



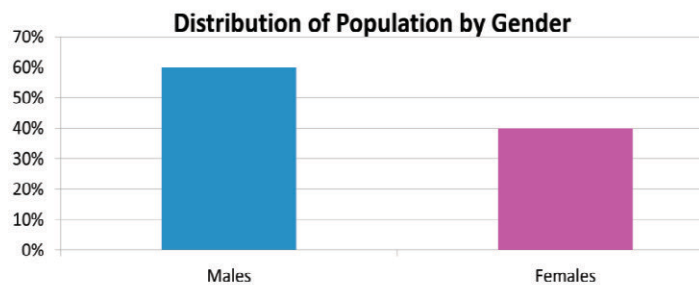
Barriers to Utilization of Early Childhood Intervention Services in the Texas Mexico Border Region

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INTRODUCTION AND BACKGROUND

Early Childhood Intervention (ECI) is a federal and state funded program that provides developmental and therapy services for children birth up to three years old since 1979. The Individuals with Disabilities Education Act (IDEA- Part C) was established in 1986 to minimize potential developmental delays with the end goal being to reduce educational costs by minimizing the need for later services. The earlier babies receive intervention, the more successful their outcome.

IDEA mandates the referral of children identified as having a developmental delay or known to be affected by illegal substance abuse and/or involved in a substantiated case of child abuse or neglect.¹ Developmental disabilities include impairments in physical, learning, language, or behavior areas. About one in six children in the U.S. have one or more developmental disabilities or other developmental delays.² One in six children in the U.S. had a developmental disability in 2006 – 2008 and 9.4% of Texas children ages 0-5 will have special health care needs.³ El Paso County had a history of the lowest referral rates in the state of Texas for referrals to ECI. Local Child Find efforts have increased identification and referrals to ECI.

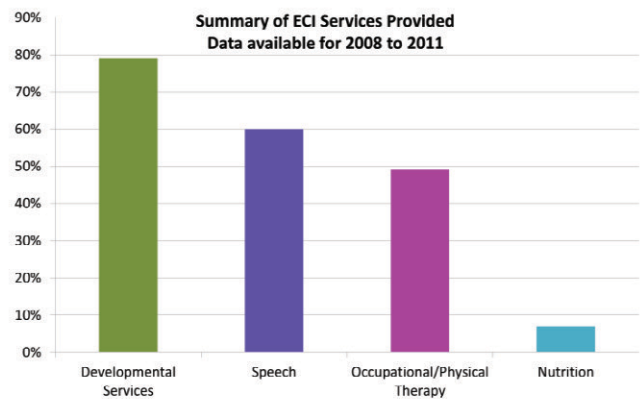


OBJECTIVES AND METHODS

This is an evaluation of the current referral process for all three local ECI programs serving El Paso and Hudspeth County. The data is an overview of the barriers to utilization of ECI services in the Texas/Mexico Border Region. Data collected was a retrospective review of state provided referral and evaluation information with all identifiers removed for all three local ECI programs for FY 2008-2012.

RESULTS

During fiscal years 2008 through 2012 there were 20,032 referrals to the local ECI programs serving El Paso and Hudspeth County.



Interestingly, the majority of referrals (60%) were for male infants, and the services most utilized were generalized developmental services, followed by speech. Of all the referrals received, 47% of referrals were closed, 46% were enrolled and received services, 5% moved or were referred to another ECI program, and 2% were still in the referral process so their outcome could not be determined. Of the 47% closed, 18% of the children referred were not eligible for services, 16% declined services, and 13% were unable to be contacted. Less than 0.05% turned 3 years of age or was deceased.

CONCLUSIONS

Almost 50% of all referrals to ECI are closed. Twenty-nine percent of case closures (children who did not receive services either because the parent refused services or could not be contacted) could be decreased. When making a referral, the more explanation the referral source can give as to the importance of early intervention and what that means long-term for the child, the more likely the family is to accept services. In addition, many referrals are incomplete or have incorrect information and the family cannot be contacted by ECI. Sending a physical/prescription can also help to expedite the process. Direct transmission of referrals is strongly suggested (do not rely on the family to make the referral).

All primary care providers should be familiar with ECI eligibility to ensure appropriate referrals. Children eligible for ECI are those with a medical diagnosis associated with a high probability of delay and children exhibiting a 25% delay in one or more of the following areas: social-emotional, self-help, fine motor, gross

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motor, cognitive, or communication. Children with a vision or hearing impairment also qualify for services and can benefit from AI/VI services.

These short steps can make the difference between a referral and a child that receives intervention. An in-service can be provided to

update you on eligibility, and answer any questions by contacting the local ECI Referral Line at (915) 534-4324.

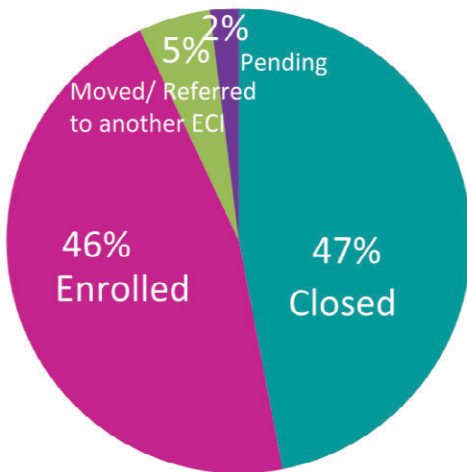
REFERENCES

1. *Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. 1400 et seq. (2004)*

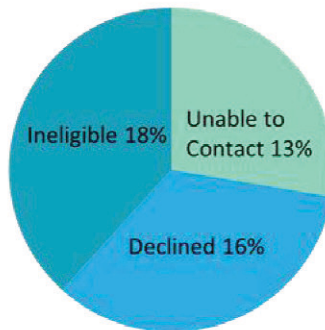
2. Boyle CA, Boulet S, Schieve L, Cohen RA, Blumberg SJ, Yeargin-Allsopp M, Visser S, Kogan MD. Trends in the Prevalence of Developmental Disabilities in US Children, 1997-2008. *Pediatrics*. 2011

3. "Texas Report from the 2009/10 National Survey of Children with Special Health Care Needs." NS-CSIICN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 04/15/2013 from www.child-healthdata.org.

Disposition of Total Number of Referrals



Reasons for Closures



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