2022 TIPPING POINTS SURVEY
Demographics, Challenges and Opportunities
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OVERVIEW

For the seventeenth consecutive year, the Infant and Toddler Coordinators Association (ITCA) has surveyed all state and jurisdiction coordinators 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-one of the fifty-six states and jurisdictions (hereafter referred to as states) completed the survey over the summer months of 2022. 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
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Dakota
- Northern Mariana
- 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-four states responded to this question. Forty-three states (97.7%) responded that there were no discussions related to dropping out of Part C. One state (2.3%) indicated that due to increased enrollments without a corresponding increase in funding, it is facing a significant funding shortfall in the Part C program this year, which could result in provider contract terminations that compromise its ability to continue to participate in the program, unless additional funding can be identified.

2. **Which statement describes the status of your state funding for Part C for 2022-2023?**

   Forty-four states responded to this question. Fifteen states (34.1%) responded that their funding was increased. One state (2.3%) indicated that their funding was decreased, and seventeen states (38.6%) responded that their funding was frozen. Eleven states (25%) indicated their state budget had not been finalized yet.

Eligibility

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

   Forty-four states responded to this question. Thirty-seven states (84%) indicated that they have not changed eligibility criteria. Two states (4.5%) responded that they have broadened eligibility. One state (2.2%) indicated that it had made its eligibility criteria more restrictive. Two states (4.5%) are planning to broaden eligibility in the 2022-2023 fiscal year.

4. **If you are planning to change your eligibility criteria in the 2022-2023 year, please check the answer that describes what you are planning.**

   Two states responded to this question, and both indicated that they would broaden their eligibility criteria.
Child Services

5. **What is the average number of planned hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month?**
   Thirty-six states responded to this question. Twenty-one of the states (58.3%) could provide data in response to this question. The average number of planned hours of direct service was 4.85 with a range of 17 to 12. The median number of planned hours of direct service was 4.25.

6. **What is the average number of delivered hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month?**
   Thirty-six states responded to this question. Seventeen of the states (47.2%) were able to provide data. The average number of delivered hours of service was 4.96 with a range of 2 to 12.6. The median number of delivered services was 5.

**Note:** Fifteen states were able to provide both planned and delivered services. For those states, the average number of hours of planned services was 5.7 with a range of 2-12. The average hours of delivered services was 5 with a range of 2-8.

7. **What is the average length of time a child is in your Part C system?**
   Forty-one states responded to this question. Twenty-six of the forty-one states were able to provide data. The average number of months that a child is in the Part C system was 14.7 months with a range of 2 to 35. The median length of time is 14 months.

8. **What is the average age of referral for a child in your Part C system?**
   Forty-one states responded to this question. Thirty-four of the forty-one states (82.9%) were able to provide data. The average age at referral was 17.49 months with a range from 9.4 to 29. The median age of referral was 18 months.

9. **Do you re-determine eligibility on an annual basis?**
   Forty-four states responded to this question. Twenty-four states (54.5%) indicated they redetermine eligibility on an annual basis. Fifteen states (34.1%) do not redetermine eligibility annually, and five states (11.3%) replied other.

10. **How do your referrals in the 1st quarter of 2022 compare to the same quarter in 2021?**
    Forty-four states responded to this question. Thirty-three states (75%) reported an increase in referrals, four states (9%) reported a decrease in referrals, and seven states (15.9) indicated that referrals were about the same.
11. **How do your referrals in the 1st quarter of 2022 compare to the same quarter in 2020?**
   Forty-four states responded to this question. Thirty-four states (77.2%) reported an increase in referrals. Five states (11.4%) reported a decrease and an additional five states (11.4%) indicated that referrals were about the same.

12. **If your referrals are still down compared to before the pandemic, to what do you attribute the decline? Check all that apply**
   Forty-four states responded to this question. Twenty states (45.4%) indicated this question was not applicable as their referrals have returned to pre-COVID levels. Six states (13.6%) responded that parents are reluctant to have services in their home. Six states (13.6%) responded that pediatric providers are not making referrals at the same level. Four states (9.1%) responded that childcare providers are not making referrals at the same level. Three states (6.8%) indicated that families are reluctant to receive services via telehealth and an additional two states (4.5%) indicated that local EI programs have reduced child find efforts.

**Provider Issues**

13. **Is your state experiencing shortages in qualified providers?**
   Forty-five states responded to this question. All forty-five states (100%) responded that they were experiencing shortages.

14. **If yes, which type of providers are you experiencing shortages in? Check all that apply.**
   Forty-five states responded to this question. The top five shortages that were reported are: Speech-language Pathologists (86.6%); Physical Therapists (82.2%); Occupational Therapists (73.7%); Special Educators/Developmental Specialists (71.1%); and Service Coordinators (51.1%). Shortages identified for other personnel are captured on page 32.

15. **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 33.

16. **What is the status of provider reimbursement in your state over the last three years? Check all that apply.**
   Forty-five states responded to this question. Twenty-one states (46.6%) indicated that provider rates will remain the same. Eighteen states (40%) indicated that they have
increased provider rates. One state (2.2%) decreased the reimbursement rate. Five states (11.1%) indicated that they will increase reimbursement in the next twelve months.

17. 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-two states responded to this question. Three states (7.1%) indicated that they had agencies that declined to continue to provide services. Twenty-two states (52.3%) did not have any agencies decline and sixteen states (38.1%) indicated this question was not applicable.

18. 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-four states responded to this question. Twenty-one states (47.7%) reported that no contractors had declined to continue. Eleven states (25%) indicated that they had contractors who declined to participate, and eight states (18.2%) indicated this question was not applicable.

Early Childhood Partnerships

19. To what extent is your Part C system involved in your state’s Preschool Development Grant (PDG)?
Forty-five states responded to this question. Fourteen states (31.1%) responded that they did not receive a PDG grant. Nine states (20%) reported that they are implementing at least one or two activities with partners related to this initiative. Nine states (20%) are in early planning efforts with partners related to this initiative. Eight states (17.7%) indicated they are not engaged with partners. Five states (11.1%) are involved in extensive activities with partners. Comments on how they are involved can be found on page 38.

20. To what extent is your Part C system involved in your state’s early childhood mental health initiatives?
Forty-five states responded to this survey. Fifteen states (33.3%) indicated they are in early planning efforts with partners. Fifteen states (33.3%) are implementing at least one or two activities with partners related to this initiative. Nine states (20%) are involved in extensive activities. Seven states (15.5%) are not engaged with partners in this area. Comments on how they are involved can be found on page 40.
21. To what extent is your Part C system involved with your state’s Home Visiting initiatives?
Forty-five states responded to this question. Fifteen states (33.3%) reported that they are implementing at least one or two activities with partners related to this initiative. Fourteen states (31.1%) are in early planning efforts with partners related to this initiative. Nine states (20%) are involved in extensive activities with partners and seven states (15.5%) indicated they are not involved. Comments on how they are involved can be found on page 42.

22. To what extent is your Part C system involved in your state’s early childhood equity initiatives?
Forty-four states responded to this question. Eighteen states (40.9%) indicated they are in early planning efforts with partners. Nine states (20%) are implementing at least one or two activities with partners related to this initiative. Four states (9.1%) are involved in extensive activities. Thirteen states (28.8%) are not engaged with partners in this area. Comments on how they are involved can be found on page 44.

23. With the focus of OSEP on equity, has your state begun to address equity issues?
Forty-five states responded to this question. Eighteen states (40%) indicated that they had begun to develop strategies to address equity. Seventeen states (37.7%) have begun to discuss the issue of equity. Five states (11%) have developed an action plan on this issue, and one state (2.2%) have developed policies and procedures related to equity.

24. 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-five states responded to this question. Twenty-six states (57.7%) responded that Part C is in discussion with other early childhood initiatives and exploring ways to build cross-system infrastructure. Thirteen states (28.8%) indicated that Part C and other early childhood initiatives are implementing strategies to build cross-system infrastructure. Four states (8.8%) indicated there are no plans at this time. One additional state (2.2%) indicated there is a plan, but no implementation has begun.
25. 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-five states responded to this question. Sixteen states (35.5%) responded they are exploring ways to share data across systems. Fifteen states (33.3%) indicated that data are currently shared with other statewide partners. Five states (11.1%) have plans to share data and four states (8.8%) have no current plans to share data. Five respondents provided comments that can be found on page 48.

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

Forty-five states responded to this question. The top four responses were:

- Child Find efforts and public awareness campaigns (77.7%);
- Workforce capacity (professional development, coaching, incentives to retention, etc.) (75.5%);
- Develop or enhance data systems (57.7%); and
- Address social/emotional issues resulting from the pandemic (55.5%).

Telepractice

27. How do you anticipate the use of EI telepractice in your state changing in the coming years as compared to pre-COVID?

Forty-four states responded to this question. Twenty-eight states (63.6%) anticipate telepractice being used with many families either exclusively or in combination with in-person visits. Seven states (15.9%) anticipate being used infrequently. One state (2.2%) anticipates telepractice being used infrequently and eight other states (18.2%) provided comments that can be found on page 50.

28. Have you surveyed families about their experiences with EI telepractice?

Forty-five states responded to this question. Twenty-three states (51.1%) have surveyed families. Seventeen states (37.7%) have not surveyed states and five states (11.1%) are planning to do so.

29. Currently, what percentage of families are receiving virtual services?

Twenty-nine states responded to this question. The average percentage reported by states was 36% with a median of 35%. The range was from 0 – 85.
30. What is the percentage of services currently provided in-person?
   Twenty-nine states responded to this question. The average percentage of services provided in-person was 67% with a median of 80%. The range was 10-100.

31. Is your state Medicaid office planning on continuing to pay for telehealth.
   Forty-four states responded to this question. Twenty-six states (59.1%) indicated that Medicaid will continue to fund telehealth. Two states (4.5%) indicated Medicaid would not continue coverage and sixteen states (36.3%) provided comments that can be found on page 51.

32. Have you received private insurance coverage for telehealth services?
   Forty-three states responded to this survey. Sixteen states (37.2%) have received private insurance coverage and twelve states (27.9%) did not. Fifteen states provided comments that can be found on page 51.
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, 13 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.

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**Infrastructure**

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

- **Structure 1**: Twenty-eight states (54.9%) 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**: Seventeen states (33.3%) 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:** Six states (11.7%) 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:** 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.

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**Infrastructure By Lead Agency**

<table>
<thead>
<tr>
<th>Category</th>
<th>Structure 1</th>
<th>Structure 2</th>
<th>Structure 3</th>
<th>Structure 4</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (5)</td>
<td>80%</td>
<td>100%</td>
<td>50%</td>
<td>50%</td>
<td>20%</td>
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<td>Co-Lead (3)</td>
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<td>Human Services (6)</td>
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<tr>
<td>Developmental Disabilities (6)</td>
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<td>Early Childhood (2)</td>
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<td>Health (19)</td>
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<td></td>
</tr>
</tbody>
</table>

**Legend:**
- Structure 1
- Structure 2
- Structure 3
- Structure 4
- Other
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-six of the fifty-one coordinators (51%) reported their state has a Part C Coordinator with two years or less of experience. An additional 10 coordinators (20%) have coordinators with 5 years of experience or less. The charts that follow compare data from the baseline of 2005 to current data for 2022 by type of lead agency and provide a trend analysis of the changes over the last several years.

![Tenure as Part C Coordinator](image)

![Tenure by Lead Agency Type](image)
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-three of the fifty-one coordinators (45%) 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:

- Director of international credentialing body - Doctoral-level Board Certified Behavior Analyst in clinical practice
- Professor of behavior analysis and special education
- I have worked in State government for 15 years. I have run compliance and educational programs for the state.
- 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

**Additional Responsibilities**

3. *Is Part C your only responsibility?*
Fifty-one states responded to this question. Thirty-five respondents (68.6%) 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:

- Administrator of Office of Early Childhood Services. Includes Part C (director) and oversight of Part B 619 and the Head Start Collaboration Office. Also lead on the state's study on PreK services.
- Also sit on a large number of early childhood committees at the state level for children outside Part C.
• Although EI is about 90% of my time, I also oversee 2 other Medicaid services for young children with special needs (Cedar - an intensive care coordination service and KIDSCONNECT - support for children in childcare centers).

• ECSE (Part B 619), Low Incidence Disabilities Services for birth-21, early language, and literacy intervention, prek-3rd grade coordination.

• EHDI Project Director for the HRSA grant and the CDC grant

• Federal and state home visiting programs, early childhood mental health, childcare consultation, strengthening families, Youth Thrive, and Help Me Grow

• I also coordinate a state-wide program, Family Education and Support, for children between the ages of 3-21 with intellectual disabilities.

• I am the Director of Child & Adolescent Health which oversees all health services programs for children and adolescents, including Genetics/Newborn Screening (serving as Interim Director due to vacancy), EHDI (serving as Interim Coordinator due to vacancy), Surveillance of Hemoglobinopathies, Birth Defect Registry, Lead Poisoning Prevention & Healthy Homes, EPSDT (serve as the State Coordinator), Early Intervention (serve as the Part C Coordinator), Children & Youth with Special Health Care Needs, and Adolescent Health (serving as Interim Director due to vacancy). I also serve as a MCH Block Grant Team Lead.

• I am the manager for Birth to 5 Early Childhood Special Education.

• I/DD unit Training Unit, Living Well Grant

• Part B 619 and the Family Support programs which include: MIECHV, CBCAP and state funded evidence-based home visiting programs, as well as community-based Family Centers, Promoting Responsible Fatherhood programs and Children's Trust Fund (child abuse prevention/positive parenting programs).

• Part C lies within the Children's Integrated Services team - with Early childhood family mental health, Family support home visiting and Specialized childcare

• Responsible for other Medicaid and community programs for children with special needs

• State plan and waiver amendments, federal billing and HCBS monitoring, rates and vendorization, and Electronic Visit Verification,

• Support Part C and B (preschool)

• Title V CSHCN Program Director

• I'm also responsible for administering the Early Hearing Detection and Intervention (EHDI) program.
**Education**

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

Fifty-one states responded to this question. Twenty-seven respondents (53%) have a master’s degree; fourteen respondents (27%) have a bachelor’s degree; two respondents (4%) have specialist degrees; five respondents (10%) have a Doctoral degree; and three respondents (6%) indicated other. Those that indicated other include:

- J.D. - An attorney;
- ABD
- MA with additional specialist on top of this

**Highest Educational Degree**
5. What was your area of study?
   - Anthropology
   - Audiology
   - Behavior Analysis
   - Business Management
   - Child Development
   - Elementary Education
   - Human Development
   - Psychology
   - Public Health/Public Administration/Public Policy
   - Law
   - Special Education
   - Social Work
   - Speech
   - Rehabilitation Services
   - Nursing/Psychiatric Mental Health Nursing

Salary

6. Please indicate your salary range.
Forty-nine 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: additional responsibilities beyond Part C and years of experience. The following charts provide that analysis.
7. **How many staff positions do you have for your Part C program?**
Fifty states responded to this question.

<table>
<thead>
<tr>
<th></th>
<th>All (50)</th>
<th>Education (10)</th>
<th>Health (18)</th>
<th>Other (22)</th>
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<td>Median</td>
<td>9</td>
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<td>Minimum</td>
<td>1</td>
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<tr>
<td>Maximum</td>
<td>244</td>
<td>123</td>
<td>244</td>
<td>200</td>
</tr>
</tbody>
</table>

8. **How many of these positions are currently unfilled?**
Fifty states responded to this question.

<table>
<thead>
<tr>
<th></th>
<th>All (50)</th>
<th>Education (10)</th>
<th>Health (18)</th>
<th>Other (22)</th>
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<td>Median</td>
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<tr>
<td>Maximum</td>
<td>57</td>
<td>6</td>
<td>57</td>
<td>20</td>
</tr>
</tbody>
</table>
9. *Have you thought about leaving your position in the last year?*

Forty-eight states responded to this question. Sixteen states (13.3%) indicated they had thought about leaving their position in the last year.

![Thinking About Leaving My Position](chart)

10. *How much longer do you expect to remain in your lead agency as the Part C Coordinator?*

Forty-five states responded to this question. Twenty-two of the forty-five states (49%) indicated they expected to remain six years or less. Twelve states (27%) indicated they planned to stay for more than six years while eleven states (24%) indicated they had no idea how long they would stay.

![Length of Time To Remain](chart)
11. What is the estimated turnover rate in your state for other early childhood programs?
Thirty-six states responded to this question. The median turnover rate was 25% with an average of 28.9%

Stressful and Supportive Factors

12. Identify the factors that are the most stressful in your position as the Part C Coordinator. Check all that apply.
Fifty 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 (86%)
   - Insufficient funding for services (54%)
   - Impact of COVID (44%)

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 continued to ask about the impact of COVID, and 22 states (44%) indicated that the pandemic was third in degree of stress. Since 2018, the number one cause of stress has been provider shortages.
Lack of providers to meet service needs
Lack of staffing at the lead agency level
Insufficient funding for services
Lack of administrative support
SPP/SIMR activities
Federal reporting requirements

2017
52%
54%
67%
23%
38%
21%

2018
70%
55%
51%
21%
45%
23%

2019
75%
47%
57%
23%
36%
13%

2020
61%
53%
51%
35%
35%
24%

2021
71%
47%
41%
22%
45%
27%

2022
86%
40%
54%
16%
40%
30%

Additional Comments included:
• Business operations of contracting, issuing RFPs and getting invoices paid takes up a lot of my time—and increasing.
• High number of inappropriate referrals. Our ineligibility rate is extremely high as we are a narrow criteria state.
• I am serving as interim, but my plan is to continue and make changes so that I have admin support
• Legislative demands with little/no infrastructure to support the requirements; continuous competing priorities; 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
• Local EI programs and push back to what the lead agency is doing.
• Low salaries.
• N/A filling in until a Part C Coordinator is hired
Additional Comments included:

- Too much email

**Most Stressful Factors by Lead Agency**

<table>
<thead>
<tr>
<th>Factor</th>
<th>All (50)</th>
<th>Health (18)</th>
<th>Education (11)</th>
<th>Other (21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of COVID</td>
<td>71%</td>
<td>50%</td>
<td>45%</td>
<td>57%</td>
</tr>
<tr>
<td>Federal reporting requirements</td>
<td>27%</td>
<td>17%</td>
<td>36%</td>
<td>29%</td>
</tr>
<tr>
<td>SPP/SiMR activities</td>
<td>45%</td>
<td>39%</td>
<td>45%</td>
<td>24%</td>
</tr>
<tr>
<td>Lack of administrative support</td>
<td>22%</td>
<td>28%</td>
<td>0%</td>
<td>24%</td>
</tr>
<tr>
<td>Insufficient funding for services</td>
<td>41%</td>
<td>44%</td>
<td>18%</td>
<td>71%</td>
</tr>
<tr>
<td>Lack of staffing at the lead agency level</td>
<td>47%</td>
<td>67%</td>
<td>45%</td>
<td>43%</td>
</tr>
<tr>
<td>Lack of providers to meet service needs</td>
<td>71%</td>
<td>79%</td>
<td>64%</td>
<td>100%</td>
</tr>
</tbody>
</table>

8. **What factors are supportive of your position as the Part C Coordinator?**
Fifty states responded to this question.

**Most Supportive Factors**

<table>
<thead>
<tr>
<th>Factor</th>
<th>All (50)</th>
<th>Health (18)</th>
<th>Education (11)</th>
<th>Other (21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have adequate state staff to support the work</td>
<td>28%</td>
<td>28%</td>
<td>9%</td>
<td>38%</td>
</tr>
<tr>
<td>I can make independent program and policy decisions</td>
<td>64%</td>
<td>67%</td>
<td>64%</td>
<td>62%</td>
</tr>
<tr>
<td>I have the support of my agency administration</td>
<td>68%</td>
<td>50%</td>
<td>91%</td>
<td>71%</td>
</tr>
<tr>
<td>I have a good working relationship with my ICC</td>
<td>58%</td>
<td>44%</td>
<td>82%</td>
<td>57%</td>
</tr>
<tr>
<td>I have a good working relationship with other EC...</td>
<td>72%</td>
<td>67%</td>
<td>73%</td>
<td>76%</td>
</tr>
<tr>
<td>My previous work experience prepared me for this role</td>
<td>72%</td>
<td>78%</td>
<td>73%</td>
<td>67%</td>
</tr>
<tr>
<td>I have a good understanding of all the requirements of...</td>
<td>72%</td>
<td>72%</td>
<td>73%</td>
<td>71%</td>
</tr>
<tr>
<td>I have the support and encouragement of my direct...</td>
<td>86%</td>
<td>78%</td>
<td>91%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Additional Comments:

- Although we have quite a number of vacancies, the directors, and leaders we have are very passionate and committed to Part C
- Collaborations/Institutional Knowledge available
• I have a good team at the state office with many years of experience in the program.
• I have access to the previous Part C administrator

• n/a filling in until Part C Coordinator is hired
• Support from ITCA and OSEP-sponsored TA centers
• TA centers who are helping us in our deep work for change
• TA offered is superb!
• While we don't have adequate staff at the state level, the staff who work in Part C are passionate about the Mission and Vision. They are competent and committed to our work. We would not have been able to transform our system so significantly in the last 5 years without this tremendous team.

• Within the agency there is support for creativity.
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-four states responded to this question. Forty-three states (97.7%) responded that there were no discussions related to dropping out of Part C. One state (2.3%) indicated that due to increased enrollments without a corresponding increase in funding, it is facing a significant funding shortfall in the Part C program this year, which could result in provider contract terminations that compromise its ability to continue to participate in the program, unless additional funding can be identified.

![Continued Participation Graph]

2. Which statement describes the status of your state funding for Part C for 2022-2023? Forty-four states responded to this question. Fifteen states (34.1%) responded that their funding was increased. One state (2.3%) indicated that their funding was decreased, and seventeen states (38.6%) responded that their funding was frozen. Eleven states (25%) indicated their state budget had not been finalized yet.

![Status of State Funding Table]
The trend over the last several years has been for an increase in state funding. However, this year the percentage of states with an increase at this current time is lower.

**Eligibility**

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

   Forty-four states responded to this question. Thirty-seven states (84%) indicated that they have not changed eligibility criteria. Two states (4.5%) responded that they have broadened eligibility. One state (2.2%) indicated that it had made its eligibility criteria more restrictive. Two states (4.5%) are planning to broaden eligibility in the 2022-2023 fiscal year.
4. If you are planning to change your eligibility criteria in the 2022-2023 year, please check the answer that describes what you are planning. Two states responded to this question, and both indicated that they would broaden their eligibility criteria.

**Child Services**

5. What is the average number of planned hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month? Thirty-six states responded to this question. Twenty-one of the states (58.3%) could provide data in response to this question. The average number of planned hours of direct service was 4.85 with a range of 17 to 12. The median number of planned hours of direct service was 4.25.

6. What is the average number of delivered hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month? Thirty-six states responded to this question. Seventeen of the states (47.2%) were able to provide data. The average number of delivered hours of service was 4.96 with a range of 2 to 12.6. The median number of delivered services was 5.
Delivered Service Hours Per Child Per Month

Note: Fifteen states were able to provide both planned and delivered services. For those states, the average number of hours of planned services was 5.7 with a range of 2-12. The average hours of delivered services was 5 with a range of 2-8.

7. What is the average length of time a child is in your Part C system?
   Forty-one states responded to this question. Twenty-six of the forty-one states were able to provide data. The average number of months that a child is in the Part C system was 14.7 months with a range of 2 to 35. The median length of time is 14 months.

8. What is the average age of referral for a child in your Part C system?
   Forty-one states responded to this question. Thirty-four of the forty-one states (82.9%) were able to provide data. The average age at referral was 17.49 months with a range from 9.4 to 29. The median age of referral was 18 months.
9. **Do you re-determine eligibility on an annual basis?**
   Forty-four states responded to this question. Twenty-four states (54.5%) indicated they redetermine eligibility on an annual basis. Fifteen states (34.1%) do not redetermine eligibility annually, and five states (11.3%) replied other.

   ![Annual Redetermination of Eligibility](chart)

   **Comments:**
   - Only if eligibility is in question.
   - Not if they were a high probability
   - Only for children made eligible via ICO or via a diagnosis not on our "automatic" eligibility diagnosis list
   - Most local programs do but not required

10. **How do your referrals in the 1st quarter of 2022 compare to the same quarter in 2021?**
    Forty-four states responded to this question. Thirty-three states (75%) reported an increase in referrals, four states (9%) reported a decrease in referrals, and seven states (15.9) indicated that referrals were about the same.

    ![2022 Referrals Compared to 2021](chart)
11. How do your referrals in the 1st quarter of 2022 compare to the same quarter in 2020? Forty-four states responded to this question. Thirty-four states (77.2%) reported an increase in referrals. Five states (11.4%) reported a decrease and an additional five states (11.4%) indicated that referrals were about the same.

![](chart.png)

12. If your referrals are still down compared to before the pandemic, to what do you attribute the decline? Check all that apply

Forty-four states responded to this question. Twenty states (45.4%) indicated this question was not applicable as their referrals have returned to pre-COVID levels. Six states (13.6%) responded that parents are reluctant to have services in their home. Six states (13.6%) responded that pediatric providers are not making referrals at the same level. Four states (9.1%) responded that childcare providers are not making referrals at the same level. Three states (6.8%) indicated that families are reluctant to receive services via telehealth and an additional two states (4.5%) indicated that local EI programs have reduced child find efforts.

![](chart2.png)
Comments:
- Not back to pre-COVID but up by 10%
- Unknown at this time due to data outage
- Unsure
- While our referrals have not fully recovered, we are trending upward and should be returned to pre-COVID levels soon

Provider Issues

13. Is your state experiencing shortages in qualified providers?
   Forty-five states responded to this question. All forty-five states (100%) responded that they were experiencing shortages

14. If yes, which type of providers are you experiencing shortages in? Check all that apply.
   Forty-five states responded to this question. The top five shortages that were reported are: Speech-language Pathologists (86.6%); Physical Therapists (82.2%); Occupational Therapists (73.7%); Special Educators/Developmental Specialists (71.1%); and Service Coordinators (51.1%).
15. What are you doing to address the shortages?

Forty-four states responded to this question and their specific activities are included in the chart below:

- Provision of staffing retention and recruitment payments
- Leaving the field or going to school districts or other clinic settings where they don’t have to go in homes or for better pay and benefits. already have a lack of teachers of the deaf and blind.
- Working with our CSPD Leadership Team to identify ways to train, recruit, and retain personnel.
- We attend job recruitment fairs, have more than 20 letters of collaboration with colleges and universities in the state to support student awareness of the requirements for and jobs in early intervention, and have a personnel retention grant that is helping us fund evidence-based personnel retention strategies. We are planning a social media campaign this year that will include a focus on staff recruitment.
- Ongoing recruitment
- Hiring Exceptions, Early Intervention Certificate through state university to get graduates interested in EI
- Retention strategies include professional development at no cost to providers to assist with licensure renewals
• We are having active conversations with the organizations that contract service providers to find incentives to retain personnel. The State office also developed a survey for services providers to identify barriers and challenges in providing early intervention services.
• Contracting these services
• A lot of work through our CSPD regarding recruitment and retention. Keeping our authorization process intact as an alternative pathway to certification.
• State and Part C ARPA funding to local providers for recruitment and retention activities. Working with PDG grant to launch a workforce campaign aimed at EI potential professionals.
• Recruiting providers via social media and website; contacting primary referral sources regarding how to make referrals.
• Telepractice and establishing fee-for-service contracts
• HCBS and Part C ARPA funding initiatives
• ARP funds to try and address shortages. We are contacting Medicaid providers to determine if they’d like to become Part C providers.
• Participating in nation CoP, P235 EI Professional Recruitment and Retention grant, state staff 1-FTE dedicated to provider training and support
• We have provided specific recruitment and retention guidance including listings of out of state providers who utilize telepractice
• We continue to have the Job Vacancy Announcement open. The CNMI continues to recruit.
• Ongoing recruitment, work with universities
• Continue to recruit
• Open Enrollment  Working closely with universities and other agency partners.
• Working with regional entities using ARPA funding to hire/contract with providers our local agencies are unable to hire; considering strategies to bring back retired interventionists
• In the last 5 years we created an Outreach Manager. This position is responsible for establishing relationships with IHEs for recruitment of all personnel and provider types. They also work with provider agencies to identify shortages and internship opportunities. We have also addressed retention issues including decreasing administrative burden and improving policies. We also increased provider rates in 2019. We recently utilized 1/2 of our ARPA funding for Recruitment/Retention Grant to agencies, SPOEs, and independent providers to use toward retention or recruitment bonuses. Entities must attest they will give 75% of the grant directly to personnel.
• Working on how to implement fiscal incentives to engage (COLA), expanding communication/supports for providers and collecting and reviewing data to determine how to remove barriers
• Providing services via telepractice; requested additional funding to support salary increases for POS programs.
• We will be using some of our ARP funds to address recruitment and retention.
• Remote services have assisted in filling in the shortages. Collaborating with other early childhood initiatives.
• We are utilizing some ARP funds to provide recruitment and retention money into the field.
• Contractors are working with universities, advertising more, planning better with the data we provide.
• For some disciplines we are offering scholarships. Some local programs offer student loan repayment. The lack of training programs in our state is a barrier.
• We are currently doing a cost study to assess the impact of our financial reimbursement structure to gain recommendations for how to better fund our system. Based on a survey we completed in January of 2022, we learned that we currently have a 42% turnover rate for service coordinators which causes major stability issues for our system.
• Attempting to raise provider rates.
• Outreach to IHEs, outreach to current providers, attending professional meetings, etc.
• The DOE is working with state universities on recruitment efforts.
• Workforce pilot grants in exploration stage.
• Nothing so far but I need to do something about it.
• Part C rates mirror Medicaid rates. State Medicaid program is significantly increasing rates. Plus, additional 6% increase to approved by Legislators. New rates will go into effect 7/1/2022.
• What I can control is addressing the shortage of Service Coordinators which is part of recruitment and retention funding including incentives for professional status.
• Recruitment and retention efforts to support part C professional development using APR funds to extent possible.
• We are involved in intensive TA for our CSPD; we are working on adopting new licensing standards; we have monthly workgroup meetings with core stakeholders; we incorporated previous and new workforce actions in our new SSIP.
• Providing hiring assistance through ARPA funds.
• Clarifying how deaf/hard of hearing providers can become providers; working with our professional development staff to focus on providing info while still in professional education.
16. **What is the status of provider reimbursement in your state over the last three years? Check all that apply.**

Forty-five states responded to this question. Twenty-one states (46.6%) indicated that provider rates will remain the same. Eighteen states (40%) indicated that they have increased provider rates. One state (2.2%) decreased the reimbursement rate. Five states (11.1%) indicated that they will increase reimbursement in the next twelve months.

![Provider Reimbursement Chart]

Seven states provided the following comments:

- All providers are staff of school districts and on contract through their districts
- I am including an increase as during this session the legislature increased the GAP payment for the next two FYs.
- Legislation currently in process to increase rates for the first time in 14 years
- Our funding is not structured as a reimbursement, but our annual provider funding levels have remained the same.
- Remained the same over the past 3 years. Increased rate will go into effect this year.
- We have proposed a rate increase. Governor did not put in his budget. Still a chance the GA will put this in, although I believe they will give ARPA funding instead for FY23 and then approve rate increases for FY24.
- Will direct service rates are increasing significantly, Part C is restructuring reimbursement for travel. Some providers will see a decrease.

17. **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-two states responded to this question. Three states (7.1%) indicated that they had agencies that declined to continue to provide services. Twenty-two states (52.3%) did not
have any agencies decline and sixteen states (38.1%) indicated this question was not applicable.

18. 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-four states responded to this question. Twenty-one states (47.7%) reported that no contractors had declined to continue. Eleven states (25%) indicated that they had contractors who declined to participate, and eight states (18.2%) indicated this question was not applicable.

19. To what extent is your Part C system involved with your state’s Preschool Development Grant (PDG)?

Forty-five states responded to this question. Fourteen states (31.1%) responded that they did not receive a PDG grant. Nine states (20%) reported that they are implementing at
At least one or two activities with partners related to this initiative. Nine states (20%) are in early planning efforts with partners related to this initiative. Eight states (17.7%) indicated they are not engaged with partners. Five states (11.1%) are involved in extensive activities with partners.

PDG Involvement

- Did not receive a PDG grant: 31% (All respondents), 37% (Health), 25% (Education), 20% (Other)
- Not engaged with partners: 18% (All respondents), 20% (Health), 31% (Education), 5% (Other)
- Involved in extensive activities: 11% (All respondents), 11% (Health), 30% (Education), 26% (Other)
- Implementing one/two activities with partners: 20% (All respondents), 20% (Health), 25% (Education), 21% (Other)
- Involved in early planning efforts: 20% (All respondents), 19% (Health), 20% (Education), 21% (Other)

Comments:
- A portion of the Part C Coordinator position goes to activities that align directly with current PDG work; Part C Coordinator sits on the strategic planning and implementation workgroups for PDG; Part C Coordinator attends work for most PDG projects; Our early childhood special education team supports and helps plan the annual PDG Summit
- Early Start Program development, Universal Design project for Child Care Providers
- Engagement on the Strategic Planning Committee
- Involvement include participation in training to our staff on EB practices using identified curriculum/strategies, collaborative participation with Parent Cafes (Strengthening Families), Parent Virtual Interactive Sessions, collaboratively manning a call-in line to get information about services or support for families, identifying and addressing areas via Workgroups: to support social emotional wellness, Early Promotions, Prevention, Identification and Education, improving Family Engagement, and Early Learning. Collaborative work with EI partners on the 'Village Play Time' to provide activities children in the villages - supporting child development in area of language/communication, social/emotional development, fine/gross motor skill, and cognition. This work is a collaborative work with EI programs from different agencies as well as the Village Mayors (to help support a site within the villages to hold the events.
- Lead agency involved in planning
• My state received the initial PDG grant, and part of the funding was utilized to fund all EI providers to receive FGRBI training --- this model, FGRBI, is now contractually required and we provide regular TA related to supporting high fidelity use of FGRBI.
• NICU Coordinators
• Our involvement has focused on Pyramid Model Training for B-3 in childcare and transitions
• Our PDG fund activities have been completed
• Our team is participating in the PDG
• The lead agency is developing an MOU to start collaborative efforts between a few early childhood programs and the Agency that received the PDG grant
• We coordinate funds for Hands & Voices, Family Voices, Family Training, University of Autism Initiative, Implementation of RBI/RBHV Model, and Lead Agency Leadership Training
• We have a PDG grant underway. We write a letter of support when they apply, then they forget about us.
• We have been involved in limited planning activities
• We provide data to the Executive Office of Education
• We received a PDG planning grant but not a continuation grant. We are planning to apply for a PDG grant in the next cycle.
• We were included in the planning efforts of the PDG Grant, and some funding was utilized to support the GEER efforts in our state which impacted Part C initially.
• Workforce campaign directed at EI professionals, workforce development survey that included EI professionals, shared training opportunities
• Working with IHE on Social emotional development and reaching families and providers.

20. To what extent is your Part C system involved in your state’s early childhood mental health initiatives?

Forty-five states responded to this survey. Fifteen states (33.3%) indicated they are in early planning efforts with partners. Fifteen states (33.3%) are implementing at least one or two activities with partners related to this initiative. Nine states (20%) are involved in extensive activities. Seven states (15.5%) are not engaged with partners in this area. Comments on how they are involved follow:
**Comments:**

- Development of Social/Emotional Webinars and piloting with IECMH certified MH Consultants to programs and families
- Early plans include the identification of early childhood mental health representatives to the workgroups
- Hosting Parent Cafes  Training on Connect the Dots, Training on ASQ Social-Emotional
- I serve on multiple internal and external workgroups related to Infant Parent Relational Health. This is a big priority for our system.
- Infant and Early Childhood Behavioral Health Plan; Reflective Supervision training; TA from ZTT for Infant Mental Health
- In-home pilot for infants and toddlers with our ECMH program
- DOE is collaborating with DHHS on a pilot program for early childhood mental health consultation (Early Childhood Consultation Partnerships)
- Our Child Care, Head Start and Early Intervention programs have initiated the Pyramid Model. We are all in the process of training pilot sites and training coaches.
- our team lead a social and emotional innovations grant to local programs aimed at improving statewide social and emotional impact
- Part C Coordinator participates in ECMH grant reviews statewide; Part C Coordinator participates in interagency ECMH initiatives and workgroups; districts have had an option to use Part C ARP Funds to support these efforts through subgranting
- Pyramid model scale up is planned statewide for site implementation
- RIAIMH just received a grant that will focus on EI professionals improving skills in this area. In addition, we support EI professionals who wish to seek endorsement and pay for memberships for all EI supervisors and directors.
- State received HRSA grant for ECCS services. Just beginning the planning process.
• This is in the extremely early planning stages - Part C was just moved under the same division as home visiting. We are currently building relationships with staff members in HV.
• We are collaborating with other ECMH initiatives and have identified Social emotional development as our new SSIP
• We are currently providing training and TA on reflective supervision because as of July 20, 2021, all EI direct service providers must receive monthly reflective supervision.
• We are processing an agreement to work with the National Alliance and the (fledgling) State Alliance IMH to provide training and credentialing for all EI Service Coordinators as Infant Family Specialists.
• We have an interagency agreement with our state mental health agency to provide early childhood mental health consultants to each local EI team
• We have begun discussions with our State Office of Mental Health.
• We have had Social Emotional Consultation for over a decade, and we have engaged in a statewide effort to help support the broadening of use of infant/toddler mental health consultation efforts including allowing the Part C S/E Consultants to enroll in a Network of other S/E Consultants for teaming and reflective practice.
• We have received TA on financing for infant and early childhood mental health initiatives and plan to use ARPA funds to support IECMH consultation and endorsements. We are in discussion with our state behavioral health program about opportunities to expand training and funding for infant mental health initiatives in EI.
• We have scheduled an infant and toddler mental health summit with collaborative partners to take place in 2022.
• We partner with our IECMH consultants to support programs in supporting all children; and work closely on reducing/eliminating suspension and expulsion...
• We work closely with our state’s Infant Mental Health Association on shared training and staff development.
• We work closely with the Coalition for Protecting Childhood (UCPC), our Infant Mental Health Endorsement process, the lead agency has been focusing on developing trainings, identifying recommended assessments, and supporting providers in professional development in the area of Social and Emotional Development, connected with Help Me Grow, part of Pyramid Model State Leadership Team
• We’ve developed training in our LMS related to infant early childhood mental health and made it available to providers
• Work in partnership with University School of Social Work to provide support for the Pyramid Model
• Working with partners to obtain funding.
21. To what extent is your Part C system involved in your state’s Home Visiting initiatives?

Forty-five states responded to this question. Fifteen states (33.3%) reported that they are implementing at least one or two activities with partners related to this initiative. Fourteen states (31.1%) are in early planning efforts with partners related to this initiative. Nine states (20%) are involved in extensive activities with partners and seven states (15.5%) indicated they are not involved.

![Home Visiting Involvement Diagram]

Comments:

- Although our state has a home visiting initiative (through Public Health), and work together with PNG activities, we have yet to implement activities specific to this initiative.
- EI state staff serves on planning committees with home visiting leadership. EI and DECE Home Visiting now share the annual conference week to encourage cross-training.
- Joint referrals and sharing information about adjustments to home visiting during COVID.
- Lead agency has engaged in planning meetings with the Maternal, Infant and Early Childhood Home Visiting program.
- Part C program participates in a networking group for CradleME, a free referral system for all birthing families that helps connect the child and family with appropriate services, which our Families Home Visiting is also part of.
- Member of advisory council; MOU in place.
- Our bureau oversees both programs - do PD/TA together...
- Part C meets with home visiting staff on a monthly basis.
- Reengagement and vaccine roll-out collaboration.
• Staff participating in Home Visiting Investment task force, local program learning to implement EI program
• State received HRSA grant for ECCS services. Just beginning the planning process
• State staff attend meetings and discuss potential collaborations (training, shared resources, etc...).
• The home visiting programs are Part C partners, as they are sources of referral. The MIECHV-PR and the EIP are planning a joint summit for personnel and families for this year.
• The MIECHV program is being moved from another state agency to the Part C Lead Agency. We currently collaborate with the leadership of the Healthy Moms/Healthy Babies (Perinatal High-Risk Management) program which will combine with the MIECHV program once it is moved. We have begun to discuss how our programs will better work together using the guidance provided at the national level (from DOE and DHHS).
• Through interagency work with our state’s Follow Along Program (through an interagency agreement involving funding) and Family Home Visiting, both as identified referral sources and partners
• We are in the same division and work together on a regular basis
• We are planning to co-present with HV at our annual meeting on the differences between an EI Developmental Specialist and a Home Visitor. As of 2020 we are in the same division in the same department as HV and that has been wonderful for all of us.
• We are working with home visitors, childcare, and child protective services with our next meeting scheduled for May 2022.
• We have a family visiting council that includes all programs that provide family visiting services to children from B-5. Shared professional development and policy making (especially during COVID since some agencies house both EI and MEICHV programs).
• We have an early childhood interagency workgroup that includes our state's home visiting program that plans cross-sector early childhood initiatives.
• We held cross-trainings and updated our data collection to know when we receive or make referrals to HV.
• We monitor the work
• We meet with home visiting leadership and have strategized on obtaining Medicaid reimbursement
• We share a central intake and referral vendor
• We work with MIECHV through shared training and have been participating in a state process to develop a home visiting workgroup.
22. To what extent is your Part C system involved in your state’s early childhood equity initiatives?

Forty-four states responded to this question. Eighteen states (40.9%) indicated they are in early planning efforts with partners. Nine states (20%) are implementing at least one or two activities with partners related to this initiative. Four states (9.1%) are involved in extensive activities. Thirteen states (28.8%) are not engaged with partners in this area.

Describe your involvement:

- Collaboration with stakeholders for ICC Equity Subcommittee, began Oct 2021
- developing resources to support
- I struggled with the best option to select. We have multiple training opportunities in our agency and consider equity in all aspects of planning
- Identification of improvement areas starting with increasing diversity of stakeholder input
- Lead agency attends planning meetings with the CDE’s Inclusion State Leadership Team
- Our Part C program has several equity initiatives it is implementing, and our state’s early childhood interagency workgroup is considering making early childhood equity initiatives a focus for our upcoming strategic plan.
- We have 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
• Staff member part of EDI task force, and identified in job duties to incorporate into EI program
• The Part C Coordinator has recently started attending a CoP with other early childhood professionals from the state to begin planning equity efforts.
• We are analyzing data and creating a plan of action at this time.
• We are beginning to work on this with internal and external MCH partners as this is a focus of MCH.
• We are creating a training for EI providers that supports their service delivery to diverse families, families experiencing homelessness, and families with parents with intellectual disabilities.
• We are currently supporting two grants with data and direct work with universities exploring regional equity and access to Part C services; supporting an initiative for a speech language identification study that will include 0-3 looking at racial disparities; Part C and regional teams are leading equity action in regional public awareness and outreach efforts; Our state’s ICC is two years in on an extensive review of all statute, policies, and practices that touch the lives of children and families in Parts C/619 through a racial equity lens; Stakeholder, family, and Tribal Nation engagement is leading equity work at statewide training and supporting levels, as well as driving funding and SSIP activities centered on ensuring equity for each and every child and family with our interagency and community partners.
• We are currently using some of our Part C ARPA funds to conduct a Tribal needs assessment to answer two fundamental questions: How aligned with cultural values have EI services been for tribal families; What would sovereign nations need to implement Part C IDEA services? The goal of this is to increase our numbers of Native American families who enroll in and benefit from Part C of IDEA.
• We are engaging in work in this area on a regular ongoing basis as a program. Racial equity training and language access in particular.
• We are using ARP funds for an EI Equity Project to help do root cause analysis and create recommendations for making improvements. We also include DEI language in all contracts at the state level.
• Working with other bureaus on re-writing the childcare regs with an equity lens (Project IMPACT) as well as working with a national expert on equitable practices...

23. **With the focus of OSEP on equity, has your state begun to address equity issues?**

   Forty-five states responded to this question. Eighteen states (40%) indicated that they had begun to develop strategies to address equity. Seventeen states (37.7%) have begun...
to discuss the issue of equity. Five states (11%) have developed an action plan on this issue, and one state (2.2%) have developed policies and procedures related to equity.

![Part C System Addressing Equity](image)

Note: The following is a summary chart across all early childhood programs.

![Activity Across Early Childhood Programs](image)

24. 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-five states responded to this question. Twenty-six states (57.7%) responded that Part C is in discussion with other early childhood initiatives and exploring ways to build cross-system infrastructure. Thirteen states (28.8%) indicated that Part C and other early childhood initiatives are implementing strategies to build cross-system infrastructure.
Four states (8.8%) 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:
- We share professional development with home visitors

25. 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-five states responded to this question. Sixteen states (35.5%) responded they are exploring ways to share data across systems. Fifteen states (33.3%) indicated that data are currently shared with other statewide partners. Five states (11.1%) have plans to share data and four states (8.8%) have no current plans to share data.
Five respondents provided the following information:

- Data collection and sharing have been nearly impossible since FFY 2019 due to the development, failure, and redesign of the data management system.
- P20 initiative - 5 data sharing partners: UH, DOE, DHS, DOH, DLIR
- We already share data across programs and agencies in a number of ways; we are exploring more opportunities while also keeping families at the center
- We have shared some summary data to assist with state reports on risk and reach as well as for needs assessments. We have not explored this further at this time.
- We need to get our own data system in order before sharing data

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

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

- Child Find efforts and public awareness campaigns (77.8%)
- Workforce capacity (professional development, coaching, incentives to retention etc) (75.5%); and
- Develop or enhance data systems (57.7%).

Additional Comments:

- 1-time payment to providers
- As of 5/4/22, we are still awaiting legislature approval to spend the ARP funds.
• Funds are also being used for our tribal needs assessment and to build statewide capacity to screen for and diagnose autism.
• Infant Mental Health initiatives
• Lead Agency Infrastructure
• Our main five areas as all determined by extensive engagement: 1) extensive family in-reach and engagement; 2) rebuilding our Family Outcome Survey; 3) enhancing our referral system to ensure culturally responsive supports for families and communities; 4) subgranting with districts to align with 9 focus areas they determined centered on equity; 5) statewide trainings and supports to build capacity in providers for routines-based caregiver coaching and implicit bias/mental models and anti-racist knowledge and actions to do better for each and every child and family touched by Part C
• Stipends to practitioners for additional PD and other system supportive efforts beyond routine EI fee for service work. Incentivizing participation with the NJ Rate Study, attend Reflective supervision sessions.
• Sustain program and implement extended Part C
• Training on evidenced-based practices
• We are using ARP funds to address statewide diversity, equity, and inclusion.

Telepractice

27. How do you anticipate the use of EI telepractice in your state changing in the coming years as compared to pre-COVID?
Forty-four states responded to this question. Twenty-eight states (63.6%) anticipate telepractice being used with many families either exclusively or in combination with in-person visits. Seven states (15.9%) anticipate being used infrequently. One state (2.2%) anticipates telepractice being used infrequently and eight other states (18.2%) provided comments.
Eight states had the following comments:

- At this point we don’t know. We plan to only allow for specific circumstances, but we will need more time to determine if it will be offered widely.
- It will be available to families that request it.
- My state is still evaluating.
- Telepractice will remain an option as families would like to use it. We anticipate more meetings being held virtually, but the data shows 85% of families prefer in-person services.
- We anticipate EI telepractice being used as an individualized decision with the IFSP team including families.
- We anticipate EI telepractice being used with families based on their requests and to enhance availability to providers in some areas. We are not yet sure of the amount of usage we anticipate seeing.
- We anticipate some services to continue with telepractice with some families.
- We anticipate telepractice being a continued available service delivery method that will be used at varying degrees due to geography, cultural responsiveness, family needs, etc.

28. Have you surveyed families about their experiences with EI telepractice?  
Forty-five states responded to this question. Twenty-three states (51.1%) have surveyed families. Seventeen states (37.7%) have not surveyed states and five states (11.1%) are planning to do so.

![Telehealth Family Survey]

29. Currently, what percentage of families are receiving virtual services?  
Twenty-nine states responded to this question. The average percentage reported by states was 36% with a median of 35%. The range was from 0–85.
30. What is the percentage of services currently provided in-person?
   Twenty-nine states responded to this question. The average percentage of services
   provided in-person was 67% with a median of 80%. The range was 10-100.

31. Is your state Medicaid office planning on continuing to pay for telehealth.
   Forty-four states responded to this question. Twenty-six states (59.1%) indicated that
   Medicaid will continue to fund telehealth. Two states (4.5%) indicated Medicaid would not
   continue coverage and sixteen states (36.3%) provided comments.
   • DNK
   • It is still being debated.
   • It's not clear yet
   • Medicaid will continue to pay. The %'s above is an estimate based on conversation. I did
     not have this data available.
   • No indication at this point
   • Not sure
   • not sure
   • Not sure--no official word from CMS on continuing, but Medicaid seems interested if
     allowable.
   • We do not bill Medicaid for EI services
   • Some telehealth will end, some will continue for a year after the PHE, and some will
     continue.
   • State Medicaid pays for direct services such as OT, PT, SLP
   • This is not decided yet
   • Through HCBS waiver
   • Unsure
   • Unsure as of today
   • We are awaiting Medicaid's decision

32. Have you received private insurance coverage for telehealth services?
   Forty-three states responded to this survey. Sixteen states (37.2%) have received private
   insurance coverage and twelve states (27.9%) did not. Fifteen states provided comments.
   • Children with policies that are overseen by DORA pay for Telehealth (EIST)
   • Do not bill private insurance******
   • Not sure*
   • PR never receives private insurance coverage for any EI service
   • Private insurance has paid for direct services such as OT, PT, SLP
   • State doesn't collect from insurance
• this is inconsistent
• uncertain if this has occurred or not.