



Spotlight on Early Childhood Intervention (ECI) in North Texas

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ABOUT TEXANS CARE FOR CHILDREN

We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow.

We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

We are a statewide, non-profit, non-partisan, multi-issue children's policy organization. We develop policy solutions, produce research, and engage Texas community leaders to educate policymakers, the media,

and the public about what works to improve the well-being of Texas children and families.

Funded by a variety of foundations and individual donations, our work covers child protective services, juvenile justice, mental well-being, health and fitness, early childhood, and the ways that each of those policy areas work together to shape children's lives and the future of Texas.



INTRODUCTION

The Texas Early Childhood Intervention (ECI) program contracts with community organizations to provide life-changing therapies and support to children under age three with disabilities and developmental delays. In 2016, Texans Care for Children published a report, “Left Out: The Impact of State Cuts to Early Childhood Intervention (ECI) for Young Texas Kids with Disabilities,” showing that thousands of Texas children were missing out on ECI services amid years of state funding cuts.

The report coincided with a statewide outcry about the Legislature’s 2015 decision to reduce Medicaid reimbursement rates for therapies for children with disabilities and an expectation that the 2017 Legislature would reverse those cuts. Instead, the 2017 Legislature only restored approximately one-quarter of the lost funding.

This report builds on our 2016 report, taking a closer look at the North Texas region composed of Dallas, Tarrant, Collin, and Denton Counties as well as fifteen less populated, more rural counties. This report reflects data gathered on population and enrollment changes in the region as well as interviews with local ECI directors, parents, pediatricians, child care directors, and

social workers from March to June 2017. This report also includes new statewide information, including information on the partial rebound in ECI enrollment, additional program closures, and state policy updates.

While the 2016 report used enrollment data through 2015 and population data through 2014, this report uses enrollment data through 2016 and population data through 2015.

This report shows an overall decline in ECI enrollment across the North Texas region since state cuts in 2011, with a partial rebound in recent years. However, our research found significant variations in ECI enrollment trends by county and by racial and ethnic group. While the North Texas region’s large enrollment declines affected children of all races and ethnicities, there was a significant disproportionate impact on Black and Hispanic children. That period was also marked by reductions in state funding, the fallout from the closure of four of the region’s ECI contractors, an erosion of “Child Find” ECI outreach and enrollment efforts, and other challenges that led to fewer children with disabilities and developmental delays receiving the ECI services they need.



ECI IN TEXAS

What is ECI?

Texas Early Childhood Intervention (ECI) provides targeted, high-quality interventions for children under three years old with disabilities and developmental delays, such as Down syndrome, speech and language delays, and autism. ECI providers work with families to help children meet developmental goals such as learning to walk, communicating with their families, or preparing for success in elementary school. For children facing developmental challenges, comprehensive services during the first three years of life are particularly effective for helping them be school-ready and reach their full potential.¹

To ensure children have access to these critical services, federal law (Part C of the Individuals with Disabilities Education Act, or IDEA) requires state-administered early intervention programs to provide these supports to all eligible babies and toddlers.

Texas ECI fulfills these requirements by contracting with community organizations across the state. The contracted organizations provide evidence-based therapies, skills training, parent-coaching, and other tailored services to help children develop the skills necessary to meet their goals.

Statewide Cuts to ECI

While ECI has proven to be effective for participating children, in 2011 the state began to reduce program funding and reduced eligibility, requiring children to show a more severe developmental delay in order to receive early interventions. Legislators reduced ECI appropriations again in the 2013 and 2015 legislative sessions. In the 2017 session, lawmakers increased ECI appropriations, both for the remainder of the 2017 fiscal year and for the 2018-2019 biennium, but they did not fully fund anticipated caseload growth for 2018-2019. **The ECI appropriation for 2018 is set at \$148 million, compared to the \$166 million appropriation for 2011, prior to the start of budget cuts.**^{2,3}

Compounding these funding and eligibility cuts, in 2015 Texas legislators reduced the Medicaid reimbursement rates paid to providers who offer speech, physical, occupational, and other therapies to children with disabilities. The lower rates went into effect in late 2016 following a series of court battles. Because two-thirds of children in ECI are enrolled in Medicaid, the rate reduction further stressed ECI

program finances all across the state. Despite many calls for legislators to reverse the rate cuts during the 2017 legislative session, lawmakers only restored 25 percent of the Medicaid funding cut in 2015.

Adding an additional financial challenge, individual ECI agencies often serve many more children than anticipated in their state contract. In 2016, for example, 54 percent of ECI contractors served more children than they were contracted to serve.⁴ HHSC's financial contract with each provider is based on the state's annual estimate of how many children that provider will serve. The state is obligated to provide additional mid-year funds to the contractors to cover unexpected additional enrollment. Contractors are required to use those additional funds before the end of the fiscal year, but the payments are often made so late that contractors are unable to use the funds before the deadline.

In the end, the financial burden falls on the ECI programs. In 2014 alone, 22 ECI contractors (nearly half of the state's total) experienced shortages and used other organizational funds totaling \$3.9 million to ensure kids received all the ECI services they needed.⁵ Of those 22 contractors who were forced to pull from other local funding sources, six have since closed their ECI programs and one recently notified the state that it would end its ECI services.

Programs Closing Down Due to State Cuts

The financial strain on ECI has forced many ECI contractors to drop out of the program or seriously consider it. In 2010, the state contracted with 58 organizations to provide ECI services to children across Texas. Currently, only 47 organizations provide ECI services, including two ECI programs that were recently established to replace closed down programs. **Three of the 47 — Easter Seals East Texas, Hill Country MHDD, and UTMB-Galveston — notified state officials in mid-2017 that they are withdrawing from ECI this year.**

Program closures harm ECI and the children who rely on these services. In some cases, there is a gap in services because HHSC is unable to find an immediate replacement for the service area. In Tyler, for example, the Andrews Center ended services on September 30, 2016 for the approximately 300 children it served. The new provider's contract started on November 1, 2016. By January 2017, some children started to receive services.⁶



During our research, numerous stakeholders reported that even when another provider immediately replaces a closed down program, there is still a decline in enrollment due to gaps in communication with referral sources and affected families, the time needed for hiring new staff and bringing them up to speed on each child's needs, a loss of confidence among referral sources, and other factors. For example, when North Texas Rehab ECI closed in Wichita Falls in Fall 2016, it was serving 240 children. It was quickly replaced by the Helen Farabee Center's ECI program, but it only serves approximately 150 children.⁷ **The ECI director of the Helen Farabee Center reports that it has taken many months to hire and train therapists, causing significant delays in evaluating children and providing them appropriate services.**

Additionally, the closures have siphoned off scarce funding that could have gone to the numerous ECI providers that were underfunded and struggling to stay afloat. **In 2016, for example, the state allocated more than \$2.2 million to provide start-up payments to ECI providers that agreed to replace programs that had closed their doors.**⁸

Parents have confirmed that the process of replacing closed providers is inadequate, and that children and families pay the price. One mother told us that when the ECI contractor closed down in Wichita Falls, she received informal information from her provider but no official notice or instruction from the state. She described her anxiety, saying, "It's actually really scary to me. [My son] recently started having choking problems – choking on food and medicine." She and her son, who has faced a myriad of challenges since birth, had no back-up services outside of ECI. Our research has found that after a program closes, families have either gone without ECI services for a period of time or they fill the gap through private therapy services that may be more expensive and less comprehensive.

Cuts Lead to Lower Enrollment Statewide and Scaled Back Services

Due in large part to the state funding cuts, the number of children in ECI services in Texas fell 10 percent between 2011 and 2016, while the population of children under age three grew four percent across the state between 2011 and 2015. The sharpest enrollment

drop occurred after the 2011 cuts. In recent years, there has been a partial rebound in ECI enrollment. Though enrollment continued to drop in the state and region in 2013 (two percent and one percent, respectively), by 2014 nearly two-thirds of Texas counties began an upward trend in enrollment. Across the state, enrollment increased three percent between 2013 and 2014, two percent between 2014 and 2015, and five percent between 2015 and 2016.^{9,10,11} Nonetheless, Texas has a low enrollment rate compared to others states. In 2015, Texas ranked 45th nationally for the percentage of children under age three enrolled in ECI.¹²

According to the consulting group that advised Texas in its decision to narrow eligibility in 2011, many other states that have reduced eligibility to save money experienced a temporary reduction in numbers, "but after one year the effect was mitigated... [and] the population of children served continued to increase."¹³ Texas has been an exception to this pattern and, despite the recent rebound, continues to serve many fewer children than it did prior to 2012.

Enrollment declines are even worse in some parts of the state and among certain demographic groups. In some of the state's largest urban counties, for example, enrollment declines between 2011 and 2016 are particularly severe: 35 percent decrease in Collin County, 30 percent decrease in Harris County, 22 percent decline in Travis County, and 22 percent decrease in Dallas County.^{14,15}

Additionally, statewide enrollment declines have affected Black children in Texas the most: ECI enrollment of Black children statewide decreased 30 percent from 2011 to 2016, compared to 10 percent among Hispanic children and 8 percent among White children.^{16, 17}

The funding reductions have also forced ECI contractors to make their own damaging cuts. For example, there has been an erosion of Child Find outreach efforts, making it more difficult to boost enrollment of children in need of services. In 2016, 43 percent of contractors reported that they had eliminated dedicated Child Find positions due to fiscal constraints. The funding cuts have also affected the services provided to children who do enroll in ECI. Last year, over two-thirds of contractors expected to reduce the number (69 percent) and frequency (67 percent) of services to eligible children as a result of the Medicaid pediatric therapy rates, which went into effect in late 2016.¹⁸





PAXTON'S STORY

Paxton is our fourth child and only precious boy. He just turned two years old. He is the happiest kid I've ever been around! He lights up with his sisters, nanny, mom, and dad, and he smiles all the time.

Paxton was diagnosed with hydrocephalus and white matter deficiency in his brain at around 6 months, and has been closely monitored by his neurosurgeon ever since. More recently he was diagnosed with Tatton-Brown-Rahman Syndrome.

Our ECI experience has been fabulous, with very skilled, personable, knowledgeable, and downright wonderful therapists who have made a profound impact on our family's life.

They have helped Paxton so much by teaching us how to help him reach his potential in all areas of

development. They have helped me feel empowered and less isolated in my journey of adapting to being a special needs mom times two. (My nine-year-old daughter has a profound intellectual disability.)

Today, Paxton is talking and walking and doing wonderfully. A big reason why has been the outstanding support we have from his amazing occupational therapist, who currently comes to see us two times a week.

The biggest success without a doubt is the sense of confidence and empowerment we feel as a family to help our son, with the help and knowledge provided by our ECI team.

- Jenny, Paxton's mom, in Dallas



ECI IN NORTH TEXAS

This report addresses ECI in the 19 counties that comprise Region 3 of the Texas Public Health System. At the core of the region are four heavily populated counties: Dallas, Tarrant, Collin, and Denton. Fifteen less populated, more rural counties are also in the region. The report also refers to Region 3 as the North Texas or Dallas-Fort Worth (DFW) region.

Snapshot of the Region's Young Children

More than a quarter (26 percent) of the state's entire population of children under age three is concentrated in the Dallas-Fort Worth region. In 2015, the region was home to 314,356 infants and toddlers under three years old. The vast majority of children in the region (86 percent) reside in one of the four urban counties.

Overall, the North Texas region has a higher percentage of children of color under age three than the rest of the state but a smaller proportion of Hispanic children in that age bracket compared to the statewide average. Hispanic children represent the largest racial/ethnic group in that age range in the region (39 percent),

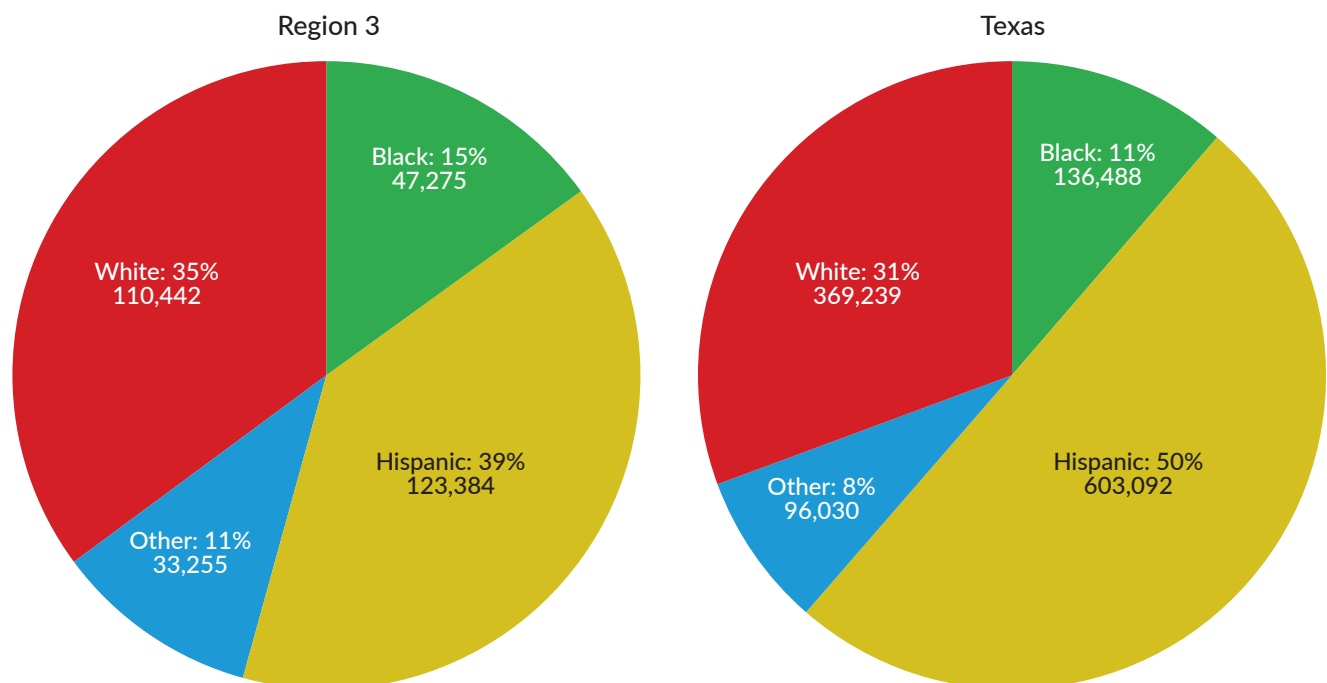
followed by White children (35 percent) and then Black children (15 percent). The population of young children of color is concentrated primarily in the region's four urban counties. For example, 21 percent of Dallas County's children under age three are Black, the highest proportion in the region.

In the region's 15 more rural counties, children under three are predominantly White. In these 15 counties, the under-three population is 61 percent White, compared to 35 percent for the region as a whole and 31 percent statewide.¹⁹

Snapshot of the Region's ECI Contractors

Currently, seven community organizations in the North Texas region contract with the state to provide ECI services to children in the 19-county area and beyond. ECI Texoma also serves the following counties outside of Region 3: Delta, Hopkins, and Lamar. ECI of North Central Texas, a division of MHMR Tarrant County, serves over 3,000 children while the other contractors in the region serve fewer than 1,000 each.

Figure 1: Population and Racial Distribution of Children under 3 in Texas and Region 3

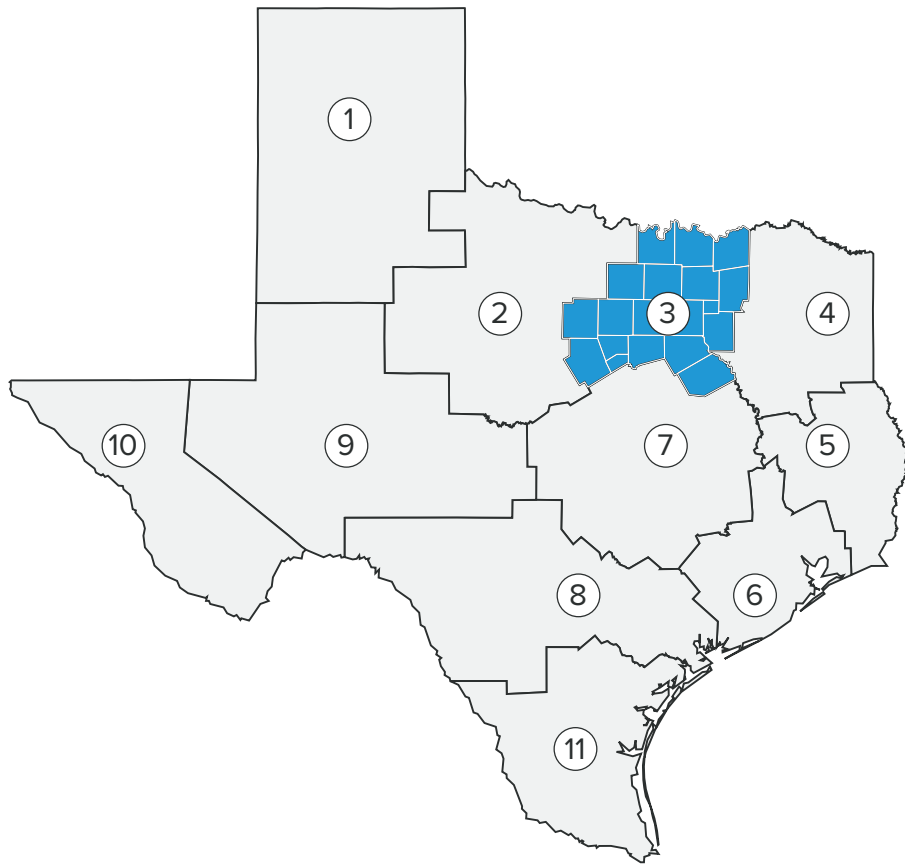


The Texas Demographic Center uses the "Other" population group to refer to all people who are Asian, identify two or more races, or otherwise fall outside of the Black, Hispanic, and White categories.

Source: Texas Demographic Center. (2016). Estimates of the Total Population of Counties in Texas by Age, Sex and Race/Ethnicity [2015 datasets]. Retrieved from <http://osd.texas.gov/Data/TPEPP/Estimates/>

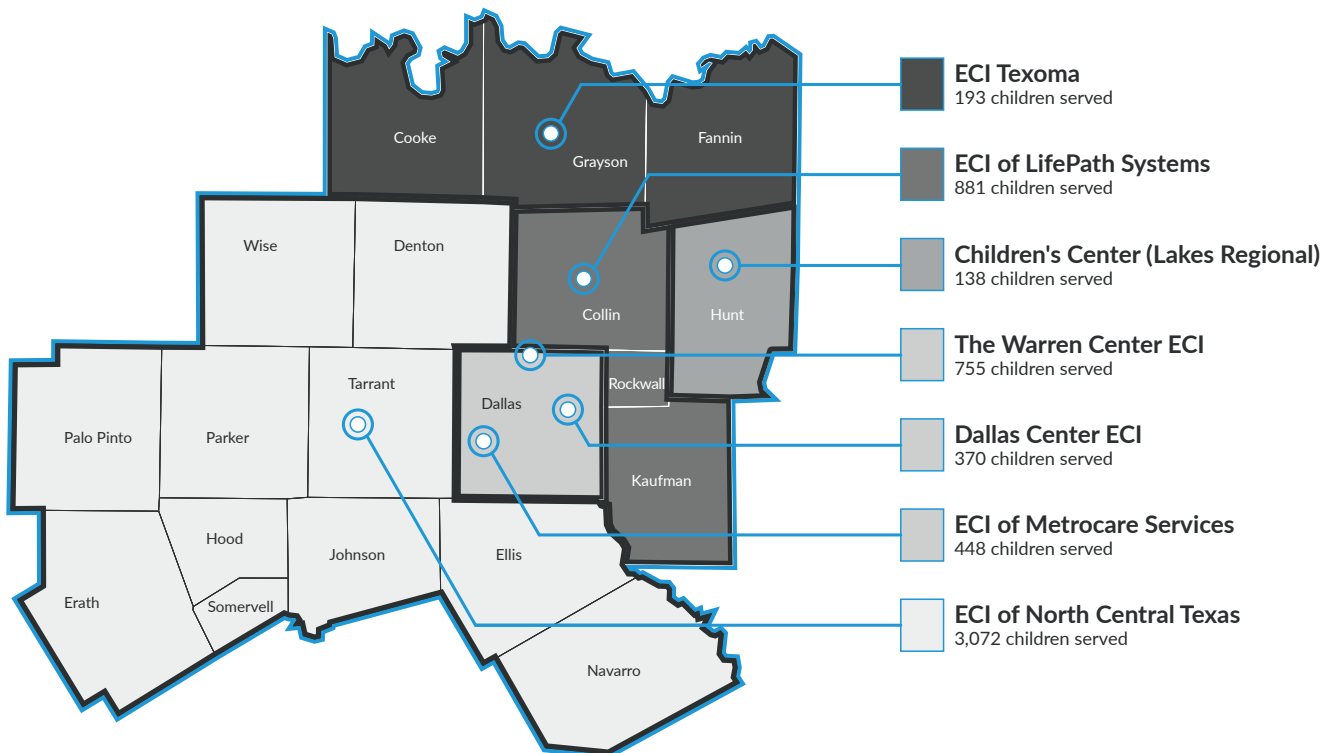


Figure 2: Texas Health Service Regions



Source: Texas Health and Human Services Commission. (2017). Center for Health Statistics Texas County Numbers and Public Health Regions. Retrieved from https://www.dshs.texas.gov/chs/info/info_txco.shtm

Figure 3: Region 3's Current ECI Contractors and the Counties They Serve



Enrollment numbers are a snapshot from August 31, 2015.

Source: Texas Department of Assistive and Rehabilitative Services. (2015) ECI Local Program Performance Reports (FFY2014-2015 Datasets). Retrieved from <https://hhs.texas.gov/doing-business-hhs/provider-portals/assistive-services-providers/early-childhood-intervention-eci-programs/eci-data-reports/eci-local-program-performance-reports>



North Texas ECI Enrollment Declined Following State Cuts But Partially Rebounded

The number of children under three in the North Texas region has grown steadily in recent years, rising from 306,753 in 2011 to 314,356 in 2015, an increase of almost three percent. While the region's population growth rate of children under three is lower than the statewide increase of four percent, some counties in the region have seen large increases in the population of young children, including Erath (16 percent), Dallas (7 percent), and Hood (7 percent).

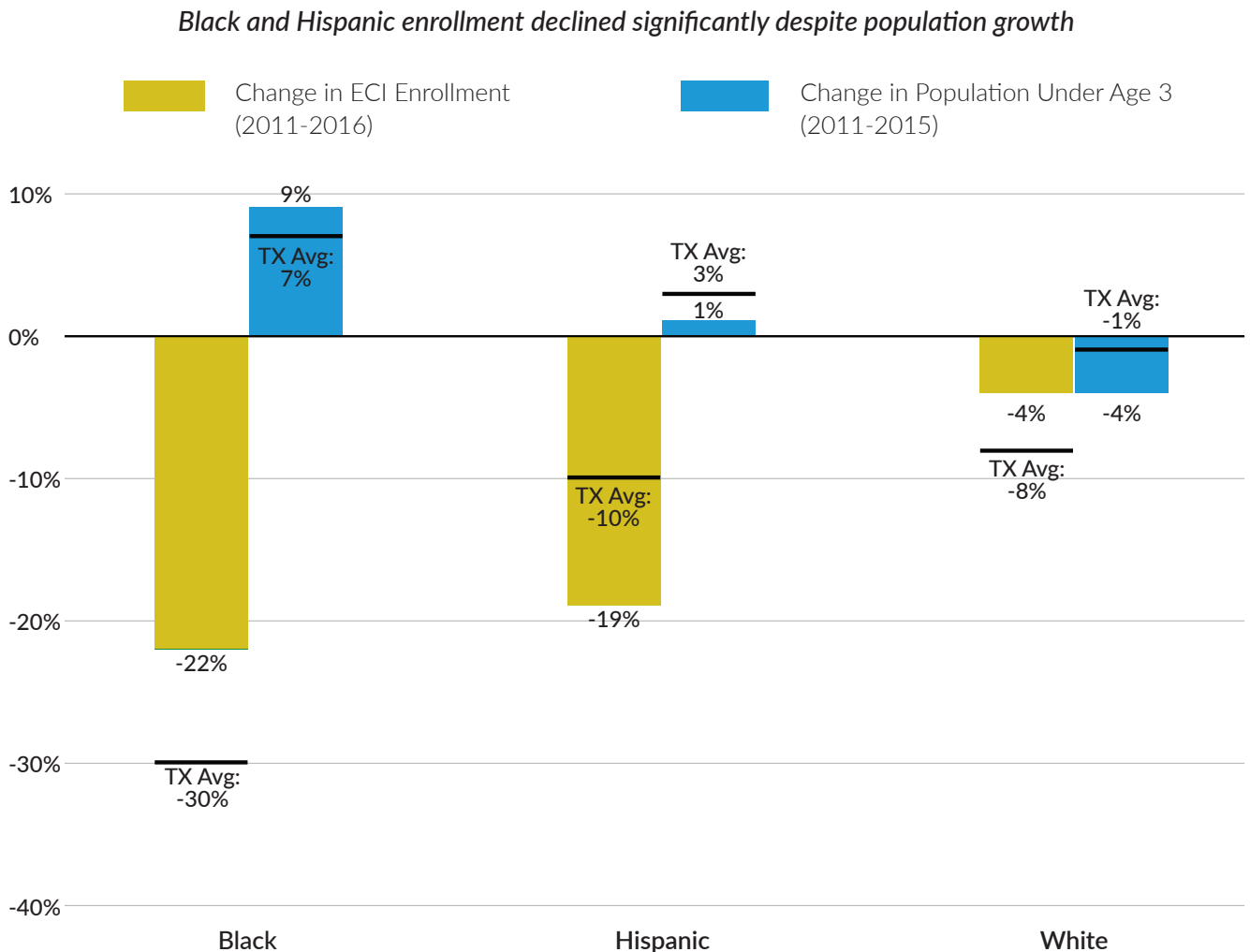
The region's rising population of children under age three should translate into a similar increase in ECI enrollment, but the number of children receiving ECI services plummeted during this time. **Between 2011 and 2016, ECI enrollment in North Texas fell by 12 percent, from 15,032 to 13,199, a decline of nearly**

2,000 children. The region's enrollment decrease was similar to the statewide 10 percent decrease. Among the region's large counties, the enrollment declines from 2011 to 2016 were worse in Dallas, Collin, and Denton Counties than in the region or state as a whole when accounting for population growth.

There was a particularly sharp drop in enrollment, both in the region and the state, between 2011 and 2012 when Texas lawmakers cut funding and narrowed eligibility requirements for the ECI program, eliminating services for children with less severe developmental challenges. In that first year (2012), ECI enrollment dropped 17 percent across the state and 20 percent in North Texas. Several of the larger, urban counties in North Texas were hit hardest during that first year, including Denton (27 percent decrease), Collin (27 percent decrease), and Dallas (24 percent decrease).

Mirroring the statewide trend, ECI enrollment in North Texas began to rebound in 2014 with a two percent year-over-year increase, no change in 2015, and a nine

Figure 4: Change in ECI Enrollment and Population Under Age 3, By Race/Ethnicity, in Region 3



Source: (1) Texas Department of Assistive and Rehabilitative Services. (December 2015). Dataset from Public Information Request made by Texans Care for Children. (2) Texas Health and Human Services Commission. (April 2017). Dataset from Public Information Request made by Texans Care for Children. (3) Texas Demographic Center. (2016). Estimates of the Total Population of Counties in Texas by Age, Sex and Race/Ethnicity [2011 and 2015 datasets]. Retrieved from <http://osd.texas.gov/Data/TPEPP/Estimates/>



percent year-over-year jump in 2016. Tarrant County was one of the few counties in the North Texas region that rebounded in 2013, with a six percent year-over-year increase, and Denton was one of the slower counties to recover in the region, as its enrollment trend was not positive until 2015. Despite these minor recoveries across the state and region, in 2016 ECI enrollment was still far below 2011 service levels (10 percent lower statewide and 12 percent lower in the region).

The region's large enrollment declines affected kids of all races and ethnicities, but there was a significant disproportionate impact on Black and Hispanic children.

While the population of Black and Hispanic children increased in North Texas, their enrollment in ECI plummeted 22 percent and 19 percent, respectively, from 2011 to 2016. The sharp drop in enrollment of Black children is particularly concerning in comparison to the significant nine percent increase in the population of Black children under three living in the region during that time period. Enrollment of the region's White children fared better, falling four percent between 2011 and 2016, which is in line with the four percent population decrease of White children under three between 2011 and 2015. One notable exception to the racial/ethnic disparities pattern is in Dallas County, where White enrollment declined at a higher rate than Black or Hispanic enrollment when accounting for population growth.

While there are challenges to comparing enrollment patterns in counties with different demographic changes, it is clear that some of the region's counties performed better than others. **Among the four large counties in the region, Tarrant County fared the best in terms of overall enrollment and enrollment of Black and Hispanic children, but the data still raise some concerns.** After eligibility narrowed in 2011, overall ECI enrollment in Tarrant County decreased 15 percent in 2012, less than the decline in some nearby counties. Enrollment rebounded by 2016, as Tarrant County actually served five percent more children than it did in 2011, despite a relatively flat population of children under three. The county's 14 percent decline in enrollment of Black children from 2011 to 2016 is concerning, particularly in light of the seven percent growth in the county's population of young Black children. However, that drop in Black enrollment in Tarrant County is less severe than the decreases in the region as a whole and statewide during that same period.

Eight of the counties with smaller populations – Johnson, Ellis, Parker, Wise, Hunt, Cooke, Palo Pinto and Erath – also bucked the negative trend and by 2016 gradually surpassed their 2011 enrollment numbers.^{20,21,22}

Ways that State Cuts Contributed to Declining ECI Enrollment and other ECI Challenges in North Texas

Financial Strain on Current Contractors

The state budget cuts have made it more difficult for North Texas ECI agencies to provide appropriate services to all eligible children. One North Texas program director told us, "All we focus on internally is productivity, billing and collection; staff morale is low and hiring qualified applicants is nearly impossible."²³

Another director also emphasized that the financial squeeze is undermining the agency's ability to serve children, explaining, "**[I]t is harder to recruit and maintain quality staff. Staff have somewhat larger caseloads and seem to work longer hours. There is more burnout.**"²⁴

One financial challenge pointed out by Randy Routon, CEO of LifePath Systems of Dallas, is the transportation time needed to reach families to provide in-home supports, which is not fully reimbursable to insurance or the state. "Speech, physical, and occupational therapists can drive up to 45 minutes or longer just to get to the patient," Routon says. "Then, after providing a 45-minute or 60-minute service, they have to drive back. But, they only get paid for the service, while we cover the rest [of the transportation expenses]. It's costly."²⁵

As noted earlier, one of the financial challenges facing ECI contractors across the state is the late mid-year payments from HHSC to cover enrollment that exceeds the projections in their state contracts. Commenting on that challenge, one ECI Program Director in North Texas said, "we are not getting the money to serve those kids over the contract... we are drowning."²⁶

Selena Milles, program director at Dallas-based Metrocare Services, the largest provider of mental health services in Dallas County, says Metrocare has managed to stay ahead of the budget cuts but "we always have to plan as if we'll be underfunded and cut."²⁷

ECI Program Closures

In years past, as many as 11 ECI community organizations served the large population of children in North Texas. **Since 2009, four ECI programs in North Texas closed their doors: one in 2009, two in 2011, and another in 2014.** The seven remaining community organizations absorbed the service areas of closed programs. State and local experts interviewed for this report state that



fiscal and administrative burdens were the primary reasons for the closure of ECI programs in North Texas, particularly in the case of Garland ISD and Launchability.

It appears that those closures had a negative impact on local ECI enrollment. Three of the region's four large counties – Dallas, Collin, and Denton – went through at least two closures since 2009. The fourth large county, Tarrant, has not experienced a closure. As noted above, Tarrant County enrollment trends have been much stronger than its neighbors' trends. **In fact, enrollment declined 25 percent in the counties with closures (the three counties noted above plus Wise County) compared to 12 percent for the region and 10 percent for the state, despite similar population growth.** On the other hand, the relatively strong performance in Tarrant County accounts for much of the enrollment gap between counties with closures and those without. Further research is needed to discern the extent to which the difference between Tarrant County and its neighbors is a product of closures or other factors.

There are a variety of reasons why closures would lead to temporary gaps in services for some children and/or lower overall enrollment. In the case of Launchability's closure in 2014, there was a temporary decline in enrollment because of the time needed for hiring new staff and bringing them up to speed on each child's needs,

uncertainty among referral sources about whether ECI services were up and running, and other factors. One ECI director in North Texas characterized the transfer process as "chaotic," explaining that children fall through the cracks because procedures for connecting families and referral sources with a new provider are unclear.

Another director, who took over new ECI regions in North Texas due to closures, estimated that once replacement programs are eventually up and running, they often require up to two years to bring enrollment back up to pre-closure numbers. The director of the ECI program that assumed a portion of Launchability's service area in 2014 said that "originally enrollment decreased due to initial change over, but now almost 3 years later, the enrollment is starting to increase in that area."²⁸

Erosion of "Child Find" Outreach Efforts

ECI contractors' Child Find staff work with pediatricians, child care providers, social service agencies, neonatal hospital staff, and others to ensure that parents of young children with disabilities and developmental delays are aware of ECI and have the support necessary to enroll their children. Federal regulations require all states to have a robust Child Find effort in place, which is critical for enrolling children in need of services.

Figure 5: ECI Program Closures in Region 3 Since 2009

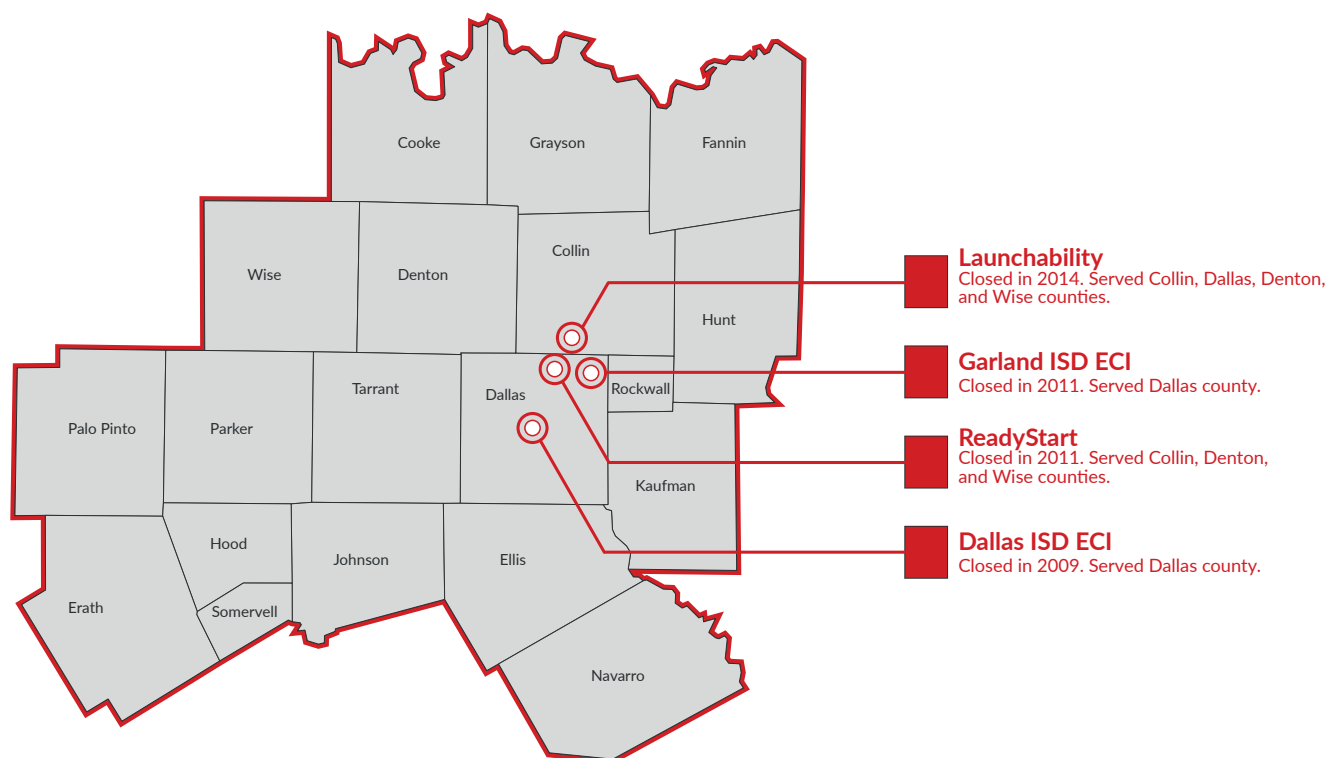


Fig 6. Change in ECI Enrollment and Population Under Age Three in Region 3 Counties

NORTH TEXAS COUNTIES	2011 ECI Enrollment	2016 ECI Enrollment	Change in ECI Enrollment 2011-2016	Change in Population Under Age 3 2011-2015
Tarrant	4,706	4,956	5%	0%
Dallas*	4,330	3,370	-22%	7%
Collin*	2,169	1,401	-35%	-2%
Denton*	1,287	1,051	-18%	3%
Johnson	297	408	37%	0%
Ellis	286	342	20%	0%
Hunt	247	265	7%	1%
Parker	229	236	3%	-4%
Grayson	249	195	-22%	-1%
Kaufman	317	195	-38%	1%
Rockwall	222	158	-29%	-10%
Navarro	192	133	-31%	0%
Hood	139	116	-17%	7%
Wise*	105	113	8%	1%
Erath	79	89	13%	16%
Palo Pinto	56	58	4%	-5%
Fannin	62	47	-24%	-7%
Cooke	38	44	16%	-1%
Somervell	22	22	0%	4%
NORTH TEXAS TOTAL	15,032	13,199	-12%	2%
STATEWIDE TOTAL	59,092	53,077	-10%	4%

* ECI program closures occurred in these counties between 2009 and 2014.

Source: Texas Department of Assistive and Rehabilitative Services. (2016). Dataset from Public Information Request made by Texans Care for Children. (2) Texas Health and Human Services Commission. (2017). Dataset from Public Information Request made by Texans Care for Children. (3) Texas Demographic Center. (2016). Estimates of the Total Population of Counties in Texas by Age, Sex and Race/Ethnicity [2011 and 2015 datasets]. Retrieved from <http://osd.texas.gov/Data/TPEPP/Estimates/>



Randy Routon, CEO of LifePath Systems:

“It’s always one of my best days when I see someone in the community say, ‘My child was in the ECI’ or ‘I was an ECI kid,’ and now they’re doing well,” he says. “Too often, the stress of a child with a disability impacts families, and to have these successes in our programs really proves it’s the best investment.”²⁹

There has been a significant erosion of the Child Find efforts in recent years, both statewide and in the DFW region. **According to our 2016 survey of all ECI contractors in Texas, 43 percent eliminated their dedicated Child Find staff positions in the previous four years.** As of 2016, only 22 percent of the state’s ECI contractors had a dedicated Child Find staff person. Although some ECI programs in North Texas have maintained dedicated Child Find staff, they stated overwhelmingly that they devote fewer resources to Child Find than they previously did or that their Child Find efforts are under-resourced compared to the need. Some local ECI agencies that previously had staff dedicated to Child Find now spread those duties among many staff people.

The region’s Child Find efforts also face the challenge of keeping up with the changing demographics in North Texas. The number of White children under three in the region is declining while the number of children of color is increasing. Further research would be required to determine whether local Child Find efforts have been able to deploy Child Find staff and resources that reflect the cultural and linguistic diversity of the region.

One of the reasons for the loss of Child Find capacity in the region is the closure of four ECI programs and the

severing of relationships between those programs and community partners such as pediatricians and child care centers. At the same time, the closures have increased the need for Child Find efforts to educate these partners about where they should refer families and to provide reassurances that services are still available. In fact, several local pediatricians reported a loss of faith in ECI following local program closures and disruption in the relationships built between these pediatricians and ECI staff.

As Child Find efforts wane, referral sources are less likely to know about the value of ECI, which programs are in the community, and which children are eligible. As a result, they are less likely to refer children to ECI. One ECI North Texas referral source noted that many newer, younger directors of child care centers are not knowledgeable about ECI because ECI staff visit with child care centers staff less than they used to.

Many interviewees expressed concern that the most at-risk, hard-to-serve children may be “missed” when Child Find efforts deteriorate. In Texas, these children include those living in rural areas, living in poverty and/or unstable conditions, and children with parents reluctant to seek services for a variety of reasons.

Greater Stigma and Fear

With fewer ECI programs in the region and decreased Child Find efforts, some of ECI’s previously strong community relationships have reportedly waned. **Anecdotal reports suggest ECI-related fears and stigmas have gained momentum in the absence of ECI outreach.**

Several community workers in Region 3 perceived a growing caution among some families about enrolling their child in ECI based on distrust of government-related health care interventions; stigma around mental health challenges; assumed association of ECI with Child Protective Services; fear of involvement in a public program, particularly among immigrants; and sometimes even guilt or denial regarding a child’s disabilities or delays.

Families may be more likely to overcome the fear or stigma when ECI programs are able to conduct comprehensive community outreach, employ ethnically and linguistically diverse staff from the communities they seek to reach, and develop relationships with families, physicians, and child care centers.



A CLOSER LOOK: ECI OF NORTH CENTRAL TEXAS PROGRAM

ECI of North Central Texas, which is a division of MHMR of Tarrant County, is by far the largest contractor in the region, with about 3,800 children enrolled on any given day according to their most recent estimates. Other local providers enroll fewer than 1,000 children. It is the sole ECI provider for Tarrant County, Denton County and nine surrounding counties. As noted earlier, Tarrant County has experienced the strongest enrollment trends of the region. Enrollment in Denton County, which has lost two ECI providers, is below its 2011 level but trending upwards in recent years.

ECI of North Central Texas continues to make a real difference in children's lives but its resources are stretched thin due to a combination of state funding cuts and population growth. The program serves children without reimbursement from the state because it consistently serves about 500 children beyond its contracted annual caseload. ECI of North Central Texas plans to remain an ECI contractor in the immediate future. However, like many ECI programs in Texas, it will continue stretching beyond capacity, and working to raise local funds, in order to provide the full array of supports that eligible children need.

ECI of North Central Texas has developed innovative methods for identifying and enrolling eligible children in its service area. Its Child Find approaches include a strong presence at local NICUs, facilitation of peer-to-peer physician education on ECI at Managed Care plan gatherings, and intentional outreach within refugee communities.

MHMR of Tarrant County has made a commitment to serving children in Texas and has identified the following community efforts as critical to outreach and services:

1. State and federal community-based programs aimed at increasing child developmental awareness, screening, treatment, and family strengthening;
2. A strong network of local partners and development of a local Early Childhood Wellness Council; and
3. Collaboration with the medical community to recognize and address the typical barriers low-income families face in receiving wellness checks and therapy services.

"We are fortunate to work hand-in-hand with community partners to serve children and families who need support. This community collaboration is what makes our ECI program so successful even with funding challenges."

Laura Kender
Chief of ECI of North Central Texas
MHMR of Tarrant County



ADDITIONAL CHALLENGES FACING ECI IN NORTH TEXAS

Relationships with Managed Care Organizations

One challenge for ECI contractors is the need to maintain contractual relationships with each Managed Care Organization (MCO) in their region. HHSC contracts with MCOs, such as Blue Cross Blue Shield of Texas, Parkland HEALTHfirst, Superior Health Plan, and others, to coordinate health services for most Texas children enrolled in Medicaid and all Texas children enrolled in the Children's Health Insurance Program (CHIP).

In many states, the state agency overseeing ECI programs has the contractual relationship with MCOs, a more centralized and efficient approach. Here in Texas, each ECI contractor must negotiate reimbursement rates and contracts with each MCO in their region. They also have to build strong enough relationships with each MCO to ensure children have a coordinated care plan and are receiving all medically necessary services.

Managed Care plans have a role to play in ensuring families of children with disabilities know about ECI and consider the option of participating in ECI. Texas HHSC has found, in some cases, that families have been told by private therapy providers or MCOs that they must choose between ECI and private therapy, which is not correct. Texas HHSC recently sent out guidance to all MCOs explaining that families enrolled in Medicaid can participate in ECI and seek additional medically necessary services from other Medicaid service providers. The guidance also states that HHSC expects MCOs to "ensure that their providers are not creating barriers to accessing medically necessary services, including ECI services."³⁰

ECI contractors in North Texas, like other regions of the state, indicate that MCO staff knowledge of ECI and relationships with programs vary widely across the region. We heard from several ECI directors that they receive many fewer referrals from some MCOs in their region than others. Given the proven outcomes of ECI for eligible children, MCOs have a valuable role to play in ensuring kids and families are receiving the most effective services.

ECI directors also report that some families have said their pediatrician first referred to an in-network private therapy provider and did not suggest considering ECI services. Managed Care programs can work with

pediatricians and other primary care providers in their plan networks to ensure providers know about local ECI programs and encourage referral to ECI where appropriate.

Federal Policy Changes May Further Jeopardize ECI

ECI services for Texas children could be hurt by upcoming federal decisions on the future of Medicaid and Children's Health Insurance Program (CHIP) funding; the requirement that Medicaid cover comprehensive services for children (the requirements is known as Early and Periodic Screening, Diagnostic, and Treatment benefit, or EPSDT); and the Individuals with Disabilities Education Act (IDEA).

ECI contractors bill children's health insurance plans, including Medicaid and CHIP, to help cover the costs of ECI services. Medicaid is a particularly important source of funding. About two-thirds of children served through Texas ECI are enrolled in Medicaid. **In 2016, Medicaid reimbursement made up more than 50 percent of ECI program funding.**³¹

Any reductions in federal Medicaid funding would likely hurt ECI services in Texas. For example, the deep Medicaid cuts proposed in versions of Affordable Care Act (ACA) repeal legislation would significantly reduce children's access to ECI. Those and any other proposals to cut Medicaid and establish a block grant or per capita cap would shift the costs of health services from the federal government to the states and counties. In practical terms, they would put states in a position to either increase state spending on Medicaid to replace lost federal funds or, in a more likely scenario for many states, cut Medicaid eligibility, benefits, and/or provider payments. Those decisions could drastically reduce access to ECI services for children enrolled in Medicaid.

Additionally, if Congress were to cut the EPSDT benefit or allow states to waive or cut this benefit, young Texas children with disabilities would suffer. The EPSDT benefit – known as Texas Health Steps in Texas – ensures that children with Medicaid coverage can receive health screenings, developmental screens, and treatments to address conditions discovered through screenings and diagnostic tests. The EPSDT benefit is one of the hallmarks of the Medicaid program and critical for children with disabilities or developmental delays.



Moreover, Texas ECI services could be harmed if Congress were to cut IDEA Part C funding or change IDEA requirements for states. Compared to other states, Texas relies more heavily on the federal government to fund our ECI program. (Nationwide, states cover about two-thirds of the costs of ECI while the federal government covers about one-third, but in Texas state funding only covers about one-third.) Further, under Part C of IDEA, all babies and toddlers whose disabilities or delays fall within the state-defined eligibility criteria

are entitled to receive the full array of ECI services they need. **Any loosening of the requirements to serve all eligible children would weaken the Texas ECI program and threaten a young child's access to critical early interventions.**

It is clear that decisions made by federal policymakers on Medicaid, CHIP, and IDEA policies could have ripple effects on the future of Texas' ECI program and children's access to ECI services.

RECOMMENDATIONS

For State Policymakers:

- Ensure that existing ECI contractors have the financial and other resources they need to remain in the ECI program and be financially sustainable, including adequate and timely mid-year funding to cover enrollment beyond their contracts.
- Fully reverse the Medicaid therapy rate cuts enacted in 2015.
- Utilize the state's ECI advisory committee to assess and recommend options to strengthen the ECI program, boost Child Find efforts, reduce administrative burdens on ECI contractors, and improve transitions following closures.
- Evaluate and address the causes of the disproportionate decline in ECI enrollment of children of color.

For Federal Policymakers:

- Fully fund Medicaid, CHIP, and IDEA Part C.
- Maintain protections for children in Medicaid, including EPSDT.
- Maintain IDEA requirements for states to provide early intervention services to all eligible children under age three.

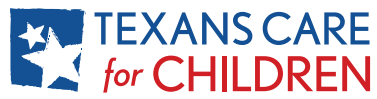
For Community Leaders:

- Build on successful local efforts to improve community coordination and outreach regarding developmental screenings, ECI awareness, and ECI enrollment.

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