



EARLY LEARNING POLICY BRIEF

Promoting early learning and development Birth to 8

Early Intervention Financing, Staffing, and Access in Rhode Island

During the first few years of life, children develop the basic brain architecture and social-emotional health that serves as a foundation for all future development and learning. **Infants and toddlers with developmental delays and disabilities and those who face significant family circumstances need extra help** and should receive high-quality Early Intervention services to develop essential language, social-emotional, and motor skills to reduce the need for services when they are older.¹

States are required to provide Early Intervention services to infants and toddlers with developmental delays and disabilities under Part C of the *Individuals with Disabilities Education Act (IDEA)*. States may also choose to serve children who are at risk of falling behind without early supports. The Early Intervention program is the front door to the state's public education system and the foundation of the special education system.²

In Rhode Island, Early Intervention programs have not received a Medicaid rate increase in 18 years. In fact, Medicaid rates have decreased over this period. Early Intervention staff turnover is high due to inadequate wages, large caseloads, and high stress levels.^{3,4,5} Ultimately, children and families pay the cost of inadequate Early Intervention staffing and funding when they encounter service delays and disruptions and cannot reap the full benefits of the program.⁶

Effective Early Intervention services help children make developmental progress and can help them catch up with their peers. Researchers have found that about one-third of infants and toddlers who received Early Intervention no longer had a developmental delay, disability, or special education need in kindergarten.⁷

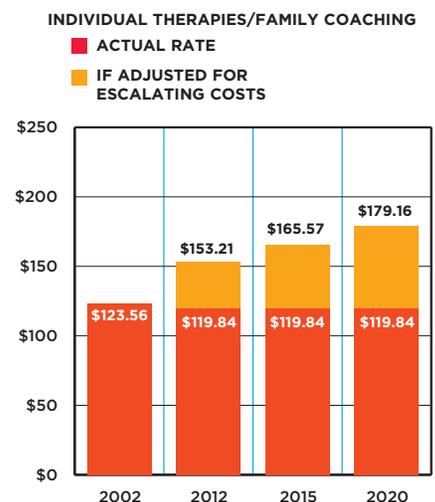
Many states do not adequately fund Early Intervention services. Federal *IDEA* funding is minimal and is designed to support states in planning, developing, and implementing their Early Intervention systems, and not to fully fund the provision of services.⁸

In 2019, Early Intervention services in Rhode Island were funded with \$8.5 million from Medicaid (\$4.5 million federal and \$4 million state dollars), \$7.9 million from commercial health insurance, and \$400,000 from the state's *IDEA* Part C grant. **State funding was higher in 1999 when \$4.4 million was allocated to Early Intervention.**^{9,10,11} Since 2005, Rhode Island private health insurers are required to cover Early Intervention services for eligible children and must pay rates at or above the state Medicaid.¹²

RI Medicaid Rates for Early Intervention are Lower than in 2002

The Medicaid reimbursement rates for Early Intervention services in Rhode Island have been frozen for 18 years and are 3% lower than they were in 2002 due to a rate cut in 2009. Since 2002, the regional cost of living has increased 45%, while Early Intervention rates have declined 3%.^{13,14}

HOURLY MEDICAID RATES FOR EARLY INTERVENTION SERVICES WITH ESTIMATES FOR INCREASED COSTS, RHODE ISLAND, 2002-2020



Source: Actual rates from the Executive Office of Health and Human Services. Estimates for adjustments to account for inflation calculated by Rhode Island KIDS COUNT using the Consumer Price Index (CPI) for the Northeast retrieved from www.bls.gov. The chart above estimates how the rates should have been increased to account for escalating costs since 2002.

Early Intervention Funding is Inadequate

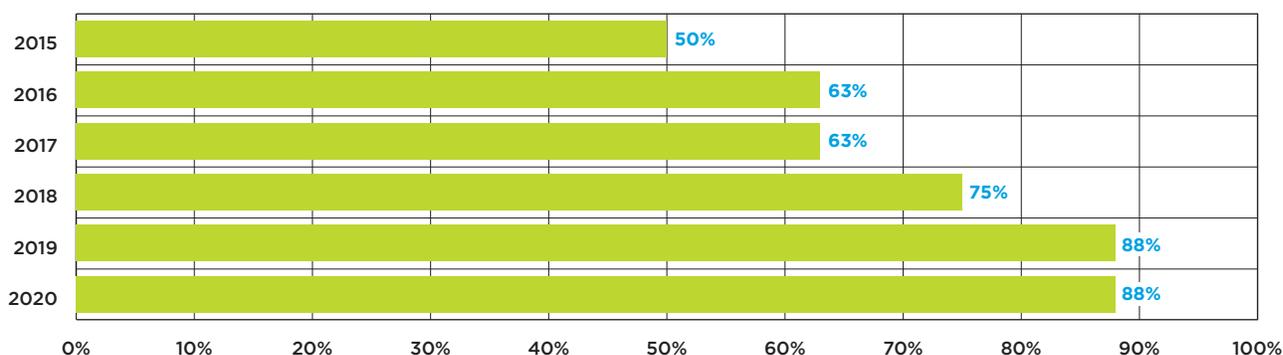
In Rhode Island, the Early Intervention program is managed by the Executive Office of Health and Human Services and is delivered by nine certified Early Intervention providers, all non-profit agencies: Children’s Friend, Community Care Alliance, Easter Seals, Family Service of RI, the Groden Center, Looking Upwards, Meeting Street, Seven Hills RI, and the J. Arthur Trudeau Memorial Center. In 2019, the estimated annual funding per child enrolled in Early Intervention averaged \$3,542. This is **only 10% higher than the 1999 annual per child funding amount when a Governor’s Task Force recommended that annual funding per child enrolled in Early Intervention be raised to \$5,700.**^{15,16}

In 2015, both Hasbro Children’s Hospital and the James L. Maher Center closed Early Intervention programs due to inadequate funding to cover staffing and services, causing the transfer of over 200 infants, toddlers, and their families to other Early Intervention programs in the state.¹⁷

“It has been Hasbro Children’s Hospital’s privilege to provide Early Intervention services to thousands of Rhode Island families for the last 15 years. Regrettably, the state of health care reimbursement in Rhode Island has led to many difficult decisions, including the closure of the Early Intervention program. The hospital staff realizes that it will be difficult for many families currently enrolled in Early Intervention. We will work to make the transition as seamless as possible.”

Providence Journal, 2015

EARLY INTERVENTION PROGRAMS WITH OPERATING DEFICITS, RHODE ISLAND, 2015-2020



Source: Rhode Island KIDS COUNT 2021 survey of Early Intervention providers in Rhode Island. Note: eight of the nine Early Intervention providers completed the survey.

In 2021, **88% of the agencies that operate Early Intervention programs in Rhode Island report that their program loses money, 50% report that they have seriously considered closing the program in the past year,** and 38% report that they regularly raise private funds to mitigate financial losses of the Early Intervention program.¹⁸

Due to serious fiscal challenges caused by limited resources, Early Intervention programs report significant staffing and service delivery challenges, including:

- 100% have difficulty retaining qualified Early Intervention staff who are offered higher salaries elsewhere
- 100% have difficulty recruiting and hiring qualified Early Intervention staff with competitive salaries
- 100% lose revenue and incur increased costs due to staff turnover
- 88% delay or interrupt services to children due to staffing challenges
- 88% report families/children withdrawing from Early Intervention due to staff turnover/staffing challenges¹⁹

Rhode Island Early Intervention programs also report: inadequate funding for group-based services and therapies, and difficulties covering the cost of no-show appointments, staff wages during local travel, and mileage and parking costs for staff. Early Intervention programs also report some challenges receiving payments for services delivered, with refused and late reimbursements from commercial insurers being more problematic than Medicaid payments.²⁰

Early Intervention Staff Compensation & Turnover

As of July 31, 2020, the nine Early Intervention agencies in Rhode Island employed 219 staff (189.0 full-time equivalent) and contracted with another 56 individuals (6.9 full-time equivalent) to provide Early Intervention services on a fee-for-service basis.²¹

Of the direct service staff, 58% had a master’s degree or other advanced credential, 37% had a bachelor’s degree, and 4% had less than a bachelor’s degree. Ten percent were People of Color and 12% were bilingual, with Spanish and Portuguese the most common language spoken.²²

A 2019 study of the Rhode Island early childhood educator workforce cited the **low wages and high turnover** in the overall field being significant barriers for programs to meet quality standards that promote positive child outcomes. The study reported that 97% of Early Intervention staff were female, only 28% report high job satisfaction, 82% planned to leave their jobs if salaries do not improve, and 52% had looked for another job in the past six months.²³

In 2019-2020, Early Intervention providers had a 33% staff turnover rate on average. Another recent study found that high caseloads, longer work hours, and more responsibility for service coordination leads to staff turnover – on top of the low overall compensation.^{24,25}

“It has been incredible to see the progress our son has made across the last year! He has grown from a very shy boy at his first visit when he would not even go near our educator to hugging her at his last few meetings! We could not be more thankful for our educator’s care and LOVE for our son and our entire family! It has been a JOY to see our son’s language development progressing!”

Comment on the 2020 Rhode Island Early Intervention Family Survey

EARLY INTERVENTION STAFF COMPENSATION & TURNOVER, RHODE ISLAND

	EI STAFF AVERAGE SALARY 2019	AVERAGE SALARY FOR OCCUPATION 2019	EI STAFF TURNOVER 2019-2020
Early Interventionist I	\$35,139	Comparison Not Available	55%
Early Childhood Educator	\$46,059	\$78,180*	60%
Social Worker	\$51,227	\$63,310	59%
Occupational Therapist	\$60,587	\$88,390	35%
Speech Language Pathologist	\$68,660	\$85,450	25%
Physical Therapist	\$73,320	\$85,540	4%

Source: Early Intervention average salaries for 2019 and staff turnover for 2019-2020 from the RI Executive Office of Health and Human Services. Rhode Island average occupational salaries from the May 2019 State Occupational and Wage Estimates for Rhode Island. Retrieved February 20, 2021, from www.bls.gov. *Kindergarten teacher salaries were used as a comparable profession for Early Intervention early educators.

A family coaching model is used to deliver Early Intervention through home visits to families and visits to infants and toddlers enrolled in child care programs. Rather than providing therapies directly to children, Early Intervention staff develop relationships with parents and caregivers and provide ongoing guidance so they can support the child’s development and participation in family and community activities.²⁶ Early Intervention direct service staff usually carry a caseload of 24-33 children and families. Due to financial and staffing challenges associated with the COVID-19 pandemic, program staff have had to carry caseloads up to 35-40 children.²⁷ **Each time a staff person leaves, about 30-40 children and families are transitioned** and new relationships must be formed to effectively deliver services. Retaining qualified and effective staff is essential for service delivery and improved child outcomes.

“From the start since my son was 18 months old, I believe the lack of consistency in people involved with my son’s case has caused him to not be able to get the most out of this program before he ages out. He would see the same people for a few visits and then be assigned someone new on multiple occasions for various reasons. The new people would essentially have to “start over” to get to know him, in order to help him the best way they knew how. Which would delay the progression that he could have been making.”

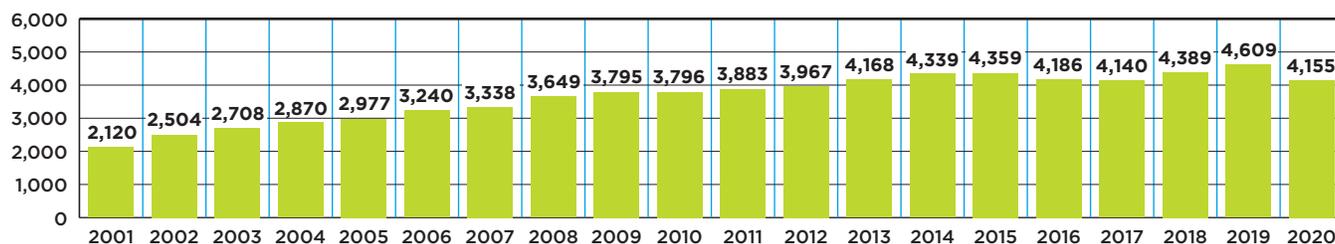
Comment on the 2020 Rhode Island Early Intervention Family Survey

Access to Early Intervention Services

In 2019 in Rhode Island, 7% of infants and toddlers were receiving Early Intervention services, yet experts estimate that as many as 13% of infants and toddlers could benefit from Early Intervention.^{28,29} Under *IDEA*, states are required to operate a Child Find program to identify and refer children to Early Intervention who may be eligible for services. In Rhode Island, the First Connections program offers home visits, conducts developmental screenings for infants and toddlers, and connects families to Early Intervention and other services. Referrals to Early Intervention also come from families, pediatricians, hospitals, the child welfare agency, and child care programs.³⁰

Rhode Island children under age three are eligible for Early Intervention if they have a **diagnosed condition** known to lead to developmental delay (e.g., very low birth weight, visual or hearing impairment, Down Syndrome, etc.) or if they have a **significant developmental delay** in one or more areas of development (cognitive, physical, communication, social-emotional, and adaptive). Current eligibility criteria allow children with **“significant circumstances”** (e.g., significant trauma/losses, history of abuse/neglect, family lacking basic resources, parental substance abuse, significant parental health/mental health issues, intellectual disability of caretaker, among others) to qualify through informed clinical opinion under the developmental delay category, if the circumstances impact child or family functioning.^{31,32}

INFANTS & TODDLERS RECEIVING EARLY INTERVENTION SERVICES, RHODE ISLAND, CALENDAR YEARS 2001-2020



Source: Rhode Island Executive Office of Health and Human Services, Rhode Island Department of Human Services, and Rhode Island Department of Health. Note: In March 2020 due to the COVID-19 pandemic, Early Intervention providers transitioned to delivering Early Intervention services, including evaluations, eligibility determination, and IFSP meetings through telehealth technology.

Early Intervention’s Potential to Help Infants & Toddlers With High Needs

- Because young children who have experienced neglect, trauma, or abuse are at significant risk of experiencing developmental delays, the federal *Child Abuse Prevention and Treatment Act* requires states to screen and/or refer infants and toddlers who have experienced neglect or abuse to Early Intervention for eligibility determination and services.³³ Rhode Island specifically allows infants and toddlers who have experienced trauma, abuse or neglect, to be determined eligible for Early Intervention under “informed clinical opinion - family circumstances” even if the child does not have a measurable developmental delay or diagnosed condition.³⁴
- In Rhode Island in 2019, 19% of the 803 infants and toddlers with substantiated child neglect or abuse not already enrolled in Early Intervention were referred to Early Intervention for a full evaluation and 80% were referred to First Connections for developmental screening. Only 17% of those referred to First Connections were considered possibly eligible for Early Intervention and referred for a full evaluation. Of the 267 maltreated infants and toddlers who were referred to Early Intervention (directly or through First Connections), 86% were determined eligible. Ultimately, only 211 of the 803 children (29%) were determined eligible for Early Intervention.³⁵
- Rhode Island has not implemented a specialized social-emotional screening and/or evaluation tool to be used when assessing children involved in a substantiated case of abuse or neglect. Experts recommend that states use the *DC:0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)* as a developmentally sensitive, relationship-based system of diagnosis for very young children.³⁶
- There are specific parent-child dyadic therapy models that can be used in Early Intervention to strengthen parent-child relationships and promote positive child development, such as Child-Parent Psychotherapy (CPP) or Attachment and Biobehavioral Catch-up (ABC). These can be very helpful to promote infant mental health. Although Rhode Island covers parent-child supportive services, the state has not implemented any evidence-based dyadic therapy models in Early Intervention.³⁷

Recommendations

- 1) Increase Early Intervention Medicaid reimbursement rates** to fully support delivery of services, stabilize program staffing & protect children's access to services.
 - Early Intervention Medicaid rates also drive commercial insurance rates. Both must be significantly increased to cover staffing costs so programs can offer competitive wages and benefits to attract and retain qualified and effective educators and therapists.
 - First Connections Medicaid home visiting rates must also be increased to cover staffing costs and competitive wages for the nurses, educators, and child development specialists who conduct home visits and screenings to identify infants and toddlers who may be eligible for Early Intervention.

- 2) Establish a competitive wage scale** for Early Intervention educators, therapists and social work staff to improve staff recruitment and retention. The Early Intervention program has great potential to help children make developmental progress and catch up with their peers, help families establish routines and positive parenting practices, and reduce the long-term need for special education and other high-cost interventions. Early Intervention staff must be stable, well-qualified, and be able to develop and maintain positive and meaningful relationships with families and young children.
 - Ensure Early Intervention staff are included in cross-departmental planning to establish a target wage scale for early educators and to develop and implement strategies to close the gap between the current wages and the target wages.
 - Early Interventionists and early childhood educators working in Early Intervention have bachelor's degrees or higher and specialized training in child development, atypical development, and routines-based coaching for families. They should receive salaries and benefits equivalent to kindergarten teachers.
 - Use Bureau of Labor Statistics data to establish a competitive wage scale to attract and retain all professions working in Early Intervention programs.

- 3) After working to restore the financial health of Early Intervention programs and stabilize staffing, Rhode Island should work with families and other stakeholders to identify service barriers, expand equitable access, and improve services** so that more children receive high-quality Early Intervention services to address developmental challenges and delays as early as possible.
 - Ramp up developmental screenings (including social-emotional development screenings) and referrals to Early Intervention in pediatric health care settings. Routine developmental screening using standardized tools should happen at 9, 18, and 30 months. Routine Autism Spectrum Disorder screening using standardized tools should happen at 18 and 24 months. All screens with red flags should be referred for follow-up, including an Early Intervention evaluation.³⁸
 - Train all First Connections and Early Intervention staff, pediatric health care providers, and other referral agencies to use a standardized tool to identify "family circumstances" so that all potentially eligible children are referred and eligibility decisions are made rapidly and appropriately, particularly for children and families with high needs.
 - Make substantiated neglect or abuse a "single established condition" for infants/toddlers to be categorically eligible for Early Intervention to expedite services and prevent delays due to scheduling screenings and evaluations. Early Intervention should remain a voluntary program.
 - Expand infant mental health services available through Early Intervention: Integrate maternal depression screening and referrals for evaluation and treatment into Early Intervention services. Use research-based, specialized social-emotional screening and evaluation tools for infants and toddlers. Implement evidence-based parent-child dyadic therapy models and consider establishing a new Medicaid sub-code for these services to track service delivery.

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- “The fiscal instability of our program causes extreme stress for all EI personnel. Staff are required to work at a rate that is not maintainable. Families are sometimes waiting for services because of staff leaving. The program relies on other agency programs to keep us going. When staff leave they always leave saying they would prefer to work in EI but they need to increase their salaries.”**
Rhode Island Early Intervention Program Leader
- “Morale is low. Due to lack of an increase in reimbursement rates, staff feel overworked and underpaid...and they are. We have not had a salary increase since 2016. Staff feel as though no matter how hard they work, it is never enough to balance the budget.”**
Rhode Island Early Intervention Program Leader

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