Promoting Early Intervention in Louisiana:
Recommendations for Increasing Enrollment in EarlySteps

2022

Prenatal-to-Three
CAPACITY BUILDING HUB
POWERED BY THE BUILD INITIATIVE

LOUISIANA POLICY INSTITUTE For CHILDREN

A Stronger Louisiana Starts with Successful Children

Authors and Contributors

Andy Gomm, MSW
Early Childhood Consultant
On behalf of the BUILD Initiative, PN-3 Capacity-Building Hub

Libbie Sonnier, PhD
Executive Director
Louisiana Policy Institute for Children

Harriet Dichter, JD
Consultant
On behalf of the BUILD Initiative, PN-3 Capacity-Building Hub

Brenda Sharp, MA
Early Steps Program Manager
Louisiana Department of Health

TABLE OF CONTENTS

Acknowledgements: Our thanks to the Pritzker Children's Initiative for its support of this work. We thank the Louisiana community partners and parents and leaders from other states who participated in interviews and focus groups, and shared their experience and expertise.

About the Louisiana Policy Institute: The Louisiana Policy Institute for Children is a nonpartisan, nonprofit, independent source of data, research, and information for policymakers and stakeholders on issues related to early care and education for Louisiana children birth to four and their families. We seek to advance policies to ensure that Louisiana's young children are ready for success in school and in life. The core values that guide our organization are as follows:

Child-centered: We are guided first by what is best for the healthy development and education of young children.

Equity-focused: We seek to identify and close equity gaps — both inside our organization and in the policies and child outcomes we seek to advance.

Data-driven: We seek to be a credible, nonpartisan, and unbiased organization that produces research and is guided by data on what works, what doesn't, and why.

Results-oriented: We work with partners to produce tangible results that improve the lives and life outcomes of young children, which takes dedication and perseverance.

Visionary: We seek to be innovative and visionary, imagining and creating futures that are not simply reflective of or marginal improvements to the past.

About the Prenatal-to-Three Capacity-Building Hub, powered by the BUILD Initiative: The BUILD Initiative is a national organization that advances work on behalf of young children from prenatal to five, their families, and communities. The BUILD Initiative partners with leaders to promote equitable, high-quality child- and family-serving systems that result in young children thriving and learning. BUILD envisions a time when all children reach their full potential and when race, place, and income are no longer predictors of outcomes. The Capacity-Building Hub, funded by the Pritzker Children's Initiative (PCI), and powered by the BUILD Initiative, supports pregnant and parenting families, infants, and toddlers by working with state and community leaders and coalitions committed to advancing policies and programs that provide for this strong start in life.

EXECUTIVE SUMMARY

EarlySteps is Louisiana's statewide program that provides Early Intervention services to support infants and toddlers (birth to age 3) with developmental delays and disabilities and their families. Early Intervention services in Louisiana are provided in accordance with the federal Individuals with Disabilities Education Act (IDEA) Part C that requires states to conduct Child Find activities, including public awareness and outreach to promote timely referrals and developmental evaluation and eligibility determination to ensure that all infants and toddlers who might benefit from Early Intervention are enrolled early.

Despite Child Find efforts, the Louisiana Early Steps program is enrolling fewer young children in the program than could benefit from it. Louisiana is currently 31st in the country in enrollment of children in Early Intervention aged birth to age three and 20th in the nation in enrollment of children from birth to age one. This data underscores the importance and urgency of improving program enrollment.

Drawing upon data, best practices, and engagement of EarlySteps families and partners, this report provides concrete, practical recommendations to help improve enrollment in this vital program.

Recommendations At a Glance:

1. **Revise the EarlySteps Eligibility Criteria**
   - 1.1 Broaden criteria for developmental delay
   - 1.2 Expand diagnosed conditions
2. **Develop a Public Awareness/Marketing Campaign**
   - 2.1 Develop public awareness materials
   - 2.2 Partner on public awareness campaigns
   - 2.3 Develop an infographic
   - 2.4 Develop a family-friendly website
   - 2.5 Develop and support ongoing social media presence
   - 2.6 Create a brief referral video
   - 2.7 Create an early childhood app
3. **Expand Outreach to Referral Sources**
   - 3.1 Develop outreach materials
   - 3.2 Strategic use of data
   - 3.3 Conduct targeted outreach
4. **Develop an Effective Referral Process**
   - 4.1 Develop an interactive System Points of Entry (SPOE) map
   - 4.2 Develop an online referral form
   - 4.3 Provide a referral feedback loop
   - 4.4 Explore becoming a Help Me Grow affiliate state
5. **Promote Expansion of Developmental Screening**
   - 5.1 Promote developmental screening by health care providers
   - 5.2 Promote developmental screening by child care providers
6. **Address Other Factors Influencing Child Find**
   - 6.1 Family fees
   - 6.2 Hospitals providing therapy services
7. **Evaluate Child Find Efforts**
   - 7.1 Establish a Child Find committee
   - 7.2 Conduct an ongoing review of Child Find best practicess

INTRODUCTION

Louisiana is working to strengthen its prenatal-to-three system. As part of this work, and with support from the Pritzker Children's Initiative, the Louisiana Policy Institute for Children (LPIC) leads a public-private coalition to strengthen service quality and accessibility in early care and education, health, and well-being. EarlySteps, Louisiana's Early Intervention (Part C) program, is an essential part of Louisiana's work in this area which calls for more infants and toddlers to participate in EarlySteps. This goal is also reflected in the Louisiana Department of Health's most recent business plan, which includes goals for improved developmental screening and increased referrals to EarlySteps.

Louisiana is currently 31st in the country in enrollment of children in Early Intervention aged birth to age three and 20th in the nation in enrollment of children from birth to age one. This comparative data underscores the urgency of improving program enrollment. To help identify how more children could receive Early Intervention (Part C), LPIC and the BUILD Initiative's Prenatal-to-Three Capacity-Building Hub (which provides support to the 31 states and communities participating in the Pritzker Children's Initiative prenatal-to-three strategy) commissioned this report to identify strategies for Louisiana to consider as it seeks to increase participation in Early Intervention (Part C). The report focuses on outreach and enrollment strategies, as well as the state's eligibility for EarlySteps.

The report begins with background on EarlySteps, including the data that illustrates why there is a focus on increasing the enrollment of infants and toddlers in the program. Information is then provided on the federal requirements for Child Find (outreach and referral), Louisiana's practices, and national best practice recommendations. We then examine the eligibility criteria for EarlySteps' approach and provide comparisons with other states. An analysis is also provided on the information and insights that were gathered from several community representatives, partners, and parents. The last section of the report provides a total of 22 recommendations in seven areas along with strategies for Louisiana to consider in implementing these recommendations.

OVERVIEW OF EARLYSTEPS

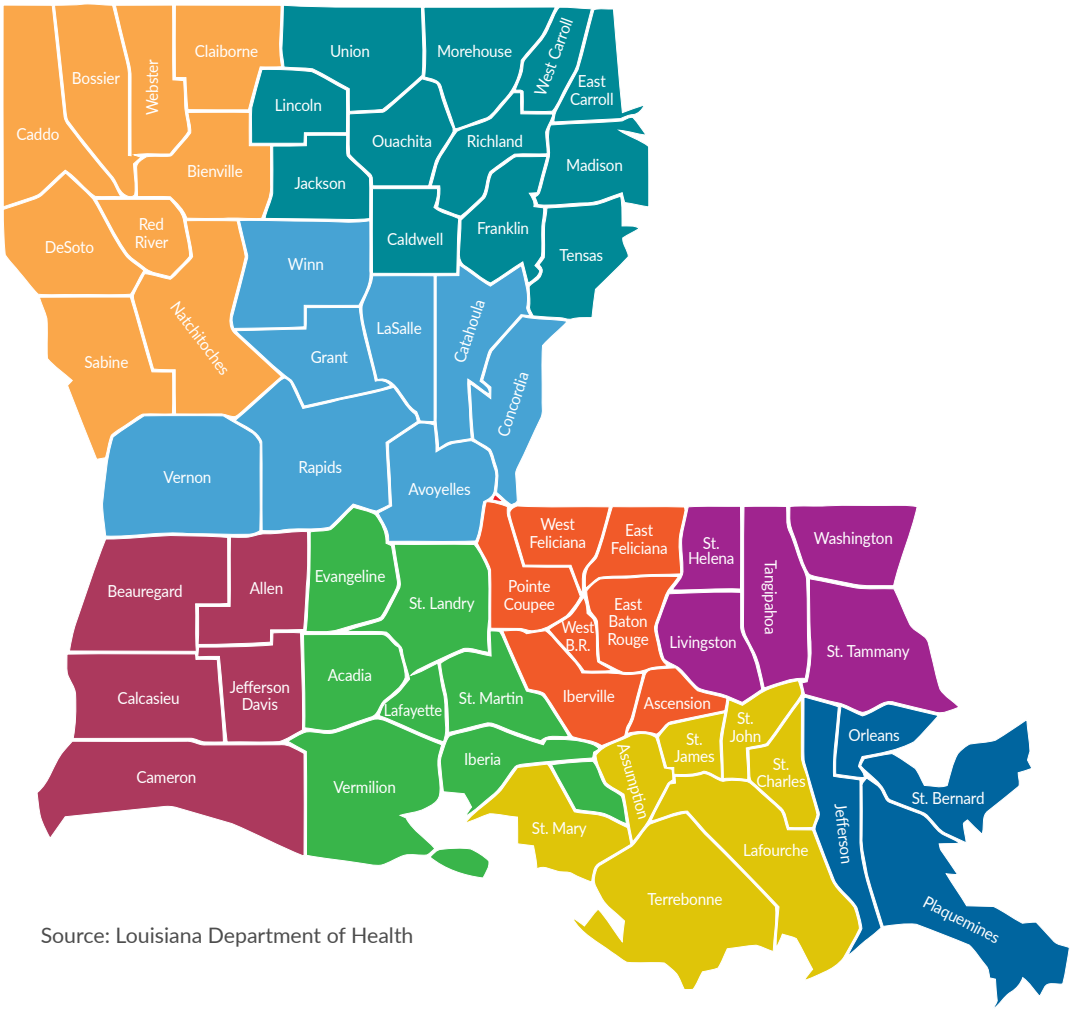
Organization of EarlySteps

EarlySteps administers the statewide Early Intervention program in accordance with the federal Individuals with Disabilities Education Act (IDEA) Part C, serving infants and toddlers from birth to age three who have a developmental delay or disability and their families. EarlySteps is run by the Office for Citizens with Developmental Disabilities, Louisiana Department of Health.

EarlySteps has four central office staff, including the program manager (Part C director), data manager, training coordinator, and provider relations specialist. These staff manage state-level activities including contracts, conducting chart and data reviews, and providing oversight and supervision for system implementation and improvements.

EarlySteps has ten regions (see Figure 1, but note that Jefferson is its own region) with regional coordinators who are responsible for training, technical assistance, provider enrollment, outreach to referral sources, investigating complaints, quality assurance, and follow-up within their region, as well as coordinating activities and meetings of their Regional Advisory Councils (RICCs).

Figure 1. EarlySteps Regional Map



Source: Louisiana Department of Health

EarlySteps contracts with 10 community organizations across the state that function as the System Point of Entry (SPOE) for their region. The SPOE is responsible for receiving referrals, conducting intake, coordinating an initial eligibility evaluation, facilitating eligibility determination, initial service coordination, and developing the initial Individualized Family Service Plan (IFSP) for all children who are determined eligible. The staffing for each SPOE includes a program director, data entry specialist, intake coordinators, and an Early Intervention consultant.

Ongoing service coordination is provided through regionally based agencies. Early Intervention providers, independent contractors hired within the EarlySteps system, are selected by the family. Their availability is maintained in the central directory, an online database referred to as the service matrix.

EarlySteps has nine Community Outreach Specialists who are contracted through Families Helping Families sites and the Southeast Louisiana Area Health Education Center, with one statewide coordinator position. Community Outreach Specialists conduct outreach visits to potential referral sources, health fairs, and conferences to promote timely referral of young children with potential developmental delays and/or disabilities. They also meet with parents and provide orientation and other training activities to support their referral to EarlySteps.

EarlySteps Enrollment

In this section we look at enrollment in EarlySteps, examining Louisiana data compared to other states, as well as regional and parish enrollment data.

Children Served - How is Louisiana EarlySteps Doing Compared to Other States?

Nationally enrollment in Early Intervention is determined by the count of children birth to age one and the count of birth to age three served divided by the population of children in those age ranges in the state. Looking at the percentage of young children served allows for comparisons of states with vastly different population sizes.

As shown in Table 1, Louisiana is serving 1.22 percent of the birth-to-age-one population in the state. While this is slightly above the national average of 1.14 percent, Louisiana is 20th in the nation for the percentage of children birth to age one served.

As shown in Table 2, Louisiana is serving 2.69 percent of the birth-to-age-three population in the state. This is below the national average of 3.2 percent. Louisiana is ranked 31st nationally.

Tables 1 and 2 show a correlation between states' eligibility criteria, designated A through C, with A states having the least restrictive eligibility and C states, which include Louisiana, having the most restrictive eligibility. Please see the eligibility section of this report for more information on eligibility categories. Thirteen of the states with lower percentages of children served birth to age three have more restrictive eligibility criteria (Category C). However, there are several states in categories A and B that are also serving a low percentage of children as well as a few states in category C that are serving a higher percentage of children. This indicates that other Child Find and public awareness factors influence the number and percentage of infants and toddlers identified and served in Early Intervention in addition to a state's eligibility criteria.

Table 1. Percent of Children Served Birth to Age One (Single day count 2020)

Category A Eligibility (17)	
New Mexico	3.35
Pennsylvania	2.03
Washington	2.00
Vermont	1.67
Kansas	1.66
District of Columbia	1.41
Virginia	1.35
Texas	1.22
Maryland	1.14
Colorado	1.13
Michigan	1.04
Alabama	0.83
Wisconsin	0.82
Iowa	0.73
Arkansas	0.54
Delaware	0.50
Hawaii	0.03

Category B Eligibility (18)	
Massachusetts	4.66
West Virginia	3.16
Wyoming	2.31
North Dakota	2.24
Rhode Island	2.22
New Hampshire	1.84
Indiana	1.56
Tennessee	1.51
Utah	1.09
California	0.98
South Dakota	0.97
Nebraska	0.95
North Carolina	0.94
Illinois	0.92
Ohio	0.82
Minnesota	0.71
New York	0.68
Mississippi	0.67

Category C Eligibility (16)	
Alaska	1.61
Idaho	1.43
Connecticut	1.39
Missouri	1.26
Louisiana	1.22
South Carolina	1.21
Nevada	1.07
Arizona	0.88
Montana	0.80
Georgia	0.78
Oregon	0.78
Florida	0.67
New Jersey	0.67
Oklahoma	0.63
Maine	0.54
Kentucky	0.30

= Birth Mandate

= At Risk

= 1.14 National Average

Source: Infant Toddler Coordinators Association (ITCA) Child Count Data Charts (2021), retrieved June 2021, https://www.ideainfanttoddler.org/pdf/2020-Child-Count-Data-Charts.pdf

Table 2. Percent of Children Served Birth to Age Three (Single day count 2020)

Category A Eligibility (17)	
New Mexico	6.68
Vermont	5.49
Pennsylvania	4.85
Kansas	4.34
Colorado	3.82
District of Columbia	3.67
Maryland	3.40
Washington	3.31
Virginia	3.29
Delaware	2.97
Michigan	2.93
Wisconsin	2.65
Texas	2.35
Iowa	2.15
Alabama	2.03
Arkansas	0.89
Hawaii	0.82

Category B Eligibility (18)	
Massachusetts	10.45
West Virginia	6.80
Rhode Island	6.42
Wyoming	5.87
North Dakota	4.76
New Hampshire	4.60
Indiana	4.51
New York	3.77
Tennessee	3.38
California	3.34
Utah	3.03
Illinois	2.84
Ohio	2.57
South Dakota	2.56
Nebraska	2.50
North Carolina	2.49
Minnesota	2.41
Mississippi	1.50

Category C Eligibility (16)	
Connecticut	4.81
New Jersey	3.96
South Carolina	3.82
Missouri	3.12
Idaho	2.84
Alaska	2.75
Nevada	2.73
Louisiana	2.69
Oregon	2.58
Florida	2.35
Maine	2.35
Georgia	2.31
Kentucky	2.19
Arizona	2.18
Montana	1.74
Oklahoma	1.53

= Birth Mandate

= At Risk

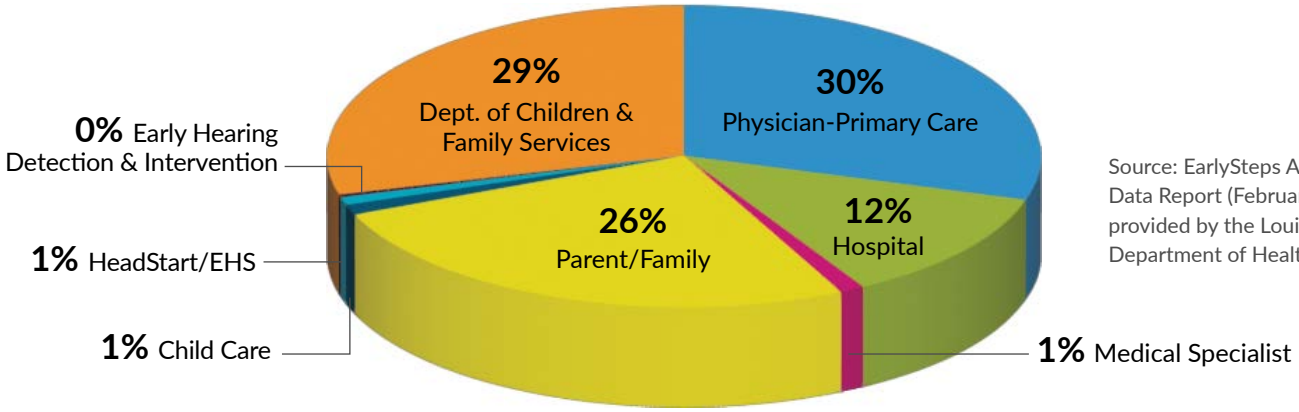
= 3.20% National Average

Source: Infant Toddler Coordinators Association (ITCA) 'Child Count Data Charts' (2021) https://www.ideainfanttoddler.org/pdf/2020-Child-Count-Data-Charts.pdf

Referral of Louisiana Children

Figure 2 shows that most referrals to EarlySteps are made by health care providers (43 percent), which includes physicians/primary care (30 percent), medical specialists (1 percent), and hospitals (12 percent). The Department of Children and Family Services on behalf of children who have experienced abuse or neglect or who are in foster care is the next largest referral group (28 percent), followed by families who refer themselves (26 percent). Referrals from child care, Early Head Start/Head Start, and Early Hearing Detection and Intervention (EHDI) are all under 1 percent.

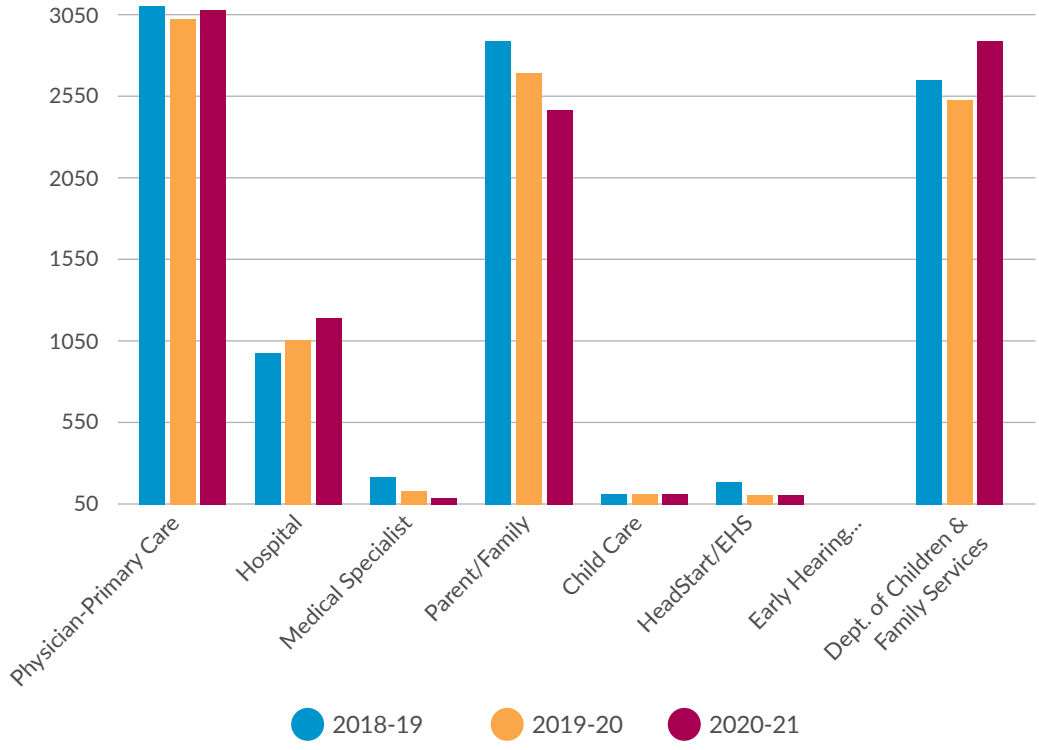
Figure 2. EarlySteps Referral Source Percentage (July 2020 - June 2021)



Source: EarlySteps Ad Hoc Data Report (February 2022), provided by the Louisiana Department of Health

The total number of referrals to EarlySteps has dropped over the past few years from 12,590 in 2018-2019 to 11,109 in 2019-2020 and 11,599 in 2020-21. Some of this could be due to the COVID pandemic leading to fewer referrals from families.

Figure 3. EarlySteps Referral Source by Year

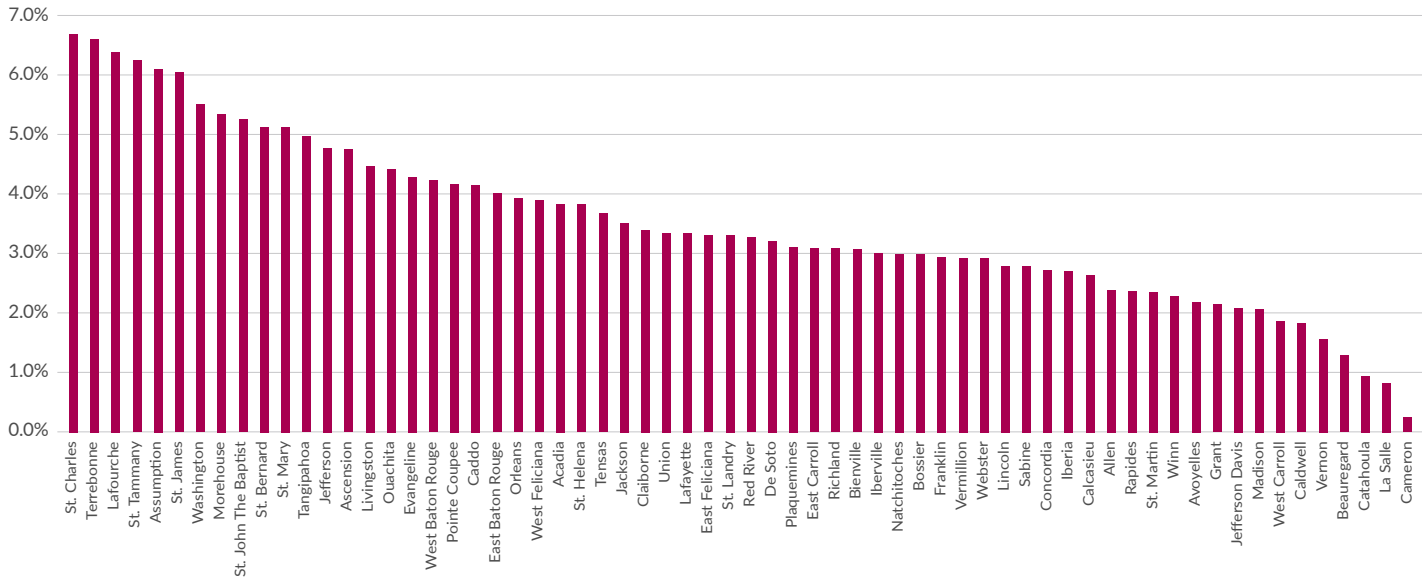


Source: EarlySteps Ad Hoc Data Report (February 2022), provided by the Louisiana Department of Health

Louisiana Children Served by Parish and Region

Figure 4 shows the percentage of the birth-to-age-three population served by parish. The range is from St. Charles Parish at 6.7 percent to Cameron Parish at just 0.3 percent. The average percentage served is 3.5, with 37 parishes below that.

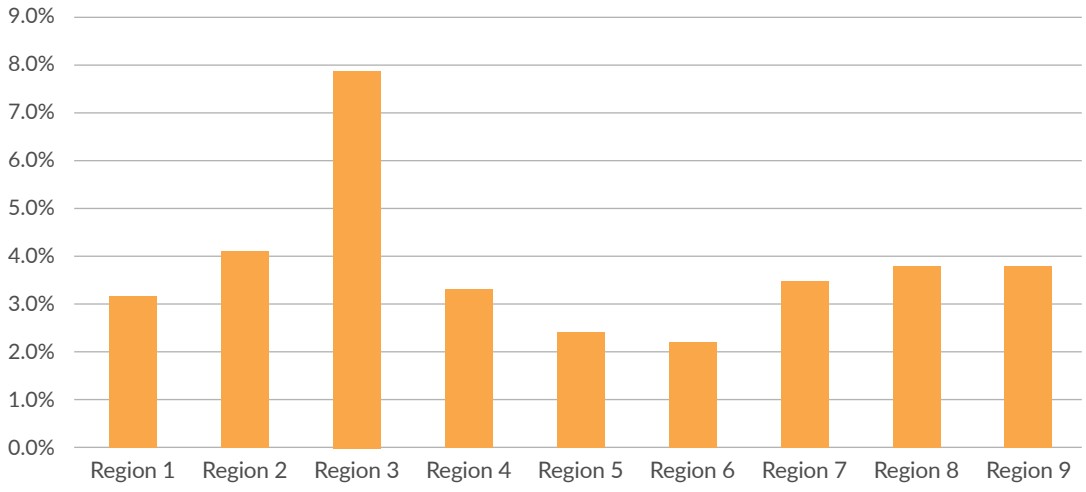
Figure 4. EarlySteps Percentage of Children Served by Parish (July 2020 -June 2021)



Source: EarlySteps Ad Hoc Data Report (February 2022), provided by the Louisiana Department of Health

A similar variation in the percentage of children served can also be seen when looking at the EarlySteps regions, with Region 3 serving 7.9 percent of the birth-to-age-three population and Region 6 serving just 2.2 percent.

Figure 5. EarlySteps Percentage of Children Served by Region (July 2020 -June 2021)

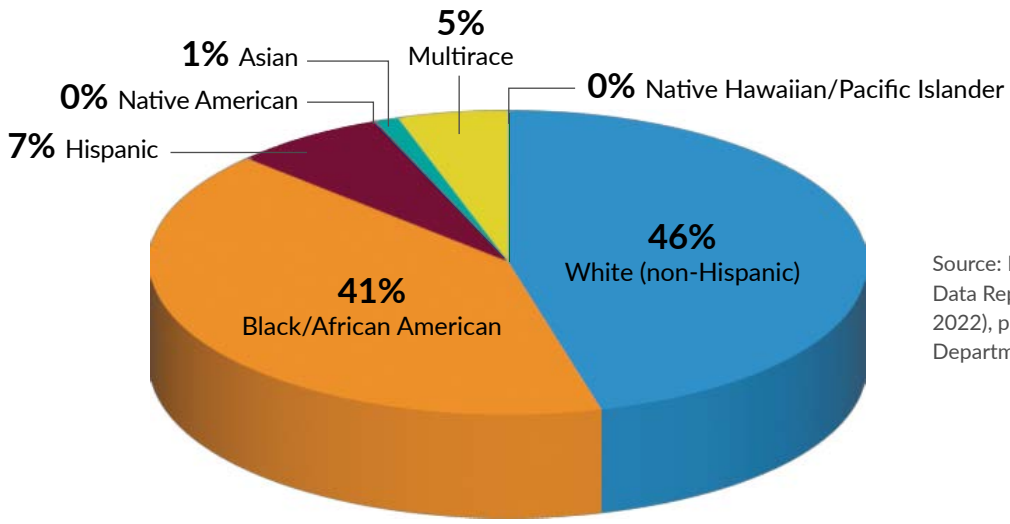


Source: EarlySteps Ad Hoc Data Report (February 2022), provided by Louisiana Department of Health

Louisiana Children Served by Race/Ethnicity

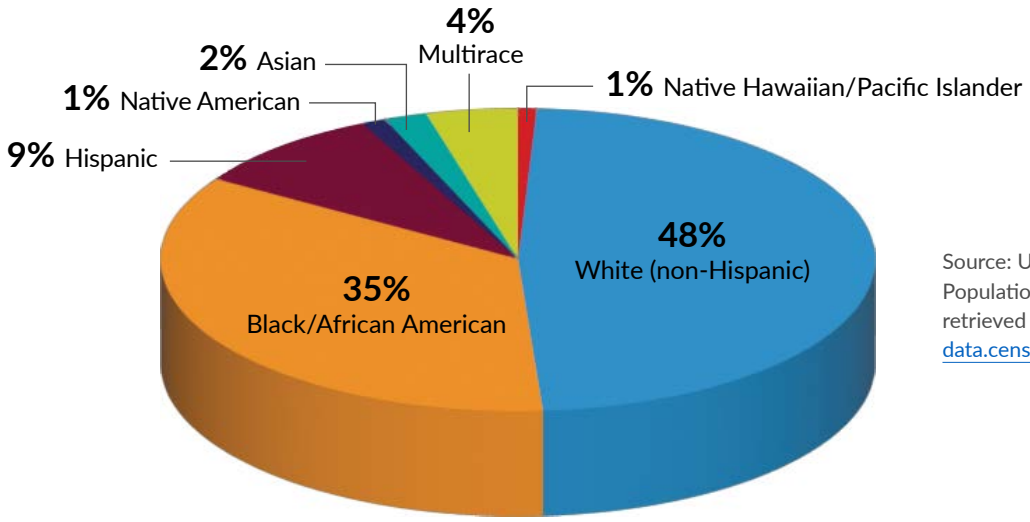
As indicated in Figure 6, EarlySteps is serving primarily White and Black infants and toddlers. The next largest groups are Hispanic children, at seven percent, and multi-racial children, at five percent. Of interest is that the population of Hispanic children (birth to age three) in Louisiana is nine percent, whereas Hispanic children only make up seven percent of the children served in EarlySteps.

Figure 6. EarlySteps Percentage of Children Served by Race/Ethnicity (July 2020 -June 2021)



Source: EarlySteps Ad Hoc Data Report (February 2022), provided by Louisiana Department of Health

Figure 7. Race/Ethnicity of Children in LA (2019 US Census population estimates Birth to Age 4)

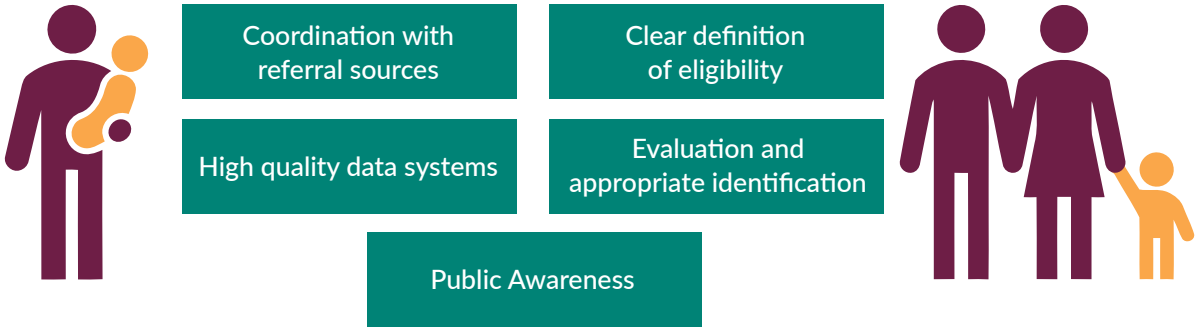


Source: US Census Bureau Population Estimates 2019, retrieved June 2022, https://data.census.gov/cedsci/

CHILD FIND

Child Find is critical to the success of Early Intervention and to Louisiana's ability to increase enrollment in EarlySteps. As shown in Figure 8, below, the Office of Special Education Programs, US Department of Education identifies core elements of the Child Find system including coordination with referral sources, clear definitions of eligibility, high-quality data systems, evaluation and appropriate identification of children, and public awareness. This section focuses on the federal IDEA Child Find requirements and Child Find best practices.

Figure 8. Child Find System



Source: Brenda Wilkins and others, *Improving State Child Find Efforts Through Self-Assessment and Planning*, DEC Conference presentation (2018), retrieved June 2022, https://dasycenter.org/improving-state-child-find-efforts-through-self-assessment-and-planning/

Federal Child Find Requirements and Louisiana Approach

The Individuals with Disabilities Education Act (IDEA), Part C that governs the provision of Early Intervention services requires that each state have a "comprehensive Child Find system" with the purpose of identifying, locating, and evaluating all infants and toddlers with disabilities birth to age three as early as possible. The Child Find system must meet the requirements of 34 CFR §303.302. These requirements are outlined below, followed by information about the approach that Louisiana takes to meeting each of these requirements and recommendations for doing so more effectively.

- The lead agency, with the assistance of the state interagency coordinating council, ensures that the system is coordinated with all other major efforts to locate and identify young children by other state agencies and programs including Maternal and Child Health Home Visiting Programs, EPSDT, health, Children's Health Insurance Program (CHIP), Early Hearing Detection and Intervention (EHDI), education, Early Head Start, child protection and child welfare programs including foster care and Child Abuse Prevention and Treatment Act (CAPTA), programs that provide services under the Family Violence Prevention and Services Act, child care programs, and tribal agencies.

  Louisiana EarlySteps approach: EarlySteps primarily coordinates with other agencies and organizations at the regional level through the regional ICCs and regional staff and Community Outreach Specialists. See recommendation 7.1.

- The lead agency addresses the definition of eligibility (34 CFR §303.21) and standards for appropriately identifying infants and toddlers with disabilities.

Louisiana EarlySteps approach: Eligibility regarding developmental delay and diagnosed conditions are addressed in the EarlySteps Program Policies (2014) (pp. 28-33). See Recommendations 1.1 and 1.2.

- Includes pre-referral procedures, the public awareness program (34 CFR §303.301), including "…information on the availability of Early Intervention services" that is "Disseminate[d] to all primary referral sources (especially hospitals and physicians), the information to be given to parents of infants and toddlers, especially parents with premature infants or infants with other physical risk factors associated with learning or developmental complications."

  Louisiana EarlySteps approach: System Point Of Entry (SPOE) providers produce materials; however, no state-level materials or campaign exists. See Recommendations 2.1 – 2.7.

- Includes a central directory (34 CFR §303.117).

  Louisiana EarlySteps approach: Families can look for ongoing Early Intervention services listed on their IFSP through a searchable online Early Intervention provider "matrix." See recommendation 4.1.

- Referral procedures, timelines, and participation by the primary referral sources (34 CFR §303.303).

  Louisiana EarlySteps approach: The EarlySteps Program Policies (2014) (pp. 35-36) state that "The referral form may be emailed or faxed to the System Point of Entry office. When the referral is received by telephone, the SPOE completes the referral form." There is a statewide referral form; however, the referral form is not fillable, and it is not clear where to submit it. In addition, the SPOE contact names and parishes served differ from the EarlySteps web page and printable version. See recommendation 4.2.

- Target primary referral sources including hospitals, including prenatal and postnatal care facilities; physicians; parents; child care programs and early learning programs; local education agencies and schools; public health facilities; social service agencies and other clinic and health-care providers; public agencies and staff in the child welfare system, including child protective services and foster care; and homeless family shelters and domestic violence shelters and agencies.

  Louisiana EarlySteps approach: Outreach to referral sources is conducted primarily by the regional managers and the contracted Community Outreach Specialists. The data system includes a standard referral report that identifies referral sources by type and parish. The data is used to quantify sources of referrals and which referral sources to target for improvement. See recommendations 3.2 and 3.3.

Child Find Best Practices

In this section, we note national Child Find best practices, identified through a literature review, guidance from the federal Office of Special Education Programs (OSEP), how Louisiana's Child Find practices compare to best practices and OSEP guidance, and model programs.

Literature Review

We conducted a scan of the literature related to Child Find best practices and efforts to increase the number and percentage of infants and toddlers with developmental delays and disabilities served. There are a limited number of published articles related to Child Find best practices in Early Intervention. The following articles provide some input on recommended practices:

Brian Barger Ph.D., Catherine Rice Ph.D., Rebecca Wolf M.A., and Andrew Roach Ph.D., *Better Together: Developmental Screening and Monitoring Best Identify Children Who Need Early Intervention*, Disability and Health Journal, Volume 11, Issue 3, July 2018, available at https://doi.org/10.1016/j.dhjo.2018.01.002

- This study concluded that "developmental monitoring" (a flexible and ongoing process with professionals asking about children's developmental progress and making informed clinical judgments based on their education and experience) along with more formal "developmental screening" (where health care professionals use validated developmental screening tools to help identify the presence of developmental concerns) increased the likelihood that a child will be referred and receive Early Intervention.

Beth M. McManus, Dawn Magnusson, and Steven Rosenberg, *Restricting State Part C Eligibility Policy is Associated with Lower Early Intervention Utilization*, Maternal and Child Health Journal, 2013, available at https://doi.org/10.1007/s10995-013-1332-8

- This study found that families of children with complex medical and developmental conditions who live in states with eligibility criteria that was more "restrictive" have less access than families of children living in states with broader criteria.

Erica Twardzik M.S., Coral Cotto-Negrón M.S., and Megan MacDonald Ph.D. *Factors Related to Early Intervention Part C Enrollment: A Systematic Review*, Disability and Health Journal Volume 10, Issue 4, October 2017, available at 10.1016/j.dhjo.2017.01.009

- Looking across a number of studies, researchers found 1) inclusion of at-risk groups was predicted to have an average of 22 percent increase in enrollment, 2) narrow state eligibility criteria had significantly lower enrollment rates in comparison to states that have broad eligibility criteria, 3) states received more referrals of children with neurodevelopmental delays in comparison to children with developmental delays, and 4) studies didn't show significant variance by states' administrative structure and funding, i.e., whether the state was in a particular lead agency or whether it had strong or limited state funding for the Early Intervention program.

Office of Special Education Programs (OSEP) Part C Child Find Self-Assessment - Best Practices

In 2019 the Office of Special Education Programs (OSEP), US Department of Education, in collaboration with national technical assistance centers and several state Early Intervention (Part C) programs, developed a Child Find self-assessment tool to assist states in meeting regulations and implementing best practices (BP) related to Child Find. Table 3 provides Louisiana's status on these best practices.

Table 3. Child Find Best Practices and Louisiana EarlySteps Status

Best Practices	Louisiana EarlySteps Status
BP1. Collaboration with Primary Referral Sources The practices in this section relate to the policies, agreements, and communication that lead to effective collaboration with primary referral sources, and professional development to support referral agencies in making referrals.	
With written parental consent, referral sources are provided with timely feedback including the status of the referral, outcomes of the referral, child engagement in services, and progress.	There is no systematic policy to obtain consent from parents to correspond with person making the referral regarding the status and outcome of their referral.
"Referral" is clearly defined, and that definition is disseminated to primary referral sources.	Referral is defined in policy. However, there is no systematic process in place to inform all referral sources statewide of the EarlySteps referral process.
Policies and procedures support ongoing and effective collaborative relationships with community agencies that serve underserved and at-risk populations.	Louisiana does not have policies in this area, but collaborative relationships exist at the community level through the Regional Interagency Coordinating Councils, the work of the Community Outreach Specialists, and through state and regional staff participation in multiple boards and advisory councils.

Best Practices	Louisiana EarlySteps Status
Implement respectful and appropriate pre-referral education and information-sharing with families to support their understanding of the importance of EI and to reduce stigma.	Community Outreach Specialists are available to meet with families; few printed materials are available that can be distributed to families regarding child development and the importance of Early Intervention for children with delays.
Policies and procedures are in place to support ongoing and effective communication and collaborative relationships with referral agencies (e.g., NICUs, child care programs, pediatricians).	Policies are in place but procedures have not been updated. Community Outreach Specialists in their region build relationships and conduct outreach to referral sources.
Collaboration with primary referral sources includes education, training, and professional development to support consistent application of referral criteria across sectors, geographic regions, and genders.	An informal approach is used by Community Outreach Specialists; no formal processes are in place with child care or health care providers.
BP2. Identification of Infants and Toddlers who are Underserved by Part C The practices in this section focus on strategies for reaching out to underserved populations to provide equal opportunity to participation in Part C.	
Materials describing the Child Find process are targeted to underserved populations.	Materials are not currently developed in other languages or with diverse photos.
Community health workers and other cultural brokers (i.e., individuals who bridge groups of differing backgrounds to create change, such as interpreters or other community members who may act in both directions between the community and Part C agency) are engaged and support the Child Find process.	While EarlySteps funds the Community Outreach Specialist, it is not known whether connections with community health workers are in place.
Use strategies such as a 211 telephone-based developmental screening and care coordination as a scalable and cost-effective strategy to reach children who may not have a medical home.	Louisiana does not employ this approach.
BP4. Evaluation of Child Find The practices in this section focus on methods for periodic evaluation and revision of the Child Find system.	
The state has a method for evaluating progress towards best practices, including experiences of parents and primary referral source.	There has been no evaluation of the EarlySteps Child Find system prior to this evaluation commission under the Pritzker Children's Initiative grant.
The Part C state data system, directly or through a related application, has reporting and analysis tools that provide end users, including state and local program staff, with easy access to the data in both raw form and reports.	The EarlySteps data system includes this capacity both for aggregate and individual child data.
Reports include metrics useful for monitoring the Child Find system.	The EarlySteps program monitors and reports annual data on the number and percentage of children served and, as part of the federal Annual Performance Report, must set annual targets. Targets are set at state level, but not the regional or parish level.

Best Practices	Louisiana EarlySteps Status
Data system features methods for identifying underserved populations.	The current data system collects data regarding referrals made by referral sources that can be analyzed by parish and region. Currently, the referral sources are identified in a drop-down menu in the data system and include the required primary referral sources as well as more typical referral sources specific to Louisiana.
BP5. Technical Adequacy of Screening and Evaluation Tools Items in this section have to do with the characteristics of the screening tool and training for those administering screenings.	
Use of standardized developmental screening and evaluation tools with strong psychometric properties and sufficient sensitivity to detect child progress.	Louisiana requires the use of the Ages and Stages Questionnaire (ASQ) as the screening tool and the BDI-2 as the evaluation tool to determine eligibility for the EarlySteps program.
Screening tools are brief and with a reduced literacy burden.	This review did not assess the literacy burden of the screening tools used within the EarlySteps program.
Developmental screening and evaluation tools include social-emotional development.	The BDI-2 includes assessment of developmental milestones in social-emotional development; no specific social-emotional screening or assessment tool is required but can be included if indicated as a need. The process used for Informed Clinical Opinion has a social-emotional component.
Individuals conducting screenings and evaluations are trained in their use, scoring, and interpretation.	We did not examine training provided to Early Intervention providers. SPOE contractors train staff on the use of the ASQ and EarlySteps provides training to evaluators who use the BDI-2.
Evaluation tools providing functional information that can be used to inform IFSP development are included in the diagnosed conditions.	The BDI-2 Battelle Developmental Inventory, Second Edition (BDI-2™) is used; its ability to provide functional information was not assessed.
Implementation of CDC-recommended practices for the diagnosis and management of infants born to mothers with Zika exposure or with potential Zika exposure.	Zika exposure is included in the diagnosed conditions list.
Infants born less than or equal to 1500 grams (3.3 lbs.) or less than 37 weeks of gestational age are considered as having a diagnosed physical or mental condition and eligible to receive EI services.	Low birth weight is included in the diagnosed conditions list; prematurity is currently defined as under 32 weeks.
BP6. Efficiency of Screening, Referral, and Evaluation Process and Procedures Practices in this section include universal screening, cultural considerations for screening, coordination with referral agencies for screening, referral modes, and practices for universal or expedited referral, including use of a decision-making algorithm.	

Best Practices	Louisiana EarlySteps Status
Universal screening for all children at set time points. Statewide coordination of screening includes surveillance and screening by primary care physicians. Screening includes family perspectives and is conducted in the child's dominant language and according to family preferences.	Louisiana Department of Health has begun promoting universal developmental universal screening as part of its business plan, including a Developmental Screening Toolkit, but stops short of requiring universal screening for all children. A deliverable for this initiative includes monitoring increases in referrals to EarlySteps.
Web-based referral or electronic transmission of referrals.	Louisiana allows email and fax referrals.
A simple, straightforward universal referral form is used.	A statewide form is in place, but it is not clear where referral sources should submit it. Community Outreach Specialists explain where the referral should be sent and includes the contact information for the region when they meet with people.
A universal checklist for identifying eligible children is used to streamline identification and reduce the need for screening/comprehensive evaluation.	A joint initiative between the Louisiana Department of Education and the Department of Health has included the creation of a developmental chart based on Learn the Signs. Act Early materials for each parish.
Children with established conditions with a high probability of developmental delay are automatically referred to Part C and are presumed eligible.	This is included in state policy for diagnosed conditions. The referral form does include the general categories under which major medical conditions would fall: orthopedic, autism, brain injury, seizures, sensory impairment, etc.
Children with clinical findings consistent with congenital Zika syndrome born to mothers with possible Zika virus exposure in pregnancy are automatically referred to Part C and presumed eligible.	Zika is included in the state's eligible conditions list.
A decision-making algorithm is used to expedite enrollment in Part C.	The process for decision-making following referral is outlined in the EarlySteps practice manual. No algorithm has been developed.
BP7. Responding to Children Found Ineligible for Early Intervention Practices in this section focus on connecting families with other community agencies and resources and continued developmental surveillance when a child is found ineligible for Early Intervention.	
Connect families with other community resources to meet needs EI does not address. Promote linkages between early identification services and a network of treatment services so that children's developmental concerns are addressed. Repeat screening and monitoring for children whose assessment scores indicated they are at risk but who did not meet eligibility criteria.	SPOE contract agencies are required to provide families with support resources, such as Medicaid – EPSDT (Early Periodic Screening, Diagnosis, and Treatment services), hospital outpatient clinics, early care and learning settings, etc. if there are concerns with a child's development but the child does not qualify for Early Intervention. They also provide the next age-appropriate Ages and Stages Questionnaire (ASQ) and encourage the family to call if concerns emerge in the future and a developmental screening will be conducted.
Support outreach to inform parents about developmental screening and follow-up services.	The EarlySteps practice manual details procedures when children do not qualify.

Peer State Information

In consultation with EarlySteps leadership, we selected five peer states to learn about strategies and approaches they utilize as part of their successful Child Find efforts and that have the potential to be utilized in Louisiana to increase the number and percentage of infants and toddlers served. We selected states that are serving a higher percentage of children than Louisiana and focused on southern states and health lead agencies. Successful strategies and approaches included:

- Robust ongoing public awareness campaigns with traditional print, electronic, and social media
- Consistent outreach to referral sources including health care providers and early learning providers
- Strong use of data analytics to target outreach efforts and address equity, including racial disparities
- Statewide developmental screening efforts
- Clear delineation of Child Find roles in the system
- Statewide referral process and form, either fillable PDF or online referral option

Table 4. Overview of Peer States

State	Lead agency	Region	% served Birth – 1	% served Birth - 3
Massachusetts	Health	Northeast	4.66%	10.45%
New Mexico	Early Childhood	Southwest	3.35%	6.68%
West Virginia	Health	South	3.16%	6.8%
Kansas	Health	South	1.66%	4.34%
Tennessee	Education	South	1.51%	3.38%
Louisiana	Health	South	1.22%	2.69%

More information on peer states is provided in the appendix.

National Models and Approaches for Supporting Child Find

In this section we highlight several models and approaches that some states utilize to promote universal screening and early identification of young children with developmental delays and disabilities. Consideration of these models or approaches should occur in collaboration with other state agencies and organizations.

Center for Disease Control (CDC) "Learn the Signs. Act Early Initiative"

The Act Early Initiative promotes collaboration among early childhood programs in states and territories so that young children with autism or other developmental disabilities can be identified early and receive the services and support they and their families need. The CDC works with states, territories, and national partners by:

- Supporting Act Early Ambassadors in expanding the program's reach.
- Facilitating the sharing and promotion of best practices, resources, information, and announcements related to improving early identification of developmental delays and disabilities among state, territorial, local health officials, and others involved in early childhood programs.
- Promoting the adoption and integration of resources and materials to support developmental monitoring in systems that serve young children and their families.

Act Early has a range of materials and resources that can be used or adapted as part of a state or regional campaign to promote developmental screening and timely referral to Early Intervention.

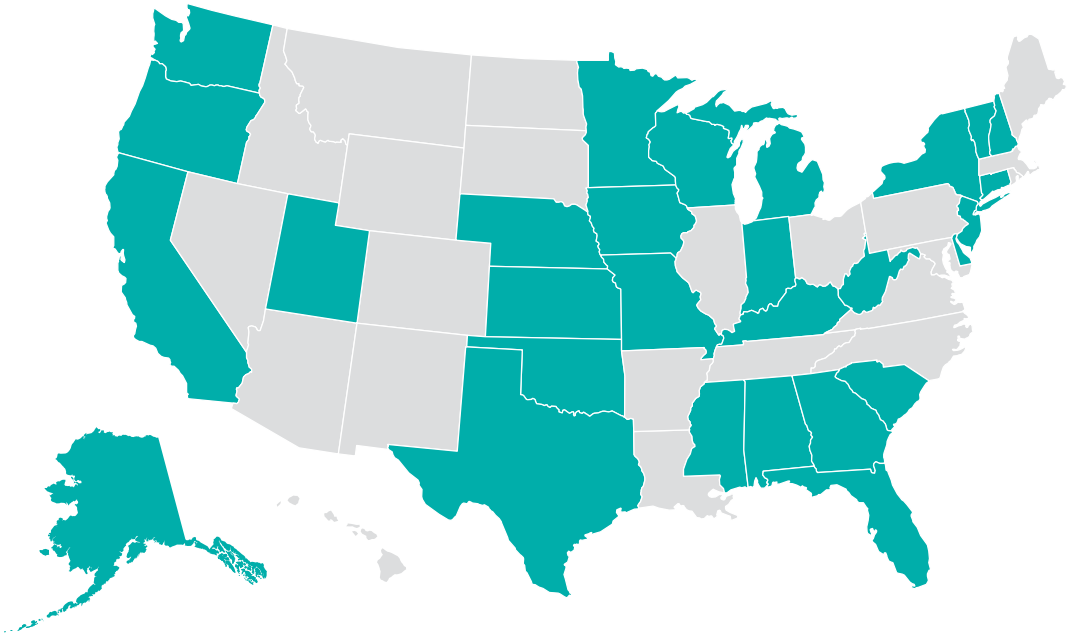
Louisiana currently has an Act Early Ambassador, and the LA Department of Education and LA Department of Health have partnered to utilize and adapt Act Early materials.

Help Me Grow

The Help Me Grow approach began in Connecticut in the 1990s, applying a developmental approach that connects at-risk children with services, including the "Birth-to-Three" Early Intervention (Part C) program for children with developmental delays. Along with increased referrals from its statewide information and referral line, Connecticut found that doctors who received training from Help Me Grow were twice as likely to identify and refer children for services after being trained.

Based on the successes in Connecticut, a Help Me Grow National Center was established in 2010 that supports affiliates through training and resources, as well as shared learning about innovations and lessons learned from other state affiliates. The Help Me Grow model is now implemented in 31 states, as shown in Figure 9.

Figure 9. Help Me Grow Affiliates by State



Source: Help Me Grow National Center, Affiliate Network, retrieved June 2022, https://helpmegrownational.org/affiliates/

There are four core components of the Help Me Grow model that promote the identification and referral of young children with developmental delays, as described below and outlined in Figure 10.

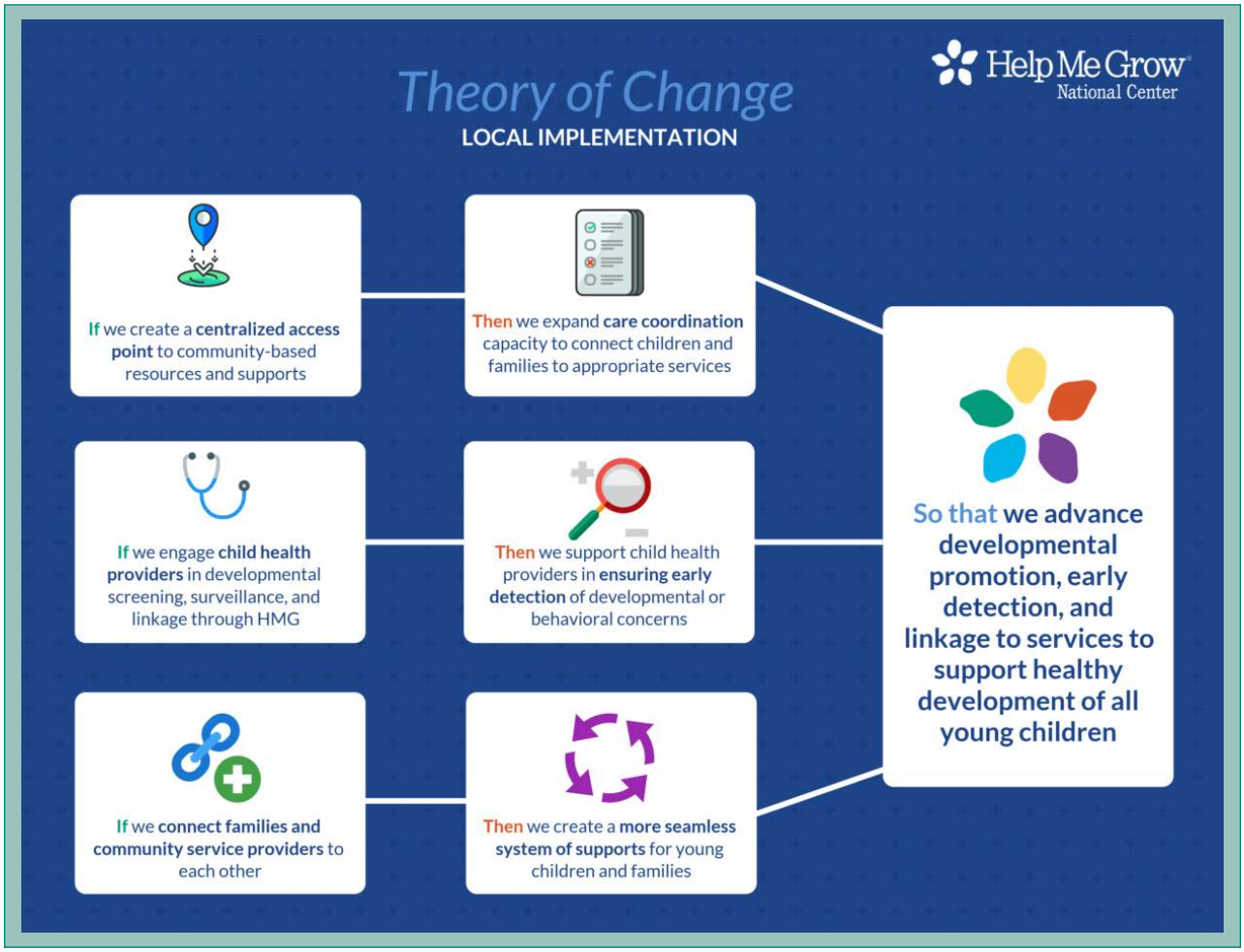
A Centralized Access Point typically takes the form of a call center and website that serves as the go-to place for family members, child health care providers, and other professionals seeking information, support, and referrals for children. Telephone and web-based services have proven to be effective primary points of access to community resources and are cost-effective, easy to promote, efficient at identifying needs, and effective at supporting callers and triaging to appropriate services.

Family and Community Outreach builds parent and provider understanding of healthy child development, supportive services available to families in the community, and how both are important to improving children's outcomes.

Child Health Care Provider Outreach supports early detection and intervention efforts and connects medical providers to the grid of community resources to best support families.

Data Collection and Analysis supports evaluation, helps identify systemic gaps, bolsters advocacy efforts, and guides quality improvement.

Figure 10. Help Me Grow Theory of Change



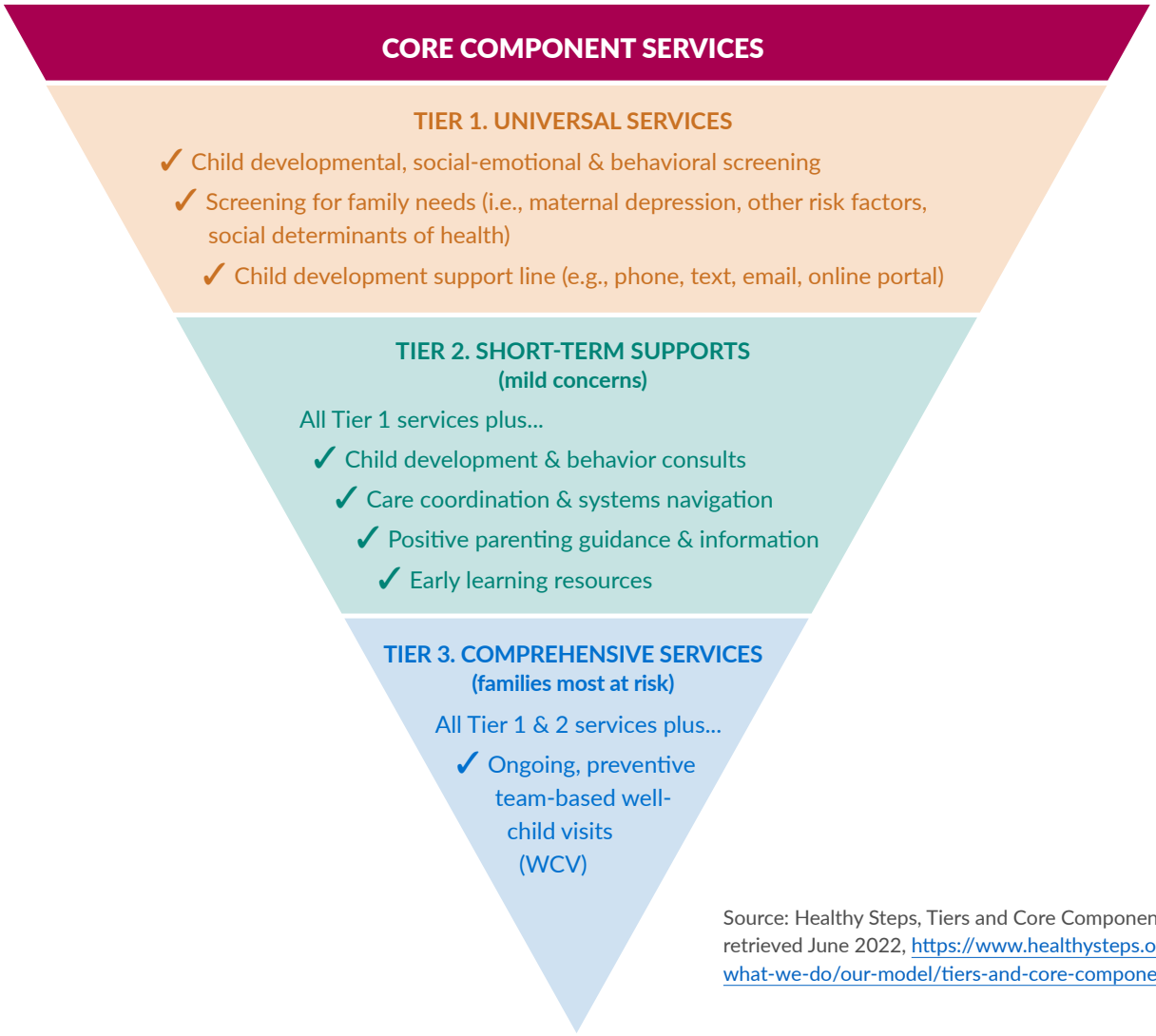
Source: Help Me Grow National Center, Our Approach, retrieved June 2022, https://helpmegrownational.org/advocacy/

HealthySteps

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program that promotes the health, well-being, and school readiness of babies and toddlers, with an emphasis on families living in low-income communities. The model integrates a HealthySteps Specialist, a child development expert, into the health care team within local practices.

The core components of HealthySteps are shown in Figure 11.

Figure 11. Healthy Steps Core Components



Source: Healthy Steps, Tiers and Core Components, retrieved June 2022, https://www.healthysteps.org/what-we-do/our-model/tiers-and-core-components/

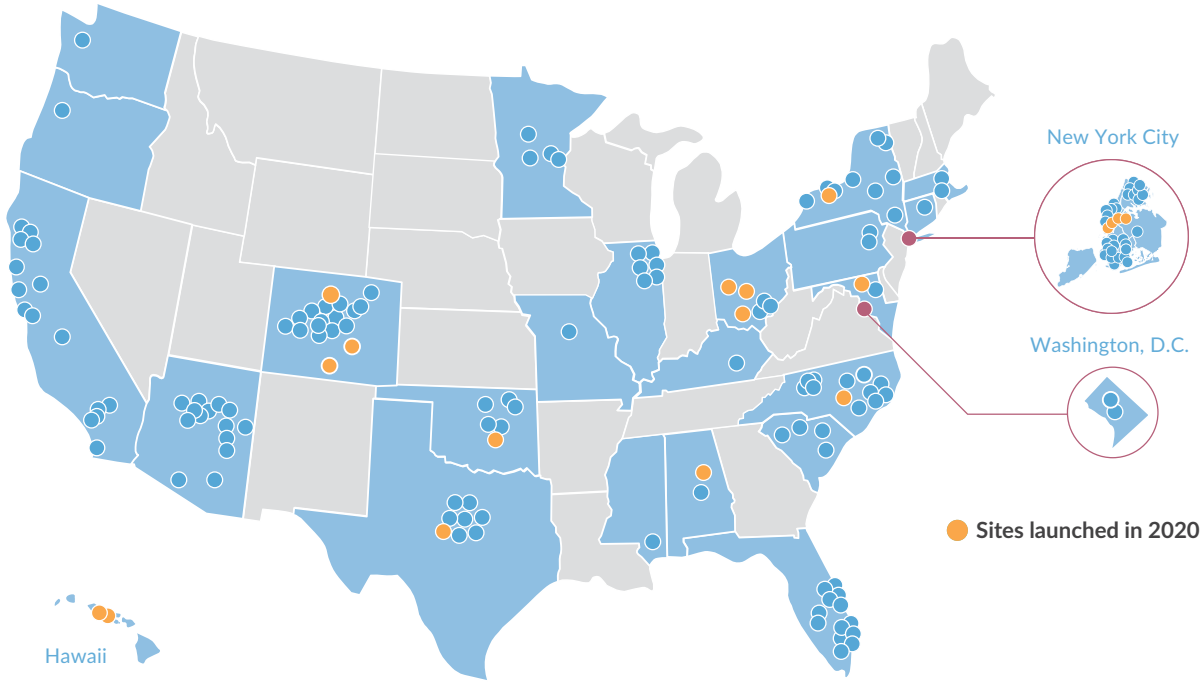
HealthySteps has identified the following child impacts related to whether children are reaching developmental milestones and addressing any challenges early by successfully connecting families and their children to the services they need:[1]

- Children were eight times more likely to receive a developmental assessment and had significantly higher rates of developmental and other nonmedical referrals.
- One HealthySteps practice with a dedicated family services coordinator quadrupled its Early Intervention successful referral rate after implementing HealthySteps.
- Across a network of HealthySteps practices, the median age of autism diagnosis for children who screened at the high-risk level was two years earlier than the national median.

HealthySteps is currently being implemented in 214 pediatric primary care practices across 25 states (and Washington, DC) and on seven US military bases (see Figure 12). There are currently no practices in Louisiana. HealthySteps generally operates as individual affiliate practices rather than state system affiliates.

[1] ZERO TO THREE, Healthy Steps Evidence Summary, 2021, retrieved June 2022, https://www.healthysteps.org/resource/healthysteps-outcomes-summary/

Figure 12. HealthySteps Sites



Source: HealthySteps Annual Report (2020), retrieved June 2022, https://www.healthysteps.org/wp-content/uploads/2021/07/HealthySteps_2020_Annual_Report.pdf

ELIGIBILITY CRITERIA

In this section, we look at the federal Early Intervention eligibility parameters, as well as how Louisiana's EarlySteps eligibility criteria compared to other states. Each state sets its own eligibility criteria, i.e., the level of developmental delay and the diagnosed medical conditions that make a child eligible for Early Intervention. This can have a significant impact on the number of children that receive Early Intervention in the state.

Early Intervention (Part C) Eligibility Criteria Requirements

The following are the requirements of the IDEA Part C (Sec. 303.21) regarding eligibility:

> (a) Infant or toddler with a disability means an individual under three years of age who needs Early Intervention services because the individual—
>
> (1) Is experiencing a developmental delay, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:
>
> (i) Cognitive development.
> (ii) Physical development, including vision and hearing.
> (iii) Communication development.
> (iv) Social or emotional development.
> (v) Adaptive development; or
>
> (2) Has a diagnosed physical or mental condition that—
>
> (i) Has a high probability of resulting in developmental delay; and
> (ii) Includes conditions such as chromosomal abnormalities; genetic or congenital disorders; sensory impairments; inborn errors of metabolism; disorders reflecting disturbance of the development of the nervous system; congenital infections; severe attachment disorders; and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.
>
> (b) Infant or toddler with a disability may include, at a state's discretion, an at-risk infant or toddler (i.e., at risk for developmental delay).

EarlySteps Eligibility Criteria Compared to Other States

Developmental Delay Criteria

Under IDEA Part C regulations 34 CFR §303.111, state Early Intervention (Part C) programs establish eligibility criteria for developmental delay. The percentage of delay and criteria (including tools to be used) differs from state to state. Table 5 shows groupings of state Early Intervention (Part C) programs based on their eligibility criteria. This table refers to the number of developmental domains in which a child may show a delay – physical, cognitive, communication, adaptive, and social-emotional development.

Table 5. State Early Intervention (Part C) - Eligibility Groupings (2020)

Category	Number of States	Level of Developmental Delay (Domain = area of development	Standard Deviation (SD) Below Mean
A (Broad)	17	• At-risk, any delay, atypical development • 25% delay in one domain • 20% or 22% delay in two or more domains	• 1.0 SD in one domain
B (Moderate)	18	• 25% delay in two or more domains • 30% or 33% delay in one or more domains	• 1.3 SD in two or more domains • 1.5 SD in one domain
C (Restrictive)	16	• 33 delay in two or more domains • 40% delay in one domain • 50% delay in one domain	• 1.5 SD in two domains • 1.75 or 2.0 SD in one domain • 2.0 SD in two or more domains

Source: Adapted from Infant Toddler Coordinators Association (ITCA) Child Count Data Chart (2020) , retrieved June 2022, https://www.ideainfanttoddler.org/pdf/2020-Child-Count-Data-Charts.pdf

Louisiana EarlySteps is one of 16 states in the restrictive category with the following eligibility criteria outlined in EarlySteps Program Policies:

> Children under the age of three who have a developmental delay of at least 1.5 SD (standard deviation) below the mean on the Battelle Developmental Inventory, 2nd edition (BDI-2) in two of the following developmental domains are eligible for EarlySteps: a. cognitive development, b. physical development, c. communication development, d. social or emotional development, e. adaptive skills development (also known as self-help or daily living).
>
> Note: A 1.5 standard deviations is approximately 30-33 percent delay

These more restrictive eligibility criteria were enacted in 2012 as a result of budget challenges. Prior to the 2012 changes, Louisiana EarlySteps was in the moderate category with eligibility criteria that were 1.5 standard deviations in one developmental domain. This change in eligibility criteria led to a drop of 1,668 (30 percent) in the number of children served (from 5,568 in May 2012 to 3,900 in December 2012). Eventually, over a seven-year period, the number of children rebounded to 5,700 in 2019, a pattern seen across the US with more children with developmental delays and disabilities being identified.

Diagnosed Medical Conditions

State Early Intervention (Part C) programs also determine which diagnosed physical or mental conditions they include in their list of diagnosed established conditions as having a high probability of resulting in a developmental delay. Some states have developed extensive lists while others use the diagnosed conditions listed in the Federal IDEA Part C regulations (Sec. 303.21). Because the diagnosed/established conditions lists for some states are extensive, there is no national matrix or analysis across states of which diagnosed conditions make a child eligible.

There is a fairly extensive list of diagnosed physical or mental conditions in the EarlySteps Program Policies that the EarlySteps program has determined are associated with developmental disabilities or have a high probability of resulting in a developmental delay or disability. These conditions can be documented by a physician's signature (or that of an audiologist in the case of hearing impairment or a speech/language pathologist in the case of a child with speech delay).

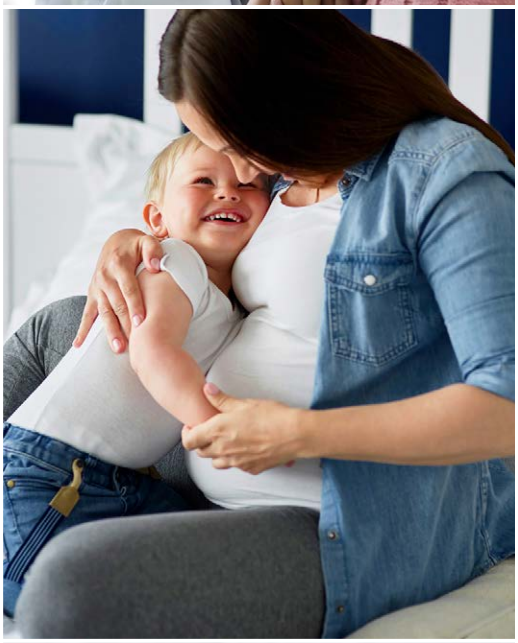
The EarlySteps diagnosed physical or mental conditions fall within the following categories: genetic disorders, sensory impairments, orthopedic and neurological disorders, social-emotional disorders, pervasive developmental disorders, preterm birth, substance exposure, and medically related disorders.

At-Risk Criteria

IDEA Part C regulations (Sec. 303.5) allow state Early Intervention (Part C) programs to include in their Part C eligibility criteria infants and toddlers who are "at risk of experiencing a substantial developmental delay if Early Intervention services were not provided to the individual. At the state's discretion, at-risk infant or toddler may include an infant or toddler who is at risk of experiencing developmental delays because of biological or environmental factors that can be identified (including… a history of abuse or neglect and being directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure)."

In 2021 six states reported serving children determined eligible under an at-risk category (CA, FL, MA, NH, NM, and WV), while other states may include risk factors within their diagnosed/established conditions list. Each state determines its definition of "at-risk" and whether single or multiple risk factors are included in its at-risk definition (Sec. 303.5). The at-risk eligibility category can be used to provide Early Intervention to young children and their families where there are family circumstances (e.g., substance use disorder, domestic violence, homelessness, abuse, and neglect) that result in an increased risk of developmental delay, especially social-emotional delays.

EarlySteps medical eligibility currently includes preterm birth (less than 32 weeks gestation), substance exposure, and substantiated abuse/neglect. Part of the decision-making for qualifying a child using informed clinical opinion incudes criteria such as siblings with a history in Early Intervention, identified areas of concern not identified in the ASQ or BDI-2, abnormal sensory/motor response, affective or social disorder, and/or concerns in self-regulation. EarlySteps might consider adding other at-risk eligibility criteria for medical conditions like moderate to late preterm (32 to 37 weeks) or low birth weight: less than 2,500 OR whether to include family risk factors like those listed above.



COMMUNITY AND PARTNER INPUT

Twenty-eight people with knowledge of and experience with EarlySteps provided their thoughts and ideas about what is working well and what could be improved to promote enrollment of infants and toddlers with developmental delays and disabilities. We reached these individuals through seven focus groups and two individual interviews, which included representatives as follows:

- Interagency Coordinating Council (ICC)
- Parents (with support from Louisiana Families Helping Families of Greater New Orleans and Louisiana Parent Training & Information Center)
- LA Department of Health – Office of Public Health
- Community Outreach Specialists
- LA Association for the Education of Young Children
- LA Chapter of the American Academy of Pediatrics
- LA Department of Children and Family Services
- EarlySteps lead agency staff and managers

Table 6 summarizes the issues that were raised and the challenges and opportunities that were identified and cross-references the recommendations.

Table 6. Summary of Issues, Challenges, and Opportunities

Issue	Challenges and Opportunities	Recommendation #, see Recommendations Section
Public awareness materials	EarlySteps materials (e.g., posters, brochures, developmental wheels/charts) are not seen in medical clinics, child care, etc.; there used to be more materials; brochures are out of date; materials currently have to be photocopied.	2.1 – 2.7
Child Find booth	Table-top displays, tablecloths, and promotional materials (pens, cup, note pads) are needed by Community Outreach Specialists; availability is not consistent across regions; need to have booths at both local, regional, and statewide events and conferences.	3.1
Materials out of date	Names and contact information on EarlySteps materials are not current; the parishes served are not listed for each SPOE.	2.1 – 2.7
Social media	No EarlySteps social media presence; Region 9 has a Facebook page.	2.5
Website	EarlySteps website is limited and not family friendly to young families; information regarding how to make referrals could be clearer and easier to find; QR codes could be used to drive referral sources and parents to the website; Regions 4 and 5 have good webpages.	2.4

Issue	Challenges and Opportunities	Recommendation #, see Recommendations Section
Infographic	Develop a clear "infographic" that shows the process and timelines from "identification of developmental concern or diagnosis" – "referral" – "intake" – "evaluation" – "eligibility determination" – "IFSP development" – "timely EI services"; recommend using this in all materials and outreach materials.	2.3
Learn the Signs. Act Early	The LA DOE and LDHS have jointly developed Learn the Signs. Act Early materials for each parish and includes the EarlySteps local SPOE telephone number; these materials could be distributed more widely.	2.2
Approach and terminology	Materials need to stress that parents can self-refer based on a concern about their child's development; terminology needs to avoid acronyms and technical jargon.	2.1 – 2.7
Approach and terminology	Materials should stress that referral sources don't need to have completed a developmental screening or have a diagnosis but can refer based on a concern regarding the child's development.	2.1 – 2.7
Toll-free number	Current toll-free number doesn't work.	2.1
Referral Video	Create a short video (less than 10 minutes) that uses graphic to provide an overview of the referral and eligibility process for EarlySteps.	2.6
Screening	A recent survey of health care providers (N=345) showed 86% did regular developmental screening; 69% did autism screening.	None
Screening	Billing code for health care providers to bill Medicaid reimbursement for conducting developmental screenings has been established; LDH bulletin issued to inform providers; survey shows only 40% awareness. Wider messaging needed on this issue.	5.1
Screening	Health care providers reported need for 1) low/no cost education (26%); 2) support for practice (34%); 3) administrative/organizational support (28%) could increase developmental screening.	5.1
Screening	LA LDH-Office of Public Health has Developmental Screening Guidelines addressing tools and how often screening should be conducted; training and coaching available.	2.2
Screening	Child care screening currently only at higher levels of publicly funded quality rating.	5.2
Screening	Home visitors use the ASQ for developmental screening and make referrals to EarlySteps.	None
Referral	Recommend making available an online referral form/portal (with referrals routed to SPOE).	4.2
Referral	Infant and Early Childhood Mental Health (IECMH) consultants' referral for social-emotional issues.	None

Issue	Challenges and Opportunities	Recommendation #, see Recommendations Section
Referral	Referrals from child welfare under Child Abuse Prevention Act (CAPTA) and Comprehensive Addiction and Recovery Act (CARA) are strong; brief video training would be beneficial.	2.6
Referral	Referral form doesn't include information on where to send it; it is a Word doc that is not a fillable form.	4.2
Outreach	Inform about referral sources where neither a diagnosis nor screening result is needed, i.e., the provider or parent's concern is enough for a referral.	2.1
Outreach	Webinar on developmental screening (with Continuing Medical Education (CME) credits for medical providers conducted in 2021 with Louisiana American Academy of Pediatrics. Training is not easy to find on LAAAP website.	5.1
Outreach	Opportunity to partner with Department of Education – Early Childhood Community Networks to provide outreach to child care providers; more outreach needed to child care providers, including family child care providers; child care providers often don't have access to screening tools.	3
Innovations	Create an app that enables families and referral sources to look up early childhood services available by parish, age, service type.	5.2
Languages	Need to translate materials to Spanish; translation of materials into Arabic and Vietnamese, as well as interpreters for Arabic and Vietnamese are needed; a brochure was translated into Spanish in one in EarlySteps region, but now only photocopied versions are available.	2.1
Children with vision/ hearing loss	The school for the deaf and visually impaired has limited resources for serving young children through its Parent-Pupil Education Program; there are opportunities for improved collaboration.	3.4
Provider availability	Early Intervention providers can decline to serve families in certain neighborhoods or rural counties or very rural parts of counties that require significant travel, limiting availability of certain services.	None
Lack of Early Intervention providers	Perception that there is a lack of Early Intervention providers and wait time to receive services; perception that rural areas lacked qualified Early Intervention providers; turnover is high; no-shows occur; rates are historically low.	None
Family Fees	Family fees are seen by some families as a disincentive to enrolling in EarlySteps; some families choose to use their private health insurance as copays may be less; families reported the stress of reporting income (even if they weren't charged fees); service coordinators tell parents that they don't like to collect financial information.	6.1

Issue	Challenges and Opportunities	Recommendation #, see Recommendations Section
Eligibility	EarlySteps eligibility was made more restrictive in 2012; many referred children do not become eligible; providers may not refer due to their belief that children will not become eligible.	1.1 – 1.2
Capacity	EarlySteps capacity to address the mental health/social-emotional development – ACEs/Trauma-Informed care training could be expanded.	None
Re-eligibility	Many children are determined to be ineligible at the annual review (it was reported that this has included children with diagnosed conditions, erroneously including Down Syndrome).	None
Funding	Need to get Medicaid to fund special instruction in addition to therapy services.	None
Services outside of EarlySteps	Hospitals sometimes refer children and families to therapists in their clinics or within their network rather than referring to EarlySteps.	6.2
Professional development	Recommend developing a training for child care providers for credit towards their 12 hours a year through Pathways (Northwestern State University); training to focus on child development, effects of disability on children's learning, inclusive supports and services.	5.2



RECOMMENDATIONS

The following are recommendations to assist the Louisiana EarlySteps program as it seeks to increase the number and percentage of infants and toddlers with developmental delays and disabilities who receive Early Intervention services. These recommendations are drawn from the literature review, federal requirements, best practices, leading states, and interviews and discussions with the Early Intervention community in Louisiana. The recommendations are grouped into seven areas and include suggested strategies for implementing each recommendation.

1. Revise the EarlySteps Eligibility Criteria

Expanding the eligibility for Early Intervention has the potential to increase the number of infants and toddlers and their families who are eligible to and participating in Early Intervention services.

1.1. ***Broaden criteria for developmental delay:*** Broaden EarlySteps eligibility criteria for developmental delay so infants and toddlers with a lower level of delay can be eligible for Early Intervention services through the Early Steps Program. This may include restoring the criteria from before 2012, i.e., a delay of 1.5 standard deviations (~33%) in one developmental domain, or broadening eligibility to include children with developmental delay 1 standard deviation (~25%) in one developmental domain.

Strategy: Convene a multidisciplinary expert committee to examine whether to align eligibility criteria with states that have a "moderate" or "broad" eligibility criteria (see page 14), including whether to reverse the eligibility change made in 2012 that moved the eligibility criteria from 1.5 standard deviations in one area of development to 1.5 standard deviations in two areas of development. Cost projections can be made by estimating the number of additional infants and toddlers and their families who would be served multiplied by the current average cost per child.

1.2 ***Expand diagnosed conditions:*** Consider adding additional infant and early childhood mental health conditions to address the social-emotional development and mental health needs of infants and toddlers within the context of the parent-child relationship.

Strategy: Convene a multidisciplinary committee to consider whether to include IECMH conditions from the *DC:0–5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood*, as Michigan and New Mexico have done. This committee could include developmental pediatricians, therapists, and hearing and vision specialists; mental health clinicians can be used to review the current list of diagnosed physical or mental conditions to determine if there is evidence to support adding additional conditions that can lead to developmental delays and disabilities as the scientific evidence changes over time. This also has the potential to lead to additional referrals.

2. Develop a Public Awareness/Marketing Campaign

As required under IDEA Part C regulation, a public awareness campaign must include the provision of information to parents on the availability of Early Intervention services that is disseminated to all primary referral sources. A marketing campaign can further be used to promote the importance of supporting early development, developmental screening, and referral and Early Intervention for children identified as having a developmental delay or disability. Such marketing campaigns include print, electronic, and social media.

2.1 ***Develop public awareness materials:*** Develop public awareness materials, e.g., posters, brochures, developmental milestones chart/wheel, etc. Materials should be produced in English and Spanish and potentially other languages spoken in Louisiana (Arabic, Vietnamese). Utilize QR codes to drive people to the revised EarlySteps website (2.4 below) and online referral (4.2 below).

Strategy: Develop a budget and contract with a marketing firm to develop new public awareness materials and to print/produce sufficient quantities of materials annually. Utilize a focus group of parents and referral sources to provide input.

2.2 ***Partner on public awareness campaigns:*** EarlySteps should consider partnering with the state's Learn the Signs. Act Early ambassador and the Department of Health and Department of Education's campaign use of Learn the Signs. Act Early materials to maximize impact regarding the promotion and effective distribution of information about developmental milestones and developmental screening.

Strategy: Facilitate meetings with the Act Early ambassador, the Department of Education, and the EarlySteps Community Outreach Specialists to develop a plan to distribute materials through the parishes.

2.3 ***Develop an infographic:*** Develop an infographic to be used to explain the referral and intake process to both parents and referral sources. The infographic can include a visual depiction of the process including referral, intake, evaluation, eligibility determination, and IFSP development process with timelines to use in multiple materials and outreach. Include information clarifying that referrals can be made by parents or referral sources based on a concern regarding the child's development and that a developmental screening need not have been conducted nor diagnoses made.

Strategy: Develop infographic flow and content internally and have the product produced by a communications expert.

2.4 ***Develop a family-friendly website:*** Revise or develop new family-friendly website with referral information, including infographic, and consider organizing information and resources for parents, referral sources, and EarlySteps providers.

Strategy: Utilize internal or external resources to develop the website utilizing a user-centered design process, i.e., focus groups with parents, referral sources, and providers, to guide what is needed on the website.

2.5 ***Develop and support ongoing social media presence:*** Develop a social media presence and strategy to produce and post regular content to reach families.

Strategy: Conduct focus groups with parents to determine key social media platforms to utilize. Convene planning meeting to strategize procedures to post new content and share relevant posts from Louisiana and national partner organizations.

2.6 ***Create a brief referral video:*** Develop a brief (less than 10 minutes) animated video on the EarlySteps referral process that will explain the referral process to referral sources.

Strategy: Utilize software (e.g., Powtoon, Camtasia) and/or contract with a firm to develop the video explaining the EarlySteps referral process and incorporating the infographic (see 2.2 above).

2.7 ***Create an early childhood app:*** Create an app that enables parents to navigate Louisiana's early learning and care system and helps them access an array of prenatal-to-five supports and services (e.g., WIC, home visiting, Early Head Start/Head Start, child care, Early Intervention, preschool special education, early childhood mental health, LA4, etc.).

Strategy: Partner with state agencies, advocacy, and philanthropic groups to fund, design, and launch an app that helps parents access an array of prenatal-to-five services and supports utilizing a user-centered design process.

3. Expand Outreach to Referral Sources

To promote timely referrals of infants and toddler to EarlySteps when there is a concern about their development, it is critical to conduct outreach to potential referral sources including health care, early learning, and social service providers. This outreach includes informing potential referral sources of the importance of Early Intervention for supporting the child's development, the importance of referring early, and the process for making a referral.

3.1 ***Develop outreach materials:*** Develop materials for outreach at health fairs/conferences, e.g., displays, tablecloths, and promotional materials to be used in all regions by the EarlySteps Community Outreach Specialists.

Strategy: Develop budget for outreach materials. Convene a planning session with the Community Outreach Specialists to plan and select materials.

3.2 ***Strategic use of data:*** Utilize data, including potentially expanded list of referral sources, to analyze referrals being made and target outreach in regions and parishes. Consider developing a public-facing data dashboard showing the percentage of children served by parish and region.

Strategy: Meet with key groups including SPOE and Early Start Regional Community Outreach Specialist to determine reports and dashboards needed for Child Find analysis.

3.3. ***Conduct targeted outreach:*** Conduct targeted outreach to underserved parishes and communities, such as the Hispanic/Latiné communities, for whom the data indicates disparities.

Strategy: Utilize the chart with percentage of children served by parish (See Figure 4) to target underserved parishes and conduct further analysis of the percentage of children served by race and ethnicity for each region and parish compared to census data. Outreach to underserved communities should include translated materials and interpreters as needed and partnering with community organizations that work with those communities.

4. Develop an Effective Referral Process

An important part of the state's Child Find system is a clear and effective referral process that enables referral sources and/or parents themselves to complete a form and/or call in the referral. The referral process should be simple to explain and/or describe on a website.

4.1 ***Develop an interactive System Points of Entry (SPOE) map:*** Develop map on the EarlySteps website of SPOE that enables parents and referral sources to click through to the contact information for each SPOE. Ensure that the contact information for all SPOE is kept current.

Strategy: Utilize internal or contracted resources to develop an online clickable map.

4.2. ***Develop an online referral form:*** Develop online referral form for the revised EarlySteps website that can receive referrals from parents and referral sources 24/7 and route referrals to the SPOE based on the parish where the family resides. Develop a fillable PDF form that can be faxed.

Strategy: Utilize a user-centered design process to determine the minimum amount of information that can be collected on the online referral form and how to include information collected from both families and referral sources.

4.3 ***Provide a referral feedback loop:*** Develop procedures to ensure that referral sources are informed (with parent consent) about the outcome of the referral, e.g., if the child was determined to be eligible, if an IFSP was developed, what services the child and family will receive, etc., to encourage them to make referrals of other infants and toddlers with developmental delays and disabilities.

Strategy: Meet with both SPOE staff and key referral sources to design a referral feedback process.

4.4. ***Explore becoming a Help Me Grow affiliate state:*** Together with partners (public health, LA Chapter of American Academy of Pediatrics, advocacy organizations) explore becoming a Help Me Grow affiliate state. This could include a centralized intake line, family and community outreach, child health care provider outreach, and data collection and analysis.

Strategy: Convene partner organizations to explore pros and cons and logistics of becoming a Help Me Grow affiliate state. Exploration could include learning from the experience of other states (Note: of the peer states, Kansas utilizes the Help Me Grow approach.)

5. Promote Expansion of Developmental Screening

Developmental screening of all infants and toddlers at specified ages (i.e., according to recommended periodicity) is an effective way to identify young children for whom there is concern regarding meeting developmental milestones and who therefore should be referred to receive a full developmental evaluation through EarlySteps.

5.1 ***Promote developmental screening by health care providers:*** Continue partnership with the Louisiana Office of Public Health and the Louisiana Chapter of the American Academy of Pediatrics (LAAAP) to promote developmental screening and developmental monitoring (with health care provider asking parents about their child's developmental progress and providing development input) at all primary health care practices, and to promote referral of infants and toddlers to EarlySteps.

Strategy: Continue the LDH business plan initiative to improve developmental screening in health care settings, including monthly monitoring and reporting of referrals to EarlySteps. Meet with LAAAP, Public Health, and Medicaid to strategize how to further support primary health care practices to implement periodic developmental screening with all infants and toddlers utilizing the developmental screening toolkit and promotion of the funding code that can be used for developmental screening. Also, address how primary care providers can be informed about the referral process to EarlySteps, whether due to screening result or family or provider concern.

5.2 ***Promote developmental screening by child care providers:*** Partner with the Department of Education to promote child care (including family child care) providers' awareness regarding early development and the importance of referral when there is a concern regarding a child meeting developmental milestones.

Strategy: Meet with the Department of Education and the Early Childhood Community Networks to strategize how to promote awareness of developmental delays and the importance of referring to EarlySteps. Develop talking points for child care centers to discuss results of developmental screening and/or developmental concerns with families. Explore further inclusion of developmental screening within the state's Unified Statewide Early Childhood Quality Rating and Improvement System.

6. Address Other Factors Influencing Child Find

Other factors that may influence the number of referrals to EarlySteps and the number of infants and toddlers and their parents receiving Early Intervention should be considered.

6.1 ***Address family fees:*** Consider eliminating fees that are currently charged to families that may be acting as a disincentive to some families enrolling in EarlySteps. These parents may choose to use their private insurance, even with co-pays, to access therapy services, which would not include coordinated services to support the child's learning, daily routines, and activities.

Strategy: Convene an Interagency Coordinating Council (ICC) committee to examine the net revenue

received from family fees (after the costs associated with collection through the Central Finance Office are deducted) versus the estimated number of children and families who either don't enroll or who withdraw from EarlySteps. Utilize a brief online survey of SPOE and service coordinators to estimate the number of families who either don't enroll or who withdraw from services.

6.2 ***Address hospital providing therapy services*** to infants and toddlers with developmental delays and disabilities that were either born at the hospital or receive outpatient services rather than referring the child and family to EarlySteps where they would receive a comprehensive developmental evaluation and integrated multidisciplinary approach to supporting the child's developmental needs.

Strategy: Meet with hospital administrators and Medicaid to discuss an approach to encourage referrals to EarlySteps for the child and family to receive multidisciplinary early intervention services determined through the IFSP process, ensuring the parent rights and procedural safeguards under the Individuals with Disabilities Education Act.

7. Evaluate Child Find Efforts

It is important to periodically evaluate Child Find best practices implemented and analyze child count data to adjust and revise Child Find policies and procedures.

7.1 ***Establish a Child Find committee:*** Establish a Child Find committee as part of the Louisiana Interagency Coordinating Council (ICC) to advise and assist the EarlySteps Program on issues related to Child Find including reviewing referral data periodically and making recommendations regarding public awareness/ marketing materials, etc. The ICC Child Find committee could also periodically gather information and input from the Regional ICCs.

Strategy: Convene an ICC Child Find committee that includes key partners, including state agencies and organizations, as well as parents.

7.2 ***Conduct an ongoing review of Child Find best practices:*** At least annually, conduct a review of Child Find practices within the EarlySteps program, including a review of data regarding the number and percentage of children referred and the percentage of children with an IFSP and who are receiving Early Intervention services.

Strategy: This can be conducted by the ICC Child Find committee (see 7.1 above).

APPENDIX: PEER STATE PROFILES

Kansas

The Kansas Early Intervention program, known as Infant-Toddler Services, is located within the Division of Public Health, Department of Health and Environment. Grants are made to 31 organizations, known as tiny-k programs, that serve one or more counties to provide service coordination and Early Intervention services, including intake, referral, evaluation, eligibility determination and IFSP development.

- **Public awareness/marketing campaign**
  - Local Early Intervention programs were branded as tiny-k programs 10 years ago.
  - A new marketing campaign with new branding is planned.
  - Materials are developed at the state and local level.
- **Child Find outreach/outreach/referral**
  - Each of the tiny-k programs conducts outreach to referral sources in its geographic area. In its annual application for funding from the state it must include a report on Child Find and public awareness conducted and planned.
  - Local relationships are considered key to promoting referrals.
  - Kansas has a statewide Help Me Grow program that includes family and community outreach that supports developmental promotion; outreach that supports early detection and intervention by pediatric health care providers; a toll-free access line and searchable resources; and data collection and analysis.
  - Funding under PDGB-5 (Preschool Developmental Grant Birth – 5) was used to provide access to the online ASQ (Ages and Stages Questionnaire) with the tiny-k programs as access points.
- **Equity/specific population/disability groups**
  - The state-level Child Find lead conducts outreach to NICUs and other birth hospitals periodically by meeting with key hospital staff (nursing, social, and medical staff) to promote referrals.
  - Newborn genetic and hearing screening has resulted in an increase in referrals.
  - There is joint training and policies in place to promote CAPTA (Child Abuse Prevention and Treatment Act) referrals of infants and toddlers with substantiated abuse and neglect.

Massachusetts

The Massachusetts Early Intervention Division is located within the Bureau of Family Health and Nutrition (BFHN), which is part of the Department of Public Health (DPH). It contracts with 30 community-based agencies to provide service coordination and Early Intervention (EI) services across the Commonwealth.

- **Public Awareness/Marketing campaign**
  - There is a Public Service Announcement (PSA) on YouTube – but no other social media.
  - Some materials are developed centrally, with others developed by the local EI programs.
  - There are no branding requirements.
- **Child Find outreach/outreach/referral**
  - Carried out under contract by the EI programs statewide.
  - Referrals are made by fax or phone to local EI programs.
  - There is a no wrong-door approach; if a referral comes to the central office, it ensures the person is connected to the local EI program.

- Strong connection with American Academy of Pediatrics, including writing newsletter articles and conducting presentations.
- Funding is provided to Families TIES (Together Enhancing Support) that includes family specialists who provide information and referral, along with training and emotional support to parents. This is currently primarily phone based but may transition to increased use of texting and messaging.

- **Equity/specific population/disability groups**
  - Strong funding, including Medicaid and private insurance, that helps build a robust system.
  - Public health focus on referral of babies with NAS (Neonatal Abstinence Syndrome).
  - Data is reviewed for equity, including racial disparities.

New Mexico

The New Mexico Family Infant Toddler (FIT) Program is located within the newly formed Early Childhood Education and Care Department (ECECD). The NM FIT Program contracts with 34 provider agencies that provide both service coordination and Early Intervention services for one or more counties. These FIT provider agencies conduct outreach and receive and process referrals.

- **Public Awareness/Marketing campaign**
  - There is a budget line for public awareness that is written into the annual Early Intervention Part C application.
  - There is an ongoing contract with a marketing firm.
  - A FIT Program annual calendar is produced and distributed to referral sources through providers, with some state-level distribution. The calendar is highly anticipated each year.
  - The FIT Program has a booth at several conferences and co-sponsors the NM Association for the Education of Young Children conference.
  - Other materials produced include brochures, development wheel, Z-card, giveaways (balls, bags, phone holders), posters.
  - Posts on the FIT Program are included on the ECECD Facebook page.
  - Moments Together is a statewide early learning campaign under ECECD.
- **Child Find outreach/outreach/referral**
  - Carried out under contract by 34 FIT provider agencies. Providers receive a small Child Find grant and must develop a plan and report activities quarterly.
  - There is a Child Find guide and FIT providers are required to use data to target Child Find outreach.
  - ECECD has branding guidelines.
  - ASQ (Ages and Stages Questionnaire) is made available to families online.
- **Equity/specific population/disability groups**
  - NM has a broad eligibility, including serving at-risk infants and toddlers.
  - The FIT Program revised its CAPTA procedures document which has led to increased referrals. In addition, the Comprehensive Addiction and Recovery Act (CARA) safe care procedures are leading to more referrals of babies exposed to substances in utero.
  - All materials are translated into Spanish and some into Diné (Navajo).
  - The FIT Program funds a family liaison at one of the two Level 1 NICUs.
  - Collaboration occurs between the Early Hearing Detection and Intervention (EHDI) and Children's Medical Services.
  - All children in the FIT Program are screened for Autism using the M-CHAT-R.

Tennessee

The Tennessee Early Intervention System (TEIS) is located within the Department of Intellectual and Developmental Disabilities. It has nine district offices that provide service coordination, 35 agencies that provide developmental therapy, and 160 -180 contracts for all other EI services.

- **Public Awareness/Marketing campaign**
  - All contracted providers are required to use the TEIS logo.
  - Most products are electronic, with use of QR codes on print material to drive the user to the website.
  - TEIS is in the process of updating its brochure.
  - It has a strong social media presence.
  - The TEIS website has been updated.
  - The communications lead (Public Information Officer) develops family stories, including videos that are posted.
  - It produces and distributes TRI Start, a monthly newsletter.
- **Child Find outreach/outreach/referral**
  - Contracts include a Child Find requirement.
  - TEIS has a contract with the Tennessee Chapter of the American Academy of Pediatrics (TNAAP). It funds 1 FTE that provides training on developmental screening to medical practices and medical schools. The primary focus is on promoting screening through medical providers.
  - It utilizes the START (Screening Tools and Referral Program) model.
  - Outreach presentations include regional TEIS personnel.
  - TEIS purchases developmental screening kits.
  - TIES sponsors the TNAAP annual conference and has a booth.
  - Outreach to birthing hospitals is conducted by its communication officer.
  - TIES stopped doing screening prior to the evaluation, as it was seen as a disincentive to referral by medical providers.
  - There is strong collaboration with Child Care Resource and Referral focused on promoting screening and referrals.
  - TEIS has an Online Referral form (using Form Stack) on the website where referral sources can attach documents.
  - Confirmation goes back to the referral source to encourage subsequent referrals.
  - A copy of the child's developmental evaluation is sent to the referral source on request and release by parents.
- **Equity/specific population/disability groups**
  - Referral data includes the medical practice/clinic and doctor's name.
  - Data is used to target outreach to medical providers that may not be referring at the expected rate.
  - Interpreters are used so that diverse populations can be accessed.
  - Emphasis is put on outreach to medical providers as they are in all communities.
  - All children referred under CAPTA are evaluated with no screening step; child welfare uses the same online referral.

West Virginia

West Virginia's Birth-to-Three (WV B-3) program is located in the Bureau of Public Health within the Department of Health and Human Resources. The Birth-to-Three program has eight Regional Administrative Units (RAU) that receive referrals, process intake, conduct evaluations, determine eligibility, and develop the initial IFSP. The RAU is reimbursed if the child is made eligible. A Central Finance Office (CFO) enrolls qualified service coordinators and direct service professionals.

- **Public Awareness/Marketing campaign**
  - WV B-3 branding includes brochures and materials that are supplied by the central office.
  - If an RAU develops material, it must include WV B-3 branding.
  - Videos are included on its website.
- **Child Find outreach/outreach/referral**
  - The eight RAUs are responsible for outreach under a grant that includes Child Find.
  - Developmental screening is generally through health care providers using a standardized developmental screening that is required by Medicaid. This includes an autism screening.
  - There is a statewide PDF referral form that can be mailed or faxed.
  - There is a statewide toll-free number.
  - Medicaid-funded EPSDT outreach to physicians includes information on WV Birth-to-Three.
- **Equity/specific population/disability groups**
  - RAUs can run data reports on referrals that are then used to target outreach.
  - CAPTA referrals from Child Protective Services (CPS) are high. RAUs meet with CPS workers at the county level. WV B-3 does evaluations on all CAPTA referrals.
  - Being within the Maternal Health Title V lead agency has enabled WV B-3 to include a birth score evaluation that includes established conditions that result in an automatic referral.
  - 2016/17 data substance exposure/NAS (14-15 of birth) was added to the list of diagnosed conditions that make a child eligible.
  - WV B-3 uses a statewide interpreter program and materials are translated.

LOUISIANA POLICY INSTITUTE FOR CHILDREN

A Stronger Louisiana Starts with Successful Children

Prenatal-to-Three CAPACITY BUILDING HUB

POWERED BY THE BUILD INITIATIVE