HHSC: Early Childhood Intervention Advisory Committee, November 4th, 2020

The Early Childhood Intervention Advisory Committee advises the HHSC Division for Early Childhood Intervention Services on development and implementation of policies that constitute the statewide ECI system.

The Early Childhood Intervention Advisory Committee, which is required by Part C of the Individuals with Disabilities Education Act, advises the Texas Health and Human Services Commission Division for Early Childhood Intervention Services on development and implementation of policies that constitute the statewide ECI system. The governor appoints the committee members.

The federal law establishing the system of early intervention programs for infants and toddlers with developmental delays or disabilities is Part C of the Individuals with Disabilities Education Act. In Texas, the Part C program is Early Childhood Intervention. ECI is a division of the Texas Health and Human Services Commission.

Each state that operates a Part C program must include as a part of its program an advisory council. Part C of the IDEA calls that council the Interagency Coordinating Council. The HHSC/ECI ICC is the ECI Advisory Committee. The function of the Advisory Committee is to advise and assist HHSC/ECI in its operation of the statewide system of providing ECI services to eligible children and families in Texas. The multidisciplinary and multi-constituency representation on the Advisory Committee contributes to making it an important part of the ECI system. It is ECI's major source of stakeholder input.

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Members appear below:

Pattie Rosenlund, Program Director, Chair Program Representative Mission	**Sarah Abrahams** Department of Family Protective Services (DFPS) Representative Austin
Barbara Knighton, Chair-Elect Parent Representative Spring	**Hannah Holmes English** Parent Representative Houston
Ryan David Van Ramshorst, M.D. HHSC Medicaid/CHIP Representative San Antonio	**Cynthia (Cal) Azenneth Lopez** Texas Education for Homeless Children and Youth (TEHCY) Representative Austin
Christina Renee Sherrod, M.D. Physician Representative Southlake	**Cynthia (Cindy) Dawn Lee** Public Provider Representative Wylie
Terrie Breeden Texas Education Agency Representative Austin	**Guillermo Lopez** Program Representative Austin
Patricia Kay Reedy Parent Texarkana	**Chasey Reed-Boston, Ph.D.** Program Representative Texas City
Diana Ruiz, D.N.P. Personnel Preparation Representative Odessa	**Laura Warren** Advocate Representative Blanco
Stephanie Shine, Ph.D. Head Start Representative Lubbock	**Kristina Borenstein Otterstrom** Parent Representative Houston
Catherine Carlton Program Representative Arlington	**Rachel Cerkovnik Bowden** Texas Department of Insurance (TDI) Representative Austin
Lizzeth Saldana Parent Representative San Antonio	**Allison Pearce Wilson** Texas Workforce Commission Representative Austin
Melissa Griffiths Parent Representative Trophy Club	**Stephanie Klick** State Legislative Representative Fort Worth
Jeremy Triplett Department of State Health Services (DSHS) Representative Austin	
Elizabeth (Betsy) Barry Zulfer Parent Representative Round Rock	

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1. Call to order. The meeting was called to order by the Chair, Pattie Rosenlund.

2. Approval of minutes for August 26, 2020, and August 31, 2020, meetings. The minutes from both meetings were approved as drafted.

3. Election of Chair-Elect. The standard procedures were adopted that include a roll call vote. There were two nominees for Chair-Elect. Dr. Boston was elected.

4. ECI Program.

ECI Respite Funding. HHSC amended its FY 2021 ECI contracts to add respite funding to all FY 2021 awards.

Quarterly data. Most numbers were down because of the COVID 19 Pandemic.

Children Referred and Served

	SFY 2018	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 Q4*	SFY 2020 YTD**
Average Monthly Referrals	7,181	7,350	7,267	7,215	5,446	6,533	6,623
Average Monthly Unduplicated Eligibility Determination	4,080	4,334	4,337	4,074	3,111	3,469	3,773
Average Monthly Enrolled	26,984	28,687	29,065	29,015	28,526	27,775	28,670
Average Monthly Comprehensive Served	29,556	31,433	31,881	31,750	31,093	30,680	31,412
Cumulative Quarterly/Average Annual Total Clients Served (unduplicated)	57,485	60,596	37,533	45,511	52,022	56,876	56,876

*data calculated from June - July 2020.
**data calculated through the end of July 2020.

Delivered Services and Evaluations

	SFY 2018	SFY 2019	SFY 2020 Q1	SFY 2020 Q2	SFY 2020 Q3	SFY 2020 Q4*	SFY 2020 YTD**
Average Monthly Delivered Service Hours (not parent-arranged)	83,374	85,979	85,956	83,115	62,432	68,015	75,504
Average Service Hours Per Child Per Month	2.82	2.73	2.70	2.62	2.01	2.22	2.40
Average Monthly Service Coordination (SC)/Targeted Case Management (TCM) Hours	12,614	12,891	12,932	12,122	11,134	10,377	11,756
Average Monthly SC/TCM Hours Per Child Per Month	0.64	0.66	0.67	0.66	0.60	0.61	0.64
Average Monthly Initial Comprehensive Evaluations	3,863	4,149	4,071	3,879	2,937	3,327	3,577

*data calculated from June - July 2020.
**data calculated through the end of July 2020.

Training and outreach

- Two more New Directors Orientation (NDO) training sections launched in September.
- Making Connections – Aligning Assessment with Global Child Outcomes Ratings webinar hosted.

Maximizing Funds in the Texas Early Childhood Intervention Program

Funding Sources

Health and Human Services Commission Contractual Funds

- Individuals with Disabilities Education Act — Part C and Part B
- General Revenue funds specifically designated for Medicaid state match
- Temporary Assistance for Needy Families
- Foundation School Funds
- General Revenue

Locally Collected Funds

- Medicaid Administrative Claiming
- Medicaid for Specialized Skills Training and Targeted Case Management
- Local Fundraising/Foundations/United Way
- Family out-of-pocket Fees
- Local City and County
- Private Insurance

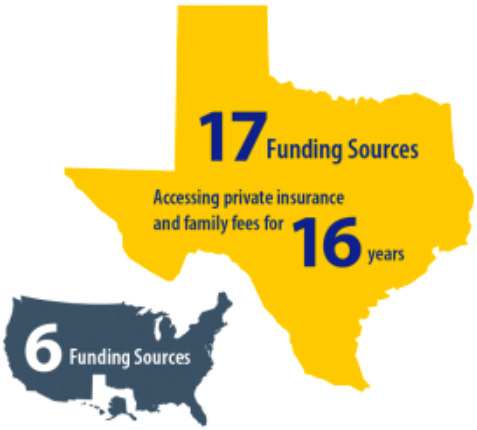
Local Collections have increased $18.6 million since 2013

Texas Has Most Funding Sources

Currently, Texas ECI accesses 17 funding sources to support its ECI program. This is the highest of all the states* in the country. The average among the states was six funding sources.

- 57.4% access private insurance.
- 36.1% have implemented family fees.
- Texas has been accessing both those sources since 2004.

*2018 survey by the Infant and Toddler Coordinators Association of 47 state Part C Coordinators — www.ideainfanttoddler.org/pdf/Finance-Survey-Report-Pt-1-Executive-Summary-Fund-Utilization.pdf



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Total ECI Program Budget

More than half of ECI contractors' budgets are collected outside of the cost-reimbursement contract through third-party reimbursement for direct services. This structure incentivizes local collections and ensures compliance with federal law prohibiting the use of federal and state funds to satisfy a financial commitment for services that would otherwise be paid from other public or private sources.

Funding Fiscal Year 2019

$117,529,510 — Locally Collected Funds*
$90,486,295 — ECI Contract Funding

* includes Medicaid MCOs, TMHP, MAC, private insurance, family out-of-pocket, CHIP, TRICARE, donations, grants, in-kind

Appropriated Versus Actual Funding Per Child

The General Appropriations Act amount for fiscal year 2019 was $148.3 million and designated for 30,004 children. Actual children served was 32,894, so funding per child was lower than the appropriated amount.

$412.60
Fiscal year 2019 appropriated funding amount per child per month

$375.64
Fiscal year 2019 actual funding amount per child per month

A Decrease in Funding Per Child Based on Caseload Projections

If the General Appropriations Act amount remains constant, ECI providers will experience a decrease in the funding provided per child based on number of children served projections.*

Fiscal Year 2019 — $412.60
Fiscal Year 2020 — $433.49
Fiscal Year 2021 — $433.61
Fiscal Year 2022 — $406.22
Fiscal Year 2023 — $393.08

*Based on March 2020 HHS Forecasting caseload projections.

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Designated Funding

Certain ECI funding sources, such as Temporary Assistance for Needy Families and Medicaid appropriations for targeted case management (TCM), must be used for specific purposes and populations. Depending on the case mix and needs of ECI families in a given fiscal year, it may not be possible for ECI to draw all available dollars for the services provided. In addition, due to federal maintenance of effort requirements, HHSC must ensure it uses the required amount of General Revenue dollars to maintain the state's effort toward the program.

Child A

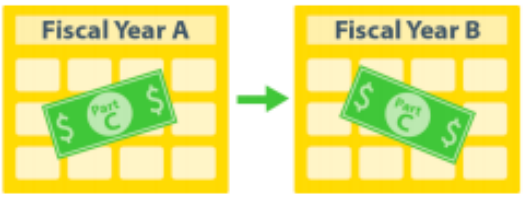
- Has private insurance
- Does not meet Temporary Assistance for Needy Families eligibility
- Needs Specialized Skills Training, Occupational Therapy, case management
- Is able to receive funds from general revenue.

Child B

- Has Medicaid
- Does meet Temporary Assistance for Needy Families eligibility
- Needs Specialized Skills Training, Occupational Therapy, case management
- Is able to receive funds from general revenue, Temporary Assistance for Needy Families and Targeted Case Management.

Part C Funds as Payor of Last Resort

Because IDEA Part C is required to be the payor of last resort, some Part C funds typically go unspent each year. However, these funds carry forward and can be spent in future years. In fact, ECI has been appropriated Part C funding above what has been provided in the annual grant and used carried-forward funds up to the appropriated amounts to support service delivery in recent years.



Unexpended Funds

Contractors who did not voucher the state for the full amount of their contract award typically have sufficient local collections to meet their expenditures due to serving high Medicaid populations.

Fiscal Year 2018

- 96.9% spent
- 3.1% contractual dollars unexpended
- $2.7 million of $87.7 million unspent

Fiscal Year 2019

- 96.7% spent
- 3.3% contractual dollars unexpended
- $3.0 million of $90.5 million

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The Telehealth Flyer was presented, and the parent handbook has been updated. The infographic above was prepared to provide information on funding. Another infographic is being developed for childcare providers.

State Systemic Improvement Plan. All contracted ECI programs have been implementing coaching for 18 months. Examining the impact of telehealth service delivery on coaching implementation and fidelity. Providers have been looking at the impact on coaching of the pandemic.

Office of Special Education and Rehabilitative Services Personnel Retention Grant. Grant award provides $750,000 over three years for improving retention of early intervention personnel. It will support the following activities:

- Coordinating and facilitating a personnel retention advisory workgroup.
- Developing training on evidence-based retention strategies.
- Following up with targeted ECI contractors regarding implementation of select retention strategies.
- Providing financial assistance to targeted ECI contractors to support the implementation of retention strategies.
- Developing a community of practice focusing on core competencies for early intervention specialists and service coordinators.

5. Office of Special Education Programs Differentiated Monitoring and Support report. Lindsay Rodgers Associate Commissioner Health and Developmental Services.

- On-site monitoring visits in August 2017 and August 2019.
- Interviews with HHSC staff, local ECI programs, and other stakeholders, and analysis of available public information.
- Final differentiated monitoring and support report submitted to HHSC in October 2020.

Summary of Findings:

- Compliance and oversight during contractor transitions.
- Maintenance of child records
- Compensatory services
- Child find efforts and funding available to serve eligible children.
- Disproportionate sustainability challenges facing rural ECI programs.
- Support Medicaid billing and reimbursement.

HHSC is analyzing the findings. A corrective action plan is due by January 3, 2021. This plan must include specific corrective action due dates not to exceed October 5, 2021.

The document is lengthy, and this committee may be involved in the future. HHSC is developing what that involvement will look like in the future.

A comment was made that the ECI provider group should be involved and HHSC stated that stakeholder involvement is still being developed.

6. Child find self-assessment. Child find is a continuous process of public awareness activities, screening and evaluation designed to locate, identify, and evaluate children with disabilities who are in need of Early Childhood Intervention (ECI).

Child Find Self-Assessment

- Developed by the Office of Special Education Programs, the Individuals with Disabilities Education Act Early Childhood Data Systems, and the Early Childhood Technical Assistance Center.
- Designed to help states identify effective strategies and promote efficiency in their Part C child find systems.
- Voluntary tool intended to support states in their child find efforts.

Focus Areas

- Children referred but found ineligible for early intervention services.
- Children referred within six months of their 3rd birthday.
- Identification of infants and toddlers who are underserved by Part C.

Project Goals

- Identify best practices that are already in place within ECI programs to address child find requirements.
- Discover gaps in our child find efforts.
- Develop a plan of action to duplicate best practices and address gaps or areas of improvement on a statewide basis.

First Steps

- Survey ECI contractors to identify current child find practices and challenges.
- Survey referrals sources to evaluate their knowledge of and ability to connect to ECI, their process for determining appropriateness of and making referrals, and any perceived challenges they have with connecting families with ECI services.
- Partnering with the BUILD Initiative to conduct focus groups to solicit the perspective of families.

Next Steps

- Analyze responses from surveys for both contractors and referral sources.
- Conduct family focus groups. (First in STAR McAllen Area)
- Develop a report that highlights best practices and outlines steps for improvements.
- Provide ongoing monitoring, technical assistance and evaluation.

Survey Feedback from Contractors

- 69 responses received.

- Responses provided from contractor staff at various levels.
- Program identification was not required but at least 23 different programs were identified.

Contractor Surveys

- How do you connect and build relationships with referral sources and community partners?
- Who are the community partners you engage with for outreach activities?
- Pediatricians/Medical clinics
- Headstart
- WIC
- How do you connect with underserved or at-risk populations and address barriers related to language, race, ethnicity, etc.? Diversity training is being provided; Diversity in staff; using translators; hiring employees that parallel the community.
- Are you aware of any factors that resulted in delayed referrals? Family moving and other factors.
- How do you ensure that the family has information on programs that serve children three and older? They provide a written list of services and connect families with case managers.
- How has COVID-19 impacted your child find efforts? Referrals had slowed down but were picking back up. Referrals in CPS increased.
- Are there any additional comments or suggestions you have to share about your child find efforts? Training is the best and most effective approach.

Survey Feedback Referral Sources

- More than 1,100 responses received.
- Input from:
    - Medical professionals
    - Audiologists
    - Teachers and Part B staff
    - Home Visiting Programs
    - Health and Human Services Programs
    - Child Protective Services
    - Prevention & Early Intervention Programs

Referral Source Surveys

- How do you determine a child is appropriate and make the referral to ECI? 72% use developmental milestones; teacher observations and program specific assessments are also used.
- Do you find that parents are open to being referred to ECI? 47% felt parents were open to having a referral made but denial is a problem impacting referrals. Fear of labeling, time, cost and cultural differences were also factors mentioned.,

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- Do you feel the children who would benefit from ECI in your community are being referred and evaluated? There is an increased need for parental understanding. "Wait and see" approach is a barrier.
- Do you find that there are two-and-a-half year-olds who may be eligible for ECI services that have not yet been evaluated? 36% have been referred who were within 6 months of their third birthday.
- What other programs do you refer children for intervention services? Brochures and printed materials are provided and handoffs to other programs are made.
- Do you have a partnership with the local ECI program? If you make referrals, do you receive feedback on those referrals? 51% make referrals to other programs than ECI. 49% of respondents stated they do not get feedback when they make a referral.
- How has COVID-19 impacted your ability to make referrals and serve your community? Use of telehealth and virtual tools were implemented.
- Are there any additional comments or suggestions you have to share about our child find efforts? More resources are being made available and services are occurring faster than in the past. There is a need to work with doctors and other medical personnel as well as parents. Early intervention is best.

All the responses are being reviewed and compiled and will be made available.

Questions/Answers/Comments
On physician feedback, there is an effort to deal with this, but parent permission is necessary. HHSC stated that how to get consent will have to be a part of the survey feedback developed.

Did the Medicaid Managed Care Organization impact come out? HHSC stated that there was not a definition of the respondents. There were some MCOs who responded, but they were not identified.

Is there funding to make some of these suggestions happen? HHSC stated that there would be efforts made with partners and stakeholders.

Will this information be worked into the action plan? HHSC stated that Child Find is a part of the federal findings.

Even with consent, communication/feedback with referral sources should be enhanced.

7. Member Reports
Local program activities (non-duplicative)

- Nonprofits have had their wings clipped because of fundraising restrictions with COVID.
- Procedural barriers have to be addressed but telehealth is helping keep connections with school districts.
- Parent coaching model fits well with telehealth.

- Adapting to COVID is a challenge.
- Referrals are coming in strongly.
- Porch Visit Project is being used to engage and re-engage families.
- Creative fundraising efforts are occurring.

Parent activities

- There was not a lot to report from parents.
- Personal stories were related.
- Some children have been returned to live programming at school.
- There is a lack of outcomes that tie to parental engagement.
- Tracking parental participation would be important for data.

Inter/intra-agency partners' activities

- Reminder for Pediatric Brain Health Summit (DFPS and DSHS and others). It is a virtual summit. PEI was awarded a federal grant related to nurse family partnerships. PEI has two applications available: Nurse Family Partnerships and RFA for HOPES, a community block grant program due January 29th, 2021.
- TDI had no updates.
- TEA has been posting guidance on their webpage on evaluations in the time of COVID and reminding districts of child find duties. Their FAQs are being updated. Virtual summit was provided. A guide for ECI risk was developed.
- Texas Tech had no specific update
- DSHS Help Me Grow initiative. Six Communities were organized into a learning cohort.
- HHS C/Medicaid is evaluating flexibilities granted through COVID and extensions run through end of Novembers. They have been strengthening the care coordination through Managed care.
- TWC state plan priorities have been developed and made available to stakeholders. These will be a starting point for discussion. Texas Core Competencies for early educators is being updated. Infant toddler learning guidelines are being updated as well.
- Texas Parent to Parent have maintained all their contracts. They are doing a peer parent mentor training.
- COVID numbers have spiked.

8. Public Comment. (limited to three minutes per person)

Steve Aleman, Disability Rights Texas, commented on Part C monitoring report. A productive way to stay engaged on this topic. HHSC could not pull together a corrective action plan. There should be a special meeting to review a corrective action plan. In this way, meaningful input can be provided.

Katie Mitten, Texans Care for Children, stated the ECI providers do a great job serving infants and toddlers. The federal investigation shows Texas has fallen short in accessing service by young children. Additional funding needs was cited in the report. There are three recommendations:

- Committee urge HHSC to be transparent
- ECI Advisory Committee provide a special meeting for the plan
- Revisit the performance review targets especially 5 and 6

9. Planning for next meeting. (January 13, 10 am)
Possible meeting in December as a special meeting. Meeting in December will be difficult, and an early meeting would be best. A smaller group could review the HHSC document.

10. Adjourn. There being no further business, the meeting was adjourned.

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