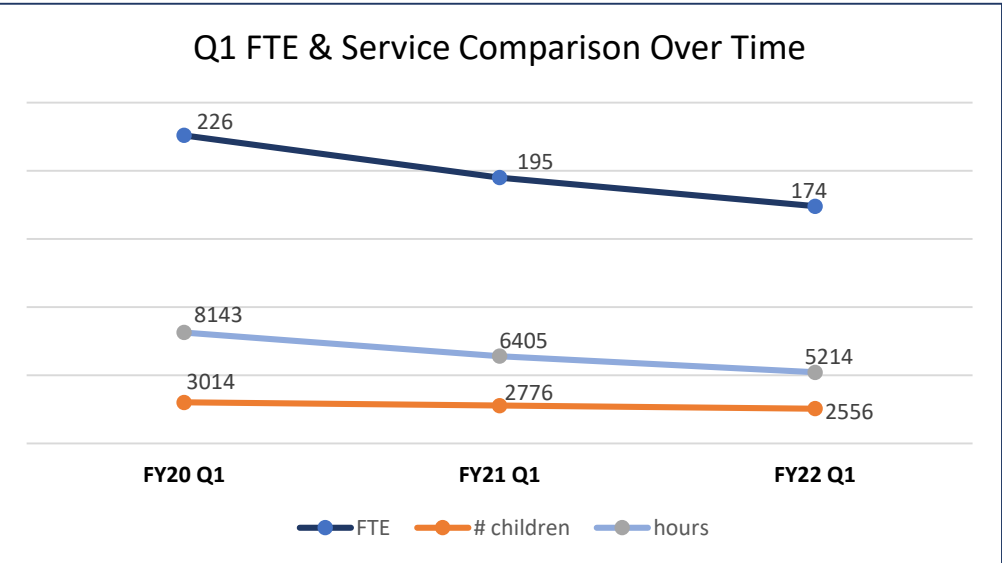
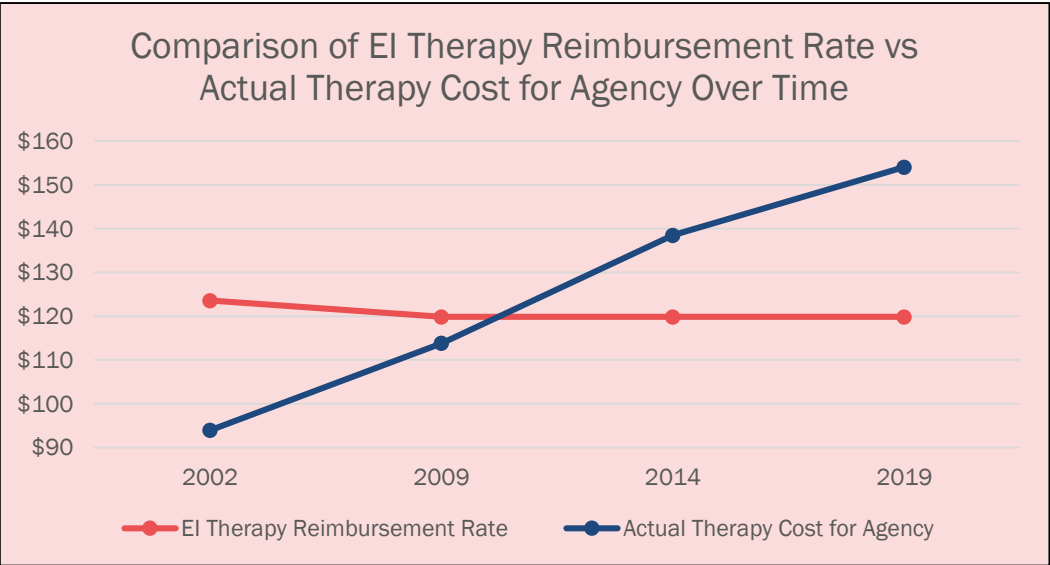


# Early Intervention staffing, by fiscal challenges, have become more prominent since the onset of the COVID-19 Pandemic

- Since the onset of the PHE, EI has seen a decline in referrals and enrollments and is now operating with a 27% reduction in staff as compared to Jan. 2019. This is despite EI providers' aggressive efforts to hire and retain staff, and as a result, there are at least 900 hours of services that are not being provided to EI infants and toddlers each month.
- In addition, since March 2020, referral history indicates that at least 1,000 infants and toddlers who may have been eligible for EI services were never referred. This is especially true for children enrolled in Medicaid and children of color. Without EI services, these infants and toddlers are more likely to require special education services, have poorer health outcomes, and are more likely to experience child abuse/neglect.



15% decrease in children served by EI providers since pre-pandemic, with a 35% decrease in hours provided



Provider staffing already tenuous since reimbursement rates have not been raised since 2002. Rescue funds can help mitigate short-term risk as we respond to the PHE.

# Early Intervention recovery will ensure positive outcomes for Rhode Island's youngest citizens by paying for re-staffing

## STABILIZE

- **Stabilize EI providers (\$4.5M)** to ensure they have capacity to deliver necessary, required IDEA services for Rhode Island's infants and toddlers with developmental delays.
  - These grants are aimed to supplement the increased costs of service delivery during the PHE and the historically low reimbursement rates that have not kept up with increases in the cost of living.
  - Eligible uses of the stabilization grants will include:
    - Costs associated with recruitment, hiring, and retaining high-quality staff so that the EI system can return to 100% staffing capacity
    - Costs associated with outreach and engagement activities to ensure equitable access and engagement in EI services
    - Costs associated with increasing in-person service delivery options

## INCENTIVIZE

- **Incentivize EI agencies to deliver on priority outcomes (\$1M)** on a pay-for-performance program with a defined set of targets, including:
  - Recover referral pipeline to 2019 numbers
  - Decrease staff turnover
  - Increase engagement rates
  - Improvement in EI National Outcome #1: Positive Social Emotional Skills
  - Reduce disparities in each metric for families with Medicaid coverage and families of color