECHMH needs
- Planning stages of collaborating to bring a national IMH certification to the state whereby EIS providers completing training can obtain IMH certification in addition to EIS credentials to provide behavioral health services to children/families the program serves as well as consultation and training to childcare providers support of a child with an IFSP to promote social emotional and adaptive development of children Part C serves.
- Pyramid Model training, training and use of eDECA to measure child outcomes, coaching, use of social emotional wheels to assist with difficult conversations with families. This is all a focus of our SSIP work.
- Pyramid, CCP, DM:0-5
- Support PBS, IECMH consultants, offer scholarships for IECMH certificates, reduction of suspension/expulsion workgroup, etc.
- There is an Infant Early Childhood Behavior Health Plan that bring multiple partners together. Our Family Health Service Division has contributed some funding for the work.
- This year, we began requiring all EI providers to receive reflective supervision monthly and we are adopting the definition of reflective supervision used by our lead agency in its recent Infant and Early Childhood Mental Health report.
- We are connected with other state agencies on workgroups related to mental health
- We are engaged in division level internal planning as well as work with other state agencies
- We are participating with the Mississippi Alliance for Infant Mental Health to support Service Coordinators (as well as other Case Manager/Care Coordinators in MCH programs) in attaining Infant Family Specialist credentialing.
- We are planning for an Early Childhood Mental Health Summit spring 2022.
- We co-administer an Early Childhood Mental Health program and screen for social-emotional development
- We collaborate re pyramid model supports.

- We currently have an AIM contract with includes Infant Mental Health and supports reflective supervision within the efforts.
- We have been involved. Each program is given funds that are to be directed to SE services only. This requires an identified system to address SE skill training for local providers and services for families that is high quality. Often becomes too clinical in nature. Now has morphed into only children diagnosed with behavioral issues get needs met. I believe local providers/families should have been the focus. Waste of money.
- We have issued 1.2 million in social and emotional innovation grants to local programs, we have funded 9 local program staff and 4 mental health professionals to participate in the University infant mental health capstone,
- We have representatives on statewide councils.
- We have worked with a state-wide implementation of the IECMH Consultation network for programs to utilize. We also have Social/Emotional consultants at each system point of entry (and have for some time).
- We partner on Personnel Development activities
- We've developed training modules for our service coordinators/special instructors related to IECMH.

17. To what extent is your Part C system involved in your state's early childhood equity initiatives?

Forty-eight states responded to this question. Twenty states (41.7%) indicated they are in early planning efforts with partners. Ten states (20.8%) are implementing at least one or two activities with partners related to this initiative. Five states (10.4%) are involved in extensive activities. Fourteen states (29.2%) are not engaged with partners in this area.



Describe your involvement:

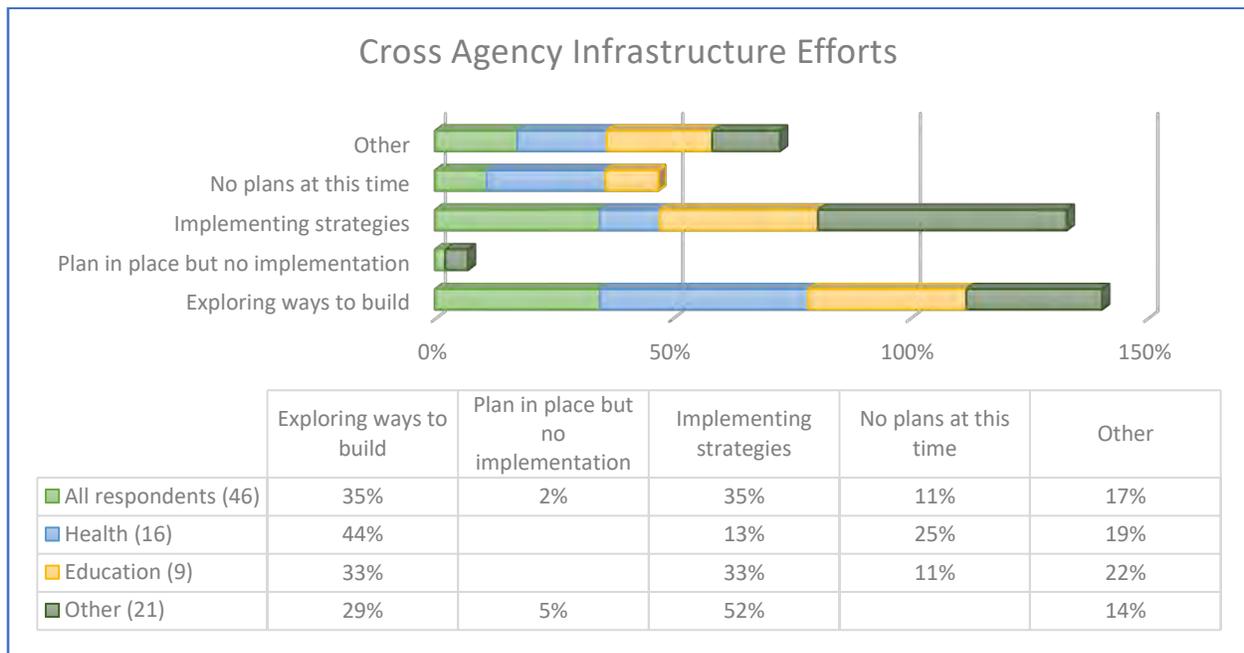
- Working with the Early Infant Mental Health State Steering Committee, we have developed a mission and vision related to equity. This work will become the foundation for coaches training and demonstration sites.

- As part of our Part C ARP grant application, we plan to contract with an outside agency to examine our state's Early On (0-3) system and analyze our equity, diversity, and inclusive practices and develop tools, TA, etc. to use with local service providers to close gaps and overcome barriers to families having equitable access to services and equitable quality of services.
- Both within the Oregon Department of Education and Department of Early Learning and Care
- Equity topics are on every state leadership agenda, we have designated tribal staff and are taking steps to better support tribal Part C providers
- Every aspect of EC and work at IDHS has included Equity. EI is engaging with an external vendor currently to help us with strategies in ensuring DEI in the EI system.
- I am part of our lead agency's Equity Guiding Team and as part of my work, I have had multiple opportunities to help our providers engage in equity work including bringing in national and state experts on equity at our annual meeting and designing focus groups to talk with our most impacted families to allow their voices to influence our system in a visible, tangible way.
- Lead agency attends planning meetings with the CDE's Inclusion State Leadership Team
- Our interagency EC workgroup receives TA support from the BUILD initiative to focus on EC system equity initiatives
- Part C in Connecticut has established a statewide Part C Equity Sub-Committee comprised of program directors and staff; The current Assistant Part C Coordinator is involved with the Office of Early Childhoods Equity Sub-Committee, leads a landscape analysis through that group, and participated in the national equity work for Part C; SPARKLER efforts for child screening and referral; and GEER.
- Part of cross-office initiative in the Department, we have our own plan and seem to have more momentum than some offices.
- Project Impact-committee to gather feedback to re-write our state childcare regulations with an equity lens...
- We are actively and consistently involved in EC equity initiatives through both leading and participating/supporting the work everywhere possible at state and national levels
- We are in planning with MCH programs to address health equity.
- We are sharing webinars and including discussions on how to address inequities.
- We have begun engaging the VICC in planning for this work. We have been sharing race/ethnicity data with our regional Part C providers as part of the federal indicator and outcomes data processing.
- We have collaborated on equity planning for system trainings and ICC involvement.
- We have explored equity initiatives and are looking for additional partners. In the exploration, we have not found many equity initiatives in early childhood but are planning to initiate a group to address equity in child find for early intervention.
- We have worked with external partners to submit grant proposals for research projects to explore child find and potential issues of equity.

- We were a part of planning discussions but have not been a part of implementation
- Will use ARP funds to target one county with identified equity challenges
- Working on equity training initiatives for EI providers first before expanding to incorporate partnering agencies.
- Working with ICC and family visiting council to plan equity projects/activities for FY23.

18. To what extent has Part C been able to work with partners from other state early childhood initiatives to develop and implement cross agency infrastructure (e.g., professional development, technology, broadband access, data sharing, finance, governance, councils, interagency agreements etc.) to enhance equitable opportunities for children birth to five and their families?

Forty-six states responded to this question. Sixteen states (34.8%) responded that Part C is in discussion with other early childhood initiatives and are exploring ways to build cross-system infrastructure. Sixteen states (34.8%) indicated that Part C and other early childhood initiatives are implementing strategies to build cross-system infrastructure. Five states (10.9%) indicated there are no plans at this time. One additional state (2.2%) indicated there is a plan, but no implementation has begun.



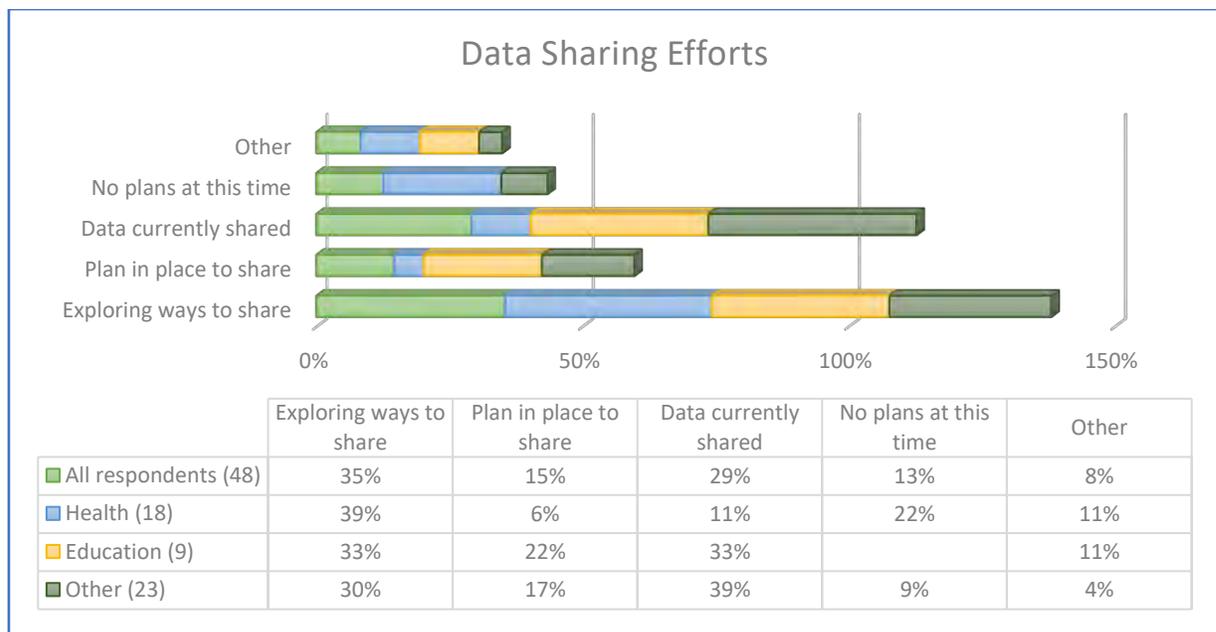
Respondents that checked Other provided the following information:

- Focus on data sharing but attempts to receive funds to support the activities have not materialized thus far.

- We just created an Early Childhood Division bringing many of us together!
- Part C and Part B-619, EHS/HS, HV Network, CSHCN, F2F, Safe Care have partnered for a 0-5 pilot in two counties to explore more effective collaboration.
- We are beginning to build these relationships for future collaboration and infrastructure
- We have been in discussion of combining our boards. Work on Infant Mental Health issues.
- We have joined multiple EC systems under one "roof" recently.
- We work collaboratively across the state with the identified initiatives. They are an integral part of our grant funded inclusion program.

19. *In addition to data sharing for transition to preschool, to what extent are data being shared with other early childhood programs to inform decisions and ensure access and equity?*

Forty-eight states responded to this question. Seventeen states (35.4%) responded they are exploring ways to share data across systems. Fourteen states (29.2%) indicated that data are currently shared with other statewide partners. Seven states (14.6%) have plans to share data and six states (12.5%) have no current plans to share data.



Respondents that checked Other provided the following information:

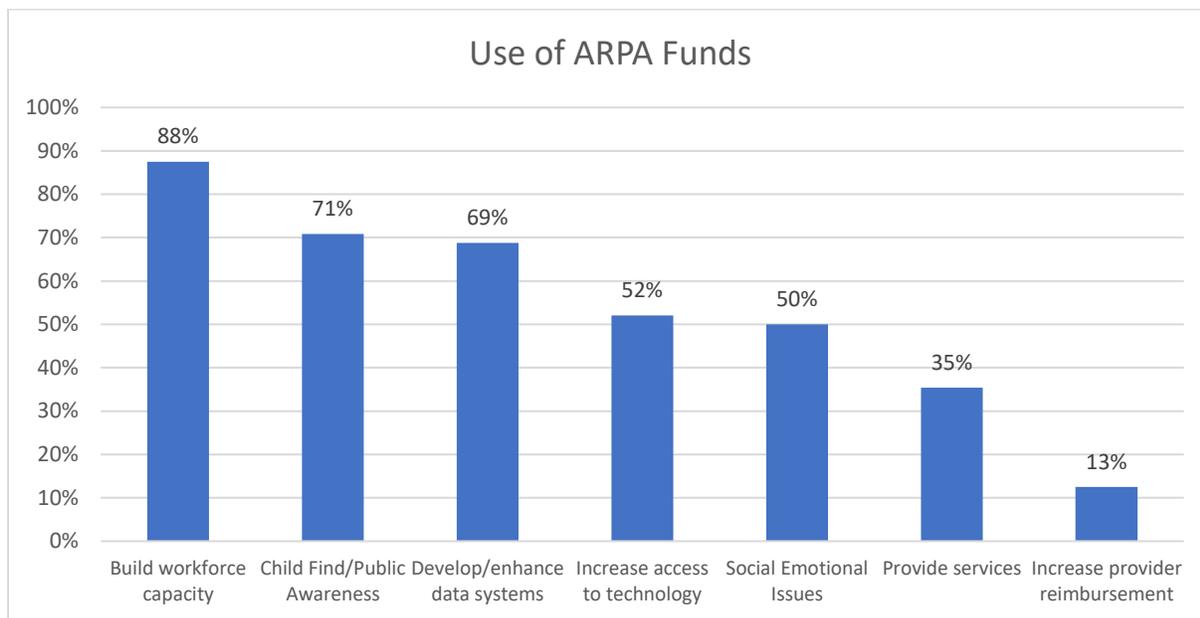
- Currently working with our P-20 and includes a 5 Partner MOU (DOH, DHS, DLIR, DOE, and UH)

- Part C has implemented a new data system and is considering how this will help us begin to share data; however, we have no clear plans at this point.
- We currently share data for EHDI and are working on increasing the number of agencies that data is shared with
- With some statewide partners, data is already being shared; we are working on ways to make this information across all statewide partners more efficient while upholding families being in complete control of their data

20. How are American Rescue Plan funds being used to enhance the Part C system in your state? Check all that apply.

Forty-eight states responded to this question. The top three responses were:

- Workforce capacity (professional development, coaching, incentives to retention etc) (87.5%);
- Child Find efforts and public awareness campaigns (70.8%); and
- Develop or enhance data systems (68.7%).



Additional Comments:

- Acquisition of LMS for CSPD, Equity work, Recruitment and Retention mini-grants PPE for staff
- Additional uses: Early Childhood Mental Health Summit and needs assessment.
- Funds are being used to further our equity work by working directly with the sovereign nations in New Mexico, and to improve our capacity to provide Reflective Supervision successfully within our provider agencies.



## 2021 TIPPING POINTS SURVEY

- Funds are being used to increase Lead Agency's infrastructure
- Funds will be used to contract with an expert to review policies and procedures and their implementation for equitable access.
- Professional Development
- Provider incentive payment for service delivery during 2020.
- Referral system enhancements - specifically tied to culturally supportive materials and processes; Statewide capacity-building for equity (a number of aspects) and family coaching in culturally supportive ways; Extensive family engagement to inform systems changes and developments; District-determined subgrants tied to equity and Covid-19; Revamping our Family Outcomes Survey - forms, processes, etc
- System study to explore appropriate provider rates for possible changes.