ITCA Annual Survey:
State Challenges and Responses

September 2017
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2017 Part C Implementation: State Challenges and Responses

For the twelfth consecutive year, the ITCA has surveyed its members regarding state responses to Part C implementation issues and challenges. The Association utilizes this information to track emerging issues and state responses related to eligibility, finance and decisions regarding continued participation in Part C. ITCA and its members also make this aggregate information available to the Administration, to the Congress, to our early learning and disability partners, and to state and local elected officials.

This survey was distributed to all Part C coordinators in May 2017. Forty-eight of the fifty-six states and jurisdictions (hereafter referred to as states) responded to the survey. 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 and eligibility. In charts or tables that provide answers by these categories, the number of total respondents by those 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.

Executive Summary of State Responses

The following questions were asked and the responses are summarized below. Where available, trend data from the last five years are included. For each question, additional information is provided in the body of the report.

Q 1. Which statement describes the status of your state’s continuing Part C participation? Check all that apply.

Of the forty-six states that responded to this question:

- 39 states responded that there are no discussions related to dropping out of Part C;
- 1 state responded that they are having discussions about possibly dropping out of Part C during the 2017-2018 year;
• 3 states responded that they are having serious discussions related to continued participation in Part C;
• 4 states responded that in the last 18 months, they have been asked to prepare documents/plans about either 1) what their state early intervention system would be like without a federal Part C grant or 2) the benefits to their state of continuing participation in Part C as compared to the challenges; and

• 3 states provided other comments.

Q 2. If discussions about dropping out are taking place, what issue will cause the administration to decide to drop out? Check all that apply.

Of the sixteen states that responded to this question:
• 3 states indicated increased costs;
• 8 states indicated state budget availability;
• 4 states indicated program growth rate;
• 2 states indicated increased costs of children with complex needs; and
• 3 states indicated a reduction in federal Part C funds.

Q 3. Will your state be able to continue participation in Part C through June 30, 2018

Of the forty-six states that responded to this question, 44 indicated that they would be able to continue participation through June 30, 2018. Two states indicated that it is possible that they will not be able to continue participation through June 30, 2018 due to lack of funding.
Q 4. Please estimate the percentage of families refusing access to public insurance.
Twenty states provided data in response to this question and reported an average declination rate of 4.7% (Range: 0% to 32%). This is a slight increase from 3.7% in 2016.

Q 5. Please estimate the percentage of families refusing access to private insurance.
Sixteen states provided data in response to this question and reported an average declination rate of 15.8% (Range: 1% to 90%). This is a decrease from the 2016 average declination rate of 21.46%.

Q 6. As a result of state fiscal issues, what have you done in the last 12 months in order to continue participation in Part C? Check all that apply.
Of the thirty states that responded to this question:
- 1 state implemented family fees;
- 4 states reduced provider reimbursement;
- 1 state required prior approval for hours of service that exceed an identified amount;
- 2 states made changes in the state Medicaid plan to increase coverage for Part C services;
- 2 states added Autism coverage in the Medicaid state plan;
- 1 state developed legislation related to the use of private insurance; and
- 24 states identified other actions.

Q 7. As a result of state fiscal issues, what will you do in the next 12 months in order to continue participation in Part C? Check all that apply.
Of the thirty-six states that responded to this question:
- 1 state will implement family fees;
- 1 state will increase family fees;
- 2 states will require families to use their private insurance or be placed on a fee schedule;
- 3 states will reduce provider reimbursement;
- 1 state will narrow eligibility;
- 9 states will make changes in the state Medicaid plan to increase coverage for Part C services;
• 1 state will add Autism coverage in the Medicaid state plan;
• 3 states will develop legislation related to the use of private insurance; and
• 18 states identified other actions that will be considered.

Q 8. Which statement describes the status of eligibility in your state for the last three years?
Check only one response.

Of the forty-six states that responded to this question:

• 34 states indicated they have made no changes in eligibility criteria and have no plans to make any changes;
• 3 states have made eligibility criteria more restrictive;
• 2 states have broadened eligibility criteria;
• 2 states are planning to change eligibility in the 2017-2018 fiscal year; and
• 6 states provided additional comments.

Q 9. If you are changing eligibility criteria in the 2017-2018 year, please check the answer that describes what you are planning.

Four states responded to this question. Two states indicated their eligibility criteria will be more restrictive and 2 states indicated their eligibility criteria will be broader.

Q 10. What are you doing for children who no longer meet your eligibility criteria? Check all that apply.

Eight states responded to this questions:
• 1 state is enrolling them in a formal tracking program;
• 6 states indicated they refer them to other community agencies; and
• 1 state offers them enrollment in a screening program.

Q 11. What is the average number of planned hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-two states that provided data to answer this question:

• The number of planned service hours per child per month ranged from 2 hours to 24 hours with a median of 4.8 hours and an average of 6.5.

![Planned Service Hours Per Child Per Month Graph]

Q 12. What is the average number of delivered hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-three states that provided data to answer this question:

• The number of delivered service hours per child per month ranged from 1 hour to 24 hours with a median of 4 hours and an average of 6.3.

![Delivered Hours of Service Per Child Per Month Graph]
Q 13. What is the average length of time a child is in your Part C system?
Of the thirty-two states that provided data to answer this question:

- The average length of time a child was in the Part C system ranged from 8 months to 19 months with a median of 13.2 months and an average of 13.9 months.

![LENGTH OF STAY IN PART C](image)

Q 14. What is the average age of referral for a child in your Part C system?
Of the twenty-nine states that provided data, the range was 12 months to 30 months with a median of 17.8 months and an average of 17.9 months.

Q 15. Which statement describes the status of your state funding for Part C for 2017-2018?
Of the forty-two states that provided data for this question:

- 18 states had their state funding frozen;
- 11 states had their state funding increased;
- 2 states had their state funding decreased; and
- 11 states indicated that their state budget was not finalized when this survey was completed.

Q 16. 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?
Of the forty-four states that responded to this question:

- 2 states indicated that they had agencies/organizations decline to continue because of fiscal constraints;
• 21 states indicated they did not have any agencies/organizations decline to continue because of fiscal constraints;
• 19 states indicated this question did not apply to them; and
• 2 states responded other and made additional comments.

Q 17. If your state uses contractors (agencies/individuals) to provide direct services, did any of those contractors decline to continue because of fiscal restraints?

Of the forty-six states that responded to this question:
• 11 states indicated that they had agencies/individuals decline to continue because of fiscal constraints;
• 21 states indicated they did not have any agencies/individuals decline to continue because of fiscal constraints;
• 9 states indicated this question did not apply to them; and
• 5 states provided additional comments.

Q 18. What is the status of provider reimbursement in your state over the last three years?

Of the forty-six states that responded to this question:
• 28 states indicated provider rates remained the same;
• 3 states decreased provider rates;
• 9 states increased provider reimbursement rates;
• 3 states will decrease provider rates in the next 12 months; and
• 10 states provided additional comments.
Q 19. Is your Part C system involved with your state’s Home Visiting Initiatives?

Forty-five states responded to this question. Their responses to the degree of their involvement with seven system components are recorded in the following chart:

<table>
<thead>
<tr>
<th>Component</th>
<th>Always (1)</th>
<th>Sometimes (3)</th>
<th>Never (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Personnel Training</td>
<td>1</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Shared Policies</td>
<td>0</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Joint Services</td>
<td>1</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>Joint Facilities</td>
<td>2</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Monitoring</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Shared Data</td>
<td>1</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Combined Staff Meetings</td>
<td>1</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Q 20. Have you collaborated with your MIECHV program to discuss how the joint guidance document could be implemented in your state?

Forty-six states responded to this question. Nineteen states responded yes, eleven states responded no and 16 states responded not yet but planned.

Q 21. Is your state addressing the developmental needs of infants with the following conditions?

Forty-three states responded to this question.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Extensive efforts</th>
<th>Some efforts</th>
<th>Beginning to address</th>
<th>Not at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Substance Use</td>
<td>8</td>
<td>23</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>ZIKA Virus</td>
<td>8</td>
<td>16</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td>10</td>
<td>19</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome Disorder</td>
<td>8</td>
<td>26</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Other Adverse Conditions</td>
<td>6</td>
<td>17</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>
Q 22. Once it is released, does your state plan to apply for the new Preschool Grant program authorized under the Every Student Succeeds Act (ESSA)?

Forty states responded to this question:

- 4 states indicated they plan to apply;
- 14 states indicated they were considering and are likely to apply;
- 2 states indicated they were considering but probably will not apply;
- 8 states indicated they will not apply; and
- 12 states provided comments.

Q 23. Is your state experiencing shortages in qualified providers?

Forty-four states responded to this question. Forty-two states indicated they were experiencing shortages of qualified providers.

Q 24. What type of providers are you experiencing shortages in? Check all that apply.

Forty-two states responded to this question:

- 34 states have a shortage of speech-language pathologists;
- 32 states have a shortage of physical therapists;
- 29 states have a shortage of occupational therapists;
- 19 states have a shortage of special educators;
- 12 states have a shortage of psychologists;
- 10 states have a shortage of vision specialists, including optometrists and ophthalmologists;
- 10 states have a shortage of orientation and mobility specialists;
- 6 states have a shortage of registered dieticians; and
- 4 states have a shortage of social workers and nurses.
Demographics of States Responding to the Survey

ITCA received responses from forty-eight states and jurisdictions (hereafter referred to as states). For the purpose of analysis, states self-identified their status for eligibility criteria, type of lead agency and state infrastructure. While OSEP has discontinued categorizing states by eligibility criteria, ITCA members have requested that eligibility continue to be one of the data elements collected from states. The ITCA Data Committee, with membership approval, established the criteria for eligibility categories and states self-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.

![State Eligibility Chart]

<table>
<thead>
<tr>
<th>Category</th>
<th>Survey Respondents</th>
<th>All States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category A</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Category B</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>Category C</td>
<td>12</td>
<td>14</td>
</tr>
</tbody>
</table>
ITCA places lead agencies into three categories: Health, Education and Other (this includes Developmental Disabilities, Human Services, Early Learning Agencies and includes co-leads). States self-identify type of lead agency.

<table>
<thead>
<tr>
<th>Category A (17)</th>
<th>Category B (19)</th>
<th>Category C (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health (23)†</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Education (10)</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Other (15)</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

**State Infrastructure**

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

- **Structure 1**: Thirty-three states (68.75%) 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**: Nine states (18.75%) 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.

† In charts or tables that provide answers by these categories, the number of total respondents by those categories is included in parentheses.
• **Structure 3:** Five states (10.42%) 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 (2.08%) responded that its infrastructure is primarily composed of multiple state agencies and their regional/local counterparts that are responsible for children based either on eligibility criteria or on a specific service.
Demographics of Part C Coordinators Responding to the Survey

In 2005, ITCA developed a profile of the Part C Coordinators. This profile looked at education, experience prior to becoming the coordinator, salary levels and additional responsibilities. Over the last several years, an increasing number of questions came to the ITCA office regarding the status of coordinators. This, combined with leadership turnover, resulted in a decision to add more extensive questions to develop a new profile of Part C Coordinators. Because of responses from 2 coordinators in a co-lead state, there were data from 49 coordinators included in this section.

How long have you been the Part C Coordinator?
Forty-eight coordinators responded to this question. Twenty-one of the forty-eight coordinators reported their state has a Part C Coordinator with two years or less of experience. The chart below compares data from 2005 to 2017 data.
The percentage of experienced coordinators continues to decline. The chart below demonstrates the reversal of experience since 2005.
How many Part C Coordinators has your state had since 1985 when Part C was first enacted?
Forty-one coordinators provided data in response to this question with a range of 2 – 8 coordinators with an average of 4.5 coordinators. In 2005 the average was 3 coordinators with a range of 1-5 coordinators. The average number of coordinators by lead agency are: Health (4.2), Education (4.9) and Other (4.8). The average number of coordinators by eligibility are: Category A (4.1), Category B (4.1) and Category C (4.6).

What was the reason the last Part C Coordinator left the position? Check all that apply.
Forty-eight coordinators responded to this question. “Retirement” was the most frequent response, followed by “moved to a position in another agency.” Responses are included in the chart below. Other comments included:

- A new bureau was created and he moved to a Bureau chief position.
- Change in Administration brought in new leadership expectations.
- Change in Lead Agency.
- In our state, was both Part C and 619 Coordinator. Moved to another state to be only the 619 Coordinator for a significant raise.
- Lead agency office change, coordinator reassigned.
- Stay at home with child.
- The individual’s contract was not renewed after the probationary period.
- The last Part C coordinator moved...the acting one retired.
The chart titled "Reason for Departure" shows the number of respondents for each reason for leaving their position. The reasons include:

- Retirement: 12 respondents
- Promotion within the Agency: 7 respondents
- Moved to another position in another state agency: 9 respondents
- Took a position in a local agency: 3 respondents
- Took a position with a National TA Center: 3 respondents
- Illness: 2 respondents
- Moved: 2 respondents
- Unknown: 4 respondents
- Other: 8 respondents

The chart titled "Departure Reason by Lead Agency" displays the number of respondents for each reason categorized by lead agency type. The categories are:

- Health
- Education
- Other

The data is represented in a bar chart format, showing the number of respondents for each reason by lead agency type. The numbers are as follows:

- Retirement:
  - Health: 6
  - Education: 3
  - Other: 3

- Promotion within the Agency:
  - Health: 2
  - Education: 2
  - Other: 5

- Moved to another position in the same agency:
  - Health: 2
  - Education: 2
  - Other: 0

- Took a position in another state agency:
  - Health: 1
  - Education: 1
  - Other: 4

- Took a position in a local agency:
  - Health: 1
  - Education: 0
  - Other: 1

- Took a position with a National TA Center:
  - Health: 1
  - Education: 0
  - Other: 1

- Illness:
  - Health: 1
  - Education: 0
  - Other: 1

- Moved:
  - Health: 1
  - Education: 0
  - Other: 2

- Unknown:
  - Health: 2
  - Education: 1
  - Other: 1

- Other:
  - Health: 0
  - Education: 2
  - Other: 0
Did you have Part C experience prior to becoming the Part C Coordinator? Check all that apply.

Forty-eight coordinators responded to this question. Twenty-six (54.17%) of them indicated they had worked for the lead agency in the Part C office prior to taking the coordinator position.
The coordinators were asked to describe their work experience if they did not have Part C experience. Responses were:

- Served on SICC
- I also have the experience of being a parent of a child with significant disabilities, who helped to develop the EI system in our state.
- I had mental health policy experience at the state Medicaid agency, I am an advanced practice psychiatric-mental health nurse and have some pediatric experience.
- I have worked as a special education teacher for children that fell under Part B; advocated for children who would qualify under both Parts C and B; served as an assistant director and then as the director of a state office of special education (Part B).
- I served on the SICC for 7 years as a representative for personnel prep programs, Gov office, and SEA (619). I served as the 619 Coordinator immediately preceding taking the Part C Coordinator position.
- I was the administrator/director of an inclusive nonprofit early learning center and I am also a parent of a child who participated in Part C Services (so I did have some :) related experience).
- I worked in social work with individuals of preschool and older ages.
- I worked in the private sector in early childhood field.
- Worked with children with special needs and their families in child welfare for 17 years.
Is Part C your only responsibility?

Forty-eight coordinators responded to this question. Thirty coordinators (62.5%) responded that Part C is their only responsibility. Part C as the only responsibility responses by Lead Agency: Health (70%), Education (60%) and Other (53%). Part C as the only responsibility responses by Eligibility Category: Category A (76%), Category B (63%) and Category C (42%).

Respondents were asked to identify additional programs for which they are responsible. Responses were:

<table>
<thead>
<tr>
<th>Background Experience by Lead Agency</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part C Lead Agency</td>
<td>Lead Agency not Part C</td>
</tr>
<tr>
<td>Health (23)</td>
<td>9</td>
</tr>
<tr>
<td>Education (10)</td>
<td>8</td>
</tr>
<tr>
<td>Other (15)</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Background Experience by Eligibility</th>
<th>NUMBER OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part C Lead Agency</td>
<td>Lead Agency not Part C</td>
</tr>
<tr>
<td>Category A (17)</td>
<td>9</td>
</tr>
<tr>
<td>Category B (19)</td>
<td>11</td>
</tr>
<tr>
<td>Category C (12)</td>
<td>6</td>
</tr>
</tbody>
</table>
• Home and Community Based Waiver program for Individuals with Intellectual and Developmental Disabilities, and 3) Training Unit for Seniors and Disabilities.
• 619 Coordinator Lead for Home Visiting programs, Lead for federally funded Family Center programs
• Also responsible for Part B 619.
• Director of Bureau of Family Health & Nutrition - provide oversight for the following Divisions & programs: Division of EI Division of Perinatal Health & Early Childhood Programs - For Families; Title V MCH Block Grant Programs, etc. Division for Special Health Needs - Care Coordination, Catastrophic Illness Program, Pedi-Palliative Care
• Early Hearing Detection & Intervention, Maternal Child Health Block Grant activities (developmental screening)
• Early Hearing Detection and Intervention, Head Start Collaboration Office Each of the above programs have a coordinator that I supervise. Supervise total of 6 persons
• Early Hearing Detection and Intervention Program
• Federal and state funded home visiting, newborn metabolic screening, metabolic foods and formula program, and early childhood mental health (includes Help Me Grow and State Strengthening Families)
• Head Start Collaboration Office
• However, I am actively involved in many common education and special education projects including, early literacy and Medicaid billing.
• I am responsible for our regional committees responsible for child find, public awareness and outreach; staff to the ICC which covers 0-5. Our system is a 0-5 system so my work crosses over in many areas - CSPD, interagency collaborations, EHDI, etc.
• I oversee all Medicaid programs for children with special health care needs in the state.
• I supervise data personnel in our division (birth to 21). I am also a birth to kindergarten liaison (including preschool special education) for several counties.
• Medicaid Waiver, Early childhood Special Education - Part B/619 program supervision
• MIECHV and other state funded program for the prevention of Child Abuse and Neglect
• Monitoring activities of Part C and the Home and Community Based Waiver and Other health and mental health related programs
• Part C is part of a larger program, so I have responsibilities associated with that larger program in addition to Part C-specific responsibilities.

• The Part C Coordinator is a 1/2-time position. The other 1/2 of my job is the Children & Family Services Administrator within the DD Division.

• Title XX program entitled "Family Education and Support" for eligible children and young adults aged 3 to 21 to provide service coordination and respite. Those enrolled are identified as having an intellectual disability and are placed on waitlists for waiver services.

What percentage of your salary is supported by resources other than Part C?

Forty-eight coordinators responded to this question. Seventeen coordinators indicated that 100% of their salary is paid for by Part C. Seventeen coordinators indicated that 100% of their salary is paid for by other funds.

![Percentage of Salary Supported by Resources other than Part C](image)

<table>
<thead>
<tr>
<th>PERCENTAGE OF RESPONDENTS</th>
<th>0%</th>
<th>&lt; 30%</th>
<th>31-50%</th>
<th>51-74%</th>
<th>75-99%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>49%</td>
<td>0%</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
<td>26%</td>
</tr>
<tr>
<td>2017</td>
<td>36%</td>
<td>6%</td>
<td>6%</td>
<td>9%</td>
<td>6%</td>
<td>36%</td>
</tr>
</tbody>
</table>
What is the highest education degree you have achieved?

Forty-eight coordinators responded to this question. Twenty-seven coordinators (56.25%) indicated they had a Master's degree. Ten coordinators (20.83%) indicated they had a BA/BS. Five coordinators (10.42%) had doctoral degrees. Six coordinators (16%) indicated that they had other types of degrees including:

- Partial College;
- Associates Degree. Working on my B.S. right now;
- Halfway through 2nd Masters;
- Specialist; and
- J.D. (2).
Please indicate your salary range.

Forty-six coordinators responded to this question. The most frequently cited salary range was $61 – $70,000 and represented ten coordinators (21.74%). In 2005, the most frequently cited salary range was $51-60,000 representing 31% of the respondents.
Identify the factors that are the most stressful in your position as the Part C Coordinator. Check all that apply.

Forty-eight states responded to this question. Thirty-two states (66.67%) responded that insufficient funding for services was the most stressful. Twenty-seven states (54.17%) responded that lack of staffing at the lead agency level was stressful and twenty-five states (52.08%) indicated that lack of providers to meet service needs was stressful.

Other factor identified included:

- Government requirements in general: contracting, RFPs, processing invoices, monitoring travel, etc.

- Having sufficient resources to do statewide professional development over extended periods of time (e.g. funding, people, administrative support) so that PD becomes part of a person's job rather than a tacked-on responsibility that is in addition to service provision.

- Issues that are not unique to the Part C Program in state government. The shift in priorities from changes in state and federal administrations and concerns that the political will to support this population at the current level may not be there in the future. These realities require we plan for the possibility that support for the program might change and at the same time try to work on improving the quality of the existing program.

- Lack of qualified providers at the local level; breaking down silos and local culture to embrace change and evidence-based practices.
• Lack of understanding of limitations and restrictions under Federal Part C that assist in “controlling” IFSP decisions regarding type, frequency and length of time for services.

• Rates have not been increased to support cost of living increases, but funding at this time cannot support this increase.

• The lack of administrative support is just shifting and I am hopeful that Part C will gain more momentum.

• Turnover at state and local level

• Uncertainty about future federal and state support

• Unclear and divided responsibilities of the Part C Coordinator role - many people do the work of the Part C Coordinator - I feel my title is a Federal designation only.

• We have received increased funding, but the need continues to increase driven by continued increase in child count.

<table>
<thead>
<tr>
<th>Stressful Factors by Lead Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Insufficient Funding for Services</td>
</tr>
<tr>
<td>Lack of providers to meet service needs</td>
</tr>
<tr>
<td>Federal reporting requirements</td>
</tr>
<tr>
<td>SPP/SiMR</td>
</tr>
<tr>
<td>Lack of staffing at the lead agency level</td>
</tr>
<tr>
<td>Lack of administrative support</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Health (23) 61% 39% 22% 43% 65% 26% 30%
Education (10) 70% 60% 10% 40% 50% 20% 20%
Other (15) 73% 67% 27% 27% 40% 20% 13%
Tipping Points Survey Questions

Q1. Which statement describes the status of your state's continuing Part C participation?

Check all that apply.

Of the forty-six states that responded to this question, thirty-nine states (84.78%) responded that there are no discussions related to dropping out of Part C; one state (2.17%) responded they are having discussions about possibly dropping out of Part C during the 2017-2018 year. Three states (6.52%) responded that they are having serious discussions related to continued participation, and four states (8.70%) responded that in the last 18 months, they have been asked to prepare documents/plans about either 1) what their state early intervention system would be like without a federal Part C grant or 2) the benefits to their state of continuing participation in Part C as compared to the challenges; and three states (6.52%) provided comments.
Comments from three states included:

- In the recent past, there have been communications between the governor and the AG about the fact that providing Part C services is not a requirement.
- Received an OMB audit as a high state appropriation cost to identify cost savings.
- We are having serious discussions about how the program can be sustained, if at all, in the face of year after year cuts.
- The lack of administrative support is just shifting and I am hopeful that Part C will gain more momentum.
Analyzing the responses to this question by Lead Agency and Eligibility resulted in the following:

**Q2. If discussions are taking place, what issue will cause the administration to decide to drop out? Check all that apply.**

Sixteen states responded to this question. Eight states (50%) cited state budget availability. Three states (18.75%) cited increased costs of the system. Four states (25%) cited program growth rate. Three states (18.75%) cited reduction in federal Part C funds and two states (12.5%) cited increased costs of children with complex needs.
Comments included:

- While not specific to dropping out, continued increased costs of the system and reductions/changes in Medicaid would be considerations.
- Federal requirements that add costs to operate the program and make it function like an entitlement program but that are outpaced by the relatively flat federal funding provided and concerns about state liability stemming from potential gaps in statewide coverage.

Analyzing the responses to this question by Lead Agency and Eligibility resulted in the following:

![Chart showing issue that could cause dropout]

**Q3. Will your state be able to continue participation in Part C through June 30, 2018?**

Of the forty-six states that responded to this question, forty-four states (93.48%) indicated that they would be able to continue participation through June 30, 2018. Two states (4.35%) indicated that it is possible that they will not be able to continue participation through June 30, 2018 due to lack of funding.
Q4. Please estimate the percentage of families refusing access to public insurance.
Twenty states provided data in response to this question and reported an average declination rate of 4.7% (Range: 0% to 32%). This is a slight increase from 3.7% in 2016.

Q5. Please estimate the percentage of families refusing access to private insurance.
Sixteen states provided data in response to this question and reported an average declination rate of 15.8% (Range: 1% to 90%). This is a decrease from the 2016 average declination rate of 21.46%.

Q6. As a result of state fiscal issues, what have you done in the last twelve months in order to continue participation in Part C? Check all that apply.
Thirty states responded to this question. Four states (13.3%) reduced provider reimbursement. Two states (6.67%) made changes in their state Medicaid plan to increase coverage for Part C services. Two states (6.67%) added autism coverage in their state Medicaid plan. One state (3.3%) required prior approval for hours of service that exceed an identified amount. One state (3.3%) implemented family fees and one state (3.3%) developed legislation related to the use of private insurance.

Twenty-four states provided other actions:
- Increased use of Medicaid funding by providers.
• Although not directly related to continuing, we have put forward an expansion budget that would allow us to serve families more effectively and be compliant with timelines. Of the 85 positions requested, we obtained 8. I also added 2 direct service positions on our federal grant due to the inability to recruit providers that resulted in long-term noncompliance. The issues were state infrastructure and not local agency.

• Attempted to add Autism to the state Medicaid plan.

• Currently working on developing an EPSDT EI SPA.

• Developed a new SOP rule.

• Implemented or developing procedures to monitor eligibility & service decisions.

• Increased EI rates through the established rate review process.

• MAC

• Our state has reviewed and reduced contracted provider rates with predictable consequences. Our state Part C staff have not had raises or been granted a salary step in more than 5 years.

• Our state is planning to submit a state plan amendment on ASD coverage.

• Reduced Program administrative staff.

• Reviewing details of operational line items.

• Updated procedures to ensure fidelity of EI Principles shared and practiced.

• We are investigating changes in Medicaid plan.

• We’ve continued to look at the contracts paid for with Part C funds & reduced or eliminated them. We’ve also not replaced a contracted position, so those responsibilities were assumed by the Part C Coordinator.

• Worked with stakeholders to explore opportunities for efficiency and use of technology to reduce costs and increase access to certain providers.

Q7. As a result of state fiscal issues, what will you do in the next 12 months in order to continue participation in Part C? Check all that apply.

Thirty-six states responded to this question. One state (2.78%) will implement family fees and one other (2.78%) will increase family fees. Two states (5.56%) indicated that they will require families to use their private insurance or be placed on a fee schedule. Three states (8.33%) will reduce
provider reimbursement. One state (2.78%) will narrow eligibility. Nine states (25%) indicated they will make changes in the state Medicaid plan to increase coverage for Part C services and one state (2.78%) will add Autism coverage in the Medicaid state plan. Three states (8.33%) will develop legislation related to the use of private insurance. Eighteen states (33%) identified the following other actions that will be considered:

- At this time, nothing specific is in the works, but there’s the potential for some significant change/movement in our state, based off our legislative session.
- Continue to explore opportunities for efficiency and technology use to reduce costs and increase access to certain providers.
- Continue work to ensure: Right service, right child, right time.
- Currently exploring private insurance options.
- Develop legislation related to the use of private insurance.
- Enforce the System of Payments to ensure Part C funds are used as the payor of last resort.
- Explore how to get more services to be able to be covered by Medicaid,
- Pursue grants and other funding sources.
- Redefine what early intervention services are and work with Medicaid to establish a different rate for reimbursement of those services.
- Reduce reimbursement for travel time and mileage.
- Review policies and monitoring of eligibility & service decisions.
- State is considering changing Lead Agency.
- The state funding for Part C has been flat for the past 7 years. Significant effort will be put forth to emphasize the need for increased funding.
- The way that we are structured, our local county governments have to cover expenditures for the children in their counties, so they must contribute dollars as needed.
- We are analyzing several possibilities that can help with the fiscal issues, including participation in private insurance coverage and Medicaid plan.
- We are conducting a rate study.
• We are considering narrowing eligibility (only a possibility). We will be exploring CHIP reimbursement for special instruction. We will expand options for contractors to carryover funding into future fiscal years to help contractor agencies build reserves for lean years. We are requesting approval to begin bulk purchasing of the BDI-2 to reduce costs. We will begin a rule project to streamline state requirements to increase administrative efficiencies.

• We will attempt to do the above. We are also working to mobilize our SICC to be more supportive and involved in addressing fiscal issues.

• Work with providers in making adjustment to reimbursed items.

Q8. Which statement describes the status of eligibility in your state for the last three years?
Of the forty-six states that responded to this question, thirty-four states (73.91%) indicated they have made no changes in eligibility criteria and have no plans to make any changes; three states (6.52%) have made eligibility criteria more restrictive; two states (4.35%) have expanded eligibility criteria. Two states (4.35%) are planning to change eligibility in the 2017-2018 fiscal year. Six states (13.04%) provided additional comments.
Additional Comments:

- No plans at present but this may change due to fiscal shortages at the state level.

- Re-eligibility change--possible elimination of a couple of established medical conditions.

- We are analyzing the possible effects of making our eligibility criteria more restrictive.

- We have not changed eligibility criteria in the last three years but are considering narrowing eligibility.

- We have not changed eligibility, but may consider doing so in 2017-2018.

- We have provided direction to ensure eligibility is being done consistently across our state.

Q9. If you are changing eligibility criteria in the 2017-2018 year, please check the answer that describes what you are planning.

Four states responded to this question. Two states indicated that their eligibility will be narrower and two states indicated their eligibility criteria would be broader.
Q10. What are you doing for children who no longer meet your eligibility criteria? Check all that apply.

Eight states responded to this question. Six states (75%) indicated they refer them to other community agencies. One state (12.5%) enrolls them in a formal tracking program and one state (12.5%) offers enrollment in a screening program.

Q 11. What is the average number of planned hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-two states that provided data to answer this question, the number of planned service hours per child per month ranged from 2 hours to 24 hours with a median of 4.8 hours and an average of 6.5 hours.

<table>
<thead>
<tr>
<th></th>
<th>Health (10)</th>
<th>Education (4)</th>
<th>Other (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median hours of planned service</td>
<td>5.2</td>
<td>5.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Average hours of planned service</td>
<td>8</td>
<td>5.3</td>
<td>5.3</td>
</tr>
<tr>
<td></td>
<td>Category A (5)</td>
<td>Category B (9)</td>
<td>Category C (8)</td>
</tr>
<tr>
<td>Median hours of planned service</td>
<td>3.9</td>
<td>4.8</td>
<td>6.5</td>
</tr>
<tr>
<td>Average hours of planned service</td>
<td>5.7</td>
<td>4.8</td>
<td>8.6</td>
</tr>
</tbody>
</table>
Q12. What is the average number of delivered hours of direct service (excluding service coordination and evaluation/assessment) per child per month?

Of the twenty-three states that provided data to answer this question, the number of delivered service hours per child per month ranged from 1 hour to 24 hours with a median of 4 hours and an average of 6.3 hours.

<table>
<thead>
<tr>
<th></th>
<th>Health (9)</th>
<th>Education (5)</th>
<th>Other (9)</th>
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<td>Average hours of delivered service</td>
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<td>6.6</td>
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<tr>
<td></td>
<td>Category A (5)</td>
<td>Category B (10)</td>
<td>Category C (8)</td>
</tr>
<tr>
<td>Median hours of delivered service</td>
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<tr>
<td>Average hours of delivered service</td>
<td>4</td>
<td>6.7</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Analyzing the responses to the questions regarding planned and delivered services by type of lead agency and eligibility category resulted in the following:

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The numbers in parentheses reflect planned/delivered services.
Q13. What is the average length of time a child is in your Part C system?

Of the thirty-two states that provided data to answer this question, the average length of time a child was in the Part C system ranged from 8 months to 19 months with a median of 13.2 months and an average of 13.9 months.

<table>
<thead>
<tr>
<th>Category</th>
<th>Health (17)</th>
<th>Education (4)</th>
<th>Other (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median length of time</td>
<td>15 months</td>
<td>16.4 months</td>
<td>11.3 months</td>
</tr>
<tr>
<td>Average length of time</td>
<td>15.3 months</td>
<td>15.5 months</td>
<td>11.2 months</td>
</tr>
<tr>
<td>Category A (11)</td>
<td>Category B (11)</td>
<td>Category C (10)</td>
<td></td>
</tr>
<tr>
<td>Median length of time</td>
<td>13 months</td>
<td>15 months</td>
<td>13.5 months</td>
</tr>
<tr>
<td>Average length of time</td>
<td>13.2 months</td>
<td>14.6 months</td>
<td>13.9 months</td>
</tr>
</tbody>
</table>

Q14. What is the average age of referral for a child in your Part C system?

Of the twenty-nine states that provided data, the range was 12 months to 30 months with a median of 17.8 months and an average of 17.9 months.

<table>
<thead>
<tr>
<th>Category</th>
<th>Health (15)</th>
<th>Education (4)</th>
<th>Other (10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age at referral</td>
<td>18 months</td>
<td>17.6 months</td>
<td>17.5 months</td>
</tr>
<tr>
<td>Average age at referral</td>
<td>17.7 months</td>
<td>17.5 months</td>
<td>18.4 months</td>
</tr>
<tr>
<td>Category A (11)</td>
<td>Category B (9)</td>
<td>Category C (9)</td>
<td></td>
</tr>
<tr>
<td>Median age at referral</td>
<td>17 months</td>
<td>18 months</td>
<td>17.1 months</td>
</tr>
<tr>
<td>Average length of time</td>
<td>16.7 months</td>
<td>20.6 months</td>
<td>16.8 months</td>
</tr>
</tbody>
</table>
Q 15. **Which statement describes the status of your state funding for Part C for 2017-2018.**

Forty-two states responded to this question. Eighteen states (42.86%) had their state funding frozen. Eleven states (26.19%) had their funding increased. Two states (4.76%) had their funding reduced and eleven states (26.19%) did not have a finalized state budget at the time they responded to the survey. The funding cuts were 33% and 6.34% for two states.

Analyzing the responses to this question by lead agency and eligibility resulted in the following:
Q 16. 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?

Forty-four states responded to this question. Two states (4.55%) indicated that they had agencies/organizations decline to continue because of fiscal constraints. Twenty-one states (47.73%) indicated they did not have any agencies/organizations decline to continue because of fiscal constraints and nineteen states (43.18%) indicated this question did not apply to them. Two states responded other. Their comments were:

- Decrease in reimbursement rates is anticipated to reduce the number of contracted providers willing to work in Part C.
- Some have indicated hesitation but no refusals yet.
Q 17. If your state uses contractors (agencies/individuals) to provide direct services, did any of those contractors decline to continue because of fiscal restraints?

Forty-six states responded to this question. Twenty-one states (45.65%) indicated they did not have any contractors (agencies/individuals) decline to continue because of fiscal constraints. Eleven states (26%) indicated that they had agencies/individuals decline to continue because of fiscal constraints and nine states (19.57%) indicated this question did not apply to them. Five states (10.87%) provided additional comments.

![Loss of Contractors](Loss_of_Contractors.png)

**Additional Comments:**

- A small number of providers have left the program but this has been balanced by new providers joining.
- Contractors are hired at the local level so the State does not keep a record of contractors that decline to provide service.
- No at the regional center but unknown about individual providers that contract with the regional centers.
- We have had a few providers go out of business and one that filed bankruptcy. It is unknown if these instances are due to our fiscal issues or other outside forces.
- We hold Payee Agreements (not contracts) and we lose some, we gain some. Not increase in overall for years but still get new ones!
Q 18. What is the status of provider reimbursement in your state over the last three years?

Forty-six states responded to this question. Twenty-eight states (60.87%) indicated provider rates remained the same. Three states (6.52%) decreased provider rates. Nine states (19.57%) reported they increased provider reimbursement rates. Three states (6.52%) indicated they would decrease provider rates in the next twelve months. Ten states (21.74%) provided the following comments:

- Approval of nonstandard rates has a decrease for the coming fiscal year. Many rates are below what contracted providers are currently receiving.
- Decreased as of Sept 2016, and new SPA will reduce it more.
- Medicaid managed care rates in some areas of the state are less than Medicaid fee-for-service rates.
- Our state does not use provider rates.
- Provider rates have been level for over 5 years, which equates to a cut for providers each year as there is no cost of living increases.
- Service providers are employees of regional agencies responsible for delivering Part C services so no reimbursement rates used.
- The per child funding that the state office distributes has decreased due to growing numbers served and static funding levels.
- We do not reimburse but rather state funding is given upfront. Medicaid funding is reimbursed and rates have remained the same but now the provider only has a certain amount of hours it can provider to client per year and must seek approval from state if exceeds the yearly amount.
- We do not reimburse providers based on rates. A set amount is distributed by formula.
- We have given the same amount of contract dollars to each local county agency.
Part C Implementation: 2017 State Challenges and Responses

### Status of Provider Reimbursement

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates stayed the same</td>
<td>28</td>
</tr>
<tr>
<td>Decreased rates</td>
<td>3</td>
</tr>
<tr>
<td>Increased rates</td>
<td>9</td>
</tr>
<tr>
<td>Will decrease</td>
<td>3</td>
</tr>
<tr>
<td>Will increase</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

### Provider Reimbursement by Lead Agency and Eligibility

<table>
<thead>
<tr>
<th>Category</th>
<th>Health (23)</th>
<th>Education (8)</th>
<th>Other (15)</th>
<th>Category A (13)</th>
<th>Category B (19)</th>
<th>Category C (14)</th>
<th>Comments</th>
<th>Will Increase</th>
<th>Will Decrease</th>
<th>Frozen</th>
<th>Increased Rates</th>
<th>Decreased Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Category C (14)</td>
<td>Category B (19)</td>
<td>Category A (13)</td>
<td>Other (15)</td>
<td>Education (8)</td>
<td>Health (23)</td>
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<td>Will Increase</td>
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<td>0</td>
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<tr>
<td>Will Decrease</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Frozen</td>
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<td>14</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>14</td>
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<td>Decreased Rates</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Q 19. Is your Part C system involved with your state’s Home Visiting initiatives?  
Forty-five states responded to this question. The following chart documents the degree of their involvement with seven system components:

<table>
<thead>
<tr>
<th></th>
<th>Always (1)</th>
<th>(2)</th>
<th>Sometimes (3)</th>
<th>(4)</th>
<th>Never (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Personnel Training</td>
<td>1</td>
<td>3</td>
<td>24</td>
<td>5</td>
<td>11</td>
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<tr>
<td>Shared Policies</td>
<td>0</td>
<td>4</td>
<td>9</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Joint Services</td>
<td>1</td>
<td>2</td>
<td>19</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Joint Facilities</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>29</td>
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<tr>
<td>Monitoring</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>37</td>
</tr>
<tr>
<td>Shared Data</td>
<td>1</td>
<td>7</td>
<td>10</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>Combined Staff Meetings</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>25</td>
</tr>
</tbody>
</table>

Q 20. Have you collaborated with your MIECHV program to discuss how the joint guidance document could be implemented in your state?  
Forty-six states answered this question. Nineteen states (41.3%) indicated they had begun discussions related to the guidance document. Sixteen states (34.78%) responded that they had not done so yet but have plans to. Eleven states responded that they have not collaborated with the MIECHV program regarding the guidance document.
Q 21. Is your state addressing the developmental needs of infants with the following conditions?

Forty-three states responded to this question. The chart below documents the extent to which the states are addressing the specific conditions.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Extensive Efforts</th>
<th>Some efforts</th>
<th>Beginning to address</th>
<th>Not at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Substance Use</td>
<td>18.6%</td>
<td>53.49%</td>
<td>20.93%</td>
<td>6.98%</td>
</tr>
<tr>
<td>Zika Virus</td>
<td>19.05%</td>
<td>38.10%</td>
<td>14.29%</td>
<td>28.57%</td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td>23.26%</td>
<td>44.19%</td>
<td>16.28%</td>
<td>16.28%</td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome Disorder</td>
<td>19.05%</td>
<td>61.9%</td>
<td>9.52%</td>
<td>9.52%</td>
</tr>
<tr>
<td>Other Adverse Conditions</td>
<td>18.18%</td>
<td>51.52%</td>
<td>9.09%</td>
<td>21.21%</td>
</tr>
</tbody>
</table>
If you answered other adverse conditions, please identify:

- ACES
- Autism
- Beginning to address needs of infants with at risk conditions due to medical conditions.
- CMV, Congenital Heart Defects
- Infant Parent Mental Health
- State Special Health Services has added a Birth Defects Surveillance Program and State ITS. will be working closely with the new coordinator in the future.
- Lots of focus on Zika, but no children identified yet, if we receive one, we'll serve.
- Maternal depression. We use service coordinators to track children in these categories if they are found not eligible using the Ages and Stages.
- Most are addressed through the Department of Health. FAS is the only high probability condition we accept out of those listed.
- NAS, Lead poisoning and fetal alcohol syndrome are eligible for Part C services. Zika Virus is in the birth defects registry with Dept. of Health.
- SEN/NAS population
- Smoking and Early Childhood Obesity
- Training offers subjects covering these and more but are not required trainings.
- Trauma - children who are at risk due to trauma in their lives.
- Trauma and abuse
- We are a noncategorical state so our data system does not collect this information. Next version of data system will collect specific conditions (over a year away from having this).
**Perinatal Substance Use**

- Health (21)
- Education (8)
- Other (14)
- Category A (15)
- Category B (17)
- Category C (11)

<table>
<thead>
<tr>
<th>Category</th>
<th>Extensive Efforts</th>
<th>Some Efforts</th>
<th>Beginning to Address</th>
<th>Not at this Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category C</td>
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**Zika Virus**

- Health (21)
- Education (8)
- Other (14)
- Category A (15)
- Category B (17)
- Category C (11)

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Q 22. Once it is released, does your state plan to apply for the new Preschool Grant program authorized under the Every Student Succeeds Act (ESSA)?

Forty states responded to this question. Fourteen states (35%) said they were considering and would likely apply. Eight states (20%) responded they would not apply. Four states (10%) responded yes and two states (5%) indicated they were considering but would probably not apply. Twelve states provided comments.
Comments:

- I don't know what the plans are related to applying for this. State budget has included some additional funding for expanding the number of slots for SE pre-k, though.
- Not sure how it applies yet.
- Not sure if another program is doing this.
- This decision would be made under Part B. We do not know at this time.
- Unknown (7)
- We have not discussed with department of education.

Q 23. Is your state experiencing shortages in qualified providers?

Forty-four states responded to this question. Forty-two (95.45%) states responded they were experiencing shortages in qualified providers.

Q 24. Which type of providers are you experiencing shortages in? Check all that apply.

Forty-two states responded to this question. The top three providers identified were Speech-Language Pathologists (80.95%), Physical Therapists (76.19%) and Occupational Therapists (69.05%). Nineteen states (45.24%) identified a shortage of Special Educators.