STRENGTHENING CONNECTIONS:

Early Intervention and Behavioral Health Services for Infants and Toddlers in Pennsylvania

pennaeyc
Pennsylvania Association for the Education of Young Children
An Affiliate of naeyc

EDUCATION LAW CENTER

Thriving PA

CONTENTS

EXECUTIVE SUMMARY

This report presents findings from a statewide project exploring how Pennsylvania's Infant and Toddler Early Intervention (EI) program and behavioral health (BH) systems can effectively address the mental health needs of infants and toddlers. Through a combination of research, survey questions and focus groups, the project identified both systemic challenges and promising opportunities for cross-sector collaborations to achieve common goals.

KEY FINDINGS:

1. Strong interest in joint networking and training to build shared understanding between county EI and BH staff and improve referral pathways for families.

2. Confusion and variability around how infants' and toddlers' BH needs are identified and who can provide behavioral health services to young children and in what settings—highlighting both gaps and opportunities for clarification.

3. County-level inconsistencies in evaluation tools, service provision, and referral practices, which contribute to inequitable access across the state.

RECOMMENDATIONS:

Adopting strategies to **MAXIMIZE NETWORKING** including joint training between EI and BH teams, especially through Local Interagency Coordinating Councils (LICCs).

EXPANDING FUNDING to support integrated training models and workforce support and development.

INCREASING CONSISTENCY across counties by clarifying roles, allowable services, and evaluation standards.

EDUCATING COMMUNITY PARTNERS including pediatricians, families, and early childhood care and education providers on available services.

LEVERAGING THE INTERAGENCY AGREEMENT (IAA) process as a strategic tool for building relationships, aligning goals, and formalizing collaboration across systems.

By implementing these recommendations, Pennsylvania can move toward a more equitable, coordinated system that effectively addresses the developmental and behavioral health needs of its infants and toddlers and the staff and families who support them.

INTRODUCTION AND METHODOLOGY

Early childhood education plays a vital role in the learning and social development of all children, and especially those with disabilities.[1] Children's experiences in their first five years of life are critical to brain development, and the benefits of high-quality early learning for all children, including children with developmental delays, are robust, intergenerational,[2] and long-lasting.[3] Early childhood education supports social-emotional development by giving children the necessary tools early on to collaborate with their peers and build healthier relationships, which can mitigate challenging behavior in the classroom.[4] For children with developmental delays, high-quality early learning, including Infant and Toddler Early Intervention (EI), plays an especially critical role in supporting both learning and social-emotional development, including improved academic skills, the development of positive social relationships, and decreased challenging behaviors. Children with delays that impact social-emotional development benefit from increased support for behavioral health needs.

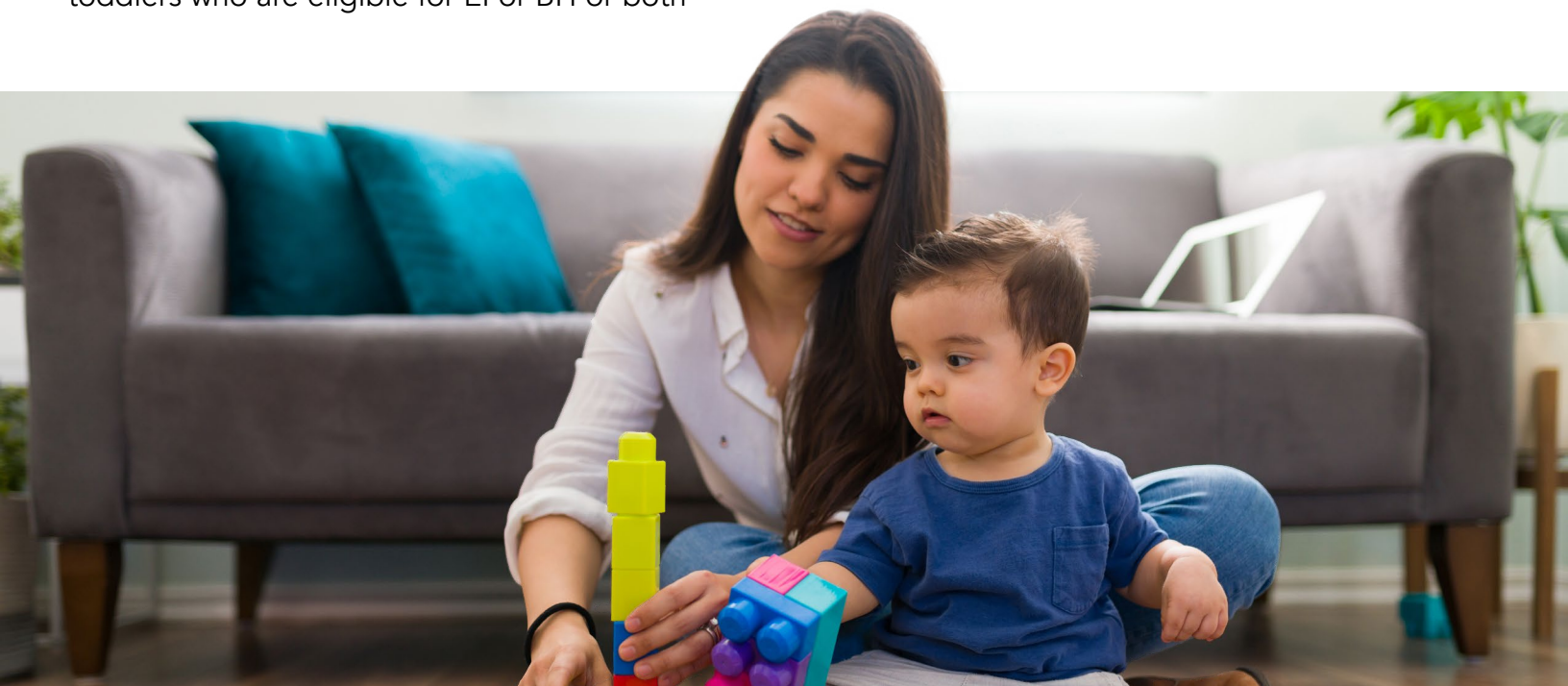
Infant and Toddler EI seeks to help families with children who have, or are at risk of having, developmental delays from birth until their third birthday. Overall, EI aims to improve outcomes that are critical to health, support optimal development, educational success, and lifelong wellbeing. Importantly, EI is built on the premise of inclusion. This means that children with developmental delays and disabilities have access to and are actively included in the same opportunities they would have had if not for their delay. Inclusion requires intentional implementation, timely and appropriate supports and services, and strong partnerships between families and cross-system professionals serving children.

EI is the newest policy area of ThrivingPA, part of the broader Early Learning Pennsylvania (ELPA) coalition, which advocates for access to voluntary, high-quality early care and education and healthy development opportunities for all Pennsylvania children. The EI Workgroup was formed as a result of a yearlong data collection and stakeholder engagement process in 2021-22 that resulted in a policy agenda including, among other goals, the need for greater cross-system collaboration to address the social-emotional, behavioral, and mental health needs of infants and toddlers in EI.

Social-emotional development is one of the key components of school readiness and a building block for cognitive development, learning, and future mental health.[5] The earlier children with developmental delays are identified, referred, accepted, and receiving services, the more likely they will thrive throughout their childhood. Research has shown that one in three infants and toddlers who received EI services did not later present with a disability or require special education in kindergarten.[6] Furthermore, EI has been shown to enhance social-emotional skills, promote school readiness, and strengthen family relationships, contributing to a child's mental health and overall success all the way into adulthood.[7] Timing of interventions matters greatly–research demonstrates that interventions are likely to be more effective and less costly when provided earlier in life rather than later, making support of EI especially critical.[8]

In Pennsylvania, the Office of Child Development and Early Learning (OCDEL), a dual deputate between the Department of Human Services (DHS) and the Department of Education (PDE), is responsible for implementing and overseeing the provision of EI throughout the Commonwealth.[9] Locally, Infant and Toddler EI is administered at the county level, as are services for infants and toddlers to address behavioral health (BH)[10] needs and improve social-emotional development. Stakeholders commonly report inconsistency between county administration of these systems that lead to infants and toddlers who are eligible for EI or BH or both falling through the cracks. Although social-emotional development is widely recognized as a key component of early development and preparation for learning, stakeholders regularly report that it is not focused upon or addressed sufficiently for infants and toddlers. For example, in 2022-23, there was no utilization of the available psychological services code at all, and social work services provided accounted for less than 1% of total services provided.[11] These beliefs formed the impetus for this analysis of the current framework for addressing social-emotional development and behavioral health needs for children in EI.

The Pennsylvania Association for the Education of Young Children (PennAEYC) and the Education Law Center - PA (ELC), on behalf of the EI Workgroup, sought to assess policies and practices across the Commonwealth that are working in counties to address the social-emotional development and BH needs of young children in EI, as well as those that are creating barriers. In order to assess the strengths and opportunities within the cross-system framework, a statewide survey was designed and administered by PennAEYC and ELC to EI and BH staff and providers. From the survey, themes were identified for follow-up focus groups to obtain more in-depth information. The resulting policy recommendations stem from the survey responses and the focus groups, as well as the federal and state legal framework driving EI.



DEFINITIONS

Behavioral Health (BH) Services: a broad range of services to address mental health needs, including those services necessary to address challenging behaviors in children with Autism Spectrum Disorder, as well as children with other delays or disabilities. These services may include behavioral assessments, individual behavioral therapy, family-focused therapy, one-to-one therapeutic support staff, and behavioral support planning.

Child Care Professionals: any staff involved in the delivery of early childhood care and education, but not including Early Intervention staff.

County Joinder: two or more counties that join together to administer an Early Intervention or Behavioral Health program, which is reflected by a contract that establishes the joint policies of the program.

Developmental Delay: a delay of 25% of the child's chronological age or a standard deviation of 1.5 or greater in one of the following areas of development: cognitive, physical (including vision or hearing), communication, social-emotional, and adaptive development.

Early Childhood Education (ECE): any early learning program that receives federal or state funding including but not limited to programs that participate in Child Care Works, Early Head Start, Head Start, Early Intervention (EI), Home Visiting Programs, Keystone STARS, and Pre-K Counts.

Early Intervention Providers: any professionals who work with families and children from birth to age three with developmental delays or disabilities. These specialists include occupational therapists, physical therapists, speech therapists, special instructors and social workers, as well as service coordinators and psychologists.

Early Intervention Technical Assistance (EITA): provides training and technical assistance to local Infant/Toddler and Preschool Early Intervention programs providing support and services to children birth to school age with developmental disabilities and their families.

Individualized Family Service Plan (IFSP): a written document that outlines the early intervention services that a child and the child's family will receive, which includes the present levels of functioning of the child, the duration and frequency of the services, the location of the services, and the results expected from the services.

Infants and Toddlers: children aged birth to their third birthday.

Infant Mental Health (IMH) Endorsement: a verifiable process administered by the Association for Infant Mental Health (AIMH) that a practitioner has attained a level of education as specified, participated in specialized in-service trainings, worked with guidance from mentors or supervisors, and acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, very young children, parents, other caregivers and families.

Informed Clinical Opinion (ICO): use of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of a child's development and the potential need for early intervention.

Local Interagency Coordinating Council (LICC): a group organized within a county or joinder of counties to enhance local Early Intervention services that consists of representatives from families, county administration, Intermediate Units, school districts, Early Intervention providers, Head Start, service coordinators, health agencies, and other community organizations.

Multidisciplinary Evaluation (MDE): the evaluation that must be conducted to determine eligibility for EI, which must include evaluation in the area of social and emotional development.

Office of Child Development and Early Learning (OCDEL): the state agency that oversees the provision of EI throughout the Commonwealth; a dual deputate of the Department of Human Services and the Department of Education.

Part C, or Infant and Toddler Early Intervention (EI): a federally required entitlement program that provides services, aimed to improve outcomes critical for health development and further education, to children from birth to their third birthday who have a developmental delay at the discretion of and at no cost to the family.

State Interagency Coordinating Council (SICC): a Governor appointed council that advises and assists OCDEL to ensure that a comprehensive delivery system of integrated Early Intervention programs and services is available to all eligible infants, toddlers, and young children and their families.

LEGAL REQUIREMENTS GOVERNING EI AND BH SYSTEMS

Despite perceived shortfalls in the sufficiency and coordination of Early Intervention (EI) and behavioral health (BH) services offered in Pennsylvania,12 there exists a federal and state legal framework that supports, and in some places requires, greater collaboration and coordination between EI and BH services to ensure that infants and toddlers with developmental delays and disabilities, including behavioral health needs, receive critical services and the full benefit of both systems.

Federal and State Law Require Coordination Between BH and EI

There is strong support for the provision and coordination of BH services through EI, as established federally as part of the Individuals with Disabilities Education Act (IDEA) and under Pennsylvania's Early Intervention law for infants, toddlers, and preschool-age children, called the "Early Intervention Act," Act 2[12] of 1990.[13] Part C of the IDEA pertains to infants and toddlers, which is defined as children age birth to their third birthday.[14] While Part C Early Intervention is a federal law with governing regulations, it is administered by the states.[15] In Pennsylvania, EI is overseen by both the Department of Education (Preschool EI) and the Department of Human Services (Infant and Toddler EI), and jointly directed by the Office of Child Development and Early Learning (OCDEL). The Infant and Toddler EI program is administered through county government, who have responsibilities that include but are not limited to child find systems, eligibility determinations, risk tracking, fiscal administration, provider contracts, and data monitoring and reporting.

Federal law requires states to have a comprehensive child find system in place that ensures that all eligible infants and toddlers are identified, located, and evaluated as early as possible.[16] In addition to the creation of a public awareness campaign, states are required to coordinate their child find system with "other State agencies responsible for administering the various education, health, and social service programs relevant" to EI.[17] In particular, states are required to coordinate with efforts that are undertaken consistent with Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements under Medicaid, home visiting, Supplemental Security Income (SSI), and child welfare programs.[18] There must be a referral system in place between these programs and state and county agencies to ensure that infants and toddlers receive services critical to meeting their "long-term academic, behavioral, and developmental outcomes." [19]

Eligibility for Infant and Toddler EI in Pennsylvania

The federal interpretation of eligibility is broad, allowing states the authority to establish specific eligibility criteria, such as the level of developmental delay.[20] There are five primary developmental domains that EI services focus on: cognitive, physical, communication and language, self-help/adaptive skills, and social-emotional.[21] Under state rules for EI, outside of having a diagnosed physical or mental condition such as Down syndrome or seizure disorder, children aged birth to their third birthday are eligible for EI services if they are experiencing developmental delays as defined by the Department of Human Services in any of the following areas: cognitive, sensory, physical, language and speech, or psycho-social development.[22]

More specifically, the PA Code outlines that to be determined eligible, children must either have:

1. a developmental delay of 25% of the child's chronological age or a standard deviation of 1.5 or greater in one of the following areas of development: cognitive, physical (including vision or hearing), communication, social or emotional, and adaptive development;
2. a diagnosed physical or mental condition with a high probability of resulting in such a developmental delay; [23]
3. an informed clinical opinion (ICO), especially when there are no standardized measures appropriate for a child's chronological age or developmental area.[24]

Counties are responsible for identifying and evaluating possible eligible children. Federal law outlines their responsibilities in the areas of referral and evaluation.[25] The Multidisciplinary Evaluation (MDE), which is the evaluation that must be conducted to determine eligibility for EI, must include evaluation in the area of social and emotional development.[26] The state has made recommendations for how best to conduct this evaluation, but there are no endorsed or recommended tools or methods either by the state or Centers for Medicare and Medicaid Services (CMS).[27] It is important to note however that federal and state law allow for the use of Informed Clinical Opinion (ICO) to determine eligibility when other methods prove insufficient to adequately identify the presence or absence of a delay. For children from birth to age three this is especially important as standardized testing can prove difficult for this population of very young children.

Service Coordination & Provision of EI Services

While every state must provide services to children with a delay in the domain of social-emotional development, definition for establishing social-emotional delay varies across states.[28] Once a child is eligible for early intervention services based on a social-emotional delay, federal regulations provide examples of the types of services that may be available:

- family training, counseling, and home visits… provided, as appropriate, by social workers, psychologists, and other qualified personnel;
- psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs; and/or
- social work
- special instruction to acquire social interaction skills.[29]

Federal regulations also require states to report on progress of families in EI, and one of the three child outcomes that they must report on is "social relationships, which includes getting along with other children and relating well with adults."[30] A cornerstone of EI involves collaboration and coordination with other agencies and programs that serve infants and toddlers, including Head Start/Early Head Start, child care programs, and preschool EI. A key role established under EI is the role of service coordinator.[31] Each child eligible for EI must be provided with a services coordinator who is responsible for, among other tasks:

- coordinating all services required under [Part C Early Intervention] across agency lines;
- serving as the single point of contact for carrying out the activities of Part C;[32]
- coordinating funding sources for [early intervention] services;[33]
- assisting parents of infants and toddlers with disabilities in obtaining access to needed EI services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;[34] and
- coordinating the provision of EI services and other services (such as educational, social, and medical services that are not provided for diagnostic or evaluative purposes) that the child needs or is being provided.[35]

Echoing similar requirements under federal law, Pennsylvania law assigns a multitude of service coordination activities for young children eligible for EI that could help in the provision of BH services.[36] Among other activities, these include:

- assisting the family of an infant or toddler with a disability in gaining access to the early intervention and other services identified on the IFSP;[37]
- assisting the family in arranging for the infant or toddler with a disability to receive medical and health services, if the services are necessary, and coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the infant or toddler needs or is being provided;[38] and
- [i]nforming the family of appropriate community resources.[39]

The Role of Interagency Coordinating Councils

The importance of coordination between state agencies to ensure the goals of EI are met is further reflected within Part C of the IDEA with the requirement for the creation of a State Interagency Coordinating Council (SICC) for each state.[40] In Pennsylvania, the SICC's members are appointed by the Governor. They provide guidance and support to Pennsylvania's Departments of Health, Education, and Human Services, working to ensure a coordinated and comprehensive system of EI programs and services is accessible to all eligible infants, toddlers, young children, and their families across the Commonwealth.[41]

Local Interagency Coordinating Councils (LICCs) in Pennsylvania are collaborative groups composed of representatives from county administrations, EI providers, child care providers, Head Start programs, families, service coordinators, Intermediate Units, school districts, health agencies, and other community organizations. Their primary goal is to enhance the delivery and quality of EI services for infants, toddlers, and young children with developmental delays or disabilities.[42] Each LICC operates at the county or regional level and thus all operate slightly differently. These differences include how often they meet, whether they meet virtually or in person, the absence or presence of subcommittees, and other groups with which they may be combined. LICCs inform the SICC about local issues and in turn, the SICC supports the LICCs by sharing updates and offering guidance to promote best practices.

Another opportunity to increase the identification and service provision for BH services for infants and toddlers exists under Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, in which health care providers are required to offer periodic developmental and behavioral health screenings, diagnostic assessments for children with positive screens, and treatments for identified conditions.[43] The screenings for behavioral, social and emotional health are authorized to begin as soon as a child is born.[44] These EPSDT screenings can trigger early referrals to EI services and likewise, EI providers can guide families toward the Medicaid system to access BH supports, therapies and other services covered under EPSDT. Due to concerns about lack of access to BH services, The Centers for Medicare and Medicaid Services (CMS) issued guidance to states with firm reminders that EPSDT includes behavioral health and has offered specific strategies to utilize the program.[45] EPSDT services are however limited in that they are only available for children who qualify for Medicaid (either by income or by disability guidelines[46 47]) and not all infants and toddlers are eligible for EI.[48]

OCDEL has made several recommendations around EI and BH through policy announcements.[49] For example, Announcement EI10 # 08 specifically defines how "the Early Intervention and Behavioral Health Services Systems can work together in a cooperative, respectful and family responsive manner in order to provide services as needed for children from birth to five years of age."[50] In summary, OCDEL's guidance outlines that services for children who are eligible for both types of programs – EI and mental health, which they call behavioral health – should be individualized but children should be served by both programs. The Announcement goes on to say that there should be interagency agreements to address how exactly the roles and responsibilities in this situation will be assigned, and that interested parties (families, providers, etc.) should be informed of the practices outlined in the agreements.

Conclusion

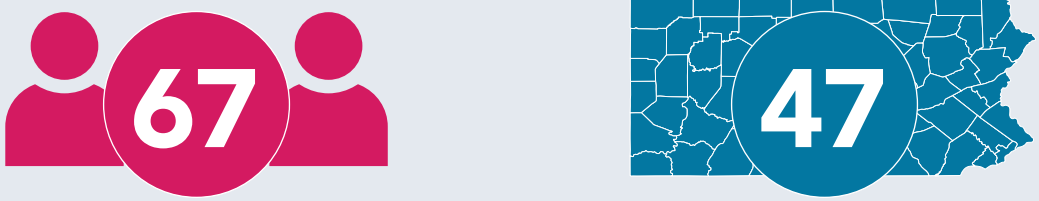
The legal foundation for delivering BH services to infants and toddlers is well established, affirming their right to early and appropriate care. To better understand how these rules, regulations and guidelines play out in Pennsylvania, further information-gathering in the form of a survey and focus groups was needed to understand how these policies are being implemented across Pennsylvania counties—particularly in terms of access, consistency, and coordination at the local level.

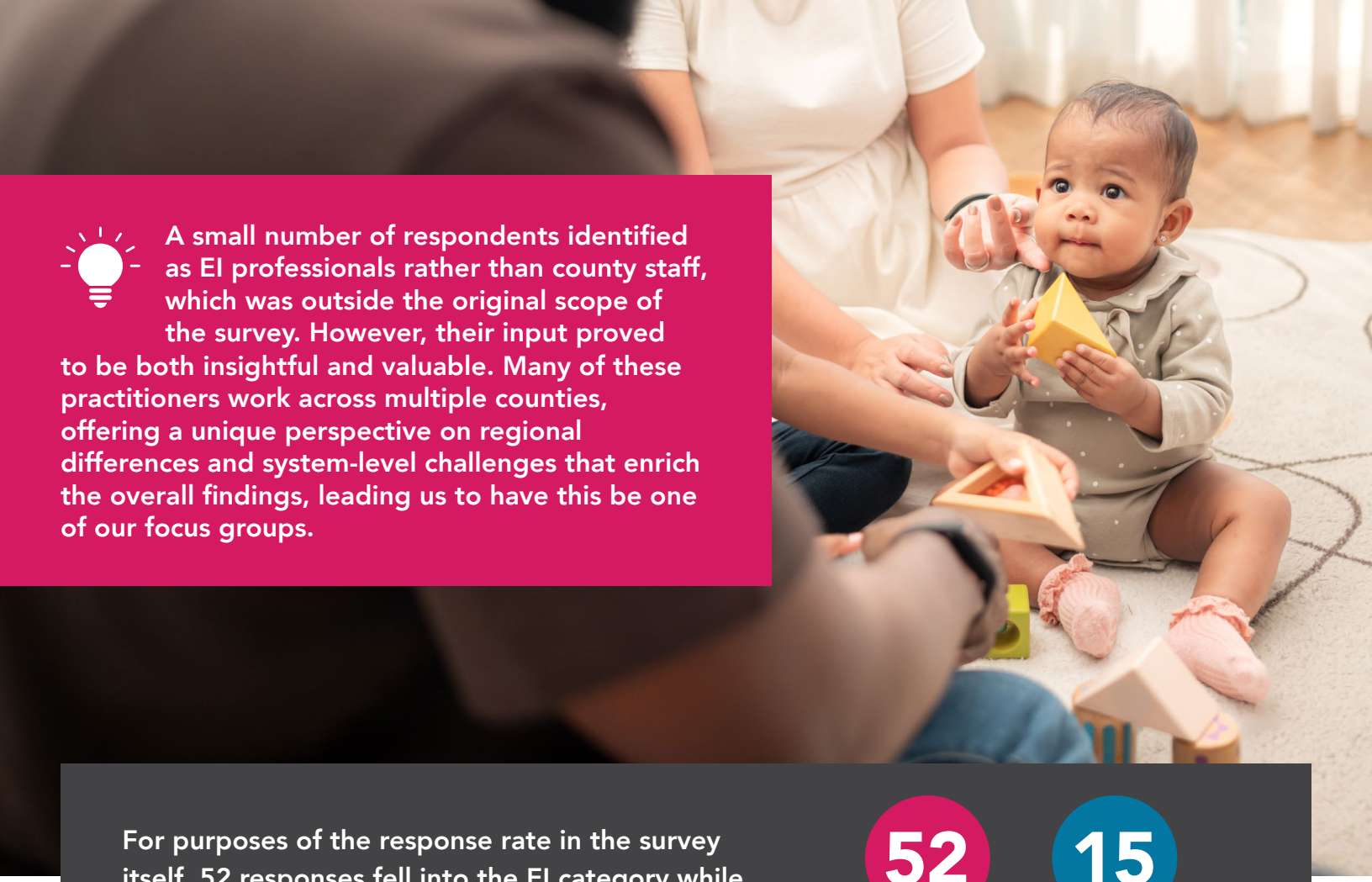
RESEARCH RESULTS - SURVEY

Seeking greater understanding about the relationship between EI and BH Services, specifically for infants and toddlers at the county level, PennAEYC and ELC developed and administered a survey intended for county staff of both EI and BH systems. The survey sought to identify strengths in the systems as they currently exist and help formulate policy recommendations to assist with seamless enrollment in all services needed for young children, recognizing the challenges that can be present when dealing with such a young population (birth to their third birthday). The survey was also intended to identify participants for subsequent focus groups to deepen the EI Workgroup's learning from experts and develop policy recommendations for state and county level reforms to improve infants and toddlers' access to mental health services and consistency in the provision of services. The full survey can be found in Appendix A.

The survey was designed to explore the collaborative dynamics between county behavioral health staff and early intervention professionals working with infants and toddlers. Throughout the survey, the term "behavioral health services" was used rather than "mental health services" to encompass a broader range of services, consistent with OCDEL practices.[65] We noted for participants in the survey that in young children, these services may include those that address optimizing behaviors in children with autism or sensory behaviors, as well as children with other delays or disabilities, who also have behavioral health needs. It was also specifically noted that BH services may include individual counseling, parent child interaction therapy, behavior counseling, dyadic service for parent and child, family therapy and group services. Additionally, the survey was designed to offer two tracks: one for those working in BH and one for those working in EI. Questions were designed for each individual group but mirrored each other as much as possible so as to provide comparable answers.

Respondents included a diverse mix of practitioners across disciplines.





A small number of respondents identified as EI professionals rather than county staff, which was outside the original scope of the survey. However, their input proved to be both insightful and valuable. Many of these practitioners work across multiple counties, offering a unique perspective on regional differences and system-level challenges that enrich the overall findings, leading us to have this be one of our focus groups.

For purposes of the response rate in the survey itself, 52 responses fell into the EI category while 15 fell in the BH category.

52 EI

15 BH

The survey was open for several months in order to maximize participation, with multiple outreach efforts taking place. Requesting county staff to complete a survey from an external organization can be challenging due to competing priorities, limited time, and potential concerns about relevance or authority. The Pennsylvania Association of County Administrators of Mental Health and Developmental Services and OCDEL were integral in helping us reach participants, sending the survey directly to their list more than once. Coalition partners also used their professional networks to help share information about the survey and help attempt to fill in geographic holes. Notably, Philadelphia County is not represented in the survey, outside of one EI professional. Multiple attempts to secure additional responses were made through a variety of avenues with no success. While other counties are also not represented in the survey responses, we had hoped to have responses from Philadelphia County as they have such a large impact in terms of number of children. For example, Philadelphia County served the highest number of young children in the Infant Toddler system (6,960) in the 2023-2024 fiscal year.[66]

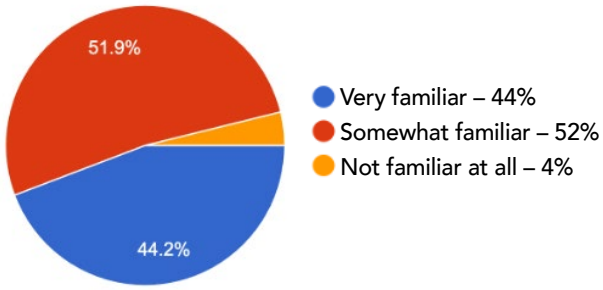
The survey offered insights into both formal partnerships and informal interactions. Selected quotes from the survey are included throughout the report; however, all other identifying details have been removed to protect participant anonymity. The survey gathered data on familiarity with and availability of BH and EI services for infants and toddlers, referral processes and wait times, Local Interagency Coordinating Councils (LICCs) and Interagency Agreements (IAAs), evaluation tools and processes, and the availability of training opportunities.

Awareness of Behavioral Health Services

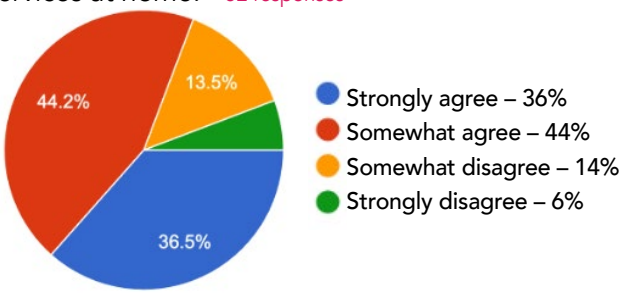
RESPONDENT COLOR KEY: 52 EI 15 BH

With regard to awareness of BH and EI services for infants and toddlers within the county, 44% of EI respondents said they were very familiar with the BH services available while 52% said they were somewhat familiar and 4% said they were not familiar at all. Only 36% of EI respondents strongly agreed that they knew who to reach out to if they felt a child receiving EI services was in need of BH services, while 44% somewhat agreed, 14% somewhat disagreed and 6% strongly disagreed.

How familiar are you with behavioral health services in your county? 52 responses

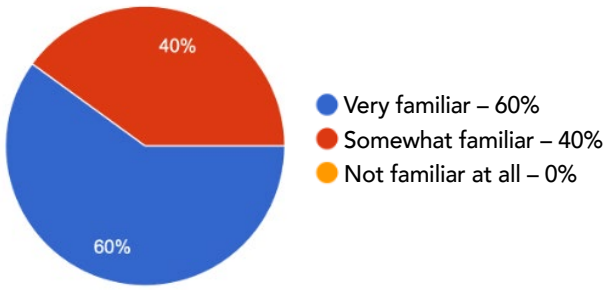


I know who to reach out to if a child from birth to their third birthday who is involved with Infant and Toddler Early Intervention seems in need of behavioral health services at home. 52 responses

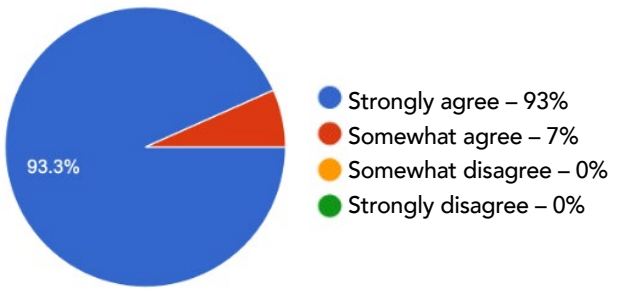


Conversely, 60% of BH respondents said they were very familiar with EI services available, while 40% said they were somewhat familiar. Encouragingly, 93% of BH respondents strongly agreed that they knew who to reach out to if they felt a child was in need of EI services while the remaining 7% somewhat agreed.

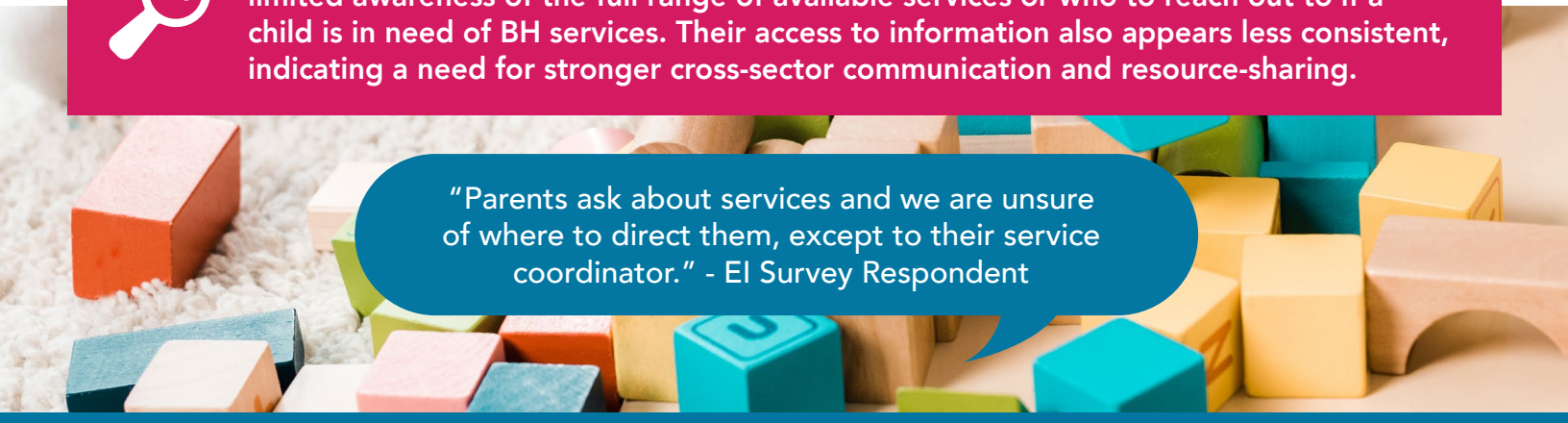
How familiar are you with Early Intervention services in your county? 15 responses



I know who to reach out to if a child from birth to their third birthday would benefit from Early Intervention Services. 15 responses



This suggests that EI staff, who do not work directly within BH systems, may have limited awareness of the full range of available services or who to reach out to if a child is in need of BH services. Their access to information also appears less consistent, indicating a need for stronger cross-sector communication and resource-sharing.

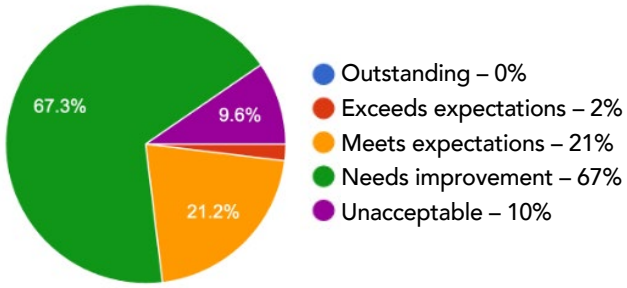


Availability of Behavioral Health Services

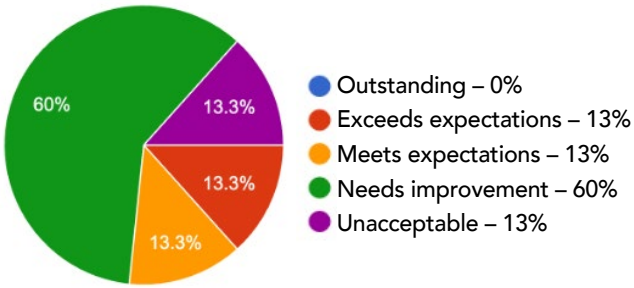
When it comes to the actual availability of those services, results were very similar across the groups. No one from either group described the availability as outstanding, 2% of EI respondents and 13% of BH respondents said availability exceeded expectations, 21% of EI respondents and 13% of BH respondents said it met expectations, 67% of EI respondents and 60% of BH respondents said the availability needed improvement, while 10% of EI respondents and 13% of BH respondents said the availability was unacceptable.

Put simply, around 75% of respondents from both groups indicated that current services either require improvement or fall below acceptable standards. This strong majority underscores a shared concern about the adequacy and effectiveness of available supports and that, regardless of whether they work directly in behavioral health, there is recognized need for improvement across systems. The consensus points to a collective recognition that current practices could be strengthened to better support infants, toddlers, and their families.

The availability of behavioral health services for children from birth to their third birthday in my county is: 52 responses



The availability of behavioral health services for children from birth to their third birthday in my county is: 15 responses



"Many providers outside of the EI program do not even accept referrals for children birth-3. For those that do, there is a waiting list. We also are very limited with Special Instruction/ behavioral support within the providers of Early Intervention." - EI Survey Respondent

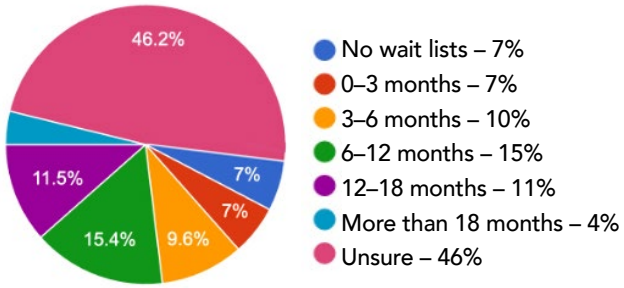
"Our main issue within the county for IBHS [Intensive Behavioral Health Services] services is the availability of staff to be able to provide the services. At the present time, we don't have enough staff within the provider agencies to fulfill all of the hours prescribed on the written order and have extensive waitlists." - BH Survey Respondent

Waitlists

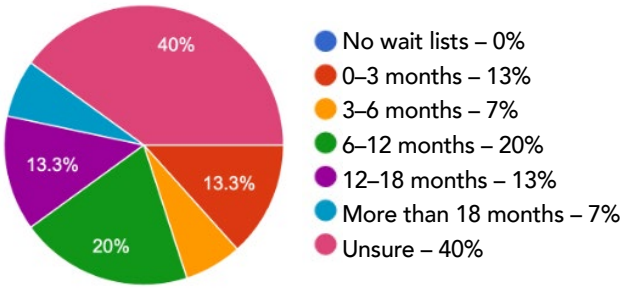
A consistent theme when it comes to the lack of available BH services has to do with waitlists, both for evaluations and services. When asked about waitlist times in their counties, many respondents from both EI and BH were unsure. The remainder of the responses were very similar with the notable exception that no BH respondents said there were no waitlists in the counties where they serve.

Even brief waitlists for infant and toddler behavioral health services can delay critical support during a window of rapid development—but waitlists stretching months or years are indefensible, risking long-term harm and deepening inequities for our youngest children.

How long are wait lists in your county for families trying to access behavioral health services for infants and toddlers? 52 responses



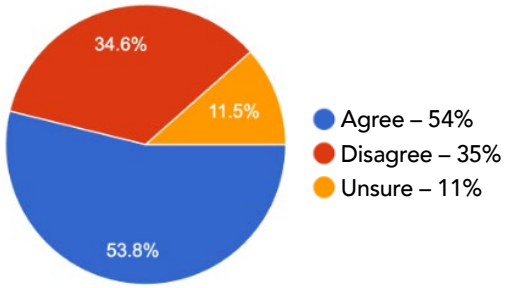
How long are wait lists in your county for families trying to access behavioral health services for infants and toddlers? 15 responses



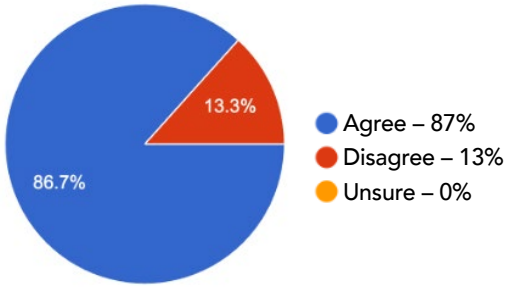
Providing Behavioral Health Services

When asked about whether EI was able to provide BH services to infants and toddlers, 54% of EI respondents agreed with this statement while an overwhelming 87% of BH respondents agreed. Interestingly, 35% of EI respondents disagreed and 11% were unsure, while only 13% of BH respondents disagreed.

Behavioral health services for children from birth to their third birthday are available through Infant and Toddler Early Intervention. 52 responses

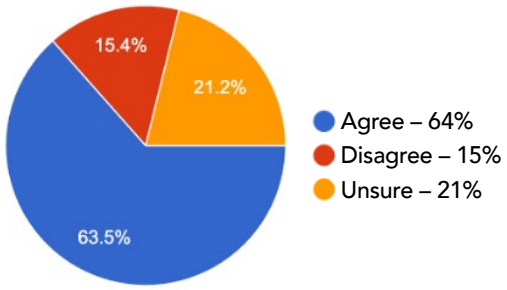


Behavioral health services for children from birth to their third birthday are available through Infant and Toddler Early Intervention. 15 responses

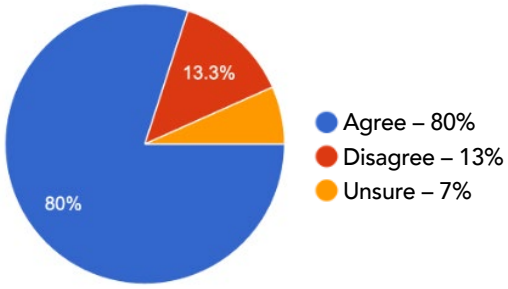


When asked whether BH services were available outside of EI, 64% of EI respondents agreed, 15% disagreed, and 21% were unsure, while 80% of BH respondents agreed services were available outside of EI, 13% disagreed, and 7% were unsure.

Behavioral health services for children from birth to their third birthday are available through systems other than Infant and Toddler Early Intervention. 52 responses



Behavioral health services for children from birth to their third birthday are available through systems other than Infant and Toddler Early Intervention. 15 responses



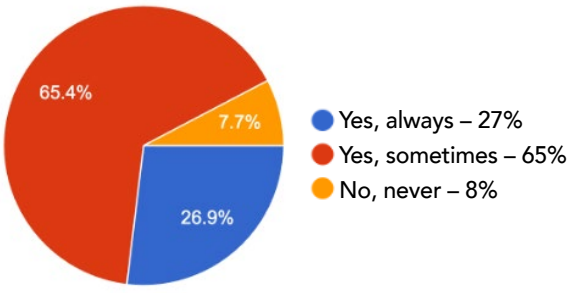
This highlights some confusion around which system should be delivering BH services to infants and toddlers. Responses varied, suggesting differing perspectives on the most suitable settings or inconsistencies across counties in the systems responsible for meeting young children's mental health needs. Many respondents cited the fact that no staff was available - either within EI or elsewhere - to provide these services.

"There are no providers in our area with Special Instructor-Behavior credentials. If there are behavioral health concerns for a child in childcare settings, they call a Rapid Response Team and then refer to outside BH providers." - EI Survey Respondent

"In [our county], we do not have any service domains contracted, such as a social worker or Special instructor that can specifically work towards those types of goals." - EI Survey Respondent

When asked if the EI Service Coordinator was involved in helping secure BH services either through EI or elsewhere, 27% said yes, always and 65% said yes, sometimes. While 8% said no, never, it still seems as though the service coordinator could play a strong role in helping families find BH services, assuming the child's need for BH services has been identified in the first place.

Is the Early Intervention Service Coordinator involved in helping secure behavioral health services either through EI or not through EI? 52 responses



LICCs' Interagency Agreement for Behavioral Health Services

OCDEL indicated in Bulletin EI-10#08 that Interagency Agreements (IAA) were necessary in order "to assist county Early Intervention and behavioral health staff in coordinating services for young children who may be eligible for services in both systems."[67] These IAAs were intended to "define roles and responsibilities that foster effective, productive and collaborative relationships between programs and prevent young children from falling through the cracks in the system." When respondents were asked about their familiarity with these agreements, respondents had similar familiarity, with approximately 75% of both groups being somewhat or very familiar.

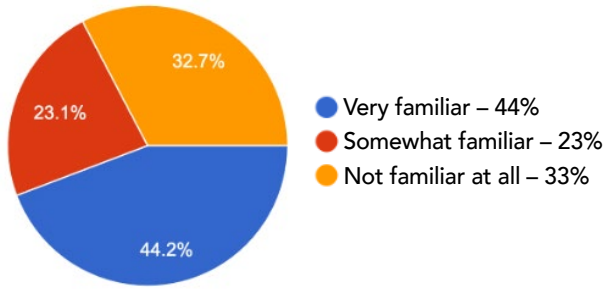
However, when it came to their familiarity with how that IAA related to BH services for infants and toddlers, 56% of EI respondents and 47% of BH respondents were not familiar at all with IAAs, with 23% of EI respondents and 33% of BH respondents being somewhat familiar, and only 21% of EI and 20% of BH respondents being very familiar.

The inconsistent awareness of the role of IAAs and varying interpretation of OCDEL-issued guidance—central to the purpose of this project—prompted us to prioritize LICCs and IAAs as a key focus group.

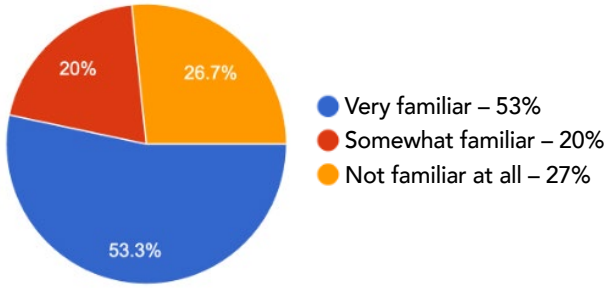
Their role in bridging EI and community systems made them a natural choice for deeper exploration and dialogue. Given that the IAA is designed to support and guide the very professionals participating in the survey, the widespread lack of awareness—particularly around its relevance to BH—points to a meaningful opportunity for growth. Enhancing visibility and understanding of the IAA could strengthen alignment across systems and ensure that its intended impact reaches those working most closely with infants, toddlers, and their families.

"The behavioral health services for this age group is a collaborative process between EI, child care providers, and the families. County Mental Health office was requested by LICC to educate all involved regarding the new IBHS regulations. Communication between parties has continued and flourished." - BH Survey Respondent

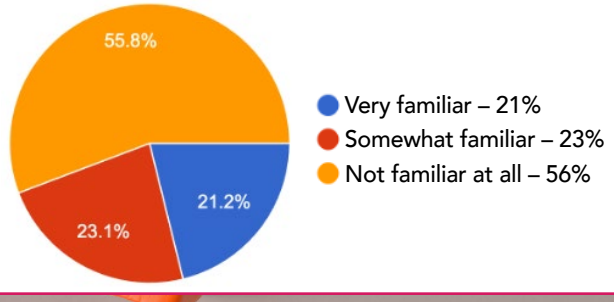
How familiar are you with your county's Local Interagency Coordinating Council (LICC) Agreement? 52 responses



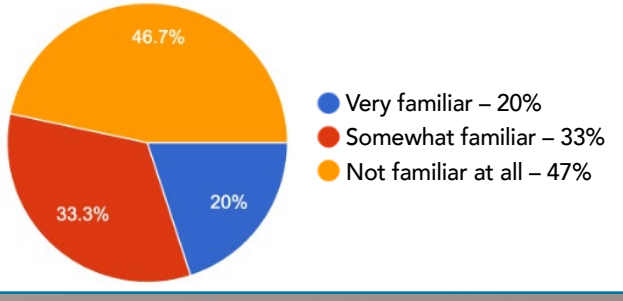
How familiar are you with your county's Local Interagency Coordinating Council (LICC) Agreement? 15 responses



How familiar are you with that agreement as it relates to behavioral health services? (Bulletin referencing Interagency Agreements) 52 responses



How familiar are you with that agreement as it relates to behavioral health services? (Bulletin referencing Interagency Agreements) 15 responses

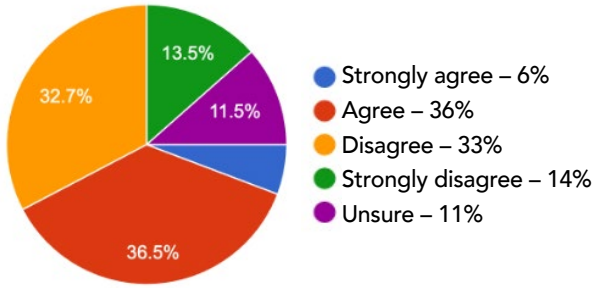


Evaluations' Ability to Capture Behavioral Health Needs

EI respondents were asked about whether evaluation tools utilized in their county adequately and accurately captured BH needs for infants and toddlers. The responses varied widely: 6% strongly agreed, 36% agreed, 32% disagreed, 14% strongly disagreed and 11% were unsure.

This aligns with both anecdotal reports and prior survey findings—such as the March 2024 survey conducted by RCPA (Rehabilitation & Community Providers Association) —which highlighted persistent challenges in ensuring equitable access to Early Intervention services when evaluators are constrained by limited county-allowable tools and inconsistent practices. Our current survey results reinforce this finding, highlighting a continued lack of uniformity in how counties implement and interpret evaluation processes. It was clear from the longform answers that county-allowable assessments varied in type widely, clearly making outcomes different across the Commonwealth.

The evaluation tools utilized in my county adequately and accurately capture behavioral health needs from children from birth until their third birthday. 52 responses

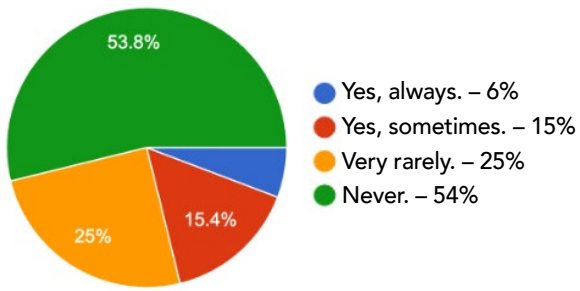


The importance of having a tool to capture BH needs and allow all children to be served is paramount, leading us to use this subject area as another area of our focus groups.

"The only testing tools allowed in our county are the DAYC and the BDI-3. Neither of these tools capture behavior." - EI Survey Respondent

"We often see that the Developmental Assessment of Young Children (DAYC) 2 does not capture the severity of the social emotional or behavioral health concerns of our infants and toddlers in the social emotional developmental domain that we evaluate. We often have to utilize Informed Clinical Opinion (ICO) to determine eligibility for children with social emotional or behavioral health concerns." - EI Survey Respondent

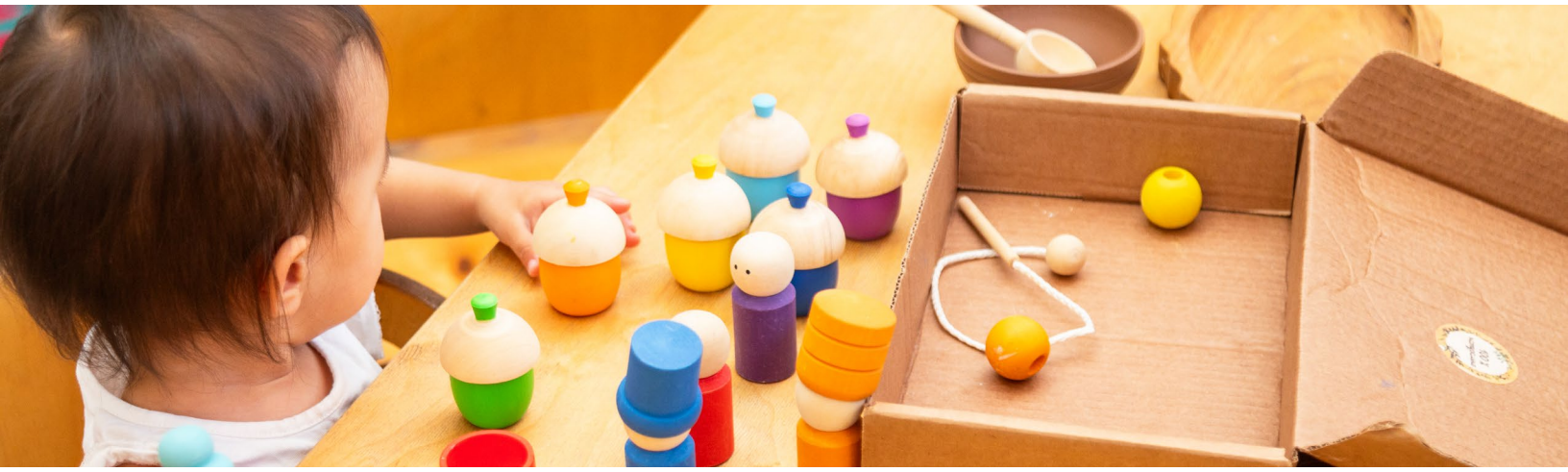
Is there a mental health or behavioral health specialist on the Early Intervention evaluation and reevaluation team? 52 responses



When asked about the availability of a mental health or BH specialist on the evaluation team, 54% of EI respondents stated that there was never a mental health or BH specialist on the evaluation team, with an additional 25% saying very rarely. Six percent said always and 15% said sometimes, so there may be opportunities to learn from teams with these specialists. The lack of participation by BH specialists on the evaluation team is a critical deficit in developing an effective plan for children with BH needs.

Utilizing Child Care Professionals

Both EI and BH respondents indicated (73% and 60% respectively) that they reach out to child care professionals to gather information about BH needs as necessary. Focus group discussions and survey comments consistently highlighted that partnering with child care providers offers a valuable avenue for both education and collaboration around the BH needs of infants and toddlers.

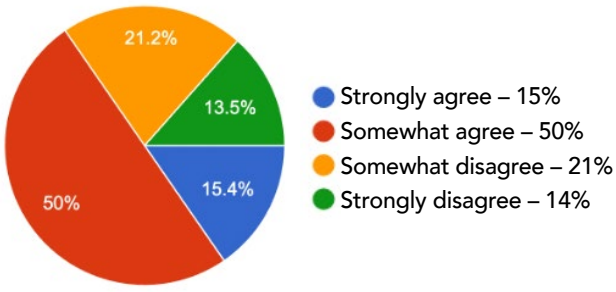


Trainings

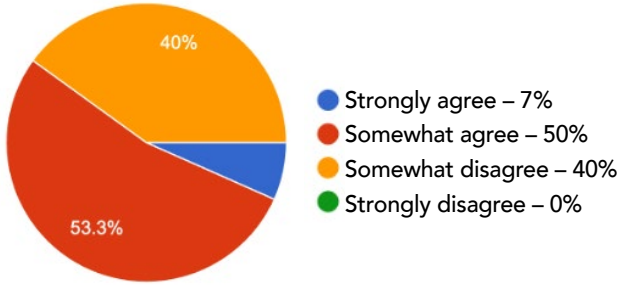
Both groups of respondents were asked whether trainings for their respective groups regarding the BH needs of infants and toddlers were well-utilized. 15% of EI respondents strongly agreed, 50% somewhat agreed, 21% somewhat disagreed, and 14% strongly disagreed. On the BH side, 7% strongly agreed, 50% somewhat agreed, and 40% somewhat disagreed. All respondents were then asked an open-ended question regarding the types of trainings available.

This was another area where we received a wide range of responses, along with several promising training opportunities that sparked further interest—ultimately prompting us to explore it as a focus group topic.

Trainings for Early Intervention staff and providers around the behavioral health needs of infants and toddlers are well-utilized. 52 responses



Trainings for behavioral health staff and providers around the behavioral health needs of infants and toddlers are well-utilized. 15 responses



When asked if they had ever completed the ECTA EI Part C/IECMH Planning Tool, 94% of EI respondents and 94% of BH respondents indicated they had not. This already established tool and its associated resources, could be for counties to take advantage of in the future.

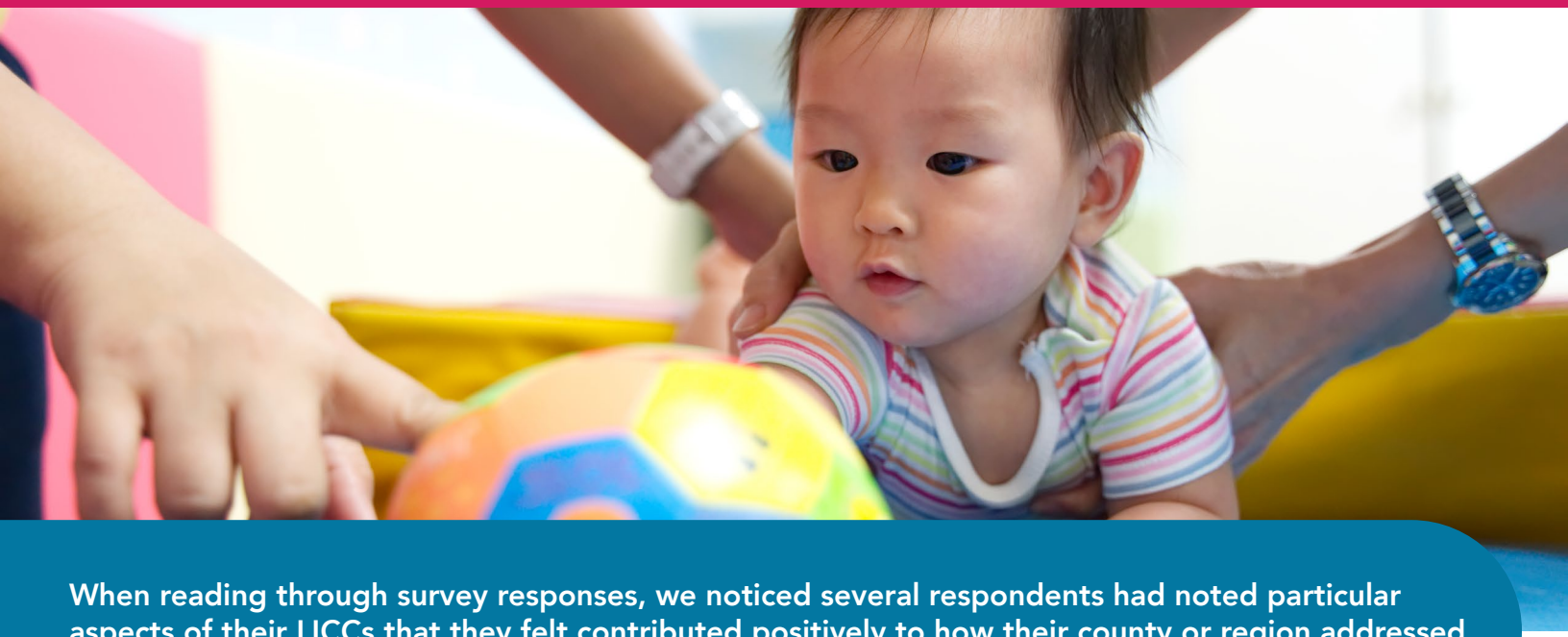
RESEARCH RESULTS - FOCUS GROUPS

The survey responses revealed four key areas that required further depth of inquiry through focus groups.

1. Better understanding of how LICCs and IAAs are functioning across regions.
2. Opportunities to learn more about promising practices to strengthen training and collaboration among providers.
3. Questions about integrating behavioral health interventions within Early Intervention services.
4. Notable differences in how counties structure and deliver services—underscoring the importance of exploring local models and practices with those providing the services.

As with most areas of early childhood development and learning, many of these areas overlapped, or naturally led to conversations encompassing multiple aspects of the project. Initial questions were designed to complement the areas, with the understanding that the focus groups could and likely would evolve naturally to address other issues.

FOCUS GROUP: LOCAL INTERAGENCY COORDINATING COUNCILS AND INTERAGENCY AGREEMENTS



When reading through survey responses, we noticed several respondents had noted particular aspects of their LICCs that they felt contributed positively to how their county or region addressed infant mental health, leading us to conduct a focus group particularly focused on this area.

Relationship Building

One of the largest benefits of LICCs is utilizing them to build relationships. They create regular opportunities to connect around shared goals, building trust through ongoing collaboration. By fostering these relationships, LICCs strengthen the local network of support, making it easier to find, refer to and coordinate services and to respond to the needs of young children and their families in particular communities.

One example of the result of this cross-system collaboration that is beneficial to families was the creation of a localized referral form that included resources for families across a spectrum of needs. In Lancaster County, for example, when EI staff identify potential BH concerns for children in the EI program, they talk with the families about these concerns and share about the various services and resources available. Importantly, they then assist the family with next steps and referrals based on the family's preferences and wishes for their young child. Additionally, all families that complete an EI evaluation are given a "Parent Packet" that includes not only required documents but additional local and state resources.

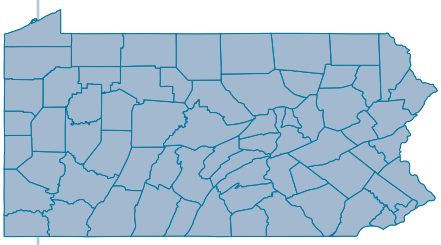
Focus group participants consistently talked about the benefits of networking, including timely referrals, case problem-solving, shared trainings, and the reduction of service silos. They clearly felt that simply knowing the people personally who worked in other aspects of infant and toddler development created more responsive systems that improved the experiences of families with infants and toddlers navigating these systems.

Important to note is that while progress can be made through these relationships, challenges arise when key personnel leave, requiring new relationships to be established. This turnover is not unique to infant and toddler EI; the retaining and recruitment of staff is a challenge throughout early learning environments.[52]

Subcommittees

Across Pennsylvania, many LICCs have carved out dedicated space for infant and early childhood mental health (IECMH) work through formal subcommittees. These subcommittees foster cross-system collaboration that help address the social-emotional developmental needs of infants and toddlers. By creating a dedicated forum for topics related to infant mental health, LICCs can align local efforts with statewide initiatives for a more intentional, community-driven approach. For example:

Allegheny County's LICC has an Infant Mental Health Subcommittee that partners with the Alliance for Infants and Toddlers to expand reflective supervision opportunities and integrate IECMH consultation into early intervention programs.



A statewide Infant and Early Childhood Mental Health (IECMH) Consultant program exists in Pennsylvania, run through OCDEL. The purpose of the program is to "create a single point of referral for the entire state,... to consistently triage requests, manage a wait list, monitor equitable distribution of services, and … identify gaps in coverage and reallocate staff assignments."[53] There are 29 consultants throughout the state who are available to child care providers in the Keystone STARS program, Pennsylvania's quality rating and improvement system for child care. These consultants observe in classrooms and assist in identifying strategies that may help caregivers, but also provide referrals to programs, making them an excellent resource for families in EI needing mental health services.[54] While the value of the IECMH program was brought up several times in focus groups, participants shared that the help was often too little too late, and access to the IECMH consultant program varied widely across counties, an issue that must be addressed at the state level.

Cumberland, Perry and Dauphin Counties' LICC has a Children and Family Social/Emotional subcommittee that includes issues related to infant mental health. They also offer a recurring "lunch and learn" series to assist with relationship building and professional development on various topics relevant to infant and toddler development.

Centre County LICC has used its subcommittee to connect EI staff with mental health consultants for joint case discussions, improving coordinated support for families.

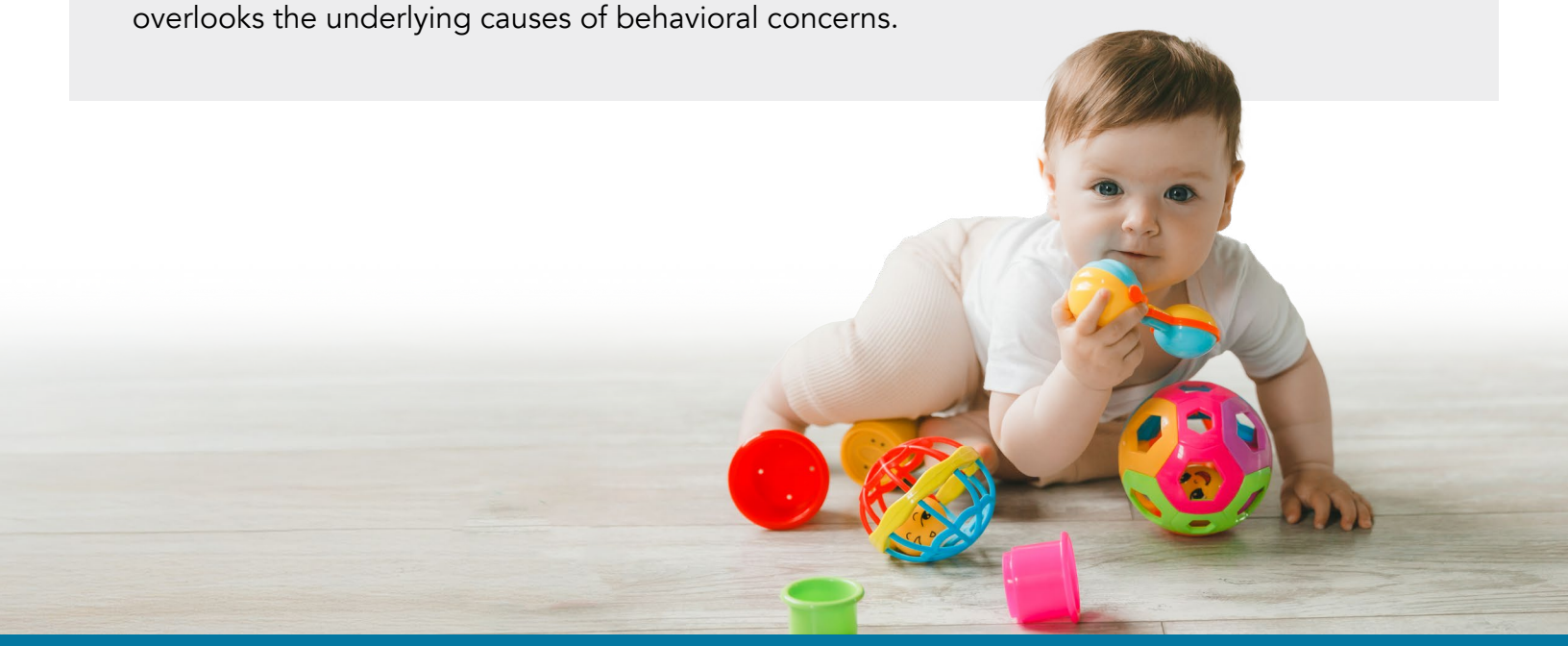
Some counties utilize groups separate from LICCs or their subcommittees that operate in much the same way. Armstrong and Indiana Counties have an Interagency Behavioral Support Committee (IBSC) which focuses on addressing social-emotional behavior issues in childcare settings, meeting quarterly to discuss waiting lists, barriers to services, and communication between childcare providers and behavioral health professionals.

In **Berks County**, they have created a structure technically separate from the LICCs, but serving the same purpose. The Berks Early Care and Education Council is a community based advisory group made up of parents, local agencies, businesses, and individuals who share an interest in EI and early childhood services for children from birth to age five. (Berks Early Care and Education Council | Reading PA | Facebook) They meet five times a year, providing a forum for collaboration and leadership development for early care and education professionals across agencies, offering networking and relationship building opportunities. Having a dedicated group like this one makes it easier for families to navigate available resources and for professionals to work together to support infants and toddlers with complex needs.

Challenges of Including Families

Many participants across both the survey and various focus groups consistently noted a significant and growing need for BH services for young children, particularly infants and toddlers. This increase appears to be markedly higher than in previous years, suggesting a shift in the types of developmental and emotional challenges families are encountering. While anecdotal, contributing factors mentioned include heightened awareness of early mental health, increased stressors in family environments, and broader societal changes that impact child development. Participants noted that, critically, with this rising demand comes an urgent need for more coordinated and integrated family support services, especially given the vulnerability and developmental sensitivity of children in this age group.

Families of young children often face complex needs that extend beyond the child's immediate behavioral concerns. These may include mental health support for parents, access to early childhood education, housing stability, financial assistance, and culturally responsive care. Navigating these overlapping systems—such as EI programs, pediatric care, mental health services, and social supports—can be incredibly overwhelming and time-consuming for caregivers, particularly those who are already under stress or lack access to resources. Families may need both services themselves and information about services available for their children. Participants stressed that when services lack a streamlined, family-centered approach, families can face significant barriers to meaningful engagement. This can lead to missed opportunities for timely intervention and result in fragmented care that overlooks the underlying causes of behavioral concerns.



Interagency Agreements

As previously referenced, in 2010, OCDEL released a Bulletin regarding Amended Behavior Supports (Bulletin Amended Behavior Supports) specifically to address "how the Early Intervention and Behavioral Health Service Systems can work together in a cooperative, respectful and family responsive manner in order to provide services as needed for children from birth to five years of age."

Within that Bulletin, OCDEL noted "Interagency Agreements are needed to assist county EI and BH staff in coordinating services for young children who may be eligible for services in both systems. The goal of the agreements is to define roles and responsibilities that foster effective, productive and collaborative relationships between programs and prevent young children from falling through the cracks in the system." The Bulletin goes on to detail generally what should be included in these Interagency Agreements (IAAs).

The conversation in the focus group supported the survey findings that while most providers are familiar with these IAAs, that familiarity is not universal, especially when it comes to BH. Participants noted that while much of the document is perfunctory, the most crucial aspects of the agreement are the referral and transition processes, which are referred to and provide an important framework for people to reference. The participants of the focus group agreed that while the documents are necessary and provide a framework for service delivery and collaboration, the real value comes from the networking and collaboration achieved through meetings and personal connections related to the IAAs.

Utilizing the creation and review of this IAA as an opportunity to collaborate and build relationships across departments benefits all the stakeholders and systems involved with infant and toddler early intervention and behavioral health. It is critically important that the IAA specifically address how cases involving BH will be referred and transitioned, and how stakeholders will collaborate to ensure that services are promptly delivered as needed.

FOCUS GROUP: TRAINING AND COLLABORATION TO MEET BH NEEDS OF CHILDREN

Service coordination between systems is a key requirement within the legal framework to ensure that the developmental needs of infants and toddlers are met. This includes the social-emotional developmental needs of young children, which often overlaps with behavioral health needs. Training and collaboration between systems is essential to ensure that services are properly coordinated; however, it is an area that lacks consistency across counties. Our survey was designed to identify promising practices for training and collaboration to meet the behavioral health needs of children in EI, while also identifying areas for reform to ensure that this important service coordination goal is met for these young children. The focus groups allowed for greater exploration of promising and challenging practices.

Access to Trainings on Behavioral Health

Based on surveys of county-level professionals and providers of EI and BH services, there is knowledge of an array of training opportunities that are being provided throughout the Commonwealth to support children with behavioral health needs in EI. More than half of respondents agreed that trainings were well-utilized in their counties. However, access to these training opportunities can be limited based on a variety of factors, including availability of funding to support and prioritize participation. In addition, there is concern that the trainings are not sufficient to support the BH needs for children in EI. When asked whether trainings were well-utilized, 35% of EI respondents and 40% of BH respondents answered that they disagreed with the statement.

In follow up, some respondents explained: "needs to be more;" "none or very limited;" "not enough." One respondent explained, "We had a training but it didn't teach us anything new. We need to know how to support these families and children especially when the children are being kicked out of child care."

Promising Practices for Developing Skills to Address Behavioral Health Needs

Many respondents identified the Infant Mental Health (IMH) Certificate as a high-quality training opportunity. The IMH Certificate is a comprehensive course offered through the University of Pittsburgh regarding a multidisciplinary approach to promoting very early childhood well-being, preventing the development of mental health problems in infants at risk, and intervening when significant problems arise. Focus group participants also cited the IMH Certificate as a valuable training opportunity but identified three barriers to its support:

1. lack of funding for all interested providers to participate,
2. lack of a clear way to identify which EI providers have obtained the IMH Certificate, and
3. lack of increased reimbursement for providers who obtained the IMH Certificate when they are assigned to cases with this need.

In addition to the IMH Certificate, which survey and focus group respondents highlighted was not widely accessed by EI providers, many survey respondents identified that the Early Intervention Technical Assistance (EITA) portal provides useful trainings on behavioral health needs. EITA is a program coordinated by the Bureau of Early Intervention Services and Family Supports under OCDEL that provides training and technical assistance to infant and toddler and preschool EI programs, as well as other programs serving children eligible for EI. Through the EITA portal, providers can access live trainings that include topics related to EI service delivery, inclusion, and social-emotional development.

For example, providers can access trainings entitled:

"Introduction to Social Emotional Multi-Tiered Supports and Pyramid Model Practices"

"Let's Chat More About Little Moments, Big Impact: Interactions that Count."

While the EITA portal was noted as a strength, respondents also recognized that there were limited trainings focused on how to supporting BH needs of children from birth to their third birthday.

PA-AIMH
Pennsylvania Association for Infant Mental Health

Many respondents identified that statewide and regional conferences provided opportunities for collaboration between and across systems and provided important opportunities for learning and coordination of work. Respondents cited the PA-AIMH Infant Mental Health Conference as one that was particularly helpful for building capacity to address BH needs for children in EI, and also facilitate cross-system collaboration. Although the value to respondents was clear, several cited funding limitations impacting participation in these conferences. Other respondents expressed concern that significant time and other resources were invested into planning, hosting, and attending conferences for which there was a lack of follow through in the practice of programs within their counties.

Finally, respondents identified that training opportunities were most valuable when they provided sustained and in-depth learning. One-day trainings were less favored than multi-day opportunities. The IMH Certificate is one example of a learning opportunity that required longer term involvement. The Department of Human Services' Pediatric Capacity Building Institute, a nine-month program focused on systems interactions, was another program cited for the depth of topics covered. While respondents identified these opportunities as the best for learning, they noted that they required an extensive amount of time that many providers lacked given their busy schedules. However, the value of ensuring that professionals and providers have time and compensation to participate in these opportunities was generally recognized as highly valuable.

Cross-System Training

Survey and focus group respondents also identified that county-level trainings between systems were helpful for learning about operations, including referrals, evaluations, and services that could be provided. Resoundingly, respondents identified that quarterly or bi-annual meetings between system partners were essential opportunities to obtain technical assistance and training regarding their county-level practices to support children with behavioral health needs. For example, one focus group respondent highlighted that EI trainings were embedded in their office's quarterly meetings with Early Head Start, which allowed for a deeper understanding by both systems regarding their goals, activities, and requirements. These responses aligned well with common themes that relationship building is necessary for coordination and collaboration between systems.

Focus group respondents raised that there were recent changes to how funding could be used within programs that hindered their ability to offer cross-system training opportunities or involve outside stakeholders. Many respondents identified that childcare providers and teachers needed more opportunities to learn about EI and BH systems within their counties. They cited flaws in the availability of programming for these stakeholders to meet the needs of children in EI with behavioral health needs. Multiple respondents identified that the lack of training for childcare providers posed a barrier to state-level efforts to curb the use of preschool suspension and expulsion.

Collaboration

Universally, survey and focus group respondents identified that relationship building is the key to successful collaboration between systems. Each focus group echoed this sentiment regardless of the specific topic raised. Respondents identified that regular meetings (quarterly or bi-annual) between systems–such as EI and BH systems within a county or joinder–were very positive for encouraging collaboration.

Survey data indicates that there are discrepancies in understanding about how collaboration, including referrals, should occur.

While **93%** of BH respondents identified that they know who to contact to refer a child with behavioral health needs to EI,

84% of EI respondents identified that they know how to make similar referrals to the BH system.

While this may be due to the varied backgrounds of the EI respondents, including providers who are independent contractors in the EI system, this signals a need for more consistent collaboration to ensure that all EI actors can make referrals when necessary. Offering cross-systems trainings that allow for networking and relationship building helps remedy this issue.

FOCUS GROUP: SUPPORTING BH NEEDS THROUGH EI

Social-emotional development, including developing age-appropriate behavioral skills, is a key domain to be addressed through EI for infants and toddlers. Social-emotional development is the foundational process through which an infant or toddler learns to form relationships, understand and express emotions, and manage feelings and behaviors. Many of the types of challenging behaviors that manifest for infants and toddlers with social-emotional developmental delays, including hitting, biting, kicking, refusing to follow adult directives, eloping, and tantrum behaviors, can be addressed through EI. Across the Commonwealth, EI providers in various capacities, including specialized instructors, speech therapists, occupational therapists, and behavioral therapists, are providing services to ensure that infants and toddlers are making progress towards appropriate developmental milestones in social-emotional and behavioral domains. While increased opportunities and resources for collaboration and coordination between the EI and BH systems are necessary, there are also promising practices within EI where children's BH needs are being supported that must be recognized, modeled, and expanded.

Limited Access to Behavioral Health Services

Concerns regarding the limited availability of behavioral health services were expressed by both EI and BH respondents. The majority of survey respondents, approximately 75% of both EI and BH respondents, said the availability of BH services was insufficient or unacceptable within their county or county joinder. Throughout survey and focus group responses, EI program staff and providers resoundingly expressed concerns about waiting lists within their counties for BH services. While the majority of EI program respondents reported that they knew how to make referrals and were making referrals to their county's BH programs, with 75% of EI respondents reporting that they made referrals to BH for infants and toddlers, they remarked that waiting lists for evaluations and then for services prohibited children from accessing these services in many instances. For example, one respondent identified available BH programs in the county, such as Intensive Behavioral Health Services (IBHS) and Parent Child Interaction Therapy (PCIT), but noted that "children often have to wait on a wait list… until staff become available to accept the hours prescribed." Focus group respondents also noted that waiting lists for BH services are problematic and there are many children in EI with needs that could be addressed with BH services who are not receiving them.

Respondents also explained that cross-system referrals confuse providers and families. One EI respondent noted that access to BH services can be limited due to "sometimes confusing, unclear requirements, [and that it is] not widely known what services are available." Focus group respondents echoed that the confusion that families experience with referrals between systems, coupled with subsequent waiting lists or service gaps, have been a cause for some families' premature exit from the BH system. One focus group respondent shared that the confusion and premature exit has been observed to be most likely for those parents who are already overwhelmed by barriers, such as the impact of poverty or multiple children with disabilities, and for whom BH services are so critical. As a result, survey and focus group respondents identified that this has been an impetus for some EI programs to develop capacity within their providers to meet these important BH needs. However, most respondents expressed that these efforts have not fully met the growing needs.

Increasing Capacity for BH within EI: IMH Certificate and Endorsements

A key method that EI programs are utilizing for developing capacity to meet the BH needs of infants and toddlers within existing providers is through professional development opportunities, such as the Infant Mental Health (IMH) Certificate that is supported by OCDEL and administered through the University of Pittsburgh and the IMH Endorsement administered through the Association of Infant Mental Health (in Pennsylvania, Pennsylvania - Association of Infant Mental Health or PA-AIMH). Attainment of the IMH certificate results through participation in a sustained, high quality professional development program. EI providers with varied specialties can participate so that they can incorporate IMH practices into their work. As noted in the previous section on training opportunities, while the IMH Certificate is commonly recognized as a strong program, there is limited access within counties. In addition to respondents identifying limited access, OCDEL notes on the application site that program applicants exceed program capacity.

EI providers go through a rigorous process, which may include participation in the IMH certificate program, in order to obtain the IMH Endorsement. The IMH Endorsement focuses on key competencies for EI providers to ensure they are integrating IMH into their services. Respondents recognized great value in the process of obtaining the IMH Endorsement and the skills that it enabled them to integrate into their respective EI practices. However, respondents explained that there is not a formal way that their EI programs note that a provider has received this endorsement and has additional capacity to support behavioral health needs of children in EI. Because there is no formal way to note this endorsement in many counties, EI programs rely on relationships and knowledge of capacity for meeting those needs. One solution would be that the state maintains a list of those who have earned IMH Endorsements and county databases reflect this status, perhaps ideally through the Professional Development database. The child's Individualized Family Service Plan (IFSP) also does not note that the child needs an EI provider, such as a specialized instructor, who has the IMH Endorsement. In a sense, it seems to be left up to chance whether a child in EI in a county will be served by a provider with the IMH Endorsement, even if the child has BH needs and assuming such a provider exists in the county.

Finally, many respondents explained that OCDEL does not provide a higher reimbursement rate for a provider who has the IMH Endorsement versus a provider who does not. While respondents identified the need for children and the interest of providers, respondents were not aware of any funding incentive for providers to develop this capacity or counties to encourage providers to develop this capacity.

Respondents did elevate the endorsement registry maintained by the Association of Infant Mental Health (within Pennsylvania, PA-AIMH)[68], which lists providers who have achieved IMH endorsements, as well as Early Childhood Mental Health (ECMH) endorsements. This registry reflects providers, including EI and BH providers, who have become endorsed or maintained endorsement based on training, experience, and supervision. It provides a professional development plan and pathway for obtaining competency in addressing BH needs, as well as supporting families of children with BH needs. When we spoke with PA-AIMH, they emphasized the value that providers have put on the endorsement and the desire to be better able to utilize it, given the investment in time and resources put into obtaining the endorsement.

Increased Capacity for BH in EI: Staffing

A second method that EI programs have implemented in order to increase capacity to meet BH needs of young children is to staff social work positions. Focus group participants identified the reduced availability of social workers in EI is inconsistent across counties, but for those counties where this position is staffed, there are increased avenues to support infants and toddlers and their families. For example, EI programs can obtain reimbursement for social workers as EI providers, but many counties do not staff these providers. Instead, specialized instructors with behavioral health experience, sometimes with the IMH certificate, provide BH services.

The inconsistencies in staffing social workers and other positions leads to the likely conclusion that, given the widespread gaps in access to BH services, some children in EI with BH needs are not receiving sufficient support from EI to develop the social-emotional skills necessary for healthy development and school readiness.

Maximizing Funding Streams

Closely related to the issue of which staff and services are available in which counties is the issue of how those services are being reimbursed. While at first glance this may seem unrelated to the provision of BH and EI services, it is in fact a key driver of inequities across the Commonwealth. Great opportunity exists for utilizing Medicaid in concert with EI. Some services, such as Special Instruction where much of the BH services within EI are offered, is not reimbursable through the standard Medicaid fee for service, and rather is only reimbursable with county dollars (also referred to as "maintenance" dollars) or the ITF waiver, which only a fraction of children use.[55] Although this should not factor into the actual provision of services, there is only so much money, especially at the county level. Some states such as Michigan[69] have integrated Infant Mental Health endorsements and services into their state plans for provision of Medicaid. Better leveraging Medicaid to pay for other services would open up more dollars for the counties to use to pay for things like Special instruction and Social Work.

As with other aspects of EI and BH, there is great variance from county to county for which funding stream is paying for services.[56] There are multiple paths to Medicaid eligibility for infants and toddlers; parents may find their children eligible for Medicaid through income or disability guidelines, including the PH-95 category of Medicaid in which family income is not considered, but eligibility is determined by meeting disability criteria.[57] Nearly half (46 percent) of all Pennsylvania children are covered by Medicaid or the Children's Health Insurance Program (CHIP), which translates to approximately 1.3 million children under age 21 who were covered by Medicaid in Pennsylvania in 2019, including more than 200,000 infants and toddlers.[58] Because Part C federal appropriations are limited, funding for BH services is greatly bolstered by state and county funds, as well as the fee for service programs.[59] More consistent guidance from both the counties and OCDEL on how and when to provide families with information about medicaid and helping them enroll could prove instrumental in opening up financial pathways for those services to be provided, and provided in a timely manner.

FOCUS GROUP: DIFFERENCES IN COUNTY PROVISION OF SERVICES

General Description

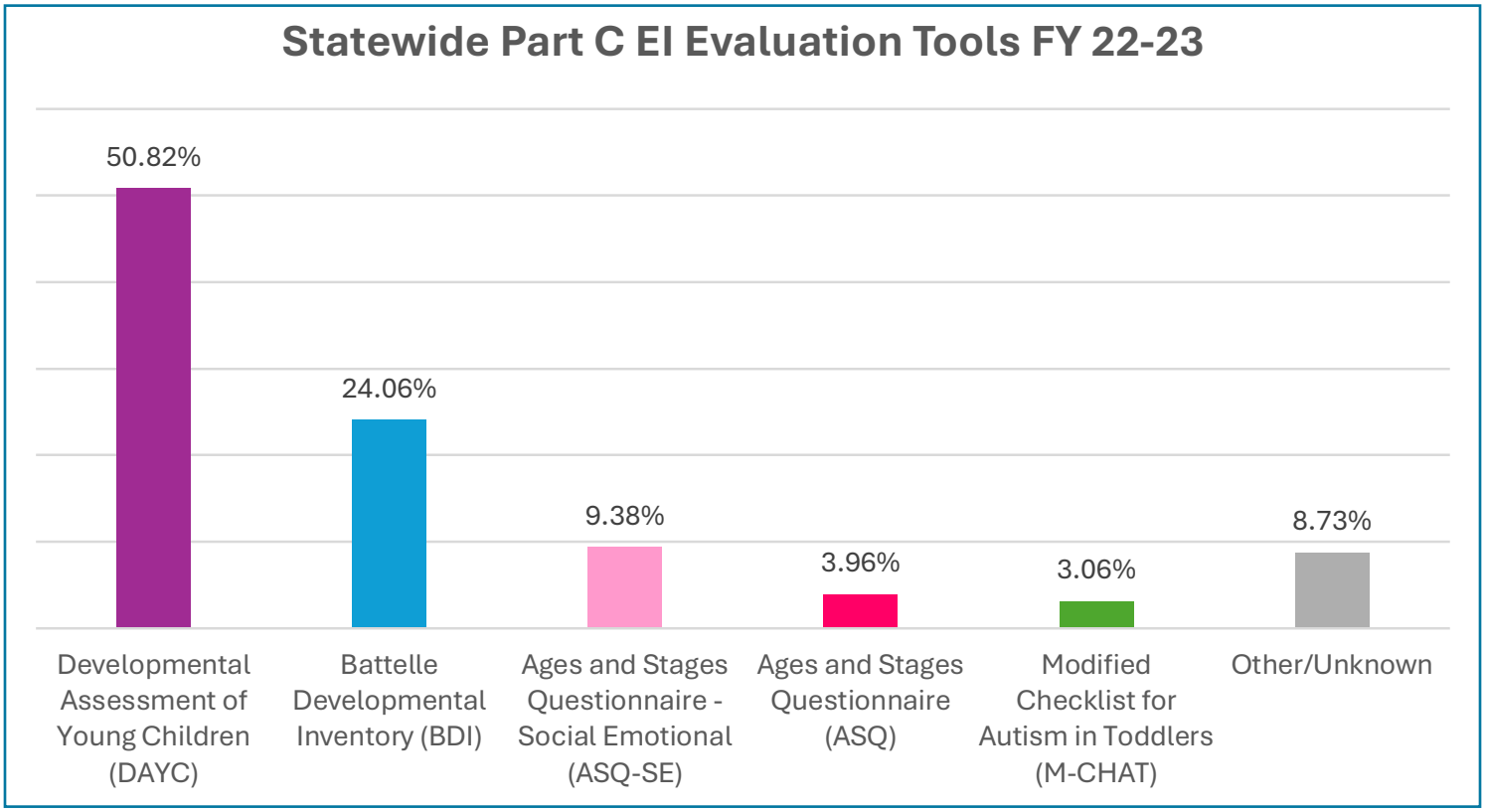
Although the intended audience for the survey was county employed staff in EI and BH, there were some survey respondents who were in fact providers themselves. In reviewing their responses, it was clear that they had some interesting perspectives to share regarding infant mental health and BH services, in particular related to differences they experienced across counties. These differences ranged from evaluations to trainings to services provided. An entire report just on these differences could be undertaken, but below are a few areas to highlight, including the use of evaluation tools, and interpreting evaluations, and service delivery.

Evaluation Tools and Interpretations

When it comes to the evaluation tools available for assessing infants and toddlers for early intervention needs, many providers express concern that they are limited in their ability to effectively evaluate behavioral health in this age group. Unlike older children, infants and toddlers are still in the early stages of developing speech, motor skills, and social-emotional regulation, which makes standardized assessments particularly difficult to administer and interpret. These limitations often result in an incomplete picture of the child's overall development, especially in the realm of behavioral and emotional functioning. In fact, nearly half of the survey respondents either strongly disagreed or disagreed with evaluations' ability to accurately capture behavioral health needs. (See the Survey Results Section.)

Focus Group participants shared as an example that one commonly used tool, the Battelle Evaluation Tool[60], is primarily focused on cognitive and developmental milestones and, according to the participants, does not adequately address behavioral concerns or social-emotional skills in infants and toddlers. As a result, providers may miss early signs of behavioral health challenges that could benefit from intervention. Another tool, the TABS (Temperament and Atypical Behavior Scale),[61] attempts to capture some aspects of behavioral health, but it relies heavily on parent reporting. While parent input is valuable, it can also introduce variability and bias, particularly if parents are unsure of what behaviors are typical or atypical for their child's age. Additionally, cultural differences, stress levels, and parental mental health can influence how behaviors are perceived and reported, further complicating the assessment process.

Data provided by OCDEL shows the wide range of tools being used by evaluators throughout the commonwealth.[62] Using multiple evaluation tools across counties can lead to inconsistent eligibility determinations, creating inequitable access to EI services for infants and toddlers who may be assessed differently depending on where they live.



Given these challenges, focus group participants emphasized the importance of Informed Clinical Opinion (ICO) as a critical component of the evaluation process for infants and toddlers, especially when standardized tools may not fully capture a child's developmental or behavioral needs. ICO refers to the professional judgment of qualified practitioners who integrate their expertise, observational skills, and knowledge of child development with available assessment data and family input to make decisions about a child's eligibility for services. This approach is especially valuable when assessing very young children, whose emerging skills and behaviors may not align neatly with standardized measures. In the absence of a formal assessment to accurately assess an infant or toddler's mental health, ICO is the only tool available for many evaluators. Use of ICO allows evaluators to be sensitive to the complexities of early development. Restricting the use of ICO in these cases prevents crucial identification and treatment of mental health concerns. Unfortunately, use of ICO is not used uniformly across counties, with some providers relaying that ICO was "not allowed" or had special restrictions. There is no legal justification for restricting its use.

These variations in evaluation practices underscore the need for standardized protocols and training to ensure that all children receive thorough, equitable, and accurate assessments regardless of where they live or who conducts the evaluation.

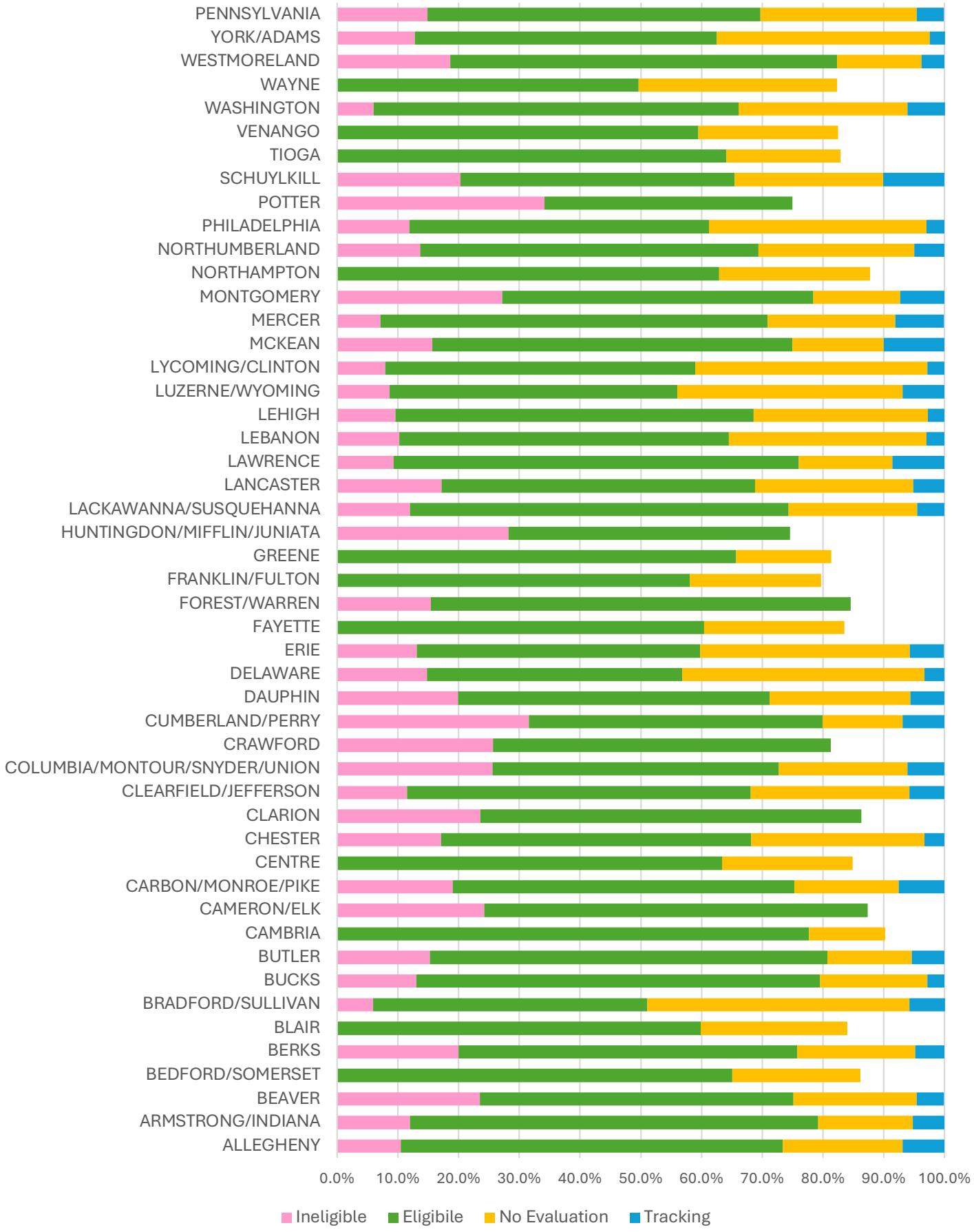
Previous research into county-level evaluation practices has shown that approaches to using assessment tools vary widely across the Commonwealth. In the RCPA EI Steering Committee Position Paper from March of 2024, they used their own survey to illustrate the confusing and inconsistent way evaluation tools are used and interpreted in PA counties. According to their survey, use of ICO - legally allowable by both federal and state law – can be scrutinized by county administrators and not always effective due to the composition of assessment teams. They stress the importance of allowing all tools to be used that can accurately identify and reflect any deficits present, and that all qualifying pathways (such as ICO) should be used to ensure access to services.[63]

In addition to the challenges surrounding the evaluation tools themselves, there are differences emanating from who conducts the evaluations and how the results are interpreted across various counties and service regions. These inconsistencies can significantly impact the outcome of the evaluations. In some counties, evaluations are carried out by independent evaluators who are not directly involved in providing ongoing services to the child. This approach can offer a more objective perspective, but may also result in less continuity between assessment and intervention. In other counties, service providers—such as speech therapists, occupational therapists, or developmental specialists—are tasked with conducting the evaluations. These providers are often selected based on the referral information, which typically suggests the suspected area of developmental delay. However, this method assumes that the referral accurately reflects the child's needs, which is not always the case.

Focus group members highlighted that this system can be problematic, particularly when families are unable to clearly articulate or identify the specific concerns they have about their child's development. Parents may notice that something feels "off" but lack the language or developmental knowledge to pinpoint whether the issue lies in communication, motor skills, behavior, or social-emotional development. As a result, the referral may inadvertently steer the evaluation toward one domain, potentially overlooking other areas of concern. This can lead to misalignment between the child's actual needs and the services they are offered. Moreover, when evaluators are also service providers, there may be unconscious bias or pressure to align findings with available services rather than conducting a truly comprehensive assessment.

Data provided by OCDEL shows that rates of eligibility and even rates of providing an evaluation vary across counties.[64] While some variability would be expected, the variability reflected in the data cannot be explained by natural differences in actual child eligibility; instead, it likely stems from the use of differing evaluation tools and inconsistent methods of interpreting those tools across counties. This data is supported anecdotally from what we saw in the survey and what we heard in the focus groups.

Part C EI Eligibility Status FY 24-25



Services Not Offered Universally Across the Commonwealth

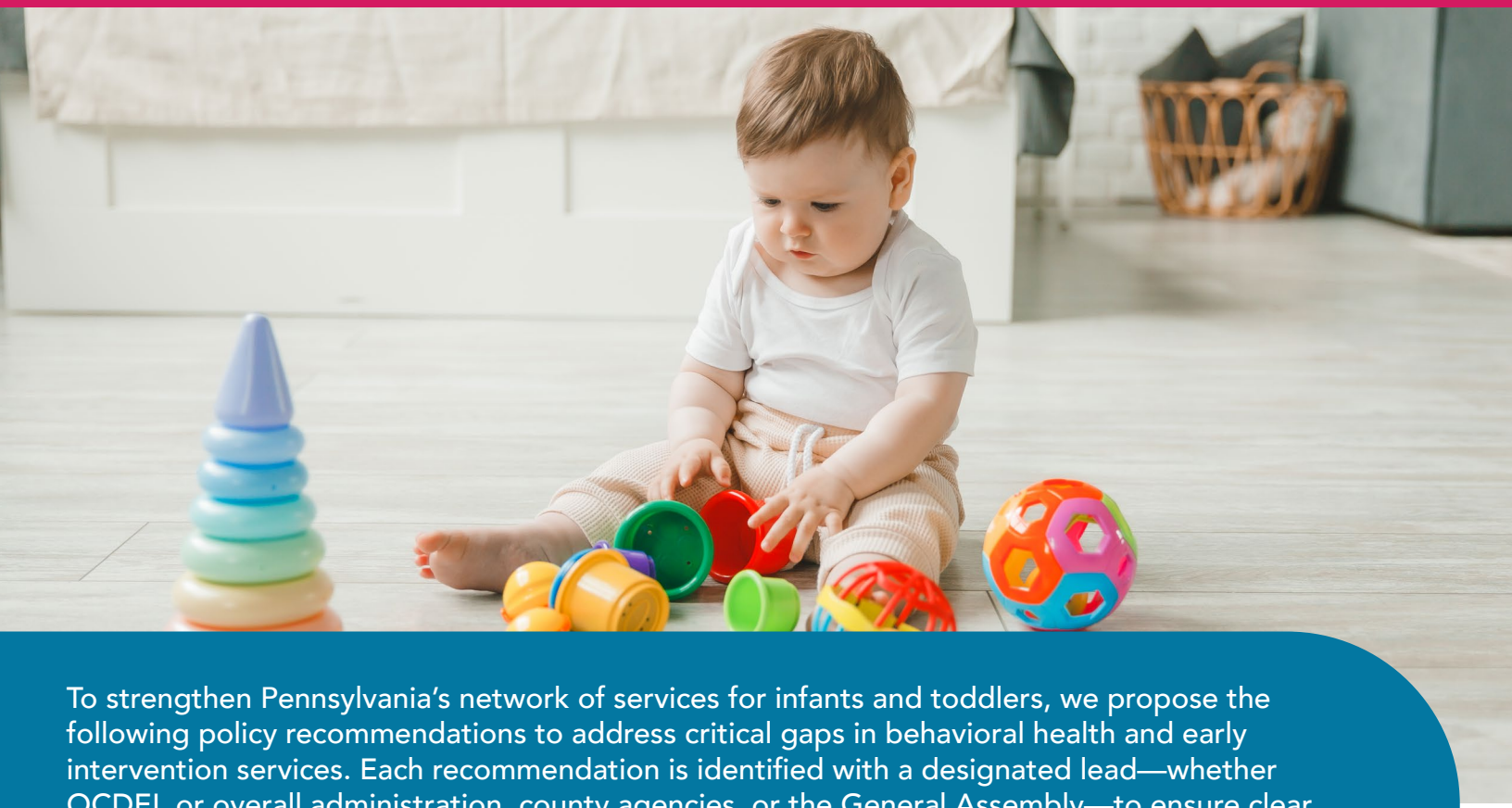
Access to EI services for infants and toddlers in Pennsylvania varies significantly from county to county, creating uneven support for families depending on where they live. While Pennsylvania's EI system is intended to be comprehensive and inclusive, many counties struggle to deliver the full range of services due to a shortage of qualified providers—especially in specialized areas like BH and social work. For example, respondents who practiced in multiple counties shared that in some counties, social work is an available service to families and in other counties it is unavailable.

Such A provider gap means that some counties are unable to meet demand, leading to limited service options, or even the absence of certain supports altogether. Rural and under-resourced areas are particularly affected, where recruitment and retention of professionals is an ongoing challenge. As a result, families may face long wait times, travel burdens, or be forced to seek services outside their home county—if they can access them at all. We spoke to several providers who work in multiple counties who told us services are available for families in some counties and not available in others. Social work was an example. When it comes to infant mental health, a service like social work can be critical in filling in the gaps where behavioral health services for the child or even resources for the family are scarce or nonexistent. Having this service available for some children and not available for others is not acceptable and is certainly not in the best interest of infants and toddlers and their families who would benefit from those services.

The wide variation in survey responses—especially around service availability, provider roles, and use of training—clearly reflects significant differences in how early intervention is delivered across Pennsylvania. These inconsistencies suggest that families may be experiencing vastly different levels of support depending on their location. The data underscores the need for more coordinated efforts and guidance from OCDEL to ensure equitable access and quality statewide.

Addressing these disparities requires targeted investment in workforce development, improved provider reimbursement rates, and stronger regional collaboration to ensure that every child, regardless of zip code, receives timely and appropriate EI services.

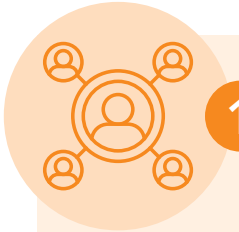
PROPOSED POLICY CHANGES & NEXT STEPS



To strengthen Pennsylvania's network of services for infants and toddlers, we propose the following policy recommendations to address critical gaps in behavioral health and early intervention services. Each recommendation is identified with a designated lead—whether OCDEL or overall administration, county agencies, or the General Assembly—to ensure clear accountability and alignment with existing infrastructure. Together, these proposals aim to promote timely access, cross-system coordination and collaboration, and equitable support for young children and their families throughout the commonwealth.

Recommended Policy Changes

1. Maximize Networking and Relationships
2. Increase Funding
3. Increase County Consistency
4. Increase Community Education
5. Improve Utilization of LICCs and IAAs



1 MAXIMIZE NETWORKING AND RELATIONSHIPS

Maximizing relationships and networking across systems empowers EI and BH staff to share resources, strengthen cross-system collaboration, and respond more effectively to the complex needs of young children and their families.

a. Create intentional spaces for relationship building among EI and BH providers and others:
   i. Allow and plan for combined training opportunities with built-in networking time prioritized. These opportunities should include funding for the participation of EI providers, BH providers, and county administrators at the very least. (COUNTY)
      1. Opportunities should also be created for collaboration with Early Childhood Care and Education providers. (COUNTY)
   ii. Allow and plan for conference attendance purposefully inclusive of EI and BH Staff. (COUNTY & OCDEL)
   iii. Create spaces for less formal but more frequent gatherings to help make sure staff are acquainted in light of staff turnovers (e.g. lunch and learns). (COUNTY)

b. When possible, allow for the physical sharing of office space between EI and BH staff, leading to easy collaboration. (COUNTY)

c. Provide opportunities for parent and family engagement with EI and BH staff. (COUNTY)

2 INCREASE FUNDING

Boosting funding for training and competitive salaries is essential to attract and retain skilled professionals—strengthening the infant and toddler early learning workforce and elevating the quality of care during the most critical years of development.

a. Additional increases are needed in the state budget for the following: (GENERAL ASSEMBLY, ADMINISTRATION OCDEL, and COUNTY)
   i. Improved wages across early learning, including:
      1. Increased wages for Infant and Toddler Early intervention providers to help address burnout and staffing shortages in particular areas (e.g. social work and psychology).
      2. Recruitment and Retention funding for early childhood educators.
   ii. Additional Staff to ease caseloads, reduce waitlists, and create time for relationship building, meetings and trainings.
   iii. Dedicated funding for coordinators to collaborate between systems .
   iv. Increased Training budgets including conference attendance, and decreased limitations on use.
   v. Specific funds for interagency professional development, including funding for training and TA for early childhood educators, and IMH certificates and endorsements.

3 INCREASE COUNTY CONSISTENCY

Enforcing consistency across all counties ensures that EI and BH services are delivered to every eligible child and family—regardless of location—allowing them to access the same high-quality support throughout the Commonwealth.

a. Evaluation tools should be consistently used and interpreted in all counties. (OCDEL & COUNTY)
    i. Ensure all counties are allowing and using evaluation tools that capture behavioral needs, including having a diverse evaluation team that includes someone with behavioral health and Infant Mental Health knowledge. (OCDEL & COUNTY)
        1. Guidance and training provided around:
            a. Appropriate ICO use. (OCDEL & COUNTY)
            b. Evaluation interpretation results. (OCDEL)
        2. Increased oversight confirming appropriate ICO use in all counties. (OCDEL)
b. EI services should be consistently available in all counties. (OCDEL & COUNTY)
    i. Identify existing services, for example special instruction, that can be better utilized for some infant/toddler behavioral needs and provide guidance on how to best utilize that service. (OCDEL & COUNTY)
    ii. Better utilize the Provider Registry.
        1. Maximize the time spent earning and expertise of endorsements by having them listed in the Provider Registry as was done previously so staff can be identified and best utilized. (OCDEL & COUNTY)
c. Statewide encouragement of using the ECTA Center: Infant and Early Childhood Mental Health and Early Intervention (Part C). (OCDEL)
d. Guidance around Medicaid enrollment for families. (OCDEL, COUNTY)

4 INCREASE COMMUNITY EDUCATION

Increasing community education helps build stronger partnerships and raises public awareness about the developmental needs of infants and toddlers, as well as the essential supports their families require. It can also create new connections with community partners and resources.

a. Intentionally engage child care providers.
   i. This can include trainings like trauma-informed care to avoid expulsions as well as general resource education. (OCDEL)
b. Intentionally engage pediatricians and other community partners to provide training for staff as well as create partnerships for general resource education. (COUNTY e.g. LICCs)
c. Intentionally engage families in several ways:
   i. Parents as advocates. (OCDEL & COUNTY LICC)
   ii. Parents as needing resources themselves (dyadic care). (OCDEL & COUNTY localized)
   iii. Parents as needing information about appropriate development and systems and services available to their children. (OCDEL & COUNTY localized)

With compensation, utilizing EI providers to help with this work is a great use of their expertise and a continued way to grow relationships.

5 IMPROVE UTILIZATION OF LICCS AND IAAS

Local Interagency Coordinating Councils (LICC) and Interagency Agreements (IAA) create a powerful opportunity to align best practices across systems, foster meaningful collaboration among stakeholders, and build a more coordinated, responsive approach to serving infants, toddlers, and their families.

a. Create model language for an IAA around best practices for referrals to BH services and ongoing collaboration (building off of the bulletin establishing IAAs). (OCDEL)
b. Continue to engage the SICC on this topic, including connecting with the Mental Health Subcommittee. (COMMUNITY PARTNERS)
   i. Ask the SICC to consider how to make the IAA more of a working document that supports collaboration, rather than just something that is signed each year. (OCDEL)
c. Ask all LICCs to consider creating a subcommittee that would benefit infants and toddlers' mental health (LICCs).
d. Utilizing LICCs and the reauthorization of the IAA as a networking opportunity. (COUNTY)

APPENDIX A: SURVEY EXPLANATION AND QUESTIONS

Infant and Toddler Behavioral Health Survey | Explanation Sheet and Question Listing

The Thriving PA Coalition is a non-partisan, statewide advocacy campaign that seeks to improve the quality of and increase equitable access to a coordinated system of health supports, including access to comprehensive perinatal health services, children's health insurance, nutrition supports, Infant and Toddler Early Intervention (sometimes called Part C Early Intervention), and lead screening and abatement. The focus on Infant and Toddler Early Intervention is the newest part of Thriving PA's work. Two years ago, a subgroup of Thriving PA (the Infant and Toddler EI Workgroup) put together a comprehensive report and came up with a statewide advocacy agenda to help strengthen the Infant and Toddler EI system in PA. One of the goals of that agenda is focused on addressing the mental health needs of infants and toddlers.

To that end, the Infant and Toddler EI Workgroup is interested in finding out more information about the relationship between Infant and Toddler EI and behavioral health services specifically for infants and toddlers at the county level. On behalf of the Infant and Toddler EI workgroup, the Pennsylvania Association for the Education of Young Children (PennAEYC) and its partners came up with a questionnaire, the purpose of which is to identify strengths in the system as it currently exists and help formulate policy suggestions to assist with seamless enrollment in all services needed for young children, recognizing the challenges that can be present when dealing with such a young population (birth to their third birthday). Ideally, the questionnaire will lead to focus groups of county staff so we can learn from experts and share their knowledge with counties who may be struggling with helping infants and toddlers to find mental health services.

Questions or comments about the survey can be directed to Meg Eirkson at PennAEYC at meirkson@pennaeyc.org.

Identifying information is being collected only for follow-up; no individual responses will be shared without permission.

Questions have been tailored for both Early Intervention and Behavioral Health staff. The survey is designed to automatically direct people to the questions most relevant to them. This is a full list of the questions for informational purposes only.

Identifying Information:

Email
Name
Title
Years at Position
County
Local Interagency Coordinating Council Name
Department in which you work

Questions about Services

Throughout this survey, the term "behavioral health services" is used rather than "mental health services" to encompass a broader range of services, consistent with OCDEL practices. In young children, this may include services that address optimizing behaviors in children with autism or sensory behaviors, as well as children with other delays or disabilities, who also have behavioral health needs.

Behavioral health services may include individual counseling, parent child interaction therapy, behavior counseling, dyadic service for parent and child, family therapy and group services. ***This survey also only pertains to children from birth until their third birthday.*** *Where questions ask about the availability of services in a county, please share information on services provided directly by the county and those which are managed by the county, such as services through the county's BH-MCO or contracted providers.*

Questions for Early Intervention Staff

How familiar are you with behavioral health services in your county?
[Rating Scale]

The availability of behavioral health services for children from birth to their third birthday in my county is:
[Rating Scale]

If you feel that behavioral health services for children from birth to their third birthday needs improvement or is unacceptable, please elaborate:

Behavioral health services for children from birth to their third birthday are available through Infant and Toddler Early Intervention.

If you agree that these services are available through Infant and Toddler EI in your county, where are they available? (
Can choose more than one.)
Childs Home, Child Care Setting, Other

If you do not agree that these services are available through Infant and Toddler EI, please elaborate.

Questions for Behavioral Health Staff

How familiar are you with Early Intervention services in your county?
[Rating Scale]

The availability of behavioral health services for children from birth to their third birthday in my county is:
[Rating Scale]

If you feel that behavioral health services for children from birth to their third birthday needs improvement or is unacceptable, please elaborate:

Behavioral health services for children from birth to their third birthday are available through Infant and Toddler Early Intervention.

If you agree that these services are available through Infant and Toddler EI in your county, where are they available? (Can choose more than one.)
Childs Home, Child Care Setting, Other

If you do not agree that these services are available through Infant and Toddler EI, please elaborate.

Questions for Early Intervention Staff

Behavioral health services for children from birth to their third birthday are available through systems other than Infant and Toddler Early Intervention.
[Rating Scale]

If you agree, what types of services are you aware of and who provides them?

How long are wait lists in your county for families trying to access behavioral health services for infants and toddlers?
[Multiple Choice]

Who provides referrals for behavioral health services? (Can choose more than one.)
[Multiple Choice]

How familiar are you with your county's Local Interagency Coordinating Council (LICC) Agreement?
[Rating Scale]

How familiar are you with that agreement as it relates to behavioral health services? (Bulletin referencing Interagency Agreements)
[Rating Scale]

If you are familiar with that agreement, how does it guide behavioral health service practice in your county?

Questions for Behavioral Health Staff

Behavioral health services for children from birth to their third birthday are available through systems other than Infant and Toddler Early Intervention.
[Rating Scale]

If you agree, what types of services are you aware of and who provides them?

How long are wait lists in your county for families trying to access behavioral health services for infants and toddlers?
[Multiple Choice]

Who provides referrals for behavioral health services? (Can choose more than one.)
[Multiple Choice]

How familiar are you with your county's Local Interagency Coordinating Council (LICC) Agreement?
[Rating Scale]

How familiar are you with that agreement as it relates to behavioral health services? (Bulletin referencing Interagency Agreements)
[Rating Scale]

If you are familiar with that agreement, how does it guide behavioral health service practice in your county?

Questions for Early Intervention Staff

The evaluation tools utilized in my county adequately and accurately capture behavioral health needs from children from birth until their third birthday.
[Rating Scale]

Are there supplemental tools used specifically to address behavioral health developmental concerns? If so, please elaborate.

If you do not agree that behavioral health concerns are adequately captured in evaluations, including supplemental, please elaborate.

How often do you reach out to teachers or child care professionals to gather information about behavioral health needs of children birth to three?
[Multiple Choice]

I know who to reach out to if a child from birth to their third birthday who is involved with Infant and Toddler Early Intervention seems in need of behavioral health services at home.
[Rating Scale]

I know who to reach out to if a child from birth to their third birthday who is involved with Infant and Toddler Early Intervention seems in need of behavioral health services at the child care setting.
[Rating Scale]

Questions for Behavioral Health Staff

Please describe the typical behavioral health services intake process for children from birth until their third birthday. (For example, are there specific staff assigned to this age group; is there particular information needed to get started; etc.)

What specific behavioral health services evaluation tools are utilized in your county for children from birth to their third birthday?

How often do you reach out to teachers or child care professionals to gather information about behavioral health needs of children birth to three?
[Multiple Choice]

I know who to reach out to if a child from birth to their third birthday would benefit from Early Intervention Services.
[Rating Scale]

Questions for Early Intervention Staff

Is there a mental health or behavioral health specialist on the Early Intervention evaluation and reevaluation team?
[Rating Scale]

If there is a specialist, are they on the evaluation and reevaluation team?
[Rating Scale]

What is the process for assigning or requesting a behavioral health specialist?

Is the Early Intervention Service Coordinator involved in helping secure behavioral health services either through EI or not through EI?
[Rating Scale]

If so, what types of help are provided?
[Multiple Choice]

What training exists for Early Intervention staff and providers around the behavioral health needs of infants and toddlers, including trainings related to working with diverse populations (including but not limited to disability, race, culture, national origin, and language) or location-specific trainings (e.g. focused on children at home v. at a child care center)?

Trainings for Early Intervention staff and providers around the behavioral health needs of infants and toddlers are well-utilized.
[Rating Scale]

Questions for Behavioral Health Staff

What training exists for behavioral health staff and providers around the behavioral health needs of infants and toddlers, including trainings related to working with diverse populations (including but not limited to disability, race, culture, national origin, and language) or location-specific trainings (e.g. focused on children at home v. at a child care center)?

Trainings for behavioral health staff and providers around the behavioral health needs of infants and toddlers are well-utilized.
[Rating Scale]

Questions for Early Intervention Staff

Have you ever completed the ECTA EI Part C/ IECMH Planning tool?
ECTA Center: Briefing Paper: Infant and Early Childhood Mental Health and Early Intervention (Part C)

Would you be willing to participate in a focus group on this topic?

Is there anything else you'd like to share about infant and toddler behavioral health services?

Questions for Behavioral Health Staff

Have you ever completed the ECTA EI Part C/ IECMH Planning tool?
ECTA Center: Briefing Paper: Infant and Early Childhood Mental Health and Early Intervention (Part C)

Would you be willing to participate in a focus group on this topic?

Is there anything else you'd like to share about infant and toddler behavioral health services?

ACKNOWLEDGMENTS

PennAEYC is an affiliate of the National Association for the Education of Young Children (NAEYC) and is a statewide nonprofit, membership organization of early childhood care and education professionals. Our mission is to be an effective voice for high-quality early childhood care and education. We do this through policy development, advocacy and professional development and supports for early childhood professionals.

PA Education Law Center – PA's mission is to ensure access to a quality public education for all children in Pennsylvania from birth through high school. We focus on children underserved by the education system including children living in poverty, children of color, children with disabilities, children in the foster care and juvenile justice systems, children experiencing homelessness, multilingual learners, and LGBTQ+ youth – and many who are at the intersection of these identities. We advocate to ensure that Pennsylvania's laws, policies, and practices provide access to a full range of educational opportunities for all children, including our youngest learners—infants and toddlers.

ThrivingPA is a non-partisan, statewide advocacy campaign that seeks to improve the quality of and increase equitable access to a coordinated system of health supports, including access to comprehensive perinatal health services, children's health insurance, nutrition supports, Early Intervention Part C and lead screening and abatement.

REPORT AUTHORS AND CONTRIBUTORS

- Meg Eirkson, Early Intervention Policy and Advocacy Manager, PennAEYC
- Margie Wakelin, Senior Attorney, ELC
- With contributions by Jen DeBell, Executive Director, PennAEYC and Deborah Gordon Klehr, Executive Director, ELC
- Thank you to the EI Workgroup of ThrivingPA for their review of this report.

THANK YOU TO THE FUNDERS THAT MADE THIS REPORT POSSIBLE:

Philadelphia Health Partnership
The Heinz Endowments
The PN-3 Capacity Building Hub managed by the BUILD Initiative and funded by the Pritzker Children's Initiative
van Ameringen Foundation
William Penn Foundation

We would like to thank the Data and Research Team at Pennsylvania Partnerships for Children for their efforts to review the resources and produce the graphs in this report which highlight the differences in county provision of services.

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of these foundations.

ENDNOTES

[1] See generally ANNA D. SCHOCH, CASSIE S. GERSON, TAMARA HALLE & MEG BREDESON, CHILDREN'S LEARNING AND DEVELOPMENT FROM HIGH-QUALITY EARLY CARE AND EDUCATION: A SUMMARY OF THE EVIDENCE 3-6 (2023), https://acf.gov/sites/default/files/documents/opre/%232023-226%20Benefits%20from%20ECE%20Highlight%20508.pdf.

[2] James J. Heckman, Perry Preschool Project, CENTER FOR THE ECONOMICS OF HUMAN DEVELOPMENT, https://cehd.uchicago.edu/?page_id=958.

[3] Beth Meloy, Madelyn Gardner, and Linda Darling-Hammond, Untangling the Evidence on Preschool Effectiveness: Insights for Policymakers, Learning Policy Institute (2019).

[4] Allison Atteberry, Daphna Bassok & Vivian C. Wong, The Effects of Full-Day Prekindergarten: Experimental Evidence of Impacts on Children's School Readiness, 41 EDUC. EVALUATION AND POL'Y ANALYSIS 537, 550 (2019).

[5] Karen L. Bierman et al., Promoting Academic and Social-Emotional School Readiness: The Head Start REDI Program, CHILD DEV. 2008 Nov-Dec; 79(6): 1802–1817.

[6] ZERO TO THREE, What You Need to Know: Early Intervention, July 12, 2024 at https://www.zerotothree.org/resource/what-you-need-to-know-early-intervention/.

[7] The Incredible Years, Build Resilience: Early Intervention Transforms Child Mental Health, Dec. 21, 2023, at https://www.incredibleyears.com/blog/investing-in-early-interventions; Xin Dong et al., A Meta-Analysis of Social Skills Interventions for Preschoolers with or at Risk of Early Emotional and Behavioral Problems, BEHAV. SCI. 2023, https://doi.org/10.3390/bs13110940.

[8] Center on the Developing Child, The Science of Early Childhood Development, at https://developingchild.harvard.edu/wp-content/uploads/2024/10/InBrief-The-Science-of-Early-Childhood-Development2.pdf.

[9] Office of Child Development and Early Learning (OCDEL), https://www.pa.gov/agencies/dhs/departments-offices/ocdel-info.

[10] OCDEL uses the term "behavioral health services" rather than "mental health services" to encompass a broader range of services. In young children, this may include services that address challenging behaviors in children with Autism Spectrum Disorder, as well as children with other delays or disabilities, who also have behavioral health needs. OCDEL, *Announcement: EI-10 #08, Amended Behavior Supports Announcement for Young Children* (2010).

[11] Data provided by OCDEL to EI Workgroup, 2024.

[12] PennAEYC, Statewide Advocacy Agenda to Improve Part C Early Intervention Services for Pennsylvania (June 2022), at https://www.pennaeyc.com/wp-content/uploads/2022/06/Statewide-Advocacy-Agenda-to-Improve-Part-C-Early-Intervention-Services-for-Pennsylvania-JUNE-2022-FINAL-ONLINE_2.pdf.

[13] 1990 Pa. Legis. Serv. Act 212

[14] Cong. Rsch. Serv., The Individuals with Disabilities Education Act (IDEA), Part C: Early Intervention for Infants and Toddlers with Disabilities (Feb. 2024), at https://sgp.fas.org/crs/misc/R43631.pdf

[15] In Pennsylvania, Part C is administered by the Office of Child Development and Early Learning ("OCDEL"), a joint office between the Department of Human Services ("PA DHS") and Pennsylvania Department of Education ("PDE"). Pennsylvania's administrative regulations for Part C are found in 55 Pa. Code § 4226 *et seq*.

[16] 300 C.F.R. 303.302.

[17] 300 C.F.R. 303.302(c)(1)(i).

[18] 300 C.F.R. 303.302(c)(1)(ii). EPSDT is a federal mandate for state Medicaid programs to provide comprehensive health services, including preventative services to eligible children under age 21.

[19] U.S. Dep't of Educ., Establishing Child Find Systems to Identify Eligible Infants and Toddlers Under the Individuals with Disabilities Education Act Part C Program, at https://sites.ed.gov/idea/files/Early-Learning-Intro-English-508.pdf.

[20] U.S. Dep't of Educ., Part C of the Individuals with Disabilities Education Act: Final Regulations, Nonregulatory Guidance, at https://sites.ed.gov/idea/files/Final_Regulations_Part_C_Guidance.pdf

[21] 55 Pa. Code § 4226.5.

[22] Id. § 103.

[23] 55 Pa. Code § 4226.22.

[24] 55 Pa. Code § 4226.22(b).

[25] 34 C.F.R. § 303.321(a) (2025).

[26] 55 Pa. Code § 4226.61.

[27] Pa. Dep't. of Educ., Guidance on Eligibility Evaluation Practices Early Intervention Technical Assistance (2020).

[28] As discussed below, in Pennsylvania, eligibility for EI due to social or emotional development can be met based on one of the following: 1) a social or emotional developmental delay of 25% of the child's chronological age in social or emotional development; 2) test performance of 1.5 standard deviations below the mean in social or emotional development; or 3) informed clinical opinion. 55 Pa. Code § 4226.22.

[29] 34 C.F.R. pt. 303.

[30] Early Childhood Tech. Assistance Ctr. & Ctr. for IDEA Early Childhood Data Sys., IDEA Child Outcomes Highlights for FFY2017 (2019), at https://ectacenter.org/eco/assets/pdfs/childoutcomeshighlightsffy2019.pdf

[31] 34 C.F.R. 303.34.

[32] 34 C.F.R. 303.34(a)(3), (b).

[33] 303.34(b)(9).

[34] 303.34(b)(1).

[35] 303.34(b)(2).

[36] 55 Pa. Code § 4226.52.

[37] 55 Pa. Code § 4226.52(4).

[38] 55 Pa. Code § 4226.52(9).

[29] 55 Pa. Code § 4226.52(11).

[40] 34 CFR 303.600.

[41] 34 CFR 303.604(a)(3).

[42] PaTTAN - State Interagency Coordinating Council (SICC)

[43] Shelia Smith et al., How States Use Medicaid to Cover Key Infant and Early Childhood Mental Health Services, Ctr. for Health Care Strategies (Nov. 2018), at https://www.nccp.org/wp-content/uploads/2018/11/text_1211.pdf

[44] PA Bulletin: MAB2023062701

[45] Elisabeth Burak, CMS Reminds States EPSDT Requirement Includes Behavioral Health, Offers Specific Strategies, Ctr. for Children & Families (Aug. 2022), at https://ccf.georgetown.edu/2022/08/19/cms-reminds-states-epsdt-requirement-includes-behavioral-health-offers-specific-strategies/

[46] Those standards, called the "Childhood Listings of Impairments", can be found at: www.socialsecurity.gov/disability/professionals/bluebook/ChildhoodListings.htm.

[47] For more information about establishing eligibility for Medicaid under the PH-95 category, please see the Pennsylvania Health Law Project's fact sheet.

[48] Medicaid.gov, Early and Periodic Screening, Diagnostic, and Treatment, at https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment

[49] See, e.g., Announcement EI17#02, Reduction of Expulsion and Suspension in Early Childhood Programs in Pennsylvania, https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/documents/ocdel/c_278982.pdf.

[50] OCDEL, Announcement: EI-10 # 08, Amended Behavior Supports Announcement for Young Children, at *https://www.eita-pa.org/wp-content/uploads/2025/12/Amended-Behavior-Supports-Announcement-for-Young-Children-EI-10-08.pdf*

[52] (*Early Intervention & Early Childhood Special Education Workforce Needs | National Institute for Early Education Research*)

[53] The Pennsylvania Key; Infant Early Childhood Mental Health (IECMH) Consultation - The Pennsylvania Key

[54] Id.

[55] Data provided by OCDEL to EI Workgroup,2024, showed that in 2022-2023, 2.97% of total funds were from ITF waivers.

[56] Data provided by OCDEI to EI Workgroup, 2024.

[57] Pa. Dep't. of Hum. Servs., Medical Assistance for Children with Disabilities (2020).

[58] Pa. P'ship for Child. & Pa. Ass'n for the Educ. of Young Child., Statewide Advocacy Agenda to Improve Part C Early Intervention Services for Pennsylvania 27 (2022).

[59] Pa. P'ship for Child. & Pa. Ass'n for the Educ. of Young Child., Statewide Advocacy Agenda to Improve Part C Early Intervention Services for Pennsylvania 9 (2022).

[60] The Battelle Developmental Inventory— Third Edition (BDI-3) Crosswalk to Child Outcomes

[61] TABS - Brookes Publishing Co.

[62] Data provided by OCDEI to EI Workgroup, 2024.

[63] "RCPA Early Intervention Steering Committee Position paper: Early Intervention Eligibility in Pennsylvania" March 2024 www.paproviders.org

[64] Data provided by OCDEI to EI Workgroup, 2024.

[65] https://www.pa.gov/content/dam/copapwp-pagov/en/education/documents/instruction/early-learning/early-intervention/laws-regulations-and-announcements/announcements/2010/ei%2010-08%20amended%20behavior%20supports%20announcement%20for%20young%20children.pdf

[66] Data was provided by OCDEL to EI Workgroup, 2024.

[67] Effective January 1, 2026, OCDEL rescinded Bulletin EI-10 #08 due to the incorporation of similar themes into 55 Pa. Code Chapter 1155 (relating to intensive behavioral health services) and 55 Pa. Code Chapter 5240 (relating to intensive behavioral health services). However, the Bulletin was still in effect when the survey and focus groups for this report were administered and it provides a helpful context for the system coordination examined in this report.

[68] Association of Infant Mental Health (within Pennsylvania, PA-AIMH)

[69] https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

pennaeyc
Pennsylvania Association for the Education of Young Children
An Affiliate of naeyc

EDUCATION LAW CENTER

Thriving PA

02/2026