

Supporting Texas Infants and Toddlers with Disabilities During the Pandemic

Early Childhood Intervention (ECI) Successes, Challenges, and State Policy Recommendations



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The opinions expressed in this document are those of Texans Care for Children and do not necessarily reflect the views of other organizations and individuals with whom we have collaborated on this issue. 📄

Executive Summary

Early Childhood Intervention (ECI) is an effective federal-state program that contracts with community organizations, such as Easterseals and Any Baby Can, to provide life-changing therapies and services to children under age three with autism, speech delays, Down syndrome, and other disabilities and developmental delays. The state is required by federal law to provide these services to all eligible children.

Over the last decade, state leaders cut ECI funding, cut Medicaid reimbursement rates for therapy providers, and narrowed eligibility. Amid this financial pressure, multiple ECI contractors made the difficult decision to close. In 2019, the Legislature provided a \$1.5 million supplemental increase and a \$31 million boost for FY 2020 and FY 2021, for a total appropriation of \$348 million in federal and state funds for the current biennium, including \$800,000 for Respite and \$6.2 million for Quality Assurance. The increased funding represented a portion of the amount that HHSC estimated was necessary to prevent more ECI contractors from exiting the program.

In October of this year, a federal investigation of the Texas ECI program confirmed that the state has fallen short of its obligation under federal law to ensure that children under age three with disabilities and delays have access to ECI services. In a letter to HHSC, the U.S. Department of Education noted the harm done by

the state's inadequate ECI funding and directed state leaders to take corrective action to bring the program into compliance with federal law. One of the specific directions to the state was to ensure adequate Child Find outreach services are in place to identify and enroll eligible children in ECI services.¹

Our research found that the state's ECI program is still under-enrolling infants and toddlers with disabilities and delays. In 2018, Texas ECI served 2.34 percent of children under age three, compared to the national average of 3.74 percent, ranking the state 46th in the nation. While Texas ECI enrollment is low for children of all backgrounds, it is disproportionately low for Black children. In 2018, Black children represented only 8 percent of the children enrolled in ECI services but they were 12 percent of children under age three in Texas. In 2019, the percent of Black children enrolled in ECI edged up slightly, to 8.6 percent.

In addition to the Legislature's decision to tighten ECI eligibility nearly a decade ago, our research identified three key overlapping challenges that currently depress ECI enrollment: the financial strain on providers as the state continues to underfund the program; the challenges associated with the COVID-19 pandemic; and the need for greater outreach and referral efforts, including through Child Find.



Financial Strain: Current funding per child is still far short of the level in place following the 2011 state legislative session. The funding provided to ECI programs by the Legislature for FY 2020 and FY 2021 equates to \$433 per month for each enrolled child. By comparison, between FY 2012 and FY 2015, per-child monthly funding ranged from \$484 to \$479 — meaning funding has declined 10 percent since that time. In our recent survey of ECI programs, nearly 80 percent of ECI directors reported that FY 2020 per-child funding was still not sufficient to provide high-quality, comprehensive services to families as required by federal law. Further exacerbating the financial strain on providers, private insurers are not required to pay their fair share of ECI costs.

COVID-19 Pandemic: Providers have successfully shifted to telehealth to serve enrolled children during the pandemic, but the pandemic has created multiple challenges for ECI. Due to the pandemic, fewer infants and toddlers are attending child care and check-ups with their medical provider, traditional sources of ECI referrals. Data show ECI referrals dropped dramatically in Spring 2020. The pandemic also has created new funding needs for ECI providers, including new technology such as tablets or wifi hotspots to loan to families served via telehealth.

Outreach and Referrals: Outreach, screening, and referrals to ECI were already inadequate before the pandemic and have become more challenging during the pandemic. Due to inadequate state and federal funding over the past decade, ECI contractors have been forced to cut back on their Child Find efforts, and many stopped employing dedicated Child Find staff who carry out critical community outreach efforts. By April 2020, only 22 percent of ECI programs still had a full-time Child Find coordinator, according to our survey. ECI enrollment would also benefit if community organizations were more aware of the program and state leaders ensured kids have health insurance to attend check-ups and be assessed for disabilities and developmental delays.

Our report concludes with a number of recommendations to the Legislature and state agencies, including recommendations to restore funding as measured on a per-child basis; fully fund Child Find outreach efforts; evaluate and address the causes of the disproportionate under-enrollment of Black children in ECI; provide 12-month continuous insurance coverage to children who are eligible for Medicaid; and take other key policy steps. 📌



Research Methodology

This report is based on Texans Care for Children's review of publicly available data as well as data obtained from the state. It is also based on a survey of all Texas ECI contractors that Texans Care for Children conducted from March to May 2020. Ninety percent of contractors provided responses.

Due to the COVID-19 pandemic, three COVID-related questions were added to the original survey to gather information about how ECI programs were being affected by and responding to the crisis. Four contractors had already completed the survey when the three COVID-related questions were added, meaning only 81 percent of contractors received the additional questions.

This report also draws on the lessons learned from the five previous ECI policy research reports published by Texans Care for Children from November 2016 to November 2018. 📄



ECI Is Effective For Texas Kids

Early Childhood Intervention (ECI) is an effective federal-state program that contracts with community organizations, such as Easterseals and Any Baby Can, to provide life-changing therapies and services to children under age three with autism, speech delays, Down syndrome, and other disabilities and developmental delays. By serving children during the critical first three years of life, a time of rapid brain development, ECI is highly effective in helping children learn to walk, communicate with their families, get ready to start school, or meet other developmental goals. The state is required by federal law to provide these services to all eligible children.

ECI provides an array of family-centered services, either home-based or virtual, to coach parents on how to interact with their child in ways that support the child's development. ECI serves families of all backgrounds, with eligibility based on the nature and extent of the child's abilities, delays, or difficulties. While many other

programs that serve young children were forced to close during the pandemic, ECI's coaching model allowed ECI providers to pivot quickly to telehealth, providing a lifeline for families. Staff at the state's Health and Human Services Commission (HHSC) have continued to effectively manage the ECI program during these challenges.

Over the last decade, state leaders cut ECI funding, cut Medicaid reimbursement rates for therapy providers, and narrowed eligibility. Amid this financial pressure, multiple programs made the difficult decision to close. These challenges have drawn an outcry from around the state and prompted the Legislature in recent years to take a renewed interest in ensuring the success of ECI. Despite an increase in state ECI funding during the 2019 legislative session, funding per child enrolled in ECI still has not been restored, and programs are still struggling to serve all of the children who need ECI services due to staffing and funding shortages. 📄

But Too Few Texas Kids Are Benefitting From ECI

The state's ECI program is still under-enrolling infants and toddlers with disabilities and delays.

Texas serves a significantly lower percentage of young kids through ECI compared to other states. In 2018, Texas served 2.34 percent of children under age three, compared to the national average of 3.74 percent, ranking the state 46th in the nation. The percentage of young Texas children served by ECI in 2018 was low compared to other states but was an improvement from 2017 (2.14 percent of Texas children under age 3) and 2016 (2.11 percent).² Amid a growing population of Texans under age three, the state's ECI enrollment has increased each of the past several years, reaching nearly 57,500 in FY 2018 and 60,600 children in FY 2019.³

Among Texas children enrolled in ECI from 2015 to 2019, there was a decrease in the percentage of children who were under 12 months old. In 2015, 37 percent of children served by ECI in Texas were under 12 months old⁴, and in 2019 that number dropped to 34 percent.⁵ This trend is potentially concerning because brain science has shown that the earlier children receive early intervention services, the more effective those services are in helping children meet their developmental milestones. The state should further explore this issue to determine what is contributing to this trend in ECI and develop a plan for identifying and enrolling children earlier.

A federal investigation concluded in October 2020 that Texas is falling short of its obligation under federal law to provide ECI services to all eligible children.

In a letter to Texas HHSC, the U.S. Department of Education noted the harm done by the state's inadequate ECI funding and directed state leaders to take corrective action to bring the program into compliance with federal law.⁶

While Texas ECI enrollment is low for children of all backgrounds, it is disproportionately low for Black children.

The racial breakdown of kids enrolled in ECI does not reflect the Texas population. In 2018, Black children represented only 8 percent of the children enrolled in ECI services, but they were 12 percent of children under age three in Texas. In that same year, White and Hispanic children were overrepresented in ECI.⁷

The problem is noticeably worse now than it was a decade ago. In 2009, 12 percent of Texas kids enrolled in ECI were Black, compared to only 8.6 percent in 2019, a decline of 28 percent.⁸

The under-enrollment of Black children correlates with the deterioration of the Child Find outreach efforts, which are discussed in greater detail below. In our recent survey, a third of ECI directors said that their programs were missing Black children due to limited Child Find efforts and resources. [Read more](#)



Three Overlapping Policy Challenges Contribute to Texas Kids Missing Out on ECI

ECI providers are under financial strain, particularly since the amount of funding per child provided by the Legislature remains too low.

The 2019 funding increase did help.

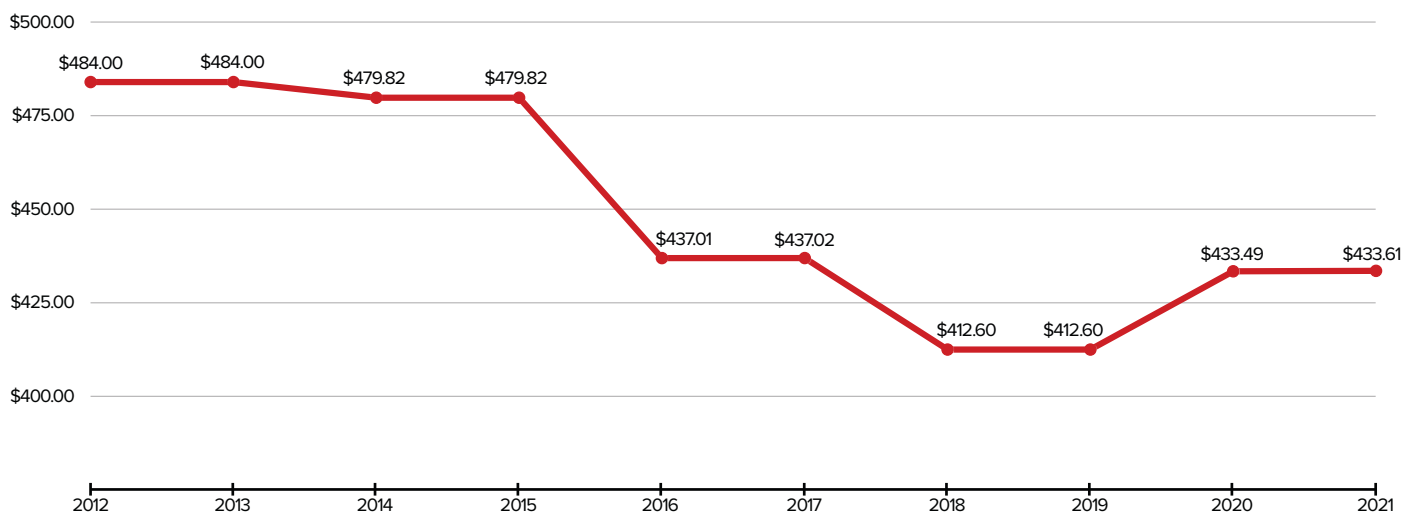
In 2019, in response to sustained advocacy efforts, the Legislature increased funding for ECI after several years of budget cuts. They provided a \$1.5 million supplemental increase that helped selected ECI contractors and a \$31 million boost for FY 2020 and FY 2021, for a total appropriation of \$348 million in federal and state funds for the current biennium, including \$800,000 for Respite and \$6.2 million for Quality Assurance.⁹ That funding represented a portion of the amount that HHSC estimated was necessary to prevent more ECI contractors from exiting the program. In a survey of ECI contractors conducted by HHSC prior to COVID-19, two-thirds (20 respondents) said the FY 2020 increase could fill some, but not all, of the anticipated financial deficits.¹⁰

But measured on a per-child basis, the Legislature still has not restored ECI funding to previous levels.

Current funding per child is still far short of the funding level in place following the 2011 state legislative session. The funding provided by the Legislature for FY 2020 and FY 2021 equates to \$433 per month for each enrolled child, 10 percent lower than the funding levels from FY 2012 to FY 2015. During that four-year period, per-child monthly funding ranged from \$484 to \$479, even after taking into account the funding reductions by the Legislature in 2011. Current funding per child is approximately the same as FY 2016 and FY 2017, when five ECI programs ended their ECI contracts with the state due largely to funding challenges.^{11 12}

As described above, the federal investigation into the Texas ECI program noted that the state funding cuts contributed to the state's failure to meet its obligations under federal law to serve all eligible children.

Significant Decline in Texas ECI Funding Per Month Per Enrolled Child



Source: T.X. Legis. Assemb. Reg. Sess. General Appropriations Acts for the 82nd, 83rd, 84th, 85th, and 86th legislative sessions.

Inadequate state funding continues to require ECI contractors to make tough choices that undermine their ability to effectively serve eligible infants and toddlers.

In our survey, nearly 80 percent of ECI directors reported that FY 2020 per-child funding was still not sufficient to provide high-quality, comprehensive services to families. In fact, 46 percent of directors reported that low state funding levels were a “serious” barrier to delivery of high-quality services to all eligible children, and 78 percent cited state funding levels as at least a “serious” or “moderate” barrier.

Since the 2019 legislative session, many ECI contractors have been forced to reduce Child Find efforts or delay hiring staff or purchasing equipment.¹³ Prior to and during COVID-19, ECI directors reported that hiring and retaining staff was a major challenge.¹⁴

Private insurers are not required to pay their fair share of ECI costs, exacerbating the financial strain on ECI providers.

In our survey, ECI directors reported that the second largest barrier to delivery of high-quality services to all eligible children was private insurance billing challenges. In 2019, nearly one-third of children enrolled in ECI in Texas had private insurance or TRICARE, the health care program for active duty service members, retirees, and their families.^{15 16} However, ECI contractors report that they often struggle to collect payments from private insurers because those insurers are not required to cover several important ECI services in Texas, including Targeted Case Management (TCM), Speech Therapy (ST), and Specialized Skills Training (SST). Additionally, SST and TCM are not covered services for children with CHIP insurance. When insurers fail to pay for these common and effective services, ECI providers are forced to tap public funds (their contract dollars from the state) or charge families, a potential financial barrier for many families.

The pandemic has disrupted services and increased costs, but families have benefitted from telehealth.

The pandemic has undermined referrals to ECI and created new costs for ECI providers, such as technology.

The pandemic has disrupted the traditional system for referring children to ECI. Fewer infants and toddlers are attending child care and well-child checks with their medical provider. ECI referrals dropped dramatically during March, April, and May of 2020. On average, only 5,430 Texas kids were referred to ECI during each of those months, compared to 7,652 referrals for the same months in 2019.¹⁷ This means over 6,600 babies and toddlers have likely fallen through the cracks and were not connected with ECI in the Spring of 2020.

Directors also reported that many families had been initially “disinterested in telehealth during COVID”, requiring more staff time to conduct outreach and engagement to increase families’ comfort with teletherapy.¹⁸ In April of 2020, 88 percent of ECI directors reported “families canceling appointments” as a major challenge of COVID.¹⁹

The pandemic has also created new funding needs for ECI providers, including new technology, such as tablets or wifi hotspots to loan to families to provide services via telehealth.²⁰ As ECI programs transition back to in-person and in-home services, ECI staff may need personal protective equipment (PPE), another unexpected expense for ECI contractors.

Additionally, as systems and procedures change to meet the needs of families, the pandemic has increased the need for staff training, which was already a financial challenge prior to COVID-19. In response to our survey, 92 percent of ECI program directors said that “lack of time and resources to train staff” was a barrier to delivering high-quality services to all eligible children.

The shift to telehealth has helped ECI programs continue to effectively serve families during the pandemic.

Prior to the pandemic, a handful of ECI contractors in Texas already provided some ECI services via telehealth. For example, over the past two years Little Lives ECI in west Texas has served as a state leader in providing ECI services via telehealth.²¹

In March 2020, unrelated to the pandemic, Texas Medicaid began covering speech therapy and occupational therapy conducted via telehealth.²² As a result, when the pandemic began, many programs were in the process of shifting to telehealth in response to the new Medicaid coverage. COVID-19 further accelerated telehealth use by ECI contractors, and by April 2020, all contractors in Texas were providing services via telehealth.²³



“Our family has loved the telehealth program from the very first time we tried it. The online service is so easy to use, and I love that it gives me, as a parent, an opportunity to be more hands on and engaged in my child’s therapy. Having experienced in-person therapy sessions before, I feel confident that my child has not missed out on anything through telehealth. Our therapist is able to interact with my child, while also providing step-by-step instructions on what I can do to help improve and encourage my child’s development.”

—West Texas Centers Little Lives ECI parent

Outreach, screening, and referrals to ECI — including through Child Find — were already inadequate before the pandemic.

ECI providers need to — and want to — reinstate Child Find and other outreach efforts that have deteriorated amid the loss of state funding.

Child Find is a continuous process of public awareness activities, screening, and evaluation conducted by school districts and ECI providers to locate, identify, and evaluate children with disabilities who are in need of ECI or Special Education.

Due to inadequate state and federal funding over the past decade, ECI programs have been forced to cut back on their Child Find efforts, and many stopped employing dedicated Child Find staff. In 2017, 43 percent of ECI programs reported that they had stopped employing a full-time Child Find coordinator in the past four years.²⁴ By April 2020, only 22 percent of ECI programs still had a full-time Child Find coordinator.²⁵

ECI contractors need and want additional funding to conduct outreach to families, community members, child care providers, pediatricians, and family physicians to make sure potentially eligible children are referred to ECI. In April 2020, 94 percent of surveyed ECI directors thought their program was “missing” or under-

serving groups of kids due to limited Child Find efforts and resources.²⁶


As noted above, the pandemic has exacerbated outreach and referral challenges, in part because many children are not attending check-ups, child care, and other sources of referrals to ECI.

The recent federal investigation of the Texas ECI program specifically directed the state to, “Ensure that it has a comprehensive child find system in place that is able to appropriately identify infants and toddlers with disabilities for IDEA Part C [i.e. ECI] services.”²⁷

More eligible children would benefit from ECI if community organizations were more aware of the program and state leaders ensured kids have health insurance to attend check-ups.

Despite the fact that anyone can refer a child to ECI, medical providers continue to be the main ECI referral source. In 2019, 59 percent of ECI referrals came from health providers, while only 2 percent came from educational sources, including child care and school districts.²⁸ Child care providers, social service organizations, and community members would benefit from learning about ECI and how to refer families to ECI when they are concerned that a child may have a delay or disability. More public awareness would help educate parents about the services and supports ECI provides and let them know that they can self-refer if they have a concern about their child’s development.

As mentioned above, medical providers have been the main source of referrals to ECI in recent years, but they can’t play that critical role if children miss check-ups because they are uninsured. Unfortunately, Texas has the nation’s highest uninsured rate for kids.²⁹ Among Texas children under age three, 7.5 percent of children were uninsured in 2018.³⁰

Prior to the pandemic, a significant reason the Texas uninsured rate was getting worse is that children’s enrollment in Medicaid and CHIP was falling, both in Texas and nationwide.³¹ Texas conducts inaccurate midyear eligibility reviews in Children’s Medicaid, causing eligible children to lose benefits and contributing to the rise in uninsured children. These checks are suspended due to COVID. If the state moves to 12 months continuous eligibility in Children’s Medicaid after the public health emergency, Texas can help kids keep their insurance, get referrals to services like ECI, and use Medicaid insurance for ECI. 

There Are Solutions the Legislature and State Agencies Can Pursue

Legislative Solutions

- Restore ECI funding to at least the FY 2012 and FY 2013 funding level of \$484 per child each month to give contractors the capacity to enroll and serve all eligible children in their communities. The funding should account for projected caseload growth amid the state's growing child population. It should include funding for Child Find to raise community awareness and support outreach efforts to ensure all eligible children are identified, screened, evaluated, and enrolled in ECI.
- Increase funding for health coverage outreach and enrollment to help children enroll in and access Medicaid and CHIP.
- Ensure state-regulated private health insurance plans cover and reimburse for critical ECI therapies and services, including Specialized Skills Training and Targeted Case Management.^{32 33}

Legislative or HHSC Solutions

- Evaluate and address the causes of the disproportionate under-enrollment of Black children in ECI with input from Black families as well as researchers, health leaders, early

educators, and community organizations working with Black families.

- Connect infants and toddlers to health care by ending error-prone mid-year eligibility reviews in Children's Medicaid and establishing continuous 12-month coverage.
- Through a CHIP state plan amendment, add Specialized Skills Training and Targeted Case Management as covered services in CHIP.

Legislative or HHSC and Texas Workforce Commission Solution

- Improve partnerships between child care providers and ECI programs. Educate child care providers to identify missed developmental milestones and refer families to ECI.

DSHS Solution

- Increase the number of low-income infants, toddlers, and families who are screened and successfully connected to necessary services like ECI by developing regionally-based centralized intake and referral systems (such as Help Me Grow³⁴) to connect more families to early childhood resources and supports.



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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, youth justice, mental health, maternal and child health, early childhood, and the ways that each of those policy areas work together to shape children's lives and the future of Texas.



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