

Illinois Early Intervention Family Town Hall February 6, 2024 notes and resources

Chelsea Guillen, Illinois Early Intervention Ombudsman, shared Family Outcomes Survey information from the Annual Performance Report that was submitted to OSEP. Illinois results for federal fiscal year 2022 (October 1, 2021 – September 30, 2022) were lower than the national numbers. More about the Family Outcomes survey:

- Survey is sent to families via text after they leave the EI program
- Survey sent to 14,881 families in Illinois' fiscal year 2023, with a response rate of 15.12%.
- Illinois needs to increase that response rate to increase confidence that responses are representative of all families.
- Details for families who will receive survey once they exit the program:
 - Text is sent about 6 weeks after exit
 - Survey can be completed in English or Spanish
 - The EI system needs family feedback
 - Open-ended comment field at end of survey
- Comments on the process
 - Send reminders – email + text
 - How can we make it more accessible for deaf + hard of hearing families?
 - Identify the sender in the text – can be mistaken as spam
 - Can families know the phone number that the text comes from?
 - Are incentives an option – magnets, note pads, pens, tote bags, small calendar, something for the kids, raffle?
- The [complete slideshow](#) in English and Spanish is available to view.
- The Family Outcomes Survey is available here:
<https://eitp.education.illinois.edu/Files/Resources/FOS.pdf> Spanish (from ECTA)
https://ectacenter.org/eco/assets/pdfs/FOS_Spanish_ECO.pdf

Questions from participants / comments from Bureau Chief Benny Delgado:

1. *Our EI provider has left EI and we are back on a waiting list for SLP services. We offered to see an SLP in the clinic but were told that isn't an option. Can you clarify that?*
 - a. The Individuals with Disabilities Education Act, the legislation that governs EI at the federal level, requires state EI systems to ensure that EI services are [provided in natural environments](#), which are settings that are natural or typical for a same-aged infant or toddler without a disability and may include the home or community settings.
 - b. Examples of community settings include: parks, community centers, libraries, child care centers, restaurants, stores.
2. *I'm an ASL interpreter working with families who may feel like it's hard to open up to their EI providers. Video captions are not always accurate, so the message may not be clear. Can the survey and other information be emailed? I'm happy to help with this.*

- a. We are working to provide equitable opportunities for people to be able to provide feedback. We are currently working on expanding our access to interpretation services that include ASL.
3. *I'm a foster parent for children who have been in EI and also an EI provider. I would like to see the DCFS/EI workgroup who met over the summer to continue. The auto-eligibility will continue to uncover issues to address. Both systems – DCFS + EI – are complicated and there needs to be a method to ask questions and address concerns.*
 - a. An implementation plan based on the workgroup recommendations is in process.
 - b. An ongoing workgroup can be considered.
 - c. Illinois EI rule about auto-eligibility - <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1463&ChapterID=32> Section 3
4. *Related to #3 – Licensed foster parents are required to take educational advocacy training during the first renewal cycle. A recent training did not include adequate information about auto-eligibility for substantiated cases of abuse/neglect.*
 - a. This is an area where an ongoing workgroup could provide input on this content.
 - b. DHS and DCFS do meet regularly to discuss updates and information.
5. *Rumored cost to families – I'm not in favor of that.*
 - a. Pre-pandemic, there was a family participation fee. It was waived during COVID and continues to be waived.
 - b. IDHS will be reinstating the fees with some changes that require a change in the state rule.
 - c. Within the next couple of weeks, IDHS will publish those proposed changes to the fee schedule and ask for public comment. There will also be 2 public hearings in March to provide feedback. Feedback will be accepted for 60 days from the date the proposed changes are published.
6. *Why can't EI services cover children until age 5?*
 - a. Part C of [IDEA](#) covers children birth through age 2. Part B covers children and youth ages 3 through 21. <https://www.parentcenterhub.org/sobreidea/>
 - b. States do have options to extend services, which is how we can extend services through the summer for May 1 – August 31 birthdays.
7. *I work at a pediatric clinic helping families to access services. We have received mixed messages about when to refer to Part B vs. Part C if a child will be turning 3 soon.*
 - a. EI is required to complete an evaluation and IFSP, if eligible, within 45 days of referral.
 - b. If a child is referred within 45 days of the 3rd birthday, refer directly to the school district / LEA.
 - c. If a child is referred between 90 and 45 days from the 3rd birthday, the EI timeline is tight so a dual referral to both EI and the LEA would be recommended so that the timeline starts in both systems.
 - d. Referrals to school district / LEA - https://www.childfind-idea-il.us/Materials/Educ_Rights_en.pdf#page=25 spanish
<https://www.isbe.net/Documents/Parent-Guide-Special-Ed-Aug20-Spanish.pdf#page=24>
Transition from EI - https://www.childfind-idea-il.us/Materials/Educ_Rights_en.pdf#page=137 Spanish
<https://www.isbe.net/Documents/Parent-Guide-Special-Ed-Aug20->

8. *If families do not have insurance or private insurance, are they still eligible for EI or do they have to pay?*
 - a. Children without insurance are still eligible for early intervention, if eligible for services.
 - b. The family fee structure starts at 185% of the federal poverty level. Those families below 185% do not incur a family fee.
 - c. The proposed changes (see question #5) will increase the number of families who do not have to pay a family fee.
 - d. All families whose children are eligible for EI services can receive those EI services.
9. *How is the provider shortage combined with the higher volume of children who are eligible for services being addressed? Any initiatives – attracting / keeping providers?*
 - a. This is a statewide & national issue.
 - b. Recent data from the Centers for Disease Control reported that 1 in every 6 children may have a need for EI services. The rate of autism has also been steadily increasing over the years.
 - c. In 2018/2019, Illinois had approximately 4,800 providers and we are currently at around 4,500. That combination is not a good match.
 - d. Several initiatives
 - i. Cross-state research to see how other states are addressing workforce recruitment & retention.
 1. Received feedback from consultant to help stabilize the workforce.
 2. Results will be published soon for feedback.
 - ii. Cost-modeling project
 1. What is the true cost of providing early intervention services in Illinois
 2. Based on results, make adjustments in the system.
 3. Looking at incentivizing in-person visits
 - iii. Recent workforce incentive payments for providers based on time of services.
 1. Payments ranged from \$700 to \$1300 per provider
 - iv. Marketing campaign to recruit providers
 - v. Assessing current credentialing practices
 - vi. Smart Start initiative
 1. \$40 million investment in EI
 2. Allowed a 10% rate increase to providers and service coordinators
 3. Child and Family Connections offices are expanding the workforce of service coordinators. We have seen positive results there as caseloads in some areas are beginning to come down
10. *Availability of live video visits for families on waiting lists for in-person services is appreciated.*
11. *I would like to see more EI providers who are familiar with basic ASL communication so that they can communicate with families. Is there a way for families to know which providers have experience in ASL?*
 - a. There are developmental therapist hearing specialists
 - b. We can do more to capture data on how many of those hearing specialists also know ASL.

- c. The expansion of interpretation services will help connect families with providers.
12. *Sometimes when children are referred for physical or occupational therapy, since there is a waiting list, the families will be asked to use outpatient private pay services. This gets the family services, but makes the EI program look bad.*
13. *Some families may be confused by the similarities in the DHS and DCFS logos – both agencies are there to help children and families, but may not understand the difference.*
- a. The director mentions that he will speak with his colleague to explore the possibility of creating a new logo or an existing logo that is more positive, and responsive. This suggests an initiative to improve visual communication and make the logo more understandable and welcoming for families.
14. *A parent shares her child's progress in speech therapy and is grateful for the program. Occupational therapy is via LVV. She had doubts about its effectiveness initially, but now realizes that LVV can be just as effective as in-person sessions. Their family is preparing to transition out of EI and is grateful for the experience.*
15. *Community feedback about communication styles*
- a. **Best Communication Methods with Latino Families:** The discussion focused on the best way to communicate with Latino families, and the "Parent to Parent" and "Mother to Mother" approaches were suggested as effective strategies to establish stronger and more reliable connections.
 - b. **Cost of Therapies and Service Determination:** There was a question about the cost of therapies and how services are determined. This highlights the need for greater clarity and transparency in the information provided to families about services and associated costs.
 - c. **Use of Screenshots on Facebook and Short Videos:** Families proposed using screenshots on Facebook and short videos as tools to effectively disseminate information on social media and reach a wider audience.
 - d. **Training to Support Families:** There was interest expressed in receiving training to better support families in the community. This indicates an opportunity to provide resources and training to families so they can provide better support for each other.
 - e. **Public Comments and Transparency in Payment Information:** The importance of clear and transparent public communication, especially regarding payment information based on family income, was mentioned.
 - f. **Participation in Clearinghouse Communication:** Families showed interest in participating in clearinghouse communication, highlighting their willingness to collaborate and share information about community needs.
 - g. **Start of Activities This Week:** Benny reported that activities will begin this week, indicating a commitment to action and the implementation of ideas discussed during the meeting.