2023 TIPPING POINTS SURVEY
System Challenges and Opportunities
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OVERVIEW

For the eighteenth consecutive year, the Infant and Toddler Coordinators Association (ITCA) has surveyed all Part C 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 during the fall of 2023. 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
- Arkansas
- American Samoa
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- 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-five states (95.8%) responded that there were no discussions related to dropping out of Part C. Two states (4.2%) indicated that participation is continuing but there would be a change in lead agency.

2. **Which statement describes the status of your state funding for Part C for 2022-2023?**
   Forty-one states responded to this question. Nineteen states (46.4%) responded that their funding was increased. Sixteen states (39.1%) responded that their funding was the same as the previous year. Six states (14.7%) 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-seven states responded to this question. Thirty-eight states (80.9%) indicated that they have not changed eligibility criteria. Three states (6.4%) 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 change eligibility in the 2022-2023 fiscal year.

4. **If you are planning to change your eligibility criteria in the 2023-2024 year, please check the answer that describes what you are planning.**
   Two states responded to this question. One state will broaden eligibility and one will narrow eligibility.

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?**
Forty-three states responded to this question. Seventeen states (39.6%) could provide data in response to this question. The remaining states indicated that they did not have the data. The median number of planned hours of direct service was 4 with a range of 1.5 to 9.

6. 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. Thirteen states (30.3%) were able to provide data. The remaining states indicated that they did not have the data. The median number of delivered hours of service was 3.85 with a range of 2 to 13.3.

Note: Ten states were able to provide both planned and delivered services.

7. What percentage of families are receiving virtual services? 
Thirty-one states responded to this question. The median percentage reported was 15% with a range of 0 to 90%.

8. What percentage of services are currently provided in person? 
Thirty-three states responded to this question. The median percentage reported was 88% with a range of 10 to 100%.

9. What is the average length of time a child is in your Part C system? 
Forty states responded to this question. Twenty-eight of the forty states (70%) were able to provide data. The median number of months that a child is in the Part C system was 12.25 months with a range of 2 to 35.

10. What is the average age of referral for a child in your Part C system? 
Forty-two states responded to this question. Thirty-three of the forty-two states (78.6%) were able to provide data. The median age at referral was 18 months with a range from 11-24.

11. Do you re-determine eligibility on an annual basis? 
Forty-five states responded to this question. Twenty states (44.5%) indicated they redetermine eligibility on an annual basis. Twenty-one states (46.7%) do not redetermine eligibility annually, and four states (8.9%) replied other.
12. How do your referrals in 2023 compare to 2022?
Forty-five states responded to this question. Thirty-nine states (86.7%) reported an increase in referrals. Six states (13.4%) reported that referrals were about the same.

13. Do you collect referral data at the state level?
Forty-four states responded to this question. Forty-three states (97.8%) responded that they collect referral data at the state level. One state (2.2%) responded no.

14. If you collect referral data, what type of information is collected? Check all that apply.
Forty-three states responded to this question. Forty-three states (100%) collect date of referral. Forty-two states (97.7%) collect referral sources, and child demographic information. Thirty-nine states (90.7%) collect the reason for referral. Thirty-four states (79.1%) collect parent demographic information and twenty-nine states (67.5%) collect referral source contact information.

15. If demographic information is collected, what of the following characteristics are collected? Check all that apply.
Forty-two states responded to this question. All states collect the address/geographic information. Thirty-eight states (90.5%) collect primary language. Thirty-seven states (88.1%) collect race and ethnicity. Twenty states (47.7%) collect insurance type and four states (9.6%) responded other.

16. How often do you review referral data?
Forty-five states responded to this question. Sixteen states (35.6%) indicated they review the data monthly. Twelve states (26.7%) review the data quarterly. Seven states (15.6%) review the data annually. Two states (4.5%) indicated the questions was not applicable and eight states (17.8%) answered other.

17. On average, how often is training provided to your primary referral sources?
Forty-three states responded to this question. Ten states (23.3%) responded that training is provided annually. Nine states (21%) responded none of the above and 24 states (55.9%) provided other responses.
18. Please identify any of the tools listed below that you have used related to your child find system. Check all that apply.
Forty-one states responded to this question. Ten states (24.4%) indicated they have used the Child Find Self-Assessment (CFSA). Five states (12.2%) indicated that they had used the Child Find Funnel Chart Review and the Meaningful Differences in Child Find Calculator. Twenty-two states (53.7%) indicated that they had not used any of the tools. Six states (14.1%) provided other responses.

Provider Issues

19. Is your state experiencing shortages in qualified providers?
Forty-four states responded to this question. Forty-four states (97.8%) responded that they were experiencing shortages.

20. 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 (97.7%); Physical Therapists (86.6%); Occupational Therapists (75.5%); Special Educators/Developmental Specialists (68.8%); and Service Coordinators (60%). Shortages identified for other personnel are captured on page 36.

21. 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 36.

22. What is the status of provider reimbursement in your state over the last three years? Check all that apply.
Thirty-two states responded to this question. Fourteen states (43.7%) indicated that provider rates remained the same. Eighteen states (56.2%) indicated that they have increased provider rates.

23. 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-five states responded to this question. Two states (4.4%) indicated that they had agencies that declined to continue to provide services. Nineteen states (42.2%) did not have any agencies decline. Twenty-one states (46.6%) indicated this question was not applicable and three states (6.6%) provided comments.
24. 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-five states responded to this question. Nineteen states (42.2%) reported that no contractors had declined to continue. Seventeen states (37.7%) indicated that they had contractors who declined to participate. Five states (11.1%) indicated this question was not applicable and four states (8.8%) provided comments.

Early Childhood Partnerships

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

Forty-five states responded to this question. Six states (13.3%) responded that they did not receive a PDG grant. Twelve states (26.6%) reported that they are implementing at least one or two activities with partners related to this initiative. Eight states (17.7%) are in early planning efforts with partners related to this initiative. Fifteen states (33.3%) indicated they are not engaged with partners. Four states (8.8%) are involved in extensive activities with partners. Comments on how they are involved can be found on page 41.

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

Forty-seven states responded to this survey. Eleven states (23.4%) indicated they are in early planning efforts with partners. Fourteen states (29.7%) are implementing at least one or two activities with partners related to this initiative. Fourteen states (29.7%) are involved in extensive activities. Eight states (17%) are not engaged with partners in this area. Comments on how they are involved can be found on page 43.

27. To what extent is your Part C system involved with your state’s Home Visiting initiatives?

Forty-four states responded to this question. Fifteen states (34.1%) reported that they are implementing at least one or two activities with partners related to this initiative. Thirteen states (29.5%) are in early planning efforts with partners related to this initiative. Four states (9%) are involved in extensive activities with partners and twelve states (27.3%) indicated they are not involved. Comments on how they are involved can be found on page 46.
28. **To what extent is your Part C system involved in your state’s early childhood equity initiatives?**

Forty-four states responded to this question. Fourteen states (31.8%) indicated they are in early planning efforts with partners. Seven states (15.9%) are implementing at least one or two activities with partners related to this initiative. Five states (11.3%) are involved in extensive activities. Eighteen states (40.9%) are not engaged with partners in this area. Comments on how they are involved can be found on page 48.

29. **Which partnerships have been most beneficial to your program?**

Thirty-nine states responded to this question. Eighteen states (46.1%) reported that mental health initiatives have been most beneficial. Eight states (20.5%) identified the preschool development grant and seven states (17.9%) selected home visiting. Six states (15.4%) provide other comments that can be found on page 50.

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

Forty-three states responded to this question. Fifteen states (34.8%) have begun to discuss the issue of equity. Fifteen states (34.8%) indicated they have begun to develop strategies to address equity. Five states (11.6%) states have developed an action plan. Two states (4.6%) responded that the political climate in their state does not allow them to publicly discuss the issue of equity and one state (2.3%) responded that it has developed policies and procedures related to equity. Five states provided comments that can be found on page 50.

31. **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.
32. 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. Fourteen states (31.1%) responded they are exploring ways to share data across systems. Ten states (22.2%) indicated that data are currently shared with other statewide partners. Four states (8.8%) have plans to share data and thirteen states (28.8%) have no current plans to share data. Four respondents provided comments that can be found on page 48.
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. For the purpose of analysis, the states are organized into Health, Education and Other for the majority of questions to keep the commitment to de-identified data.

Lead Agency

Of the states that responded to the survey, twenty-one states (41%) identified themselves as a health lead agency, eleven (22%) states were education lead agencies, six states (12%) identified early childhood, five states (10%) identified developmental disabilities, one state (2%) identified human services, three states identified as co-leads and four states identified “Other”. States that chose “other” identified the following agencies:

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

![Lead Agency diagram]

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.

Fifty-one states responded to this question. Sixteen states (30%) identified their eligibility criteria as meeting Category A. Twenty-one states (42%) selected Category B, and fourteen states (25%) selected Category C.

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:** Ten states (20%) 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 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:** Four states (12%) identified a different structure than the four described. Those included:
  • All providers are employed through contracts with local school districts
• County Government administers the EI Program at the local level. Counties may deliver direct services. The state approves providers in the EI system and manages the billing system statewide.
• We are a local control state; most of our districts oversee local part C programs through local boards of education but there are some districts where the health department oversees part C.
• Service coordination is provided by state employees, other services are provided by DD licensed providers across the state.

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.

1. How long have you been the Part C Coordinator?
Forty-nine states responded to this question. Twenty-four coordinators (48.9%) reported they have two years or less of experience. An additional twelve coordinators (24.5%) have 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

<table>
<thead>
<tr>
<th>Tenure</th>
<th>PERCENTAGE OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 10 years</td>
<td>17% 12%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>40% 14%</td>
</tr>
<tr>
<td>3-5 years</td>
<td>17% 24%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>5% 35%</td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>17% 14%</td>
</tr>
</tbody>
</table>

### Tenure by Lead Agency Type

- **Other (18)**
  - < 1 year: 11%
  - 1-2 years: 50%
  - 3-5 years: 11%
  - 6-10 years: 22%
  - >16 years: 6%

- **Education (11)**
  - < 1 year: 18%
  - 1-2 years: 9%
  - 3-5 years: 27%
  - 6-10 years: 9%
  - 11-15 years: 18%
  - >16 years: 18%

- **Health (20)**
  - < 1 year: 15%
  - 1-2 years: 35%
  - 3-5 years: 33%
  - 6-10 years: 6%
  - 11-15 years: 5%
  - >16 years: 5%

### Tenure of Part C Coordinators Trend Analysis

- **5 years or less**
  - 2005: 61%
  - 2013: 59%
  - 2015: 60%
  - 2016: 61%
  - 2017: 67%
  - 2018: 76%
  - 2019: 70%
  - 2020: 66%
  - 2021: 64%
  - 2022: 63%
  - 2023: 71%

- **6 years or more**
  - 2005: 39%
  - 2013: 41%
  - 2015: 40%
  - 2016: 39%
  - 2017: 33%
  - 2018: 25%
  - 2019: 30%
  - 2020: 32%
  - 2021: 36%
  - 2022: 37%
  - 2023: 29%
2. **Which category represents your age?**
Forty-nine states responded to this question. Thirty-nine states (80%) responded that the coordinator was in the 41-60 category. Eight states (16%) responded the coordinator was in the 25-40 category and two states (4%) responded the coordinator was in the 61+ category.

![Age of Part C Coordinator](image)

3. **Which race/ethnicity best describes you? Check all that apply.**
Forty-nine states responded to this question. Thirty-nine coordinators (79.6%) selected White /Caucasian. Five coordinators (10.2%) selected Black/African-American. Three coordinators (6.1%) selected Asian and three (6.1%) selected Native Hawaiian/Pacific Islander. One coordinator (2%) selected the other.

4. **Do you identify as a person with a disability?**
Forty-nine coordinators responded to this question. Four coordinators (22.4%) responded yes and forty-five coordinators (92%) responded no.

5. **Are you a parent of a child with a disability?**
Forty-nine coordinators responded to this question. Eleven coordinators (8%) responded yes and thirty-eight coordinators (77.6%) responded no.

**Experience**

6. **Did you have Part C experience prior to becoming the Part C Coordinator? Check all that apply.**
Forty-nine states responded to this question. Twenty-six of the forty-nine coordinators (53%) worked for the lead agency in the Part C office. Twenty-two of the forty-nine coordinators (45%) had also worked at a local agency/provider.
Those who responded that they had no related experience identified the experience below:

- 20 years working in Developmental Disability services and vocational rehabilitation.
- Child protective services
- Director employer sponsored childcare/preschool, sick care facility for 20 years.

Additional Responsibilities

7. Is Part C your only responsibility?
Forty-nine states responded to this question. Thirty-six respondents (73.5%) indicated that Part C was their only responsibility. The thirteen other respondents (26.5%) were asked to identify the additional programs for which they are responsible.
Other responsibilities that were identified follow:

- All state children’s special needs programs
- Director of B-5 Early Intervention/Special Education
- Entitlement Program (Lanterman Act Services) for children and youth with intellectual/developmental disabilities.
- EHDI grant.
- Part C Policy Manager, Oversee Head Start Collaboration Office, Oversee Sound Beginnings Program, Oversee Developmental Milestones Program
- IDD Unit Medicaid waivers, agency Training unit & other grants
- Oversee other Medicaid services for children with special health care needs.
- Part B 619 and Head Start Collaboration Office
- Part B and secondary transition.
- Preschool EI (Part B 619), and Family Support programs, incl MIECHV, CBCAP, CTF, Promoting Safe and Stable Families.
- Regional Services
- State and federally funded home-visiting, Early Childhood Mental Health, Help Me Grow, Strengthening Families/Family Thrive
- Family Education Support and Child Abuse and Neglect Prevention.

### Is Part C Your Only Responsibility?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (18)</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Education (11)</td>
<td>73%</td>
<td>27%</td>
</tr>
<tr>
<td>Health (20)</td>
<td>85%</td>
<td>15%</td>
</tr>
</tbody>
</table>

### Education

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

Forty-nine states responded to this question. Twenty-nine respondents (59%) have a master’s degree; fourteen respondents (29%) have a bachelor’s degree; three respondents (6%) have a Doctoral degree; and three respondents (6%) indicated other. Those that indicated other include:
• J.D. - An attorney.
• All but dissertation
• MA with additional specialist credentials

9. What was your area of study?
• Adapted Physical Education
• Anthropology
• Audiology
• Elementary Education with Special Education and Healthcare Management
• Business Administration - Marketing
• Child Development
• Criminal Justice/Psychology
• Developmental Psychology - Infant and Early Childhood Development
• Early Childhood Development (2)
• Early Childhood Education, Special Education
• Early Childhood Special Education (4)
• Early Childhood Special Education, Educational Leadership.
• Early Childhood; Speech; Educational Counseling
• Early Education, Psychology, Executive Leadership,
• Early Intervention *
• Early Intervention, Deaf Education, Elementary Education, Speech-Language Pathology, Listening and Spoken Language
• Education
• Education Leadership & Management (2)
• English, Writing, Education, Special education and administration
• Family Relations Child Development
• Family Studies and Child Development
• Health Management and Policy
• Healthcare Administration
• Human Development and Family Studies with a focus on child development and family interactions (2)
• Human Services (2)
• Law
• Marriage and Family Therapy
• Education, concentration in Rehabilitation Counseling
• Early Intervention
• Early Childhood Education
• Psychology
• Public Administration (2)
• Public Administration and Human Development
• Public Affairs
• Public Health, Program Evaluation
• Public Health; Special Education
• Social Work (3)
• Special Education

Salary
10. Please indicate your salary range. Forty-nine states responded to this question. Thirteen respondents (26.5%) 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. One respondent had a response of $41,000-$50,000 and four respondents with a salary range above $126,000.
ITCA members have asked for additional salary analyses to see if there was any correlation between salary levels and the following factors: additional responsibilities beyond Part C, education, and years of experience. The following charts provide that analysis.

### Salary Range by Tenure

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>5 years or less (31)</th>
<th>6 years or more (18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$126,000+</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>$101-$125,000</td>
<td>10%</td>
<td>44%</td>
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<tr>
<td>$91-$100,000</td>
<td>12%</td>
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<td>$81-$90,000</td>
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<td>$71-$80,000</td>
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<td>$61-$70,000</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>$51-$60,000</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>$41-$50,000</td>
<td>3%</td>
<td>6%</td>
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### Salary Range by Part C Only Responsibility

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Yes (36)</th>
<th>No (13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$126,000+</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>$101-$125,000</td>
<td>19%</td>
<td>40%</td>
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<td>11%</td>
<td>6%</td>
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<tr>
<td>$51-$60,000</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>$41-$50,000</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>
11. How many staff positions do you have for your Part C program? 
Forty-nine states responded to this question.

<table>
<thead>
<tr>
<th></th>
<th>All (49)</th>
<th>Education (11)</th>
<th>Health (19)</th>
<th>Other (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>9</td>
<td>8</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Average</td>
<td>22</td>
<td>12</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>Minimum</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Maximum</td>
<td>379</td>
<td>51</td>
<td>77</td>
<td>379</td>
</tr>
</tbody>
</table>

12. How many of these positions are currently unfilled? 
Forty-nine states responded to this question.

<table>
<thead>
<tr>
<th></th>
<th>All (49)</th>
<th>Education (11)</th>
<th>Health (19)</th>
<th>Other (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Average</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maximum</td>
<td>67</td>
<td>6</td>
<td>27</td>
<td>67</td>
</tr>
</tbody>
</table>

13. Have you thought about leaving your position in the last year? 
Forty-nine states responded to this question. Sixteen states (33%) indicated they had thought about leaving their position in the last year.
14. How much longer do you expect to remain in your lead agency as the Part C Coordinator?

Forty-six states responded to this question. Twenty-three of the forty-six states (50%) indicated they expected to remain six years or less. Fourteen states (30%) indicated they planned to stay for more than six years while nine states (20%) indicated they had no idea how long they would stay.

15. What is the estimated turnover rate in your state for other early childhood programs?

Forty states responded to this question. The median turnover rate was 20% with an average of 23%.
**Stressful and Supportive Factors**

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

Forty-nine 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 (89.7%)
- DMS 2.0 (55.1%)
- Insufficient funding for services (53.1%)

DMS 2.0 was a new addition to the survey this year. ITCA has been tracking stressful factors 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. Since 2018, the number one cause of stress has been provider shortages.

---

**Most Stressful Factors**

<table>
<thead>
<tr>
<th>Factor</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal reporting requirements</td>
<td>13%</td>
<td>24%</td>
<td>27%</td>
<td>30%</td>
<td>41%</td>
</tr>
<tr>
<td>SPP/SiMR activities</td>
<td>36%</td>
<td>35%</td>
<td>45%</td>
<td>40%</td>
<td>35%</td>
</tr>
<tr>
<td>Lack of administrative support</td>
<td>23%</td>
<td>35%</td>
<td>22%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Insufficient funding for services</td>
<td>57%</td>
<td>51%</td>
<td>41%</td>
<td>54%</td>
<td>53%</td>
</tr>
<tr>
<td>Lack of staffing at the lead agency level</td>
<td>47%</td>
<td>53%</td>
<td>47%</td>
<td>40%</td>
<td>49%</td>
</tr>
<tr>
<td>Lack of providers to meet service needs</td>
<td>75%</td>
<td>61%</td>
<td>71%</td>
<td>86%</td>
<td>90%</td>
</tr>
</tbody>
</table>

---

MARCH 2024
### Most Stressful Factors by Lead Agency

<table>
<thead>
<tr>
<th>Factor</th>
<th>All (49)</th>
<th>Health (20)</th>
<th>Education (10)</th>
<th>Other (19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of administrative support</td>
<td>16%</td>
<td>25%</td>
<td>10%</td>
<td>16%</td>
</tr>
<tr>
<td>Changing family dynamics as a result of COVID</td>
<td>16%</td>
<td>15%</td>
<td>10%</td>
<td>21%</td>
</tr>
<tr>
<td>Political will in my state</td>
<td>18%</td>
<td>30%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>SPP/APR/SIMR activities</td>
<td>35%</td>
<td>35%</td>
<td>40%</td>
<td>32%</td>
</tr>
<tr>
<td>Federal reporting requirements</td>
<td>41%</td>
<td>25%</td>
<td>60%</td>
<td>47%</td>
</tr>
<tr>
<td>Lack of staffing at the lead agency level</td>
<td>49%</td>
<td>55%</td>
<td>40%</td>
<td>47%</td>
</tr>
<tr>
<td>Insufficient funding for services</td>
<td>53%</td>
<td>50%</td>
<td>70%</td>
<td>47%</td>
</tr>
<tr>
<td>DMS 2.0</td>
<td>55%</td>
<td>50%</td>
<td>70%</td>
<td>53%</td>
</tr>
<tr>
<td>Lack of providers to meet service needs</td>
<td>90%</td>
<td>95%</td>
<td>80%</td>
<td>89%</td>
</tr>
</tbody>
</table>

**Additional stress factors:**

- Lack of a web-based data system
- Push back from the field to go back into homes
- State and Agency system transitions
- The federal funding piece is a big one.
- The percentage of the job that requires ongoing monitoring.
- Working on staffing the ICC parents

17. **Identify the factors that are the most supportive in your work as the Part C Coordinator. Check all that apply.**

Forty-nine states responded to this question. This question was added in 2021 to identify supportive factors that Part C Coordinators have to counter the stress they are experiencing. The top two factors were having a good understanding of all the IDEA requirements (81.6%) and the support and encouragement of their direct supervisor (81.6%).
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

18. 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-five states (95.8%) responded that there were no discussions related to dropping out of Part C. Two states (4.2%) indicated that participation is continuing but there would be a change in lead agency.
19. Which statement describes the status of your state funding for Part C for 2022-2023? Forty-one states responded to this question. Nineteen states (46.4%) responded that their funding was increased. Sixteen states (39.1%) responded that their funding was the same as the previous year. Six states (14.7%) indicated their state budget had not been finalized yet.

![Status of State Funding Diagram]

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

![Increased State Funding Diagram]

**Eligibility**

20. Which statement describes the status of eligibility in your state for the last three years? Forty-seven states responded to this question. Thirty-eight states (80.9%) indicated that they have not changed eligibility criteria. Three states (6.4%) responded that they have broadened eligibility. Two states (4.5%) are planning to change eligibility in the 2023-2024 fiscal year. Four states provided comments:

- There have been conversations and recommendations about being at-risk. Those conversations have not gained traction.
We are contemplating moving to AEPS 3 for eligibility determination and this may require a change in our definition of eligibility as the tool does not produce standard deviations as our eligibility requirements state.

We have not changed eligibility but there are ICC members who would like to see this

We have not changed eligibility criteria but added the Extended Option

21. If you are planning to change your eligibility criteria in the 2023-2024 year, please check the answer that describes what you are planning.

Two states responded to this question. One state will broaden eligibility and one will narrow eligibility.

Child Services

22. What is the average number of planned hours on IFSPs of direct service (excluding service coordination and evaluation/assessment) per child per month?
Forty-three states responded to this question. Seventeen states (39.6%) could provide data in response to this question. The median number of planned hours of direct service was 4 with a range of 1.5 to 9.

### PLANNED SERVICE HOURS PER CHILD PER MONTH

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>6.5</td>
<td>7.2</td>
<td>5</td>
<td>6.7</td>
<td>5</td>
<td>4.4</td>
<td>5</td>
<td>6</td>
<td>4.8</td>
<td>4.4</td>
<td>4.5</td>
<td>4.5</td>
<td>4</td>
<td>4.25</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

23. 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. Thirteen states (30.3%) were able to provide data. The median number of delivered hours of service was 3.85 with a range of 2 to 13.3.

Note: Ten states were able to provide both planned and delivered services. The median number of planned services was 4.7 and 3.8 for delivered services.

### DELIVERED SERVICE HOURS PER CHILD PER MONTH

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.8</td>
<td>5.7</td>
<td>4.5</td>
<td>4.5</td>
<td>4</td>
<td>4</td>
<td>4.3</td>
<td>4</td>
<td>4.5</td>
<td>4</td>
<td>4.5</td>
<td>4</td>
<td>3.6</td>
<td>3.4</td>
<td>4</td>
<td>3.85</td>
</tr>
</tbody>
</table>

24. What percentage of families are receiving virtual services?

Thirty-one states responded to this question. The median percentage reported was 15% with a range of 0 to 90%.

25. What percentage of services are currently provided in person?

Thirty-three states responded to this question. The median percentage reported was 88% with a range of 10 to 100%.
26. **What is the average length of time a child is in your Part C system?**
Forty states responded to this question. Twenty-eight of the forty states (70%) were able to provide data. The median number of months that a child is in the Part C system was 12.25 months with a range of 2 to 35.

27. **What is the average age of referral for a child in your Part C system?**
Forty-two states responded to this question. Thirty-three of the forty-two states (78.6%) were able to provide data. The median age at referral was 18 months with a range from 11-24.

28. **Do you re-determine eligibility on an annual basis?**
Forty-five states responded to this question. Twenty states (44.5%) indicated they redetermine eligibility on an annual basis. Twenty-one states (46.7%) do not redetermine eligibility annually, and four states (8.9%) replied other.
Comments:
- Most local programs do but not required
- No - once a child is eligible in our state, they remain eligible until the day before their third birthday
- Only redetermine for a few specific infant codes and when eligibility is in question

Referrals

29. How do your referrals in 2023 compare to 2022?
Forty-five states responded to this question. Thirty-nine states (86.7%) reported an increase in referrals. Six states (13.4%) reported that referrals were about the same.

33. Do you collect referral data at the state level?
Forty-four states responded to this question. Forty-three states (97.8%) responded that they collect referral data at the state level. One state (2.2%) responded no.

34. If you collect referral data, what type of information is collected? Check all that apply.
Forty-three states responded to this question. Forty-three states (100%) collect date of referral. Forty-two states (97.7%) collect referral sources, and child demographic information. Thirty-nine states (90.7%) collect the reason for referral. Thirty-four states (79.1%) collect parent demographic information and twenty-nine states (67.5%) collect referral source contact information.
35. If demographic information is collected, what of the following characteristics are collected? Check all that apply.

Forty-two states responded to this question. All states collect the address/geographic information. Thirty-eight states (90.5%) collect primary language. Thirty-seven states (88.1%) collect race and ethnicity. Twenty states (47.7%) collect insurance type and four states (9.6%) responded other.
Additional Comments:

- Additional information is collected with release from family; without release, information collected is only enough for a successful connection between the program and the family to get things going
- Developmental Screen
- Gestational age, birth weight, CPS involvement
- Just recently started with a web referral form that can be tracked. Phone calls cannot be tracked at the state level.
- Sometimes at referral the information is not accurate - it is later updated through the evaluation and assessment process.
- We collect just the number of kids referred, evaluated, and who qualified

36. How often do you review referral data?
Forty-five states responded to this question. Sixteen states (35.6%) indicated they review the data monthly. Twelve states (26.7%) review the data quarterly. Seven states (15.6%) review the data annually. Two states (4.5%) indicated the question was not applicable and eight states (17.8%) answered other.
37. On average, how often is training provided to your primary referral sources?
Forty-three states responded to this question. Ten states (23.3%) responded that training is provided annually. Nine states (21%) responded none of the above, and 24 states (55.9%) provided other responses.

Frequency of Primary Referral Source Training

<table>
<thead>
<tr>
<th></th>
<th>All (43)</th>
<th>Health (17)</th>
<th>Education (9)</th>
<th>Other (17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None of the Above</td>
<td>21%</td>
<td>41%</td>
<td>0%</td>
<td>12%</td>
</tr>
<tr>
<td>Annually</td>
<td>23%</td>
<td>24%</td>
<td>56%</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>56%</td>
<td>35%</td>
<td>44%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Other Comments:
- As needed
- As needed and requested
- As needed, but getting ready for another outreach/training for referral sources
- Child Find engagement activities completed at the local level
- Currently, every 6 months but moving to quarterly.
- Frequent communications through various mechanisms such as informative media, presentations at conferences, personal calls etc.
- Happens at the local level, so frequency varies
• It depends on the referral source. For example, medical providers are our top referral source and have greater access to specialized training than other sources.
• It is based on need as identified through analysis of referral data
• It varies per region
• Not sure
• Ongoing (4)
• Regional Programs train and inform local referral sources throughout the year
• Routine training is not provided, but we are in ongoing SICC, and conduct outreach as needed. We are currently providing training and resources to childcare providers.
• Semi annually
• This is done at the local level and varies regionally
• Trained by contractors
• Upon request and at annual meetings such as the ICC
• Variable - conducted by local programs
• Variable- provided by regional staff/programs

38. Please identify any of the tools listed below that you have used related to your child find system. Check all that apply.
Forty-one states responded to this question. Ten states (24.4%) indicated they have used the Child Find Self-Assessment (CFSA). Five states (12.2%) indicated that they had used the Child Find Funnel Chart Review and the Meaningful Differences in Child Find Calculator. Twenty-two states (53.7%) indicated that had not used any of the tools.

<table>
<thead>
<tr>
<th>Use of Child Find Tools</th>
<th>All (41)</th>
<th>Health (17)</th>
<th>Education (8)</th>
<th>Other (17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None of the Above</td>
<td>54%</td>
<td>53%</td>
<td>63%</td>
<td>47%</td>
</tr>
<tr>
<td>Meaningful Differences in Child Find Calculator</td>
<td>10%</td>
<td>13%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Child Find Funnel Chart Review</td>
<td>12%</td>
<td>10%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Child Find Self Assessment</td>
<td>24%</td>
<td>35%</td>
<td>25%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Provider Issues

41. Is your state experiencing shortages in qualified providers?
   Forty-four states responded to this question. Forty-four states (97.8%) responded that they were experiencing shortages.

42. 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 (97.7%); Physical Therapists (86.6%); Occupational Therapists (75.5%); Special Educators/Developmental Specialists (68.8%); and Service Coordinators (60%).

<table>
<thead>
<tr>
<th>Provider</th>
<th>All (45)</th>
<th>Health (18)</th>
<th>Education (10)</th>
<th>Other (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Language Pathologists</td>
<td>97.70%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>86.60%</td>
<td>82%</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>75.50%</td>
<td>66.67%</td>
<td>60%</td>
<td>100%</td>
</tr>
<tr>
<td>Special Educators</td>
<td>68.80%</td>
<td>72.22%</td>
<td>60%</td>
<td>75%</td>
</tr>
<tr>
<td>Service Coordinators</td>
<td>60%</td>
<td>72.22%</td>
<td>20%</td>
<td>75%</td>
</tr>
<tr>
<td>Teachers of the Deaf</td>
<td>40%</td>
<td>28%</td>
<td>40%</td>
<td>56%</td>
</tr>
<tr>
<td>Sign and Cued Language</td>
<td>35.50%</td>
<td>28%</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Teachers of the Blind</td>
<td>35.50%</td>
<td>22%</td>
<td>20%</td>
<td>63%</td>
</tr>
<tr>
<td>Vision Specialists</td>
<td>35.50%</td>
<td>33%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Audiologists</td>
<td>42.20%</td>
<td>50%</td>
<td>40%</td>
<td>38%</td>
</tr>
<tr>
<td>Psychologists</td>
<td>42.20%</td>
<td>39%</td>
<td>70%</td>
<td>31%</td>
</tr>
<tr>
<td>Orientation and Mobility</td>
<td>31.10%</td>
<td>33%</td>
<td>20%</td>
<td>38%</td>
</tr>
<tr>
<td>Social Workers</td>
<td>31.10%</td>
<td>33%</td>
<td>20%</td>
<td>38%</td>
</tr>
<tr>
<td>Dieticians</td>
<td>17.70%</td>
<td>11%</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Nurses</td>
<td>17.70%</td>
<td>17%</td>
<td>30%</td>
<td>13%</td>
</tr>
<tr>
<td>Family Therapists</td>
<td>20%</td>
<td>4%</td>
<td>20%</td>
<td>19%</td>
</tr>
</tbody>
</table>

43. 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:

- Collaborating with universities to create streamlined pathways to EI program services careers
- Considering exemptions from our current system of highly qualified staff and moving towards more competency-based system.
• Grow Your Own professional development at no cost toward required licensure/certification for the Developmental Specialist position; exploring more PD options, including offering Communities of Practice (CoP) for therapists to obtain licensure renewal PD hours; exploring developing a Grow Your Own Vision Specialist certification program
• HCBS and Part C ARPA Funding & SAE Grants, GEPPA Strategies.
• Hiring Exceptions, partnering with universities, 325L Grant
• Hosting exhibitor tables at licensed organizations conferences and connecting with high schools to inquire about participation at the school's career day.
• Increase in provider rates
• Increased pay for Service Coordination, increase reimbursement rates for providers, used ARP funds to provide strong new PD programs to aid retention, outreach to IHE
• The state is working with our ICC on strategies for recruitment and retention. Currently we have a work group focused on developing statewide and local strategies.
• Multiple outlets to recruit; advertise internally with our lead agency; advertise on social media
• Partnering with Higher Education.
• Partnering with University for a EI PT clinical rotation. Revisiting roles of LSWs Participating in job fairs. CSPD Recruitment and Retention Workgroups exploring partnering with DOE to inform middle school/high school students about EI. Accepting internships
• Partnering with university system and other agencies for recruitment and PD/TA
• Promotional Campaigns, Job Fairs, College Visits, how to become a provider presentation, reducing number of professional hours, adding MH professionals, review barriers to professional internships
• Provider recruitment, incentive grants for provider expansion, provider task force
• Restructuring of Personnel qualifications, ARPA funding to support bonuses and other retainment activities
• Retention grants with PDG money
• The program increased rates in January 2023
• The State increased its investment in EI a year ago and sustained that increased investment through the budget bill. Their investment has increased from 6/2M to 25M since 2019. As a result, we increased EI rates between 14 and 63% which were effective 1/1/23. Our system Points of Entry also received contract allocation increases on 1/1/23. As a result of an RFP, our SPOEs received another allocation increase 7/1/23. SC starting salaries were raised by 10K to be competitive with our waiver SCs and DCS family case managers. One of our SPOEs reported that their SC turnover rate fell from 22% in 2022 to 4% in 2023. Agencies are reporting that they are seeing an increased interest in early intervention and are able to hire individuals who meet their quality standards. We look forward to comparing annual billing data from 2022 to 2023. This should tell us if our
capacity is growing. Next is to look geographically and determine if there are access issues based on where families live and begin to develop strategies to overcome these issues. We have launched a social and paid media campaign with a marketing firm. We have created one-pagers for our local offices to use when communicating with college students and university staff about employment opportunities in early intervention. We have created a recruitment video and are using DEC’s “Be Part of EI” campaign. We are connected with colleges and universities and assist with internships and practicum placements. We are working on exploring how to engage high school students in EI career exploration. We are also looking into purchasing a statewide job board for our local programs to use to post jobs and recruit providers.

- Two initiatives to recruit include: 1) considering changing requirements for special instruction and piloting in two areas of the state, and 2) Collaboration with university on federal grant to introduce EBM to program prep students and provide internship opportunities in the EI program. Two initiatives to retain include: 1) providing mentoring from trained family counselor to assist providers and provide strategies when encountering challenging family dynamics or situations; and 2) began a “new to EI” provider mentoring group; pairing first year EI providers with seasoned providers to assist with day-to-day questions and situations unfamiliar with due to limited experience.

- Use of virtual providers when appropriate. We also have some smaller districts on the sharing providers though a collaborative model to address related service provider shortages.

- We are continuing to send money out to the field to provide financial support for student placements. We are also working with IHEs and entering into agreements for student placements and prep for students in their educational career. Additionally, we are developing an aptitude scale to assess any interest in EI in the high school and undergraduate levels.

- We are exploring potential pilot projects

- We are involved in intensive TA for our CSPD; we adopted the new national licensing standards for ECSE; we have monthly workgroup meetings with core stakeholders; we incorporated previous and new workforce actions in our new SSIP; we are involved in multiple intra and inter agency workgroups with partners; we will be joining a newly developed agency over the next year and a half.

- We are reaching out to universities to raise awareness for possible careers in EI as well establishing internships in EI Programs across the state. We are also using Public awareness to target potential EI providers.

- 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 have also used grant funding for recruitment and retention stipends at the local level.

- We have a new discipline- American Sign Language Specialist for teaching ASL
- We have an EI pre-service consortium comprised of our EI professional development staff and representatives of 5 universities working to align curricula, embed more EI content and increase student placements in EI programs. We are also trying a hub approach for low-incidence service providers (hearing and vision) to improve employment opportunities for these providers and increase access to these services statewide.
- We have partnered with other Child Services programs to pay for a person whose sole focus is to recruit staff. Networking with universities. Use of Workday software.
- We reduced qualification requirements for EI service coordinators. We established a new contractual relationship with a class of regional service providers.
- Working directly with universities in the area to recruit and develop opportunities to work in EI
- Working with Higher Education programs to create programs and opportunities for internships within local programs. Lowered our requirements with certain degrees for of years worked within the field prior to working on obtaining our State Early Intervention Specialist certification.

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

Thirty-two states responded to this question. Fourteen states (43.7%) indicated that provider rates will remain the same. Eighteen states (56.2%) indicated that they have increased provider rates.

![Provider Reimbursement Chart]

45. 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-five states responded to this question. Two states (4.4%) indicated that they had agencies that declined to continue to provide services. Nineteen states (42.2%) did not have any agencies decline. Twenty-one states (46.6%) indicated this question was not applicable and three states (6.6%) provided comments.

### Status of Agency Participation

<table>
<thead>
<tr>
<th>Status</th>
<th>All (45)</th>
<th>Health (18)</th>
<th>Education (9)</th>
<th>Other (18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>47%</td>
<td>50%</td>
<td>78%</td>
<td>28%</td>
</tr>
<tr>
<td>No</td>
<td>42%</td>
<td>28%</td>
<td>22%</td>
<td>67%</td>
</tr>
<tr>
<td>Yes</td>
<td>4%</td>
<td>6%</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**
- One program ended services due to financial and staff constraints, one is considering due to financial constraints
- The Counties are the local leads in our state
- We had one local program terminate their contract 2.5 years ago because they did not want to be designated as a subrecipient contract, they wanted to be designated as a vendor due to their for-profit status

### Status of Contractor Participation

<table>
<thead>
<tr>
<th>Status</th>
<th>All (45)</th>
<th>Health (18)</th>
<th>Education (8)</th>
<th>Other (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>11%</td>
<td>0%</td>
<td>38%</td>
<td>13%</td>
</tr>
<tr>
<td>No</td>
<td>42%</td>
<td>50%</td>
<td>38%</td>
<td>44%</td>
</tr>
<tr>
<td>Yes</td>
<td>38%</td>
<td>44%</td>
<td>25%</td>
<td>44%</td>
</tr>
</tbody>
</table>

46. **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-five states responded to this question. Nineteen states (42.2%) reported that no contractors had declined to continue. Seventeen states (37.7%) indicated that they had contractors who declined to participate. Five states (11.1%) indicated this question was not applicable and four states (8.8%) provided comments.
Comments:

- Individual providers leaving due to rates
- Not sure. They can close their account for any reason and we don't track why.
- We do not have access to this information

Early Childhood Partnerships

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

Forty-five states responded to this question. Six states (13.3%) responded that they did not receive a PDG grant. Twelve states (26.6%) reported that they are implementing at least one or two activities with partners related to this initiative. Eight states (17.7%) are in early planning efforts with partners related to this initiative. Fifteen states (13.3%) indicated they are not engaged with partners. Four states (8.8%) are involved in extensive activities with partners.

<table>
<thead>
<tr>
<th>PDG Involvement</th>
<th>All respondents (45)</th>
<th>Health (18)</th>
<th>Education (10)</th>
<th>Other (17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not receive a PDG grant</td>
<td>13%</td>
<td>11%</td>
<td>30%</td>
<td>6%</td>
</tr>
<tr>
<td>Not engaged with partners</td>
<td>33%</td>
<td>50%</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>Involved in extensive activities</td>
<td>9%</td>
<td>6%</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Implementing one/two activities with partners</td>
<td>27%</td>
<td>22%</td>
<td>20%</td>
<td>35%</td>
</tr>
<tr>
<td>Involved in early planning efforts</td>
<td>18%</td>
<td>11%</td>
<td>35%</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

- We are working to identify ways in which we can sustain the PDG funding as the project winds down.
- 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; the early childhood special education team supports and helps plan the annual PDG Summit

- Part C was part of the initial assessment that was conducted
- Cross-Consultation between Family Centered Early Supports and Services and local Children’s Behavioral Health Programs. Programs across the state who participated, provided training and consultation to assist in enhancing collaboration between community partners and provide opportunities for learning each other's expertise.
- Lead Agency involved with planning.
- Professional development training developed and provided to both public and private providers.
- Providing PD to child care providers re: Child Find and EI services within the PDG activities; Partnering with other home visitation agencies to implement the Getting Ready Home visiting approach.
- Pyramid Model coordination
- Statewide developmental screening initiative
- We are using PDG funding to supplement state and other funding for direct service delivery ($4.1 million in 2023) and for workforce stipends to support recruitment and retention ($400,000 in 2023).
- The grant has funded some training for staff/contractors. We are partnering on Pyramid implementation activities.
- The PDG is working on obtaining a contractor to help facilitate the work
- We are expanding developmental screening to children ages 3-5.
- We are implementing extensive activities in the area of Autism and Deaf and Hard of Hearing
- We are working with partners to financially support staff in local early intervention programs to receive their IMH endorsement (memberships, application fees, training, etc.)
- We are working with the PDG grant to enhance Child Find efforts related to results of a Needs Assessment conducted to explore areas of the state where families may have limited access to equitable Part C services.
- We participate in meetings/committees related to PDG
- We were invited to a kickoff meeting, however, since we have not been engaged.
- Workforce Campaign, infant/toddler strategic planning
48. To what extent is your Part C system involved in your state’s early childhood mental health initiatives?

Forty-seven states responded to this survey. Eleven states (23.4%) indicated they are in early planning efforts with partners. Fourteen states (29.7%) are implementing at least one or two activities with partners related to this initiative. Fourteen states (29.7%) are involved in extensive activities. Eight states (17%) are not engaged with partners in this area.

<table>
<thead>
<tr>
<th>Involvement in Mental Health Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not engaged with partners</td>
</tr>
<tr>
<td>All respondents (47)</td>
</tr>
<tr>
<td>17%</td>
</tr>
<tr>
<td>Involved in extensive activities</td>
</tr>
<tr>
<td>All respondents (47)</td>
</tr>
<tr>
<td>30%</td>
</tr>
<tr>
<td>Implementing one/two activities with partners</td>
</tr>
<tr>
<td>All respondents (47)</td>
</tr>
<tr>
<td>30%</td>
</tr>
<tr>
<td>Involved in early planning efforts</td>
</tr>
<tr>
<td>All respondents (47)</td>
</tr>
<tr>
<td>23%</td>
</tr>
</tbody>
</table>

Describe your involvement:

- Brought IECMH Coordinator position into the State Lead Agency and she attends all Part C staff meetings; SSIP coordinated with the IECMH strategic plan; working to expand use of IECMH-endorsees in EI; we provide Part C funding for IMH endorsement activities, scholarships and the annual IECMH conference
- Part C has active members on the board of state’s Infant/Toddler Mental Health Association, collaborate on training and production of materials
- Early Childhood Mental Health Specialists are conducting Parent Cafes for Part C parents/family members
- ECFMH is a part of our Children’s Integrated Services team with Early Intervention
- EI is part of the advisory board for the IECBH plan. All providers currently receiving training on IMH foundation and supervisors/leaders participating in Reflective Supervision/Consultation.
- Endorsements for our Part C Providers and staff, Part C Coordinator is a part of the IECMH group, CPP initiative piloted in three local Part C programs
- IECMH is under the same lead agency and is available to child care centers to support children
• A member of our office is on the state Infant Mental Health board. She helps bring trainings relevant to our field at the annual conference. Family engagement and early relationships is one of the main areas of focus which supports our Family Centered Early Supports and Services initiatives in engaging family involvement which increases child outcomes.

• Part C is working on implementation of Pyramid Model statewide and is working with intra division partners to explore division wide implementation of PM in Early Head Start, Home Visiting and Childcare.

• Our SSIP is regarding improving outcomes in Social Emotional development. We have pyramid model frameworks for coaching according to the National Center for Pyramid Model Innovations (NCPMI); we also have professional development e-modules regarding pyramid practices, developed for the EI population by the Pyramid Model Consortium; we are also exploring how we may support personnel in obtaining the new certification known as the Infant Mental Health Endorsement. We have extensive Pyramid implementation activities that span from Head Start, child care, Early Intervention, Human Services, Mental Health and Substance Abuse Services, and Public Schools. 

• 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 sub-granting

• Provide funding and training for Circle of Security; Pyramid Model, EC MTSS

• State workgroup just released IECMH state recommendations.

• We are using PDG funding to pilot an infant and early childhood mental health consultation program, in collaboration with interagency partners. The Lead Agency is also the behavioral health agency, and we are sometimes able to coordinate with them on mental health initiatives.

• The lead agency is represented on various state leadership teams specific to infant and early childhood mental health (i.e., pyramid model, IMH endorsement committee, higher education certification opportunities, etc.).

• The state has a new social emotional lead who is working through much of this work. We are working with our DCF partners on child find initiatives and Dr. Bruder on some of the equity work within the social emotional initiatives.

• This is our SSIP work. Strong partnership with IMH state leadership team and university partnership.

• We are involved with our partners at Department of Mental Health for the Infant Early Childhood Mental Health Initiative and the First 5 Early Childhood Initiative.
• We are not engaged with partners, but we are in the early stages of planning efforts to implement pyramid model.
• We are working on Plans of Safe Care and are looking at social-emotional assessments and qualifying kids in this area.
• We co-host our early intervention conference in partnership with the infant early childhood mental health organization in our state and we have participated in an early childhood mental health summit for the past two years. We have staff members who have achieved mental health endorsements, provide presentations on ECHO sessions, and sit on various mental health related boards across the state.
• We collaborate on training, annual conference for providers and reflective supervision activities.
• We currently providing Infant Mental Health training to all SCs.
• We have issued multiple grants to local programs to support SE innovation and with our ARPA funds we piloted infant mental health consultants for local programs.
• We have partnered with our state mental health agency to provide early childhood mental health consultants to local EI teams.
• We received technical assistance last year and formed a taskforce. Currently discussion adding DC 0-5 as an eval instrument. Scheduled meeting with Medicaid to discuss.
• We support the SEFEL as an evidence-based practice in Part C/SSIP through discretionary grants.

49. To what extent is your Part C system involved in your state’s Home Visiting initiatives?
Forty-four states responded to this question. Fifteen states (34.1%) reported that they are implementing at least one or two activities with partners related to this initiative. Thirteen states (29.5%) are in early planning efforts with partners related to this initiative. Four states (9%) are involved in extensive activities with partners and twelve states (27.3%) indicated they are not involved.

<table>
<thead>
<tr>
<th>Home Visiting Involvement</th>
<th>Health (18)</th>
<th>Education (10)</th>
<th>Other (16)</th>
<th>All respondents (44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not engaged with partners</td>
<td>27%</td>
<td>39%</td>
<td>50%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Involved in extensive activities</td>
<td>9%</td>
<td>10%</td>
<td>19%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Implementing one/two activities with partners</td>
<td>34%</td>
<td>17%</td>
<td>20%</td>
<td>63%</td>
</tr>
<tr>
<td>Involved in early planning efforts</td>
<td>30%</td>
<td>44%</td>
<td>20%</td>
<td>44%</td>
</tr>
</tbody>
</table>

MARCH 2024
Describe your involvement:

- Collaborating with Family Resource Centers and supporting each other in cross training of each other's services which impact children and families.
- Coordinated referral process; public awareness
- Early intervention and home visiting are in the same state Office. We coordinate training between programs to support referral to EI at state and local levels.
- Have an MOU in place with Home Visiting Program. Also jointly partner in a Child Find Data & Systems Thinking Cohort. Jointly partner with them in the IMH Consultancy Model TA through Zero To Three.
- Home visiting is in the same division that EI is in. We talk periodically.
- I was invited to join a home visiting group and collaborate with the department of family services and public health.
- The lead agency has engaged in planning meetings with Maternal, Infant and Early Childhood Home Visiting Programs.
- Part C and Home Visiting are nested in the same division, we are currently working on a data sharing agreement and potentially a Pyramid Model Division Leadership team.
- Nurse home visiting is part of our Children's Integrated Services team with Early Intervention.
- Part C was moved out from the family support division and into its own division. However, the state is still working with home visiting partners on referrals and screening initiatives.
- Scheduling to meet with this agency in the next quarter.
- The home visiting program was moved to the Department of Health this year. They are currently in the process of hiring staff.
- There is a new state director for the Home Visitation programs so there are new opportunities for collaboration once he gets settled in.
- 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 working with some folks from Family Spirit on an adaptation of the ASQ for North American Indian families
- Under the same bureau
- We are a member of the home visiting alliance; develop training together and access each other's professional development opportunities; looking at options to share personnel, reduce duplication of effort
• We collaborated on a Home Visiting conference this year. Also screening activities (ASQ on-line).
• 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 have been partnering with the state’s Help Me Grow since their inception. We refer to them and they refer to us.
• We have staff that sit in at the monthly meetings. We have shared training staff. We have shared technical supervision staff.
• We provide training and information on how to refer to EI. We recently met with one partner looking to use Medicaid funds to sustain and expand. We provided information and key things to think about/ask as they work to build this infrastructure.
• We share a central intake contractor with our home visiting programs.
• Working together to coordinate and offer safety practices/training for providers.

50. To what extent is your Part C system involved in your state’s early childhood equity initiatives?
Forty-four states responded to this question. Fourteen states (31.8%) indicated they are in early planning efforts with partners. Seven states (15.9%) are implementing at least one or two activities with partners related to this initiative. Five states (11.3%) are involved in extensive activities. Eighteen states (40.9%) are not engaged with partners in this area.
Describe your involvement:

- Collaborating with other programs across the state to ensure we are capturing all children. We used our APR grant to create a public awareness campaign in which those items produced will be distributed to all other programs who also serve children birth through two years of age.
- Data driven assessment of need in rural county that has historic challenges related to equity.
- EI has an equity plan, but now being more involved in state ECE initiative
- The lead agency is implementing equity-focused initiatives using ARPA funding. Lead Agency attends planning meetings with the CDE’s inclusion State Leadership Team.
- Our EI system is involved in statewide, department-wide DEI planning with the Department of Health and Human Services; includes action planning with the DHHS Steering Committee, BIPOC support group facilitation, trainings, public forums, newsletter editing and climate surveys with the DHHS Office of Minority Health. Our EI system also has an ICC Equity Subcommittee that endeavors to meet quarterly to address equity issues such as representativeness for geographical regions and race/ethnicity. Our EI system's Quality Assurance team developed during 2023 an Equity training specifically for EI personnel. Our IDEA Part C Office provides a standing agenda item on Equity supports/resources during statewide monthly meetings with EI programs. Other activities regarding equity include Child Find Outreach/Public Awareness activities for diverse populations, including events in large city, small city/town, rural, frontier regions, and diverse family events for ethnic groups, LGBTQ and CAPTA/foster and intergenerational communities. Lastly, our Grow Your Own professional development initiative collects demographic information for our professional Learners in order to support/learn about representativeness among practitioners.
- Participating on the Early Childhood Comprehensive Systems Council to look at improving equitable access to early childhood services; held an Equity ECHO learning opportunity for EI providers; training; considering equity in all aspects of our work
- Specialized Childcare is part of our Children's Integrated Services team with Early Intervention
- The DEI Coordinator sits on the State Equity Initiative Workgroup.
- The department has a contract with an outside agency to assist with the development of an equity plan.
• 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 includes 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 three 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 engaged in an outreach campaign to childcare providers informing them about the EI program, how to refer children and families, and how the program can assist them in their classrooms.

• We have updated our mission and vision statements with a focus on equity and are continuing the work of the Part C Equity Sub-Committee. The current Part C Coordinator is involved with the Office of Early Childhood's 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.

• We participate in statewide taskforces to address suspension, expulsion, and restrictive interventions in the EC system. We’ve developed county level race/ethnicity reports that we distribute to the counties and are also starting to map zip codes with high poverty and timely service issues. Eventually we’d like to incorporate a rate modifier to improve timeliness in these areas.

• Webinar series

51. Which partnerships have been most beneficial to your program?
Thirty-nine states responded to this question. Eighteen states (46.1%) reported that mental health initiatives have been most beneficial. Eight states (20.5%) identified the preschool development grant and seven states (17.9%) selected home visiting.

**Most Beneficial Partnerships**

<table>
<thead>
<tr>
<th>Infants Mental Health</th>
<th>Home Visiting</th>
<th>PDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>46%</td>
<td>46%</td>
<td>33%</td>
</tr>
<tr>
<td>18%</td>
<td>23%</td>
<td>33%</td>
</tr>
<tr>
<td>22%</td>
<td>23%</td>
<td>22%</td>
</tr>
<tr>
<td>All (39)</td>
<td>Health (13)</td>
<td>Education (9)</td>
</tr>
</tbody>
</table>
Six states provided other comments:

- All
- All partnerships have been beneficial. They all provide a cascading effect that directly improves child and family outcomes.
- Maternal Child Health
- Partnerships to enhance relationships with existing referral sources/service providers
- Partnerships with higher-ed program prep programs.
- Preschool Development Grant and Early Childhood Equity Initiatives

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

Forty-three states responded to this question. Fifteen states (34.8%) have begun to discuss the issue of equity. Fifteen states (34.8%) indicated they have begun to develop strategies to address equity. Five states (11.6%) states have developed an action plan. Two states (4.6%) responded that the political climate in their state does not allow them to publicly discuss the issue of equity and one state (2.3%) responded that it has developed policies and procedures related to equity.

<table>
<thead>
<tr>
<th>Political Climate does not allow a public discussion</th>
<th>All (43)</th>
<th>Health (18)</th>
<th>Education (9)</th>
<th>Other (17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have developed policies and procedures</td>
<td>5%</td>
<td>6%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>We have developed an action plan</td>
<td>2%</td>
<td>6%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>We have begun to develop strategies</td>
<td>12%</td>
<td>11%</td>
<td>33%</td>
<td>18%</td>
</tr>
<tr>
<td>We have begun to discuss</td>
<td>33%</td>
<td>28%</td>
<td>33%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Comments:

- Each site is required to develop a public awareness plan built off a review of referral data compared to census data. Political climate limits our discussion.
- We want to ensure equitable access to services for all children with disabilities, concentrating in areas that are underserved and under referred.
• This is central to everything we do - it leads our funding, in-reach, policies and practices, professional development, everything
• We have discussed the data we would want to analyze, however, due to limited human resources, we have not made any formal plans or strategies.

The following is a summary chart of partnerships across all early childhood programs.

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53. 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 states (44.4%) indicated that Part C is in discussion with other early childhood initiatives and exploring ways to build cross-system infrastructure. Four states (8.8%) indicated that Part C and other early childhood initiatives have a plan in place to build cross-system infrastructure but have not started implementation. Thirteen states (28.8%) indicated that Part C and other early childhood initiatives are implementing strategies to build cross-system infrastructure. Seven states (15.5%) indicated there are no plans at this time.
One respondent provided the following information: The Early Childhood Advisory Council has just invited me to participate in their advisory group. Will learn of their goals at the first meeting in January.

**54. 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. Fourteen states (31.1%) responded they are exploring ways to share data across systems. Ten states (22.2%) indicated that data are currently shared with other statewide partners. Four states (8.8%) have plans to share data and thirteen states (28.8%) have no current plans to share data.
• Our data is shared with the EHDI program
• 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 share data with EHDI