

# Re-Building the Early Intervention Workforce

## Goal

Ensure New York's infants and toddlers receive the life-changing Early Intervention services they are entitled to in a timely manner.

## Solution

- Increase Early Intervention rates by 11% for all services delivered in person
- Reform the outdated and inadequate methodology for Early Intervention reimbursement rates
- Create a student loan forgiveness program for Early Intervention professionals willing to work in Medically Underserved and/or Health Care Provider Shortage Areas

## Why It Works

It is clear the root cause of the current waitlist crisis is a shortage of providers. These solutions would begin to rebuild the workforce by stemming the drain of these highly qualified professionals into higher paying settings.



The Early Intervention program exists to identify and serve children **birth through age three** with developmental delays or disabilities and their families. The majority of services address one or more of a child's **physical, occupational, or speech** therapy needs, but also may include **special education and psychological services** for the infants and their families. Whenever possible, services must be provided in a child's natural environment, typically **at home or a child care** venue, though they may also be provided at an agency or other location that specializes in Early Intervention services. Through the Individuals with Disabilities Education Act (IDEA) Part C, infants and toddlers are legally entitled to receive these services for **free** and in a **timely manner**, defined as **45 days to hold a multidisciplinary evaluation** and Individualized Family Service Plan (IFSP) meeting, **then 30 days from plan approval to begin services**.

The first three years of a child's life is a critical period for identification and intervention as that is when **85% of brain development happens**, meaning infants and toddlers are best able to adapt and make progress toward healthy development. Because of this, Early Intervention services are incredibly cost-effective, as they often reduce or prevent the need for more intensive services later in life. **A relatively small state investment in children with developmental delays or disabilities when they are very young will often result in compounded savings in the PK-12, Medicaid, and overall health care systems, as well as improved educational outcomes and workforce participation rates among those who benefited from the services.**

Despite these clear benefits, and the legal mandate through the IDEA, **New York's Early Intervention program is currently failing to meet the needs of eligible children and families**. Nearly half of children are not receiving their services on time, or at all, and providers continue to leave the system following decades of stagnant reimbursement rates. While the Early Intervention program is administered by counties and costs are shared with them, **New York State alone has the power to address the conditions responsible for the current waitlist crisis**.

In order to ensure the state's infants and toddlers receive the life-changing services they are entitled to, The Children's Agenda, lead organization in the Kids Can't Wait Campaign, recommends New York State:

- Increase Early Intervention rates by 11% for all services delivered in person
- Reform the outdated and inadequate methodology for Early Intervention reimbursement rates
- Create a student loan forgiveness program for Early Intervention professionals willing to work in Medically Underserved and/or Health Care Provider Shortage Areas

***"As a teacher, I see how the students I have who received Early Intervention therapy in their early years benefit from it. I notice their focus, their organization, their ability to stay tuned into lessons. I know these children came such a long way from where they started."***

*~Michelle, mom of twins born at 31 weeks who received Early Intervention and is an elementary school teacher in New York City*

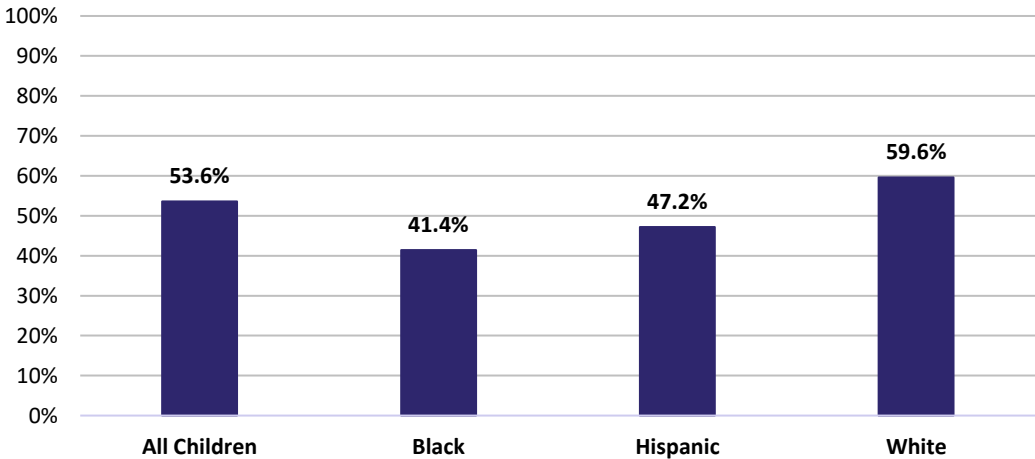
# Unprecedented Waitlists

*Thousands of New York children have been on waitlists for months or even years, costing them the opportunity to catch up on developmental milestones.*

Early Intervention is grounded in the idea that receiving services during the brief window between identification and a child’s third birthday can have **profound short- and long-term impacts on the life trajectory of an infant with developmental delays or disabilities**. Despite wide acceptance of this principle, thousands of children across New York have been made to remain on waitlists for some or all of the services they need, sometimes for months or years. This costs children precious time and potentially the opportunity to catch up on milestones before they age out of the system at 3 years old.

It is important to highlight that New York’s children and families are not experiencing the waitlist crisis uniformly. **Children of color, those living in poverty, and those living in rural or large urban areas wait much longer for services, if they get them at all**. In 2021, the NYS Bureau of Early Intervention released a report which found that children of color throughout the state do not have the same access to services when compared to their white peers.<sup>1</sup>

**Statewide % of Children With On-Time Early Intervention Services by Race**  
*2021-2022 program year*



<sup>1</sup> See [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/docs/summary\\_eidata\\_race\\_ethnicity.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/docs/summary_eidata_race_ethnicity.pdf)

Key findings of the NYS Bureau of Early Intervention report included:

- Non-Hispanic white children were more likely to be referred to the Early Intervention program at a younger age than children of most other races and ethnicities.
- Non-Hispanic Black children were less likely to receive a Multidisciplinary Evaluation for eligibility determination.
- Non-Hispanic white children were more likely to have an Individualized Family Service Plan (IFSP) initiated within 45 days of referral and were typically less likely to have their IFSP delayed by a discountable reason.
- Non-Hispanic white children were more likely to have services initiated within 30 days and were less likely to have services delayed by a discountable reason.

In 2021-22, **approximately 46% of infants and toddlers across New York deemed eligible for Early Intervention services experienced delays in receiving them.** One of the largest contributors to this waitlist crisis was families refusing telehealth and no in-person provider being available to help them.<sup>2</sup> Preliminary data from January – March 2022 found that 22.5% of children had one or more services delayed due to this reason.

- Occupational (23.6%) and speech language therapy (22%) services were delayed most often
- Followed closely by special instruction (19.1%) and physical therapy (19%).<sup>3</sup>

There are potential benefits to telehealth, including reduced travel time for providers (particularly in rural areas), but it is crucial that families have the choice between in-person and virtual Early Intervention services based on what is best for their child.

Anecdotal reports from county officials and providers throughout the state reveal the situation in 2023 has worsened still, with an unprecedented number of children and families currently waiting for services. **In July 2023, there were more than 500 infants and toddlers waiting for at least one service in a single Upstate county.** We recognize there are circumstances outside of the State’s and providers’ control that may impede timely service delivery, but these are all still children with developmental delays and disabilities who are missing out on potentially life-changing supports.

*“Timothy could not walk when he was first assessed at 18 months. He was unsteady on his feet, very unstable and had very low muscle control. He waited more than 7 months to receive Early Intervention services. With Early Intervention, he went from being afraid to play on the playground to navigating it with ease. But I don’t understand why he had to wait 7 months and miss out on so many developmental milestones. While the physical therapy made a huge difference, he never received the speech therapy he needed.”*

*~ Lynn, mom to Timothy from Rochester*

---

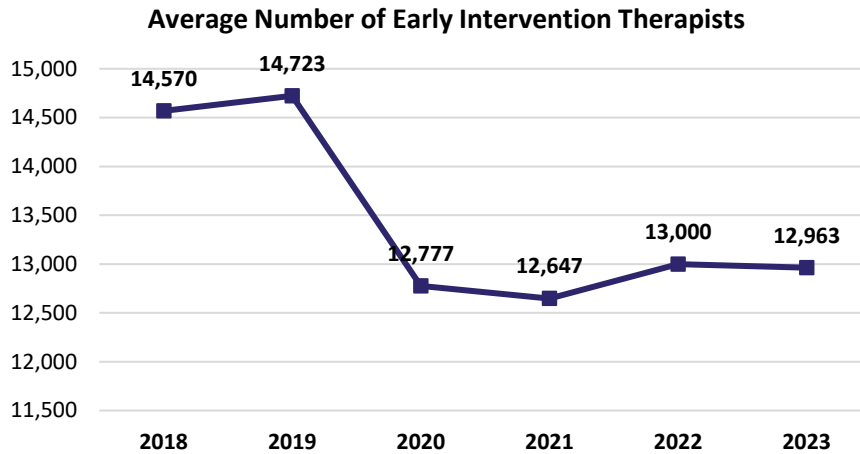
<sup>2</sup> See Slide 20 [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/eicc/docs/2022-12-15\\_eicc\\_apr\\_ssiip\\_review.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/eicc/docs/2022-12-15_eicc_apr_ssiip_review.pdf)

<sup>3</sup> See Slide 21 [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/eicc/docs/2022-12-15\\_eicc\\_apr\\_ssiip\\_review.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/eicc/docs/2022-12-15_eicc_apr_ssiip_review.pdf)

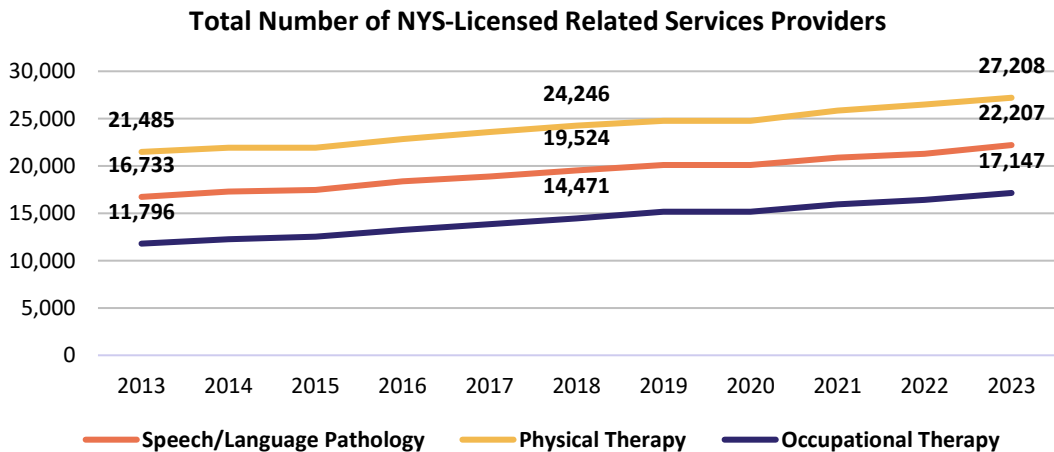
## Lack of Providers

*Long wait times are the direct result of a lack of Early Intervention providers.*

It is clear the root cause of the current waitlist crisis is a shortage of providers. This has been a long-standing problem in the Early Intervention system but worsened throughout the COVID-19 pandemic. There has been a net loss of 1,524 Early Intervention providers (11%) since the start of 2019.<sup>4</sup>



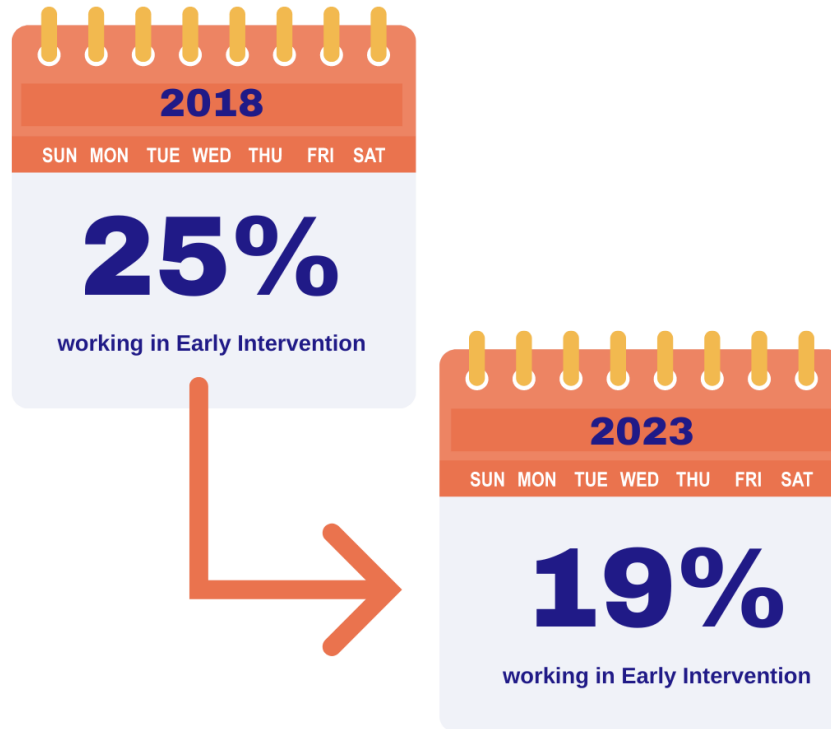
However, this drop is not the result of fewer licensed allied health professionals. In fact, there has been a steady increase in the number of individuals licensed to provide speech language pathology services, physical therapy, and occupational therapy in New York each year with no decline between 2019 - 2020.<sup>5</sup>



<sup>4</sup> See EICC PCG Fiscal Updates [health.ny.gov/community/infants\\_children/early\\_intervention/eicc/](https://health.ny.gov/community/infants_children/early_intervention/eicc/)

<sup>5</sup> See <https://www.op.nysed.gov/professions-index>

The discrepancy between increasing licenses and decreasing Early Intervention therapists is seen when we consider the percentage of these licensed professionals who are working in Early Intervention. **In 2018, 25% of professionals with these licenses were working in Early Intervention. Over five years, that proportion has fallen to 19%.**



The decline in professionals working in Early Intervention is explained by higher numbers of providers **opting to work in other settings** like school districts, hospitals, and nursing homes. Those systems offer better pay and benefits than the Early Intervention system and require less or no travel.

*“My agency recently lost an occupational therapist who had a master’s degree, but she couldn’t afford rent or mortgage with what she could make in Early Intervention. Her solution at first was to buy a small camper for her and her husband to live in and park it in friends’ driveways. In the end, she left Early Intervention, a field she loves, to work in a skilled nursing home for \$30,000 more than we could pay her.”*

*~Amanda, suburban Early Intervention provider in Monroe County*

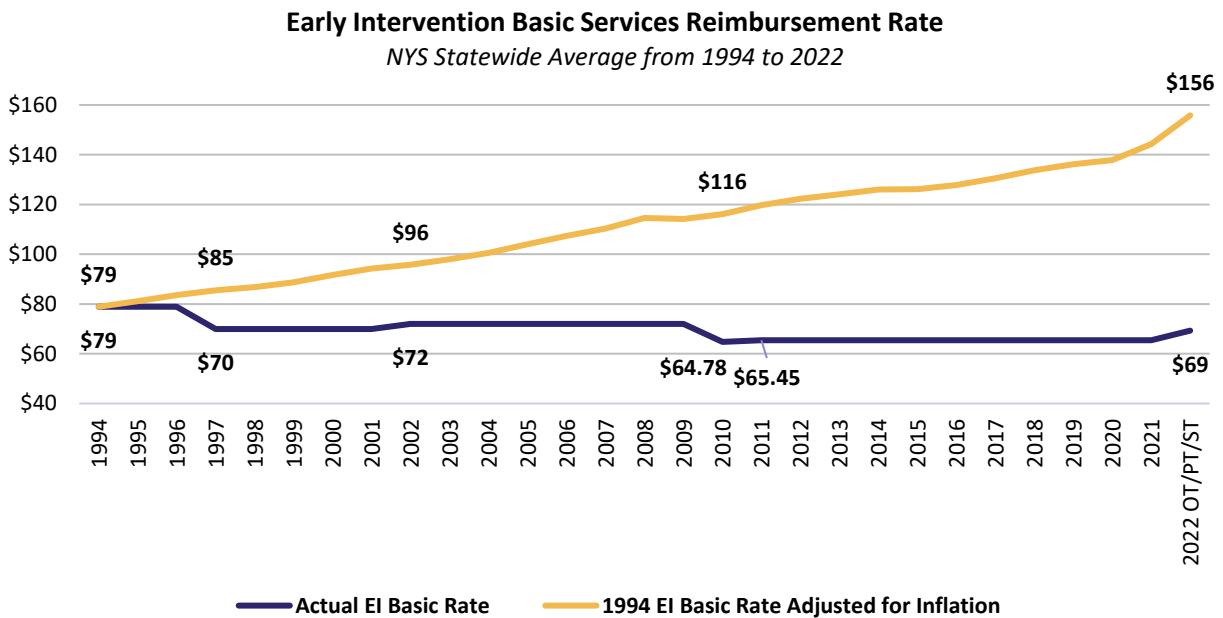
## Declining Wages

*The rate at which New York State reimburses Early Intervention providers has gone down since the program started.*

Although it has long been known to providers, a Freedom of Information Law request submitted by The Children’s Agenda to the NYS Department of Health confirmed **reimbursement rates for most Early Intervention services are lower now than when the program began in 1994.**

- In 1994, the average Early Intervention reimbursement rate for basic services was \$79.
- In 2023, it is \$69.

When taking into consideration inflation, **providers are making 140% less** than they were nearly thirty years ago. This discourages provider recruitment and retention, leaving families and children waiting for, or being denied, life-changing interventions.



To better understand the relationship between stagnant reimbursement rates and workforce pipeline issues in Early Intervention, The Children’s Agenda surveyed colleges and universities in the state that offer speech language pathology, physical therapy, and occupational therapy programs. Program officials from all of the responding schools indicated students had exposure to early childhood settings as part of classwork, as well as an optional or required early childhood or pediatric field placement during their studies. Several respondents noted, however, that the schools often have difficulty finding early childhood providers who are available to take student placements.

When asked about potential financial and practice-based barriers that may impact their recent graduates' desire or ability to enter and remain in an early childhood field like Early Intervention, **respondents most often noted:**

- lack of benefits
- lack of mileage reimbursement
- lack of mentorship opportunities
- a high student debt vs. potential earnings ratio
- stagnant reimbursement rates.

**A lack of interest in working with young children and the independent nature of the work were not seen as significant barriers.**

*“A core issue in this problem is providers not having gotten raises and providers being expected to do so much unpaid work that it is no longer financially feasible for them to stay in Early Intervention. There must be changes made to the rate of pay and the unpaid time or we're going to keep losing the providers we so desperately need. You must do something at the state level. This is not a fix for counties to do. This is a fix for the state to make and kids literally can't wait.”*

*~ Diane, retired Early Intervention services coordinator in Tompkins County*



## Recommendations

*We can shorten children's wait times by strengthening the Early Intervention workforce.*

New York's Early Intervention system is in a downward spiral. Decades of stagnant wages have led providers to leave the field in search of fairer pay and benefits, making it more difficult for students to find field placements with experienced mentors. Without this exposure and support, recent graduates are unlikely to choose Early Intervention over other settings like school districts, hospitals, and nursing homes that offer higher pay and less travel. **The longer the provider shortage persists, the bigger the waitlist crisis will grow, and children with delays and disabilities will continue to be left behind.** New York State must take the necessary steps to correct the conditions causing experienced providers to leave and new providers not to enter the Early Intervention system.

**By failing to provide timely services, New York State is violating federal IDEA law.** To stabilize the workforce and ensure providers are there when children need them, The Children's Agenda and the Kids Can't Wait Campaign recommend:

- 1 New York State should provide an 11% increase in reimbursement rates for all Early Intervention services delivered in person.** The primary cause of the waitlist crisis and lack of in-person services is a severe shortage of therapists and other Early Intervention professionals that is a result of decades of stagnant payment rates, coupled with a payment system that is not providing increased compensation for the added costs, such as transportation and travel time, of delivering services in person at a child's home or child care program.
- 2 New York State should reform the methodology for Early Intervention reimbursement rates, as the current method is outdated and inadequate.** While a rate increase is urgently needed now, the State should also conduct a comprehensive assessment of the methodology used to determine payment for all evaluations, services, and service coordination and publish a report within 12 months. The report must include a plan to revise rates so that the program can attract and retain providers sufficient to meet the needs of all eligible families and comply with federal law.
- 3 New York State should create a student loan forgiveness program to attract new Early Intervention providers.** To address the growing waitlists and workforce challenges, the program should offer loan forgiveness to providers willing to deliver in-person Early Intervention services in Medically Underserved and/or Health Care Provider Shortage Areas.