

Challenging Populations Survey 2017

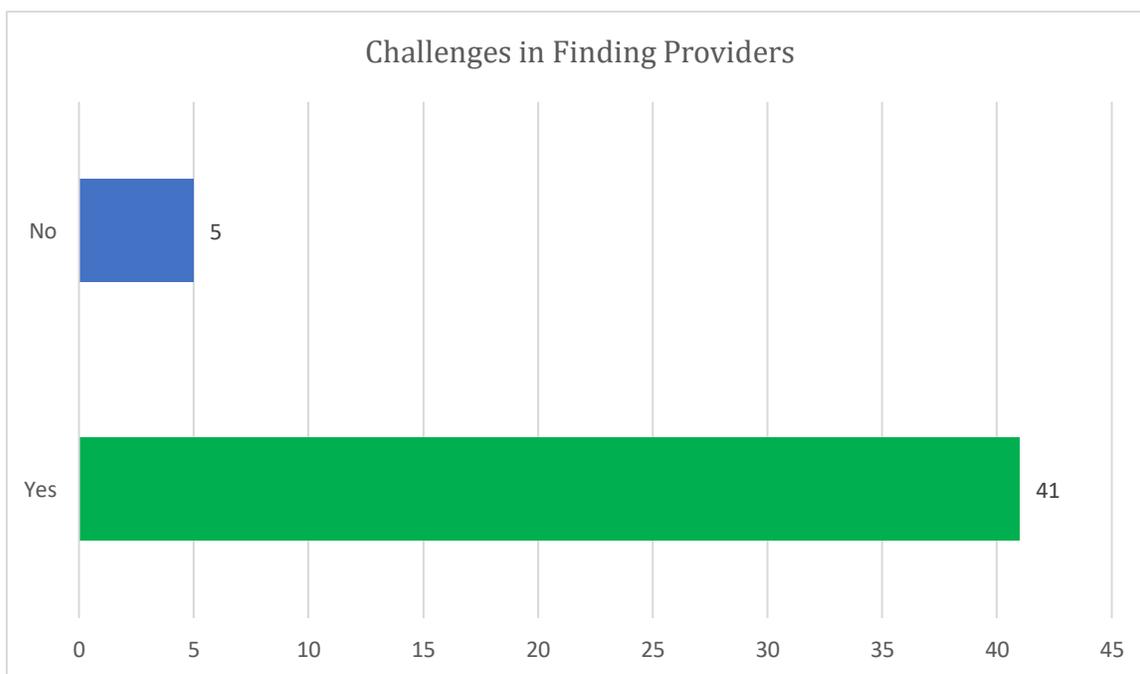


2017 Challenging Populations Survey

The purpose of this survey was to identify challenges (either geographic or situational) that states were experiencing related to providing early intervention services. The survey sought information on specific issues that cause states the greatest challenge. States were also asked about strategies that have been implemented to address the challenges. Comments that were provided by respondents are included as they were written in the survey.

1. Are there particular areas in your state where it is difficult to find providers that are willing to provide Part C services?

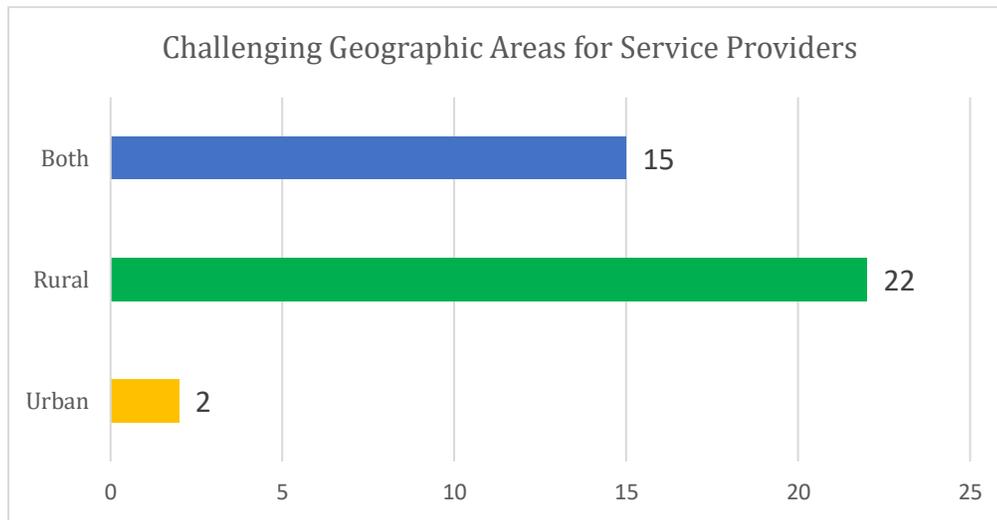
Forty-one of the 46 states (90.24%) participating in the survey responded that there were areas where it is difficult to find providers. Five states indicated they did not have any difficulties in identifying providers.



2. If you said yes, what area is the most difficult? Check all that apply.

Forty-one states responded to this question. Twenty-two states indicated that rural areas were the most difficult while two states indicated urban areas were the most

difficult. Fifteen states responded that they had challenges in both urban and rural areas of their state.



Comments:

- All locations
- My state is not really rural, but it is harder to find people in the quieter areas
- Northern half of the state, especially the Delta - in cities it is hard to find providers willing to provide services in homes/communities
- Urban - Too many competing organizations/agencies needing SLPs, OTs, and PTs.
- When situations are identified as 'not safe', they are not typically in a specific geographic area.

3. What kind of incentives/supports have you offered to increase service provision in these areas? Check all that apply.

Thirty-nine states responded to this question. The incentive/supports with the highest number of respondents (19) was payment for joint visits. This was followed by:

- Training for Providers Related to Physical Safety (12 states); and
- Training for Providers on Cultural Competence.

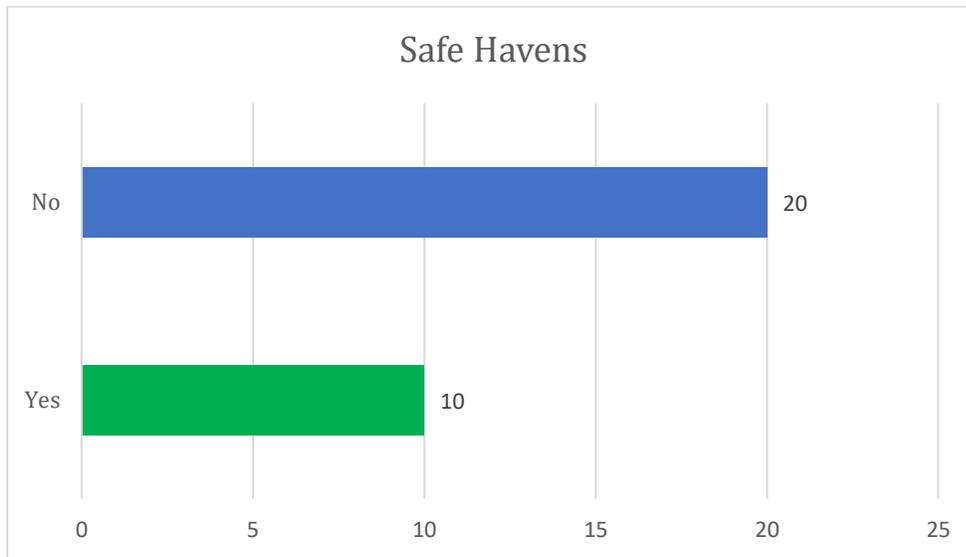


Other strategies identified include:

- Encourage collaboration among home-visiting programs;
- Fiscal support to offset transportation costs;
- Increase service provider rates overall;
- Local agencies have used these incentives;
- Looking at how to recruit providers; considering telemedicine for hearing services
- Mileage reimbursement
- Open enrollment for new providers in the limited areas of the state
- Recruit agencies to expand to counties with no practitioners available. Offer reimbursement to families that locate a practitioner or offer temporary center-based services.
- Reimbursement for travel/time and mileage for no shows
- Services are provided directly by the EI/ECSE program
- This is individualized at the Intermediate School District Level
- We (local leads with state encouragement) have done safety training bringing in law enforcement to talk about personal safety.
- We are working on telehealth

4. Have you created "Safe Havens" (alternate settings) for service provision to address service provision in challenging environments?

Forty-four states responded to this question. Ten states indicated they had developed alternative settings. Twenty states responded that they had not created alternative settings and the rest of the states provided comments.



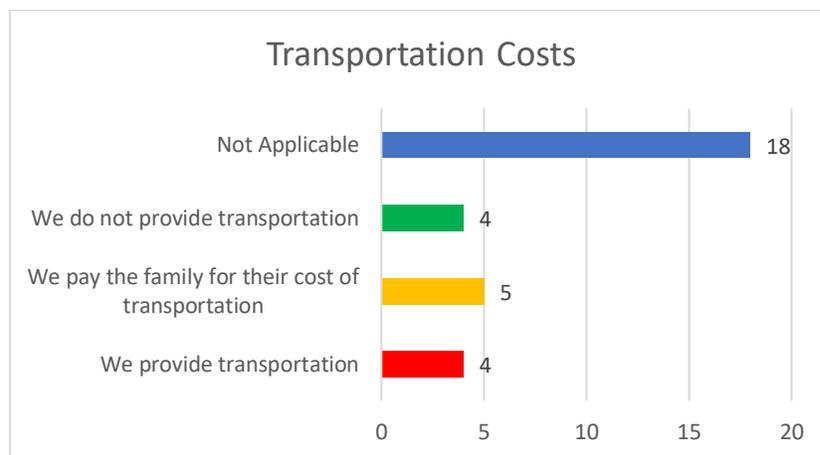
Comments:

- Local programs offer alternative locations within the community to provide IFSP services.
- Not at the state level but perhaps at the local regional center level. Unknown.
- Providers are generally creative in finding alternative community settings to provide services.
- Services can be provided in community settings.
- The state hasn't defined these areas, but local offices may do this.
- These are identified by the EIS provider and are determined by individual situation.
- These decisions are typically based on individual family needs.

- This applies all over the state. If a provider doesn't feel safe we encourage visits to take place in a library or public location close to the family's home.
- This is based on local practice. I do not have state data.
- We allow providers to work with the service coordinator to offer alternate locations for the service.
- We do allow providers to service families in alternate locations.
- When safety is a concern, programs are encouraged to find alternative natural environment locations. When necessary, center-based services may occur with the understanding that the program will continue to revisit a natural environment setting.
- Alternative settings are at the discretion of the family, not the provider.

5. If you have created a safe haven, do you provide transportation for families to get there?

Thirty-six states responded to this question. The majority of states (18) indicated that this question was not applicable.



Comments:

- Depending on the situation, transportation costs could be provided.
- No transportation if the alternate location is a natural environment or community setting.

- Not directly to families but do assist with arranging transportation if available.
- Some programs do.
- This is individualized based on the needs of the family.
- We arrange and pay for transportation as needed.

6. Please share any strategies that you have developed to address this population or these issues.

Comments:

- Allow use of "other " settings.
- Attracting providers with nonstandard rates, use of telepractice, "block contracts" which cover travel time, service time, early intervention team meeting time, and training time.
- Created legislation and provided disparity funding to identify and increase outreach at the local level to ensure that identified populations are informed and able to access EI services.
- Currently working on identifying strategies and possible incentives but have not officially adopted any.
- General capacity shortage with all EI service providers. Service providers will decline to provide services in certain parts of their catchment area due to either the travel, lack of parking or safety issues.
- Have conducted numerous trainings over several years to enhance service providers' and administrators' skills, competencies, and awareness in this area.
- If services need to be provided in a "safe haven" because of extreme circumstances, the providers are required to develop a plan with the family to provide resources/strategies/supports so that EI services can eventually be provided in the natural environment again.

- In situations where safety is an identified concern, the option typically selected is for professionals to make joint visits. Professionals also collaborate with other agencies/programs that may be serving the family.
- Lead agency encourages the local program/IFSP team to discuss strategies to support the provision of IFSP services in other community settings or center based for the short term.
- Local programs have talked about partnering with local law enforcement for awareness trainings.
- Meeting with stakeholders to solicit their assistance regarding this matter. Also, we have discussed ways we might could use technology to provide supports in certain areas of the state.
- Moved staff/contractor to cover different locations to fill shortages. Working on implementing tele-health practices. Increased travel reimbursement rate for longer distances.
- No specific strategies to offer. However, we will problem-solve and brain storm ideas with programs, as needed and when situations arise.
- Ongoing discussion on engagement.
- Our problem is not about provider willingness to work in parts of the state. Our problem is not having enough providers, especially SLPs, to fully serve the Part C population. Some agencies have turned to using tele-therapy sessions with out-of-state providers to meet the needs of families.
- Our programs do their own hiring. In areas that are harder to find staff programs use more part time contractors and school district staff.
- Providers are contractually obligated to provide supports and services to families in their natural environment. When providers feel uncomfortable in various environments, the lead agency will provide technical assistance and encourage the providers to explore all options with the family and the team. We encourage discussions in team meetings to gather supports from other team members. If there are various other natural environments the providers can safely provide

services and families are willing to allow services in those environments, that is encouraged. Depending on the IFSP services, joint visits or IFSP visits along with the child's service coordinator or a home visitor are also encouraged. Arizona would love to explore what other supports we can provide to our providers, that remain in compliance with our contracts and IDEA.

- Requesting additional positions from the state legislator.
- Services are provided in an alternative setting such as libraries, playgroups, at the social services agency, local playgrounds, a relative's home, etc.
- The State provides connections with State-level personnel with strong ties to some communities that are challenging to serve for a variety of reasons. The State staff provide guidance and introductions within these communities to develop trust and relationships.
- This is a good idea- we have not really focused on this for our providers, only service coordinators and state staff (and contract local lead agencies).
- Training on trauma informed care.
- We are exploring opportunities to begin providing services through telehealth.
- We have a current workgroup developing strategies and planning some implementation of any considered "achievable".
- We haven't struggled as much with having a willing provider but having the professionals necessary available to the provider. We're definitely interested in how other states are handling that.
- We partnered with an association of county boards of developmental disabilities in Appalachia to find providers in an underserved rural area of the state.
- We use an environmental risk tool that can be used for eligibility for 24 hours a year or 2 hours a month of EI services.
- Work closely with DCYF to coordinate services to families with special circumstances.
- Working on strategies for some of our greatest challenges - which have been with those infants and toddlers who are deaf/ hearing impaired - limited trained staff

communication options, and natural environment issues for those with cochlear implants. Would love more information on "safe havens". Thanks