

## Family Infant Toddler Program (Early Intervention)

### Impact and Reality

The Family Infant Toddler (FIT) Program serves children birth-3 who are at risk of or who have a developmental disability. Services are provided in the child's natural setting. The program is designed to work with caregivers and their children to overcome the delays or maximize the potential of the child in achieving functional outcomes as close to his/her typical developing peer. The providers of the programs are spread across the State, some very rural, some urban, some serving both rural and urban areas. However, regardless of where the providers are located or where the children and families are located there are similarities that exist. While it is believed there was no harm intended by what is occurring within the FIT program it is important that the reality of the impact of decisions being made be known.

- Since 2009, DOH/FIT funding for environmental risk infants and toddlers birth to 3 have been cut from 228 hours of service per year to 24 hours of service per year.
- Since 2010, hours for children with developmental delays have been cut from 19 hours a month to 16 hours a month.
- As of today, 10,693 children are actively receiving services. These services include, developmental instruction, physical therapy, occupational therapy, speech therapy, and social work. Provider agencies who are responsible for carrying out services for the children are carrying the burden of the cuts to services, increase in State regulations and soon to be increases in requirements through the Tiered Quality Rating Improvement System (TQRIS-Race to the Top)
- New Mexico is the only state in the country that included Part C (FIT) programs in the Race to the Top grant. While this may appear to look good to others, in reality this type of tiered system is cumbersome for any home based provided service systems. No provider disagrees with providing high quality services for each child served, however, any change within systems comes at a cost. This cost, while not being incurred by the State is being incurred by providers.
- A rate study, commissioned by the Department of Health, completed in 2003 determined rates did not cover the cost of providing services. Fast forward to 2016 and these same rates that were determined not to meet the providers cost are still not fully implemented. The Department of Health is now commissioning another rate study using Race to the Top funds.
- Given the economic situation of the State, it is unknown how this new information will have a positive influence on the current system as the State economics of the last 13 years has not been able to reimburse providers fully for early intervention services to children.
- FIT providers are often a stepping stone for many early intervention professionals who go on to the school systems or other settings that can provide a living wage. Although providers want to offer competitive wages this isn't possible due to rate reimbursement and rising cost associated with doing business.

- Early Intervention therapists are low in numbers across the State. They too prefer working with school systems as the pay and benefits are higher. As a result, providers struggle to meet the therapeutic needs of the children.
- Rural areas struggle to attract early interventionists or therapists due to the remoteness of locations. There is no rate differential provided to providers serving frontier areas. For example, a child may not receive physical therapy as needed because there is no physical therapist willing to travel 60 miles one way to a home, when in the same amount of time they could be reimbursed for meeting the needs of 3 children compared to 1.
- The rate of reimbursement doesn't cover the growing cost to agencies of doing business. We have seen several agencies go out of business, thus children and families have less access or even more limited access to services.
- As the current struggles of providers have been identified and discussed with DOH-FIT personnel, they continue to add to expectations through "quality initiatives" which comes without additional funding.
- While some changes are simplistic and do not cost money (change in forms) many are changes in processes and these do result in additional unpaid hours for providers. A task that once took 1 hour has now increased to 3 hours. Providers want and do provide quality services to children, however adding an additional 2 hours of non-reimbursable time creates a heavy burden for providers who must pay their staff for work completed.
- There is an on-going conversation between providers and DOH-FIT on the qualifications needed to provide early intervention services to children and families. DOH-FIT wants providers to hire persons with degrees in early childhood education and this pool of employees has not been established in New Mexico. While in theory hiring only those who have early childhood education degrees sounds good, providers are not able to hire the amount of personnel needed to serve the 10,693 children currently receiving services. The federal regulations indicate specific degrees required for early intervention personnel. With a solid internal training system, providers can and do teach individuals who have these federally approved degrees to be very good early interventionists.
- The new FLSA rules increasing the salary to qualify for salaried-exempt will have a sweeping impact on providers. The cost of doing business will increase as overtime will now be paid to staff who were once considered exempt. With the amount of paperwork, timelines, quality initiatives being introduced to the field, the time spent by early interventionist currently far exceeds a 40-hour work week. The rule change will increase the financial responsibility of the providers.

With all of that said, Family Infant Toddler providers are committed to providing high quality services for children who are at-risk or have a developmental disability. We understand the heart sinking feeling a parent is faced with when they recognize or are told their child is not developing like other children. Parents want and deserve access to services for their child to succeed at the highest level possible. They are not concerned with paperwork, staffing challenges, quality initiatives or specific degrees. They want someone who can help them navigate systems, provide early intervention services for their child that

are meaningful to their family and who can walk beside them on this new and unexpected journey. Early intervention providers want to thank the committee for its support over the years for the FIT program and we ask for this support to continue as we continue to support young children and their families.