Policy Brief: First Steps Early Intervention Program in Mississippi

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The Mississippi State Department of Health (MSDH) is the lead agency of the **Mississippi First Steps Early Intervention Program (MSFSEIP)** (also known as First Steps), which is the statewide early intervention program supported by **Part C of the Individuals with Disabilities Act (IDEA)**. Part C of IDEA is a federal grant program that aids in state implementation of the early intervention program for infants and toddlers with disabilities (up to age 3). The Mississippi statewide program provides services through its nine Local Early Intervention Program coordinators (LEIPs), which report to one of the three Regional Early Intervention coordinators (Northern, Central, and Southern). In each LEIP, Service Coordinators (SCs) work with families after a referral to the program has been made. The role of SCs is to manage early intervention service provision for eligible infants and toddlers, participate in the development of the **Individualized Family Services Plan (IFSP)**, and if required, connect children and families with appropriate early intervention service providers.

Mississippi is considered a low-resource, high-need state for child development and well-being. These structural conditions pose challenges for children, especially children with, or at risk of having, developmental delays and underscore the importance of access to timely and high-quality early intervention services. According to the CDC, **early intervention** "is the term used to describe the services and supports that are available to babies and young children with developmental delays and disabilities and their families." These services target the child and family's needs and are intended to positively impact the development of the child's learning abilities and life skills (CDC, 2019). Early intervention programs and services play an essential role in prevention. This suggests that if high-quality and timely early intervention services are available to infants and toddlers in need, these services can contribute to improving life skills and enhancing children's long-term life and health outcomes.

Under Part C, each state implements its own early intervention program using grants provided by the U.S. Department of Education, Office of Special Education Programs (OSEP), supplemented by state funding appropriations. About 3.8 percent of infants and toddlers (approximately 4,100 children) in Mississippi receive Part C Services (Manatt Health, 2021), compared to the national average of 6.8 percent and a high of 19.2 percent in Massachusetts (Keating, Cole & Schneider, 2021). It is important to note that Part C enrollment in Mississippi is low, and it is reasonable to expect the need in Mississippi to be more significant than in other states due to persistent poverty and other social determinants of health. According to the 2020 Kids Count Factbook, 27 percent of children in Mississippi (190,000 children) live in poverty; 34 percent of children (242,000 children) have parents who lack secure employment; and 24 percent (171,000 children) live in a high poverty area. These indicators place Mississippi near the bottom of well-being rankings for children in state-level comparisons.

If 6.8% of Mississippi infants and toddlers received IDEA Part C services in a given year, matching the national average, Mississippi would save $3,543,552 in special education costs in one year. Five years of avoided special education costs would save $17,717,760. These savings are just those associated with avoided special education services; they do not include additional long-term savings.

Expanding early intervention services can provide critical care for children while employing cost effective strategies for Mississippi, such as reducing future costs for special education. In Mississippi, estimated annual costs for special education services are $6,152 per child (Manatt Health, 2021). If 6.8 percent of Mississippi infants and toddlers received IDEA Part C services in a given year, matching the national average, over 7,300 children would receive early intervention services, representing an increase of 3,200 children. Calculations by Manatt Health (2021) estimate that, on average, 18 percent of children receiving early intervention services who would have needed special education no longer require those services. Therefore, in Mississippi, if 18 percent of these 3,200 additional children served by early intervention (576 children) did not require special education, the state of Mississippi would save $3,543,552 in special education costs in one year. Five years of avoided special education costs for these additional children served by early intervention could save $17,717,760. These savings are just those associated with avoided special education services; they do not include long-term savings associated with high school completion, criminal justice system avoidance, and workforce participation.

To be eligible for MSFSEIP services, an infant or toddler must fall, at a minimum, under one of the following criteria: [1] having a developmental delay[1]; [2] being diagnosed with a physical or mental condition[2]; or [3] having an informed clinical opinion that suggests that the infant needs developmental health services[3] (MSDH-EIP, 2019). While some states deem at-risk infants and toddlers to be eligible for early intervention services, Mississippi does not.

OSEP (2019) states that "Children who are at risk but who do not initially meet eligibility criteria for early intervention have an increased likelihood of qualifying for early intervention later (p. 5)." To address this, OSEP recommends continued developmental surveillance through community resources, outreach, and repeated screenings (OSEP, 2019; ZERO TO THREE, 2021).

MSFSEIP Research Highlights

A group of researchers from the Mississippi State University Social Science Research Center, as a part of the Health Resources and Services Administration-funded Child Health Development Project: Mississippi Thrive, conducted a study to identify the opportunities and challenges for the delivery of developmental health services within the MSFSEIP. For this, researchers performed a desk review of program documents, including annual performance reports from 2005 to 2019 (MSDH-EIP, 2021), and conducted semi-structured interviews with stakeholders (e.g., persons from the public,

[1] "Thirty-three percent delay in one area of development or a 25% delay in two or more areas of development: cognitive, physical (gross motor, fine motor, vision and hearing), communication, social or emotional, and adaptive development. The child has to score 2.0 standard deviations below the mean in one developmental area or 1.5 standard deviations below the mean in each of the two areas on the testing protocols administered." (MSDH-EIP)

[2] Examples include chromosomal abnormalities, genetic or congenital disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infection, severe attachment disorders, disorders secondary to exposure to toxic substances, including fetal alcohol syndrome. (MSDH-EIP)

[3] "Clinical opinion may be used by qualified professionals to determine the initial and continuing eligibility if the child's evaluation and assessment results do not meet the criteria for developmental delay, and the child does not have a diagnosis that has a high probability of resulting in developmental delay." (MSDH-EIP)

non-profit, and academic sectors knowledgeable of early intervention) and early intervention service providers.[4] Results from interviews are categorized into three interconnected sub-areas: [1] **policy and systemic issues**, [2] **stakeholder perspectives of MSFSEIP client experiences**, and [3] **MSFSEIP provider experiences**.

[1] Policy and Systemic Issues Affecting MSFSEIP

• **Lack of clarity and consensus among actors regarding service provision in Natural Environments.** Federal regulations under Part C indicate that, to the maximum extent appropriate, early intervention services are to be provided in natural environments, including home and community settings (Workgroup on Principles and Practices in Natural Environments, 2008). Some interviewees indicated that teaching parents and providing services at home and in other routine settings where parents typically interact with their children is essential for children's progress. However, they find this implementation to be impractical in Mississippi given the state's rurality, time required for providers and parents to travel to appointments, and the low number of providers/high caseload per provider.

The conversations held with interviewees reveal that there is lack of clarity among some stakeholders regarding what service provision in natural environments entails. A group representing a community of practice on early intervention suggests that engaging families in early intervention in natural settings includes embedding the learnings into the everyday life of the family by "providing information, materials and emotional support to enhance families' natural role as the people who foster their child's learning and development. (OSEP TA Community of Practice, 2008, p. 4)."

Respondents who agreed with the importance of service provision in natural environments indicated that providers in Mississippi are often very well-trained professionals in their own disciplines, yet they have limited training in early intervention under a routines-based model that indicates the importance of service provision in natural settings (Jennings, Hanline, and Woods, 2012; Raab and Dunst, 2004).

Data from Mississippi Part C shows that in FY2019, 87.4 percent of infants and toddlers with IFSPs primarily received early intervention services in the home or community-based settings. The target for this indicator since 2012 has been 95 percent, and in 2018 it was adjusted to 90 percent based on historical data and the state's capacity to serve children in natural environments (MSDH-EIP, 2021: *2018 Annual Performance Report*). In a comparative perspective, in FY2018, over 90 percent of infants and toddlers in 50 states received services in natural environments, while Mississippi was one of two states below 90 percent (ECTA, 2020). Obstacles in achieving the set targets for this indicator may be due to the aforementioned concerns with service provision in natural settings, as well as a lack of understanding about the centrality of natural environments to the early intervention program.

• **Stakeholders and providers find challenges in the organizational structure of MSFSEIP and the limited resources allocated to the program.** Service coordinators from the FSEIP manage individual cases by assisting and enabling access to services for infants and toddlers and their families. Through the early intervention program, each child is assigned a service coordinator who serves as the point of contact for coordinating the service provision outlined in the IFSP. According to interviewees, the change in the number of Public Health Departments in Mississippi that took place in 2017, reducing the number of regional offices from 9 to 3, affected the service provision of early intervention by increasing caseloads in the regional offices and growing the workload for regional and local leads. On the contrary, some stakeholders argue that this change improved the capacity of the state to oversee service provision, improving possibilities for accountability, and ultimately leading to improvements in program performance.

[4] Researchers collected interview data from stakeholders and early intervention service providers for a total of 23 semi-structured interviews (n=23), including 11 Early Intervention service providers, 10 stakeholders and 2 classified as "others." The study was reviewed by the Mississippi State University Institutional Review Board (Protocol ID: IRB-21-154), and it was granted an exemption status. Interviews were conducted via internet or telephone based on interviewee preference. Interviews were recorded and transcribed for further qualitative analysis using NVivo software.

State vs. Federal Budget for EI

The required budget for MSFSEIP for FY2021 is $4,226,412 (MSDH-EIP, 2020). To complement federal funds, the state allocated 23.2 percent of the total funding for the program or $1,277,875.

States with similar social determinants of health as Mississippi, but higher Part C enrollment rates, like West Virginia (13.8 percent of children participating) or New Mexico (21.9 percent of children participating), covered 72 percent and 90 percent of the total early intervention program costs, respectively. (IDEA Infant & Toddler Coordinators Association, 2021)

• **Challenges of accessing services in a comprehensive and timely manner.** Some interviewees suggested that early intervention service provision is adequate given the existing resources. Still, most interviewees indicated that it is very challenging for some parents/caregivers with children with developmental needs to get timely access to early intervention services. Interviewees attribute these challenges to the difficulties families can face in communicating with service coordinators once a child has been referred, long waiting times due to high service coordinator caseloads, and lack of understanding of the MSFSEIP processes on the parent/caregiver side. Indeed, Part C regulation states that MSFSEIP has 45 days between the moment of referral and the "initial evaluation and the initial assessments of the child and family, and the initial IFSP meeting (IDEA, 2017)." However, interviewees indicated that there are delays in service provision, even after the IFSP has been prepared. Many of our interviewees expressed dissatisfaction with MSFSEIP because the services provided (Physical Therapy, Occupational Therapy, Speech/Language Instruction, and Special Instruction) are, in many cases, insufficient given some of children's needs in Mississippi.

• **Resource allocation for early intervention in Mississippi.** The majority of persons interviewed for this study expressed concerns about the very limited state budget allocation to the program and the low number of children served. The small number of children served is attributed by some interviewees, among other reasons, to the low state budget allocation to MSFSEIP compared to the ratio of state funding in other states. A review of the Mississippi grant application for Part C shows that the required budget for FSEIP for FY2021 is $4,226,412[5] (MSDH-EIP, 2020). To complement federal funds, the State allocated 23.2 percent of the total funding for the program in FY2021, or $1,277,875 (IDEA Infant & Toddler Coordinators Association, 2021). States with similar social determinants of health as Mississippi, but higher Part C enrollment rates, like West Virginia (13.8 percent of children participating) or New Mexico (21.9 percent of children participating), covered 72 percent and 90 percent of the total early intervention program costs, respectively. The issue of limited funding, coupled with low rates of service provision, is reported by interviewees as one of the most concerning challenges for MSFSEIP. In fact, many interviewees suggested that some medical providers refrain from referring children to MSFSEIP due to the lack of trust in the capacity of the program to provide the services a child with developmental delays needs. According to some interviewees, there are ongoing efforts led by MSDH to increase the payment rates for early intervention services. However, making this change would require interagency collaboration and policy change.

[5] Of these funds, 75.5 percent ($3,190,000) is to cover direct services; 13 percent ($531,846) is allocated to fund administrative positions; 7 percent ($310,108) for maintenance and implementation activities for the lead agency and the Mississippi State Interagency Coordinating Council (MSICC); 3 percent ($120,000) for UMMC support of staff positions to provide early intervention services for infants and toddlers in the NICU and their families; and the remaining 1.5 percent ($74,458) for indirect costs.

• **Few Participating Service Providers.** Interviewees expressed their concerns regarding the case overload that Service Coordinators experience and the low numbers of trained providers in the early childhood workforce in Mississippi. Low reimbursement rates for service provision, high administrative burden, and communication breakdowns between the program and providers have resulted (according to interviewees) in a shortage of providers willing to participate, especially in the state's most rural areas. Having a limited number of providers in the state, especially in the more rural areas, makes it more challenging for parents to have the resources, such as time and transportation, needed to match appointment availability and to obtain services. To address this issue, there are ongoing efforts led by MSDH to enhance workforce development, including trainings and licensing.

[2] Stakeholder Perspectives of MSFSEIP Client Experiences

It is important to note that client experiences here refer to the parent/caregiver and child experiences as reported by stakeholders and providers. Researchers did not interview parents or caregivers for this study, though a follow-up study is underway to explore parent/caregiver experiences.

• **Challenges related to having a child diagnosed with developmental delay(s).** Interviewees discussed the challenges they have observed among parents and caregivers when they learn their child is diagnosed with a developmental delay. From the narratives of interviewees, parents may experience anxiety, often lack knowledge on how to navigate health and education systems to ensure their children can access the services they need, and/or do not know where to find help and support. Obtaining timely referrals to early intervention services can be a challenge for parents of children who need them. And once the child has been referred to First Steps, parents can have a hard time finding appointments that are close to their homes, or that work with their schedule.

• **Socio-economic status of children and families:** In Mississippi, many children and their families live in conditions of poverty which ultimately affect the well-being of children with, or at-risk of, developmental delays. The conditions of poverty are described by interviewees as challenges for parents/caregivers when trying to ensure the well-being of their children. Time constraints are a significant barrier to scheduling and attending therapeutic appointments. Many providers described that scheduling appointments with families experiencing poverty is challenging because they may have difficulty maintaining stable contact information, impeding follow up. Furthermore, in some communities, language (e.g., Hispanic communities) remains a challenge to accessing FSEIP services.

• **Insurance status.** Interviewees indicated that insurance status of the child and family often determines their ability to access, and the desirability of accessing, early intervention services. According to interviewees, if an infant needs early intervention services, the health care provider assesses whether to refer the child to First Steps based on whether their insurance would cover private early intervention services, which can be deemed preferable. Many interviewees indicated that they refer children to MSFSEIP as their last resource. According to our interviewees, health care providers lack trust in First Steps because it is perceived as an underfunded and ineffective mechanism of provision of early intervention services in Mississippi.

• **Challenges accessing EI services:** According to interviewees, parents that have been referred to First Steps tend to experience delays in accessing services. According to some providers and other stakeholders interviewed, parents/caregivers experience delays in getting calls from the MSFSEIP service coordinators to begin scheduling services as detailed in the IFSP. Many providers suggest that these delays result in difficulties for the child to access services before their program eligibility ends (before they turn 3 years old). According to the 2019 FSEIP Performance Report, 87 percent of participants in the program received timely services, and 88 percent of eligible infants and toddlers had their IFSP meeting conducted within Part C's 45-day timeline.

• **Transition from Part C to Part B:** Interviewees stated that families who have children participating in First Steps program sometimes have difficulties transitioning from the program (Part C) to Special Education (Part B) due to barriers in obtaining accurate information on the steps and processes needed to transition. First Steps is required to comply with the indicator "Percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday" at a 100 percent level. For 2019, the compliance with this indicator was at 90 percent. Interviewees suggest that there may be a problem of interagency coordination in Mississippi making the transition difficult. While the lead agency for Part C of IDEA is MSDH, the lead agency for Part B (Special Education) is the MS Department of Education. Stakeholders interviewed suggested that the Mississippi State Interagency Coordinating Council (MSICC) could be better used to improve interagency coordination.

[3] MSFSEIP Provider Experiences

• **FSEIP contracting scheme.** Early intervention services through First Steps are provided through contractual pediatric therapists, who must renew contracts annually. Under this contracting scheme, service providers have experienced delays in the renewal of their contracts, which in some instances has become an obstacle in the delivery of services. MSFSEIP Service Provider interviewees indicated that the contractual scheme is not beneficial to them because of the administrative burden, the low rates they receive for service provision, and difficulties communicating effectively with program administration (e.g., uncertainty about provider contract start dates[6]). Interviewees expressed that the contractual scheme is problematic, and it does not incentivize therapist enrollment in the program.

• **Payments and low service rates.** One of the most significant limitations of MSFSEIP, as reported by interviewees, is the low rates for the provision of early intervention services paid by the program. The great majority of interviewees expressed concerns regarding this issue and suggest that it is very challenging for providers to deliver services with the expected quality and the administrative workload, given the low rates for services. The low rates, which are lower than Medicaid rates (which are perceived as already low), are a disincentive for therapeutic providers to enroll. This issue, coupled with a problem of limited workforce availability, becomes a challenge for better service provision. As mentioned previously, there are ongoing attempts to increase the rates. Interviewees who are familiar with this ongoing effort expect that this would improve the likelihood of providers to engage in the program.

• **Administrative burden.** According to interviewees, MSFSEIP service providers experience an administrative burden when entering and providing services through the program. Providers and some stakeholders indicated that they must spend a significant amount of time filling out paperwork to keep records of the service provision. Other processes that add to provider administrative burden include required trainings, annual contract renewals, and completing multiple Explanation of Benefits (EOB) per child to get reimbursed.[7]

Opportunities for Improvement

In 2015, the Early Childhood Technical Assistance Center (ECTA Center) put together a document called *A Systems Framework for Building High-Quality Early Intervention and Preschool Special Education Programs* (ECTA Center, 2015), which includes a series of recommendations for system improvement. The framework provided by the ECTA Center of the Frank Porter Graham Child Development Institute at the University of North Carolina provides some insights into areas for improvement of service delivery and program performance of MSFSEIP. Authors used this framework in light

[6] Campbell, L. (2018, July 25). Hundreds of Mississippi kids without therapies amid state contract delay. Mississippi Today. https://mississippitoday.org/2018/07/25/hundreds-of-mississippi-kids-without-therapies-amid-state-contract-dispute/

[7] Because MSDH is the Payor of Last Resort (POLR), "private or public insurance must be billed, with consent, prior to billing the MSDH [...] All services must be billed according to the payor source identified in the System of Payments." (MSDH-EIP, 2021a)

of this study's findings to suggest opportunities for improvement in the areas of governance, finance, workforce development, and overall systemic changes.

Governance

- Although the MSICC meets regularly, there is still room for improvement of interagency collaboration in the implementation of Part C services, including the transition period from Part C (0-2 years old) to Part B 619 (3-5 years old). Some interviewees state that MSICC could be better used to develop innovative approaches to address challenges with service provision and overall program performance.

RECOMMENDED PRACTICE: Modify MSICC meetings/structure to allow for interactive feedback among organizational, policy, agency, and family stakeholders to arrive at innovative solutions for systemic problems, such as the transition from Part C to Part B, and to promote the overall developmental health system.

- Communication between the program administrators and service providers has room for improvement. Improved communication would contribute to improved trust between the parties and ultimately could lead to better collaboration, improving service provision. Our interviews provided some information about the areas that could benefit from better communication, such as expectations for the service provision model, administrative procedures, and natural environments under Part C.

RECOMMENDED PRACTICE: Utilize formal communication channels to inform providers about First Steps updates. Communication needs to be clear and to give opportunities for providers to respond to any administrative changes. Program administration can identify avenues to channel this communication into improved practices.

Finance and Return on Investment

MSFSEIP financing surfaced in this study as a critical area for improvement. The ECTA framework recommends the use of demographic information of children potentially eligible for the IDEA program and their eligibility for other early care and education programs/ funding streams (e.g., Title I, Early/Head Start, state Pre-K) to project the number of financial resources needed over time and to determine how and which resources to access.

- Consider the financial benefits of First Steps services for the state due to future savings on special education services and other social programs. Given the return-on-investment estimates presented earlier in this brief, even modest increases in early intervention participation could produce robust savings.

RECOMMENDED PRACTICE: Utilize the projection of financial resources needed, as well as the long-term financial benefits that program expansion would represent, to inform the policy agenda of the Mississippi Legislature. This data can inform conversations about First Steps' financial needs and ensure that the issue becomes a policy priority.

- Additionally, there is a need to continue reviewing and updating the current system of financial incentives to attract participating service providers (i.e., increase rates for service provision).

RECOMMENDED PRACTICE: Through this study, researchers learned of First Steps administrators' efforts to increase provider rates. Communicating this intention and progress toward this goal more broadly could help build trust with stakeholders and providers.

Workforce Development

- There are ongoing efforts to implement a workforce cross-sector leadership team, an effort that is led by the Early Childhood Personnel Center at the University of Connecticut to develop a State Comprehensive Systems of Personnel Development (CSPD). "A system designed to address the challenges faced in the Early Childhood (EC) workforce, including: Shortages of personnel, need for additional training at both the pre-service and in-service levels, inconsistent alignment of state and national competencies and standards, challenges faced by EC personnel due to the diverse needs of young children and their families; inequities of preparation and compensation among those providing services (ECPC, 2021)." This is a critical aspect for the improvement of the MSFSEIP, but commitment to examine other components, such as governance and finance, are also needed.

RECOMMENDED PRACTICE: A cross-sector leadership team (CSPD) is in the process of collecting data about, and working to improve, the workforce for early childhood in Mississippi. Data from this work group will further inform

policy recommendations related to the personnel system in Mississippi.

Systemic Changes

- Another opportunity for improvement exists in strengthening state capacity to identify Social Determinants of Health that prevent families from receiving services by identifying synergies between state government entities that can improve quality of life for children. For instance, the MS Thrive Project is in the early stages of conducting a "journey mapping" study that will shed light on the social determinants of health that prevent and/or facilitate access and ease of transition through early intervention services in Mississippi. This could be an opportunity for learning directly from families about their experiences navigating the Early Intervention system. Additionally, the MS Thrive Project is creating a study of best practices for promoting early childhood developmental/behavioral health in a high-need, low-resource state, generating another opportunity for learning and collaboration to achieve this goal.

RECOMMENDED PRACTICE: Program administration and state-level policymakers can continue to use cross-sector program data and research to inform evidence-based action and data driven decision-making.

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