Spotlight on Early Childhood Intervention (ECI) in the Texas Gulf Coast Region

TEXANS CARE for CHILDREN

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ABOUT TEXANS CARE FOR CHILDREN

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

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

We are a statewide, non-profit, non-partisan, multi-issue children's policy organization. We develop policy solutions, produce research, and engage Texas community leaders to educate policymakers, the media, and the public about what works to improve the well-being of Texas children and families.

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

ABOUT THIS REPORT

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

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

This report builds on our 2016 report, taking a closer look at the Gulf Coast region composed of 10 counties in the Greater Houston area as well as three less populated counties in the region. This report reflects data gathered on population and enrollment changes in the region as well as interviews with local ECI leaders, parents, pediatricians, child care directors, and social workers from March to June 2017. It also includes information gathered from contractors in October 2017 regarding the impact of Hurricane Harvey. Additionally, this report includes new statewide updates, including information on the partial rebound in ECI enrollment, additional program closures and replacements, and state policy updates. While the 2016 report used enrollment data through 2015 and population data through 2014, this report uses enrollment data through 2016 and population data through 2015.

KEY FINDINGS

Statewide Update and Context for Gulf Coast Developments

- State appropriations for ECI have fallen since 2011, decreasing from $166 million in FY 2011 to $148 million in FY 2018. [1, 2]

- In 2015 Texas legislators also reduced the Medicaid reimbursement rates paid to providers who offer speech, physical, occupational, and other therapies to children with disabilities.

- Six ECI contractors withdrew from the state program in 2016 and 2017. One of the remaining 44 contractors recently notified the state that it will withdraw from the program as well.

- The number of children in ECI services in Texas fell 10 percent between 2011 and 2016, while the population of children under age three grew four percent across the state between 2011 and 2015.[3,4,5]

- ECI enrollment has partially rebounded in recent years, including a five percent increase between 2015 and 2016.[6,7]

- ECI enrollment of Black children statewide decreased 30 percent from 2011 to 2016, compared to 10 percent among Hispanic children and 8 percent among White children.[8, 9]

- In 2016, 43 percent of contractors reported that they had eliminated dedicated Child Find positions due to fiscal constraints.[10]

Gulf Coast

- ECI enrollment in the Gulf Coast declined 21 percent between 2011 and 2016, falling from 12,026 to 9,482 children, while the population of children under age three in the region increased four percent from 2011 to 2015. The enrollment decline in the region is about twice as high as the statewide decline.

- ECI enrollment of Black children in the Gulf Coast declined 44 percent between 2011 and 2016 while the population of Black children under age three in the region increased 5 percent from 2011 to 2015.

- ECI enrollment in Harris County declined 30 percent between 2011 to 2016 while the population of children under age three rose 4 percent between 2011 and 2015.

- ECI enrollment of Black children in Harris County plunged 52 percent between 2011 and 2016 despite a growing population. [11,12,13]

- ECI enrollment in Fort Bend, Waller, Matagorda, Liberty, Chambers, Galveston, Wharton, and Colorado counties surpassed their 2011 enrollment levels in 2016.[14,15]

- In 2017, two ECI contractors serving the region – Easter Seals East Texas and UTMB-Galveston – both closed their ECI programs.

- Hurricane Harvey has placed additional strain on ECI children, families, and contractors, particularly as contractors have faced lost revenue and the costs associated with hurricane damage to their facilities.[16]

EARLY CHILDHOOD INTERVENTION IN TEXAS

What is ECI?

Texas Early Childhood Intervention (ECI) provides targeted, high-quality interventions for children under three years old with disabilities and developmental delays, such as Down syndrome, speech and language delays, and autism. ECI providers work with families to help children meet developmental goals such as learning to walk, communicating with their families, or preparing for success in elementary school. ECI focuses on the first three years of life, when interventions are most likely to positively shape a child's brain architecture and trajectory in life, help them be school-ready, and reach their full potential.[17]

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

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

State Cuts to ECI and Medicaid Reimbursement Rates

While ECI has proven to be effective for participating children, in 2011 the state began to reduce program funding and reduced eligibility, requiring children to show a more severe developmental delay in order to receive early interventions. As a result, many families either waited many months until their child's developmental challenges became severe enough to enroll in ECI or they turned to private therapy that does not include the full array of effective parent supports and home visits. In both cases, families missed out on supports when and where they needed them and children's developmental challenges became tougher to address.

Legislators reduced ECI appropriations again in the 2013 and 2015 legislative sessions. In the 2017 session, lawmakers increased ECI appropriations, both for the remainder of the 2017 fiscal year and for the 2018-2019 biennium, but they did not fully fund anticipated caseload growth for 2018-2019. The ECI appropriation for 2018 is set at $148 million, compared to the $166 million appropriation for 2011, prior to the start of budget cuts.[18, 19]

Compounding these funding and eligibility cuts, in 2015 Texas legislators reduced the Medicaid reimbursement rates paid to providers who offer speech, physical, occupational, and other therapies to children with disabilities. The lower rates went into effect in late 2016 following a series of court battles. Because two-thirds of children in ECI are enrolled in Medicaid, the rate reduction further stressed ECI program finances all across the state. Despite many calls for legislators to reverse the rate cuts during the 2017 legislative session, lawmakers only restored 25 percent of the Medicaid funding cut in 2015. Many stakeholders are concerned that the small restoration of funding will be eroded by state rules that went into effect September 1, 2017 reimbursing pediatric therapy providers based on 15-minute increments of care rather than on a per-patient basis.

The state cuts have placed a significant financial strain on ECI contractors. In 2014 alone, 22 ECI contractors (nearly half of the state's total) experienced shortages and used other organizational funds totaling $3.9 million to ensure kids received all the ECI services they needed.[20] Of those 22 contractors who were forced to pull from other local funding sources, seven have since closed their ECI programs.

As explained in the following pages, the financial strain caused by the state cuts has had significant consequences for ECI services for Texas children.

State Cuts Lead to Programs Closing Down

The financial strain on ECI has forced many ECI contractors to drop out of the program or seriously consider it. In 2010, the state contracted with 58 organizations to provide ECI services to children across Texas. Currently, only 44 organizations provide ECI services. The Texoma Community Center, which serves communities north of Dallas, recently notified the state that it will shut down its ECI program as well, potentially reducing the number of contractors to 43.[21]

Last year, three contractors – the Andrews Center in Tyler, the North Texas Rehab Center in Wichita Falls, and Emergence Health Network in El Paso – closed down their ECI programs. Two more ECI contractors, Easter Seals East Texas in Bryan/College Station and UTMB-Galveston, shut down their programs on August 31, 2017. They were replaced on September 1, 2017 by Easter Seals of Greater Houston and the Beaumont-based Spindletop Center, respectively. Both are existing ECI contractors that expanded their service areas. Hill Country MHDD terminated its ECI program on October 11, 2017. Its service area will now be divided up between three existing contractors: Camino Real Community Services, The Center for Life Resources, and Any Baby Can Child and Family Resource Center.

The closure of the Andrews Center ECI program in Tyler on September 30, 2016 highlights how delays in HHSC's identifying and negotiating with a new ECI contractor, as well as the lag time in getting new ECI services up and running, are likely to cause children and families to go without ECI services for a period of time. For a child unable to walk or swallow, for example, gaps in ECI services may lead to developmental backsliding or further challenges in addressing the child's needs.

Our research across the region and state has found that, even when a new ECI contractor is identified quickly, families may go without therapies for a period of time or they fill the gap through private therapy services that may be more expensive and less comprehensive. The enrollment declines may be due to gaps in communication with referral sources and affected families, the time needed for hiring new staff and bringing them up to speed on each child's needs, a loss of confidence among referral sources, and other factors. For example, when North Texas Rehab ECI closed in Wichita Falls in Fall 2016, it was serving 240 children. It was quickly replaced by the Helen Farabee Center's ECI program, but it only serves approximately 150 children.[22] The ECI director of the Helen Farabee Center reports that it has taken many months to hire and train therapists, causing significant delays in evaluating children and providing them appropriate services.

Additionally, the closures have siphoned off scarce funding that could have gone to the numerous ECI contractors that were underfunded and struggling to stay afloat. In 2016, for example, the state authorized the use of more than $2.2 million to provide start-up payments to ECI providers that agreed to replace programs that had closed their doors.[23] HHSC reports that it was able to open the new programs in 2016 with much less than the amount authorized.[24] Still, these payments occurred during a time when many other existing ECI agencies were struggling to keep their doors open.

State Cuts Lead to Lower Enrollment Statewide and Scaled Back Services

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

In recent years, there has been a partial rebound in ECI enrollment. Though enrollment dropped statewide by two percent in 2013, by 2014 nearly two-thirds of Texas counties began an upward trend in enrollment. **Across the state, enrollment increased three percent between 2013 and 2014, two percent between 2014 and 2015, and five percent between 2015 and 2016.**[25, 26, 27] Nonetheless, Texas has a low enrollment rate compared to other states. In 2015, Texas ranked 45th nationally for the percentage of children under age three enrolled in ECI.[28]

According to the consulting group that advised Texas in its decision to narrow eligibility in 2011, many other states that have reduced eligibility to save money experienced a temporary reduction in numbers, "but after one year the effect was mitigated… [and] the population of children served continued to increase."[29] Texas has been an exception to this pattern and, despite the recent rebound, continues to serve many fewer children than in 2011.

Enrollment declines are even worse in some parts of the state and among certain demographic groups. In some of the state's largest urban counties, for example, enrollment declines between 2011 and 2016 are particularly severe: a 35 percent decrease in Collin County, 30 percent decrease in Harris County, 22 percent decrease in Travis County, and 22 percent decrease in Dallas County.[30, 31]

Additionally, statewide enrollment declines have affected Black children in Texas the most: **ECI enrollment of Black children statewide decreased 30 percent from 2011 to 2016, compared to 10 percent among Hispanic children and 8 percent among White children**.[32, 33]

The funding reductions have also forced ECI contractors to make their own damaging cuts. For example, there has been an erosion of Child Find outreach efforts, making it more difficult to boost enrollment of children in need of services. **In 2016, 43 percent of contractors reported that they had eliminated dedicated Child Find positions due to fiscal constraints.** The funding cuts have also affected the services provided to children who do enroll in ECI. Last year, over two-thirds of contractors expected to reduce the number (69 percent) and frequency (67 percent) of services to eligible children as a result of the Medicaid pediatric therapy rates, which went into effect in late 2016.[34]

BACKGROUND ON ECI IN THE GULF COAST REGION

This report addresses ECI in the 13 counties that comprise Region 6 of the Texas Public Health System, which is centered in Houston. Harris County, Fort Bend County, and Montgomery County represent the core of the region. The report also refers to Region 6 as the Gulf Coast region.

Snapshot of the Region's Young Children

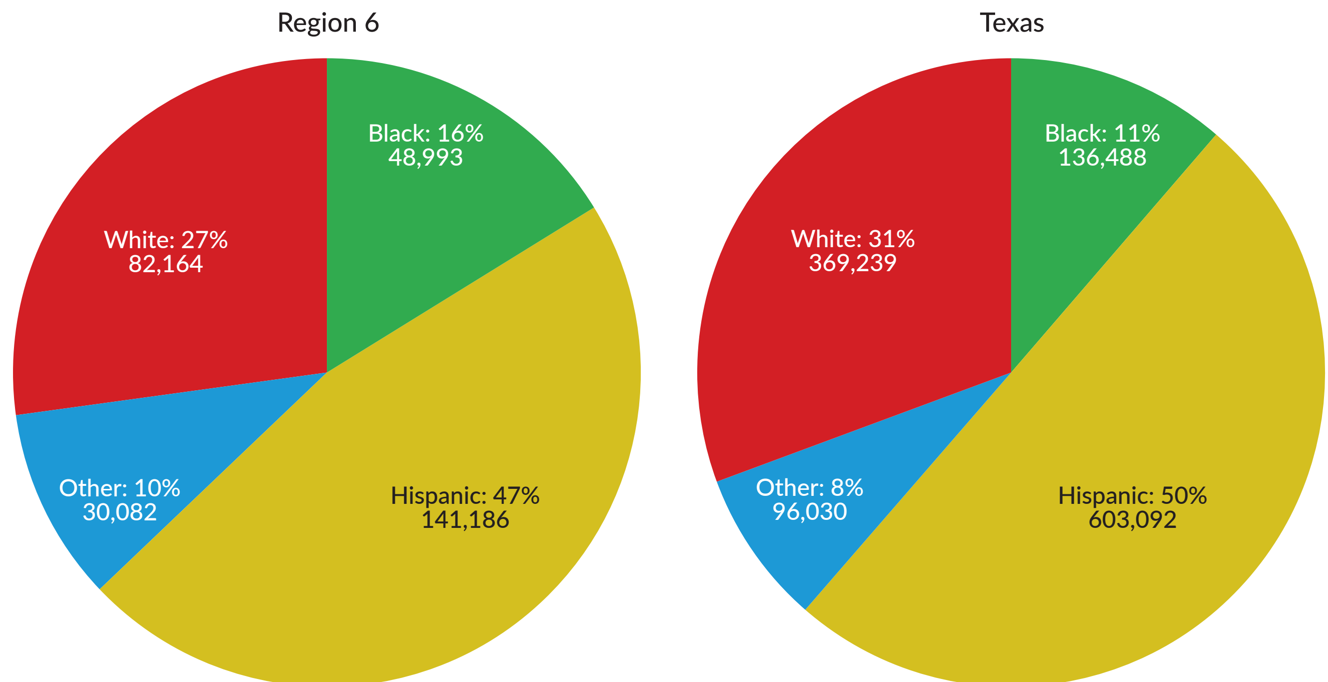
In 2015, the region was home to 302,425 infants and toddlers under three years old, which is a quarter of the state's child population under three. The vast majority of children in the region, 71 percent, reside in Harris County.

Overall, the racial distribution of children under three living in the Gulf Coast is similar to the statewide averages. Hispanic children represent the largest racial/ethnic group in that age range in the region, followed by White children, then Black children, and then children of "other" racial/ethnic identities. The population of young children of color is concentrated primarily in Harris County.[35]

Snapshot of ECI Community Agencies in the Region

Currently, eight community organizations contract with the state to provide ECI services to children in the region. As explained further below, two programs that served Region 6 counties closed in 2017: UTMB-Galveston Project LAUNCH and Easter Seals of East Texas (headquartered outside the region). The largest programs in the region are Easter Seals Greater Houston and The Harris Center for Mental Health and IDD (previously known as the MHMR Authority of Harris County), with each serving over a thousand children at any given time.

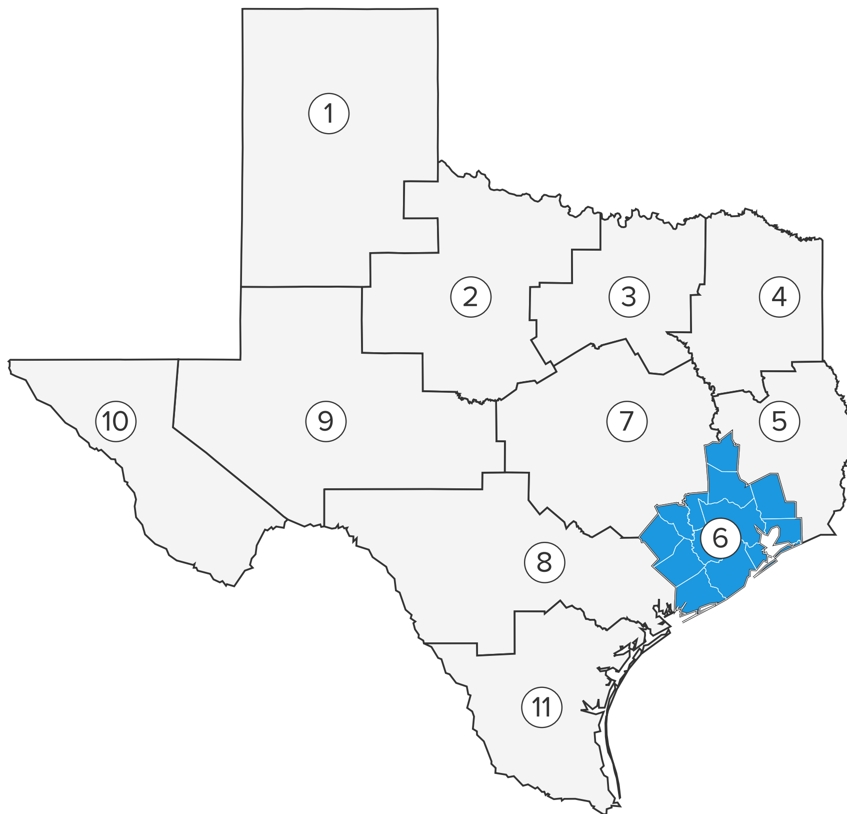
Figure 1: Population and Racial Distribution of Children Under 3 in Texas and Region 6



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

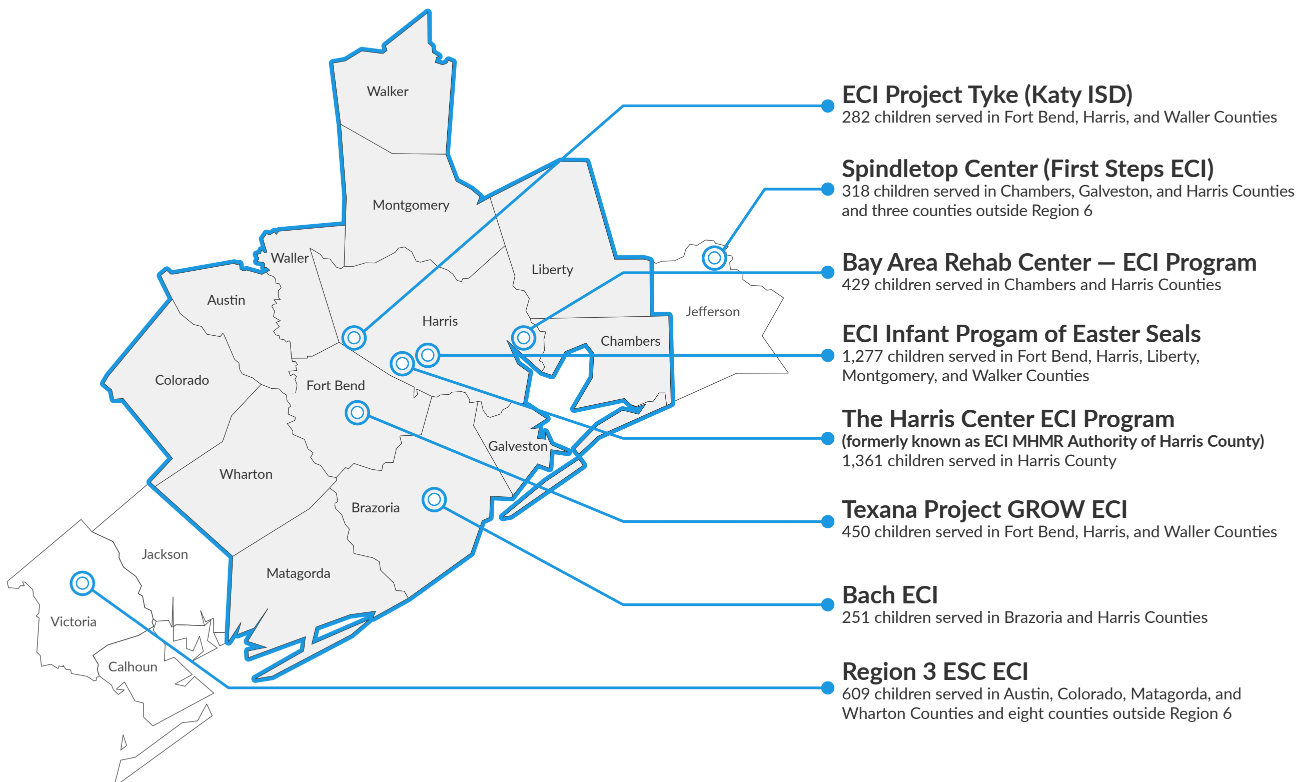
Source: Texas Demographic Center. (2016). Estimates of the Total Population of Counties in Texas by Age, Sex and Race/Ethnicity [2011 and 2015 datasets]. Retrieved from http://osd.texas.gov/Data/TPEPP/Estimates/.

Figure 2: Texas Health Service Regions



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

Figure 3: Region 6's Current ECI Contractors and the Counties They Serve



Enrollment numbers are a snapshot from August 31, 2016.

Sources: (1) Texas Health and Human Services Commission. (2017). ECI Local Program Performance Reports (FFY2015-2016 Datasets). Retrieved from https://hhs.texas.gov/doing-business-hhs/provider-portals/assistive-services-providers/early-childhood-intervention-eci-programs/eci-data-reports/eci-local-program-performance-reports#federal-fiscal-year-2015-2016. (2)Texas Health and Human Services (2017). ECI Program Search. https://citysearch.hhsc.state.tx.us

KALEN'S STORY

Kalen is my youngest child.

Since my oldest child was diagnosed with autism, I was familiar with the signs. However, my pediatrician was not too concerned, thinking Kalen was just mimicking his older brother.

But when I found out about ECI at the WIC office, I just knew I had to get Kalen in the program.

Kalen was first diagnosed with global developmental delays – walking, talking, fine motor delays.

Later, he started having seizures and breath-holding episodes and was eventually diagnosed with autism.

ECI was extremely helpful in connecting Kalen with services and other programs, including medical equipment, occupational therapy, speech therapy, PPCD, and the Texas Children's Hospital.

This year, Kalen starts first grade and I am very happy with how he has progressed with his language and fine motor skills. He can walk and is going to the bathroom on his own.

I look at Kalen's growth and wish each day that my oldest child could have had a program like ECI.

Early intervention is so important. Everyone deserves access to such important programs.

- Stacie, Kalen's mom, in Houston

LOWER ECI ENROLLMENT ON THE GULF COAST FOLLOWING STATE CUTS

Between 2011 and 2016, ECI enrollment in the Gulf Coast region fell by 21 percent, from 12,026 to 9,482, a decline of over 2,500 children. Enrollment should have increased during this time, as the number of children under three in the Gulf Coast region increased four percent from 2011 to 2015. **The region's enrollment decrease was more than double the statewide decrease of 10 percent.**

There was a particularly sharp drop in enrollment, both in the region and the state, between 2011 and 2012 after Texas lawmakers cut funding and narrowed eligibility requirements for the ECI program, eliminating services for children with less severe developmental challenges. In that first year (2012), ECI enrollment dropped 17 percent across the state and 21 percent in the region. Some of the smaller, rural counties were hit hardest during that first year, including Montgomery (26 percent decrease), Walker (27 decrease), and Chambers (35 percent decrease).

Similar to the statewide trend, ECI enrollment in the Gulf Coast region began to partially rebound with year-over-year increases of one percent in 2014, three percent in 2015, and four percent in 2016. Harris County was one of the slower counties to recover in the region, as its enrollment trend was not positive until 2016. Despite these minor recoveries across the state and region, the 2016 ECI enrollment was still far below 2011 service levels.[36,37]

The region's large enrollment declines affected children of all races and ethnicities, but there was a significant disproportionate impact on children of color. **While the population of Black, Hispanic, and "Other" children increased in the Gulf Coast region, their enrollment in ECI plummeted 44 percent, 24 percent, and 32 percent respectively, from 2011 to 2016.** Enrollment of the region's White children fared better, falling only five percent between 2011 and 2016.

The picture is particularly bleak in Harris County. The overall enrollment declines from 2011 to 2016 were worse in Harris County than in the region or state when accounting for population growth. **Enrollment of Black children in Harris County plunged 52 percent between 2011 and 2016, falling from 1,432 to 687 children, despite a growing population of Black babies and toddlers.**

The dismal enrollment picture for Black children is not confined to Harris County. In Brazoria County, for example, the enrollment of Black children decreased 36 percent from 2011 to 2016 while the population of Black children under three in Brazoria County increased 8 percent from 2011 to 2015.

Among the larger counties in the region, it is clear that Fort Bend County fared the best in terms of overall enrollment and enrollment of children of color, but the data still raise some concerns. After eligibility narrowed in 2011, overall ECI enrollment in Fort Bend County decreased. But enrollment rebounded by 2016, as Fort Bend County served three percent more children than it did in 2011. The enrollment increase nearly kept pace with the four percent increase in the county's population of children under three.

Additionally, Fort Bend's enrollment of children identified as "Other" went up 64 percent while experiencing a significant 23 percent population increase. The county's 20 percent decline in enrollment of Black children from 2011 to 2016 is very concerning, particularly in light of the county's growing population of young Black children. However, the drop in Black enrollment in Fort Bend County is less severe than the decrease in the region as a whole and statewide during that same period. [38,39,40]

Seven of the counties with smaller populations – Waller, Matagorda, Liberty, Chambers, Galveston, Wharton, and Colorado – also bucked the negative trend and by 2016 gradually surpassed their 2011 enrollment numbers. [41,42,43]

Figure 4: Change in ECI Enrollment and Population Under Age 3, By Race/Ethnicity, in Region 6

Black and Hispanic enrollment declined disproportionately.

Change in ECI Enrollment (2011-2016)
Change in Population Under Age 3 (2011-2015)

10%
0%
-10%
-20%
-30%
-40%
-50%

Black: Gulf Coast: -44%; Texas: -30% | Gulf Coast: 5%; Texas: 7%
Hispanic: Gulf Coast: -24%; Texas: -10% | Gulf Coast: 1%; Texas: 3%
White: Gulf Coast: -5%; Texas: -8% | Gulf Coast: 0%; Texas: -1%

Black
Hispanic
White

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

WAYS THAT STATE CUTS CONTRIBUTE TO DECLINING ECI ENROLLMENT AND OTHER ECI CHALLENGES IN THE GULF COAST REGION

ECI Program Closures

In years past, as many as nine ECI contractors served the large population of children in the Gulf Coast region. Since 2009, four ECI programs serving the Gulf Coast region closed their doors: two in 2014 and two in 2017.

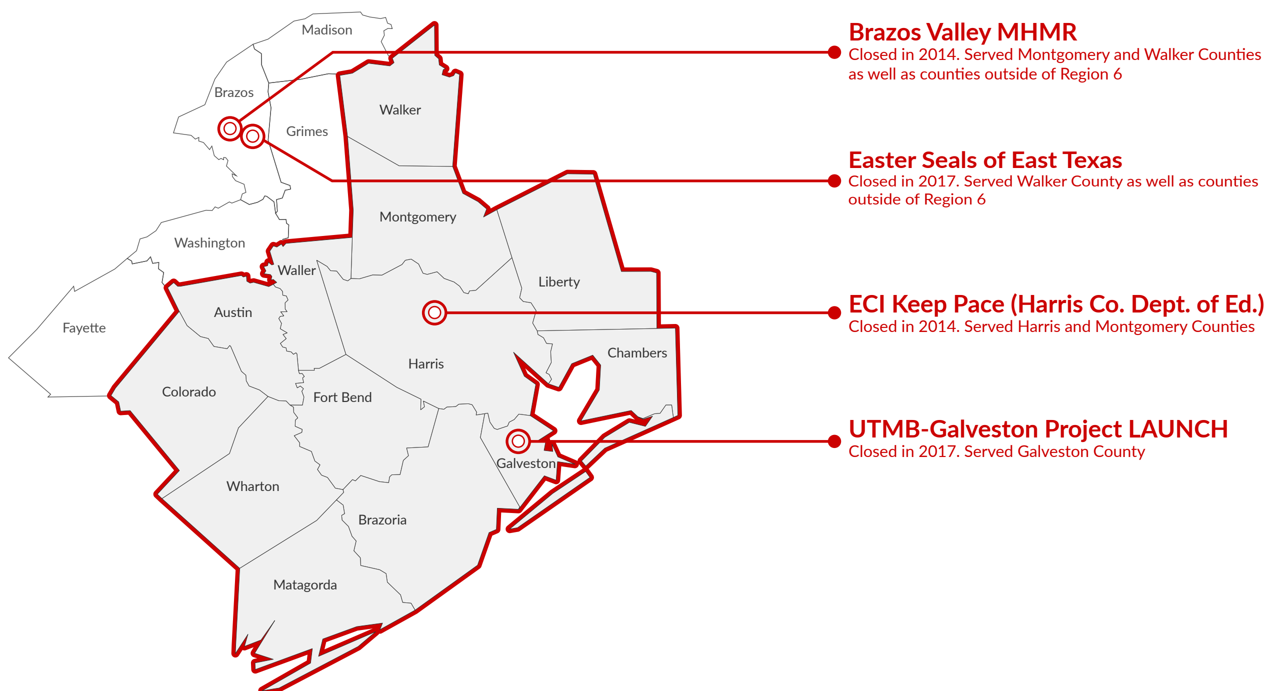
Easter Seals East Texas, which is based in Bryan-College Station but served Walker County in the Gulf Coast region, ended its ECI program on August 31, 2017. According to reports, the program closed due to financial reasons. It was only open for three years.[44]

Easter Seals Greater Houston recently contracted with HHSC to serve the communities previously served by Easter Seals of East Texas. The strain that Easter Seals of Greater Houston already faced as a large ECI provider may increase as it simultaneously assumes new coverage areas and recovers from the impact of Hurricane Harvey.

UTMB-Galveston Project LAUNCH also ended its ECI program on August 31, 2017, citing increasingly stringent restrictions on eligibility for ECI and staff turnover due to funding constraints as the reasons behind the closure.[45] At the time of the closure, UTMB was serving about 300 children.[46] Spindletop Center, an existing ECI contractor based in Beaumont, has replaced UTMB-Galveston.

As noted earlier, our research shows that program closures are typically followed by a decrease in enrollment. The reasons include a loss of community knowledge of and confidence in ECI, poor communication with families about transitioning to the new contractor, and delays in hiring, training, and deploying new staff.

Figure 5: ECI Program Closures in Region 6 Since 2009



Source: Email correspondence with ECI Leadership and Staff in Region 6/7. (2017).

Staffing Difficulties

The state cuts have made it more difficult for ECI agencies to hire and retain the staff necessary to appropriately serve eligible children. “The greatest impact of cuts in state funding has been our inability to adequately staff. With fewer staff we are less able to meet the needs of families with children eligible for ECI services,” says The Harris Center. In fact, the program could no longer afford the Registered Dietician to provide nutrition services and, at times, they believe they are unable to provide ECI services at the “optimal frequency.”[47]

Another ECI program director emphasized that the financial squeeze is undermining the agency’s ability to serve children, explaining, “High caseloads, increased productivity, and benchmarks impact turnover. Staff and providers are leaving and parents don’t like that.”[48]

The difficulty maintaining adequate staff makes it harder for contractors to meet the cultural and linguistic needs of families. For example, one program director told us, “For some families a male ECI staff person cannot come out to the house alone if the mother is there – making it difficult for the [ECI] program to find staff to step in and provide that service. This is very difficult with the high caseloads we are experiencing.”[49] This challenge was reported by other Houston-area providers as well.

Erosion of “Child Find” Outreach Efforts

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

Unfortunately, as the state has cut ECI funding, there has been a significant erosion of Child Find efforts across Texas. **According to our 2016 survey of all ECI contractors in Texas, 43 percent eliminated their dedicated Child Find staff positions in the previous four years.** As of 2016, only 22 percent of the state’s ECI contractors had a dedicated Child Find staff person.[50]

Houston-area stakeholders report that prior to the funding challenges, many ECI programs attended weekly meetings with hospitals and pediatricians, actively participated in local events, and utilized other outreach methods.

They report that outreach and enrollment efforts have declined in recent years. Some local ECI agencies that previously had staff dedicated to Child Find now spread those duties among many staff people. For example, The Harris Center recently eliminated its dedicated Child Find staff position due to high caseloads and other demands.[51]

Amanda McCalla, ECI program director at Texana, highlights how outreach has diminished over the years, explaining, “We can’t go out to do events, especially ones that had a fee or cost associated with it.”[52] Another ECI program director added, “The state is pushing back against promotional items for Child Find, which is very valuable for community events. The community responds to promotional items!”[53]

The region’s Child Find efforts also face the challenge of keeping up with the changing demographics in the Greater Houston area. Children of color account for a growing share of the region’s population of young children.[54] Further research would be required to determine whether local Child Find efforts have been able to deploy Child Find staff and resources that reflect the cultural and linguistic diversity of the region.

As Child Find efforts wane, referral sources are less likely to know about the value of ECI, which programs are in the community, and which children are eligible. As a result, they are less likely to refer children to ECI. In a community meeting hosted by Texans Care for Children in Spring 2017, stakeholders were confident that parents do not know they can self-refer rather than relying on a referral from a doctor. Additionally, three pediatricians specializing in developmental-behavioral pediatrics in Houston report that primary care physicians, including pediatricians, often send referrals directly to private therapy specialists rather than ECI, which provides more comprehensive services.

This deterioration of Child Find efforts also undermines ECI providers’ efforts to reverse some of the particularly concerning enrollment trends that they have identified. “Disadvantaged populations, including minority populations, feel the cuts and changes because they already lack services, including economic and educational opportunities. Those families are less likely to have the resources and knowledge of programs,” says Linda Ledwig, an ECI program director serving Victoria.[55] Many social service providers in the region are concerned that enrollment of children of color has declined significantly, but given the other demands, it may be difficult for ECI contractors to address the problem.

One Houston pediatrician noted, "It appears families of color, those who have already experienced a lot of barriers, face consistent barriers with ECI due to the changes over the years. If you create a navigation process that is so complex, the most vulnerable parents won't engage."

Stakeholders report that the most at-risk, underserved, and hard-to-serve children are more likely to be "missed" when Child Find efforts deteriorate. In Texas, these children include those living in rural areas, in poverty and/or unstable conditions, in households where English is not the primary language, and with parents reluctant to seek services for a variety of reasons.

Greater Stigma and Fear

Anecdotal reports suggest that ECI-related fears and stigmas are gaining momentum in the absence of meaningful ECI outreach.

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

A child care administrator in Houston, for example, told us, "Some families, especially immigrant and Black families, are intimidated by health care providers; there is lack of support and they are afraid to ask questions."[56]

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

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

GULF COAST COUNTIES	2011 ECI Enrollment	2016 ECI Enrollment	Change in ECI Enrollment 2011-2016	Change in Population Under Age 3 2011-2015
Austin	56	54	-4%	0%
Brazoria	697	530	-24%	-3%
Chambers	23	27	17%	-4%
Colorado	35	77	120%	-32%
Fort Bend	1,000	1,026	3%	4%
Galveston	487	519	7%	7%
Harris	8,650	6,056	-30%	4%
Liberty	128	159	24%	2%
Matagorda	77	111	44%	27%
Montgomery	697	693	-1%	7%
Walker	37	28	-24%	14%
Waller	58	80	38%	6%
Wharton	81	122	51%	-19%
GULF COAST TOTAL	**12,026**	**9,482**	**-21%**	**4%**
STATEWIDE TOTAL	**59,092**	**53,077**	**-10%**	**4%**

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

A CLOSER LOOK: THE HARRIS CENTER'S ECI PROGRAM

The Harris Center for Mental Health and IDD, previously known as the MHMR Authority of Harris County, is one of the largest providers of ECI in the region, serving around 2,000 children in Harris County each year. As noted earlier, the county has experienced significant ECI challenges over the years, including an ECI program closure.

However, The Harris Center's ECI program is growing. The Harris Center continues to provide services and supports to eligible families and babies, dramatically improving their level of functioning, reducing long-term impairment, and preparing them for school.

Nonetheless, the financial challenges are real and pressing. In addition to state and federal funding decreases per child, the program has served hundreds of children beyond its contracted annual caseload. One consequence is that the program has been understaffed in times of growth. This year, for example, The Harris Center eliminated its Child Find position. Due to financial constraints, it also stopped employing its Registered Dietician, who had provided nutrition services. Like many ECI programs in Texas, The Harris Center will continue struggling to provide the full array of supports that eligible children need until state leaders appropriately invest in these ECI services.

The Harris Center has worked to ensure local pediatricians know about ECI and the benefits of the program. Over the years, The Harris Center has hosted pediatric residents through the UT Health Science Center and provided information to them about ECI. During an introduction to ECI, residents are educated about the services ECI offers, the difference between a medical model and ECI's parent education model, automatically qualifying diagnoses, and the referral process to access assistance.

"We see firsthand the amazing progress babies and toddlers with disabilities and developmental delays make through ECI services and the additional family supports provided. ECI has a body of research demonstrating its positive outcomes and cost effectiveness. The early childhood years are not where state budget cuts should be made, as getting kids off on their best start is both the right thing to do as well as a smart investment for society.

"Watching little babies and toddlers who are unable to turn over or talk when they come to ECI but eventually succeed with targeted therapy and family coaching is why we come to work every day. But there is no doubt that state budget cuts have jeopardized this vital early childhood program and compromised the outcomes all seek to achieve for the babies, parents and society at large. We feel the impact of those cuts every day."

Dr. Steven B. Schnee
Executive Director, The Harris Center

ADDITIONAL CHALLENGES FACING ECI IN THE GULF COAST REGION AND ACROSS THE STATE

Hurricane Harvey Places Further Strain on Children, Families, and Contractors

When Hurricane Harvey struck the Gulf Coast in late August of this year, the challenges facing children, families, and contractors in the ECI program surged. More than a quarter of the state's 44 contractors were affected, not including those in other parts of Texas who have served evacuated families.[57] One of the major ECI contractors in the region, The Harris Center, reports that of 1,197 children they serve, 97 were "minimally" impacted by the hurricane, 28 experienced "moderate" impact, and 40 families faced "major" impact from the storm.[58] While all the contractors are still providing services, some staff members have been unable to work because they were displaced or affected in other ways by the hurricane. As state officials work to ensure that Texas children have an effective ECI program, they will need to assess and address new challenges created by the storm.

Our recent outreach to Gulf Coast ECI contractors indicates that the hurricane displaced many families who had been receiving ECI services before the storm struck. Some of those families affected by the storm have missed ECI services. Fortunately, many families have been able to continue their services. Multiple ECI contractors in the region report to us that their staff travelled outside of their typical service areas in order to continue serving these children. In other cases, displaced families have continued to attend ECI appointments in their communities even though they are temporarily living outside of the area. There are also displaced families that have transferred to ECI contractors in the regions to which they have fled, such as Austin and Fort Worth, and even received ECI services while staying in a hurricane shelter. The commitment of ECI contractors and families to continue these services in the midst of the upheaval caused by Hurricane Harvey is a testament to the importance of ECI and the need for state leaders to ensure that the program is healthy following the storm.

The precarious financial situation of the state's ECI contractors is more dire following the hurricane due to new expenditures and lost revenue. Some ECI contractors or their host agencies – which often subsidize the ECI programs – sustained potentially costly damage to their offices. Because many families missed appointments during the first week to three weeks following the hurricane, the contractors were unable to bill for services to cover the cost of staff working during that period. Contractors' revenue may also decline because of families' inability to pay their Family Cost Share for services due to lost income. One contractor estimated that the combination of their office damage caused by the hurricane and their lost revenue could reach as high as $85,000.

In addition to delivering a blow to contractors' budgets, Hurricane Harvey also created challenges for compliance with state and federal deadlines and other requirements. For example, for weeks following the storm it was difficult for contractors to meet the state requirement to provide a minimum average of 2.84 service hours per child. In September 2017, the U.S. Department of Education's Office of Special Education Programs issued guidance on how states should report ECI program temporary closures and enrollment declines due to natural disasters.[59]

State Contracts Underestimate the Number of Children Served

Individual ECI agencies often serve many more children than anticipated in their state contract. In FY 2017, for example, more than half (54 percent) of ECI contractors reported serving more children than they were contracted to serve.[60] HHSC's financial contract with each provider is based on the state's annual estimate of how many children that provider will serve. Through FY 2017, ECI programs that served more than the estimated number of enrollees were eligible to request additional mid-year funds to cover unexpected additional enrollment, though HHSC was not required to make those payments. Contractors have historically relied on those mid-year adjustments, especially when they serve dozens or even hundreds of children beyond their contracted amount. Contractors are required to use those additional funds before the end of the fiscal year, but the payments are often made so late that contractors are unable to use the funds before the deadline.

A Houston-area ECI provider reported to us that it considered turning down the mid-year adjustments because of concern that they would not be able to expend the money by the end of the year.[61] Another ECI program director in the area told us, "We were 70-plus kids over contract; caseloads were extremely high and we had no money to hire more staff."[62]

This year (FY 2018), HHSC does not plan to have any funds with which to offer mid-year adjustments to ECI contractors. HHSC recently warned ECI contractors that they should not expect additional funds to cover the cost of enrolling children beyond their contracted amounts.

Other Kinds of Providers Offering Less Comprehensive Services

ECI contractors report that some families turn towards private providers that offer less comprehensive care than ECI. In some cases, private providers incorrectly tell families they are not eligible for ECI. [63]

ECI providers in the region share that they feel "pushed out" by larger hospitals that have their own Medicaid managed care program and prefer to refer families to specialists in their network, bypassing ECI. They also report that they are no longer able to connect with families early in NICUs and other areas.[64]

Relationships with Managed Care Organizations

Navigating the critical relationships with Managed Care Organizations (MCOs) is an additional challenge for ECI contractors. HHSC contracts with MCOs, such as Blue Cross Blue Shield of Texas, Superior Health Plan, and others, to coordinate health services for most Texas children enrolled in Medicaid and all Texas children enrolled in the Children's Health Insurance Program (CHIP).

ECI contractors must maintain contractual relationships with each MCO in their region. The contractors negotiate reimbursement rates and contracts with each MCO. They also ensure children have a coordinated care plan and receive all medically necessary services. In many states, the state agency overseeing ECI programs has the contractual relationship with MCOs, a more centralized and efficient approach.

Additionally, MCOs have a critical role to play in ensuring families of children with disabilities know about ECI and consider the option of participating in ECI. Texas HHSC has found that, in some cases, families have been told by MCOs or private therapy providers that they must choose between ECI and private therapy, which is not correct. Texas HHSC recently sent out guidance to all MCOs explaining that families enrolled in Medicaid can participate in ECI and seek additional medically necessary services from other Medicaid service providers, such as private therapy providers. The guidance also states that HHSC expects MCOs to "ensure that their providers are not creating barriers to accessing medically necessary services, including ECI services." [65]

Gaps in Developmental Screenings

In many cases, children are referred to ECI when a doctor identifies a possible disability or delay after conducting a developmental screening during routine check-ups. The American Academy of Pediatrics (AAP) recommends eight well-child check-ups within the first 15 months of life and developmental screenings for children at 9 months, 18 months, and 24 or 30 months.

Unfortunately, it appears that a large proportion of Texas children are not being screened for possible developmental or social delays. For instance, according to the National Survey of Children's Health 2011-2012, only 30 percent of Texas children age 10 months to 5 years received a standardized screening for developmental, social, or behavioral concerns.[66]

Additional screening rate data is available for Texas children enrolled in Medicaid and CHIP. While over three million Texas children – or 45 percent of Texas children – are enrolled in Medicaid or CHIP coverage, it is important to note that this plan-reported data does not include children in private insurance or those who do not have coverage. The data reported by Texas Medicaid and CHIP health plans reveal:

- Among Texas children under age three enrolled in Medicaid or CHIP, only 45 percent were reportedly screened during the previous year with a standardized tool for risk of developmental, social, or behavioral delays;
- Just 41 percent of Texas children under 12 months, 50 percent of one-year-olds, and 45 percent of two-year-olds received developmental screenings during the previous year.[67]

These screening rates are based on a developmental screening measure endorsed by the National Quality Forum ("Developmental Screening in the First 3 Years of Life"), which identifies whether, during the past 12

months, a child was screened for risk of developmental, behavioral, and social delays using a standardized screening tool. The data take into account the number of children *eligible* for a developmental screen. In other words, screening rates are based on the number of young children in Medicaid or CHIP who *should have* been screened according to AAP recommendations to screen children at 9 months, 18 months, and 24 or 30 months.

It is important to highlight that this data may underrepresent the number of Texas children being screened because the measure includes some – but not all – screening tools used by doctors.*

A relatively high percentage of Texas children enrolled in Medicaid and CHIP are going to well-child visits, suggesting that the low screening rate is not due to a lack of well checks. Among this population, 96 percent of children 12 months to 24 months and 90 percent of children 25 months through 6 years had at least one visit with their primary care physician in the last year, according to 2015 data. For those children 15 months old or younger, 55 percent received six or more well-child visits during the year. (The AAP recommends eight well-child visits in the first 15 months of life; Medicaid and CHIP plan-reported data tracks the percentage of children receiving six or more well-child visits within the first 15 months of life).[68]

The Gulf Coast region is slightly above the statewide average when it comes to developmental screening. Compared to the statewide average of 45 percent, about 49 percent of children under age three enrolled in Medicaid and CHIP in the Harris Managed Care Service Area** were screened during the last 12 months for developmental, social, and behavioral delays. With screening rates ranging from 29 to 58 percent across Texas regions, the Gulf Coast region fits into the middle of the pack but still has room for improvement compared to the El Paso region (56 percent) and the Dallas region (52 percent), among others.[69]

Moreover, the Gulf Coast region is in line with other regions in terms of young children receiving routine check-ups, according to Medicaid and CHIP plan-reported data. In the Harris Managed Care Service Area, 96 percent of children 12 months to 24 months and 90 percent of children 25 months through 6 years had at least one visit with their primary care physician in the last year (compared to 96 percent and 90 percent statewide, respectively). Likewise, 57 percent of children enrolled in Medicaid and CHIP in the Harris Service Area received six or more well-child visits during the first 15 months of life, similar to the statewide average of 55 percent.[70]

Some stakeholders in the region suggested that low-income and minority populations are more likely to visit physicians who may not spend the necessary time screening for disabilities and working with families to connect them with ECI providers. One community leader in Houston said, "Children in the Houston area, those on CHIP and Medicaid, only have access to high-volume practices and are likely getting a quick visit and things are getting missed."[71]

More research is needed to better understand screening tools used by providers, reasons behind regional differences, and how screening practices affect ECI enrollment. Since the developmental screening rate in the Harris Managed Care Service Area is slightly higher than the statewide average rate for children under age three in Medicaid/CHIP, it will be important to identify what other gaps or factors contribute the significant drop in ECI enrollment in the Gulf Coast region.

* Additional research is needed to determine if screening rates may potentially underrepresent the number of screenings conducted in health settings. It is possible that more young Texas children are being screened for potential concerns when they visit the doctor, but plan-reported data may not reflect these screenings if the Ages and Stages Socio-Emotional Questionnaire (ASQ-SE) tool or other screens are performed.

To be part of the "Developmental Screening in the First Three Years of Life" measure, the health provider must use a screening tool that covers the full array of developmental "domains" – motor, language, cognitive, and social-emotional aspects of a child's development. Tools that only focus on assessing a child's mental health, for example, are not counted for this measure. Currently, about seven standardized screening tools meet these criteria and cover the full array of developmental domains.

While AAP does not endorse any specific screening tool, Texas Medicaid and CHIP reimburses health providers when three specific developmental screening tools are used: the Ages & Stages Questionnaire (ASQ); the Parents' Evaluation of Developmental Status (PEDS); and the Ages and Stages Socio-Emotional Questionnaire (ASQ-SE). While ASQ and PEDS screening tools are part of the developmental screening measure, the ASQ-SE tool is not because it focuses on a specific element – a child's social-emotional or mental health.

In addition, the developmental screening measure includes children enrolled in the Medicaid or CHIP plan continuously for 12 months prior to the child's first, second, or third birthday. Data is excluded if there is an enrollment gap of more than 45 days during the measurement year, meaning that some children who lose insurance during the year may be receiving a screening during check-ups but excluded from the data.

** Medicaid and CHIP plan-reported data is not available by county but is available for Texas' 13 Managed Care Service Areas. Retrieved from https://hhs.texas.gov/sites/default/files//documents/services/health/medicaid-chip/programs/managed-care-service-areas-map.pdf. The Harris Managed Care Service Area represents nine of the 13 counties reflected in this report: Austin, Brazoria, Fort Bend, Galveston, Harris, Matagorda, Montgomery, Waller, and Wharton. The other four counties in Region 6 are part of other Managed Care Service Areas.

POTENTIAL FEDERAL POLICY CHANGES MAY FURTHER JEOPARDIZE ECI

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

ECI providers bill children's health insurance plans, including Medicaid and CHIP, to help cover the costs of ECI services. Medicaid is a particularly important source of funding. About two-thirds of children served through Texas ECI are enrolled in Medicaid. Medicaid reimbursement makes up about 40 percent of ECI program funding.[72]

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

Similarly, if Congress fails to renew funding for CHIP before the state's left over CHIP funding runs out, ECI contractors would be unable to continue seeking insurance reimbursements for serving children enrolled in CHIP.

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

Moreover, Texas ECI services could be harmed if Congress were to cut IDEA Part C funding or change IDEA requirements on states. Compared to other states, Texas relies more heavily on the federal government to fund our ECI program. (Nationwide, states cover about two-thirds of the costs of ECI while the federal government covers about one-third, but in Texas state funding only covers about one-third.) Further, under Part C of IDEA, all babies and toddlers whose disabilities or delays fall within the state-defined eligibility criteria are entitled to receive the full array of ECI services they need. Any loosening of the requirements to serve all eligible children would weaken the Texas ECI program and threaten a young child's access to critical early interventions.

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

Nationwide, states cover about two-thirds of the costs of ECI while the federal government covers about one-third, but in Texas state funding only covers about one-third.

RECOMMENDATIONS

For State Policymakers

- Ensure that existing ECI contractors have the financial and other resources they need to remain in the ECI program and be financially sustainable, including adequate and timely mid-year funding to cover enrollment beyond their contracts.
- Fully reverse the Medicaid therapy rate cuts enacted in 2015.
- Utilize the state's ECI advisory committee to assess and recommend options to strengthen the ECI program, boost Child Find efforts, support translation services, reduce administrative burdens on ECI contractors, and improve transitions following closures.
- Evaluate and address the causes of the disproportionate decline in ECI enrollment of children of color.
- Enhance data collection on developmental screenings and implement strategies to increase screening rates.
- Assess ECI contractors' financial and administrative challenges stemming from Hurricane Harvey and adjust state funding and administrative requirements as necessary.

For Federal Policymakers

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

For Community Leaders

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

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