Early Childhood Intervention Services Implementation Plan for Maximizing Funding

As Required by
2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019
(Article II, Health and Human Services Commission, Rider 98)

Health and Human Services

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Executive Summary

The Early Childhood Intervention Services Implementation Plan on Maximizing Funding is submitted in compliance with the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission [HHSC], Rider 98). This report discusses potential untapped funding sources and other strategies for maximizing funding or cost savings in the Early Childhood Intervention (ECI) program.

The ECI program contracts with local organizations across the state to provide therapies and other rehabilitative services to families of children with developmental delays or disabilities from birth to 36 months in accordance with Part C of the federal Individuals with Disabilities Education Act (IDEA). Currently, contractors bill Medicaid, the Children’s Health Insurance Program, Tricare, private insurance, and families for eligible services. Services that are not covered by insurance or family fees, as well as administrative costs of operating an ECI program, are reimbursed through the contract with HHSC. ECI contractors also obtain additional local funds to support their operations and comply with maintenance of effort requirements in the contract. ECI accesses a total of 17 federal, state, and local funding sources to implement the Part C program.

This report presents ECI’s implementation plan to investigate a variety of potential methods of increasing funding. These strategies include pursuing additional Medicaid funds, coordinating with the Texas Education Agency (TEA) to explore the possibility of drawing down additional federal education funds, working with the Centers for Medicare and Medicaid Services (CMS) and other federal agencies to identify additional funding opportunities, and determining whether funding through other state agencies may be available. This report also includes a plan to determine whether restructuring ECI provider contracts could be effective in maximizing funding, as well as plans to explore potential strategies for cost savings. Finally, the report includes a plan for prioritizing those strategies that may be most effective.
1. Introduction

Rider 98 requires HHSC to submit a series of four reports to the Office of the Governor and the Legislative Budget Board beginning September 1, 2019. The first report details the implementation plan for maximizing funding for ECI providers. The subsequent reports, due March 1, 2020, September 1, 2020, and March 1, 2021, will document progress in implementing the plan.
2. Background

ECI is a statewide program administered by HHSC for families with children birth to 36 months with developmental delays, disabilities, or certain medical diagnoses that might impact development. ECI services support families as they gain the skills and resources needed to help their children grow and learn.

Eligibility requirements include a:

- Developmental delay of at least 25 percent in one or more developmental areas;
- Qualifying medical diagnosis with a high probability of resulting in a developmental delay; or
- Hearing or visual impairment as defined by the Texas Education Agency in Texas Administrative Code Title 19, §89.1040.

ECI federal regulations, overseen by the Office of Special Education Programs (OSEP) within the U.S. Department of Education, have entitlement-like expectations, meaning all eligible children must be served and providers cannot use waiting or interest lists; however, the funding is capped. (For more detailed information, please see Appendix A.) Additionally, to draw down IDEA Part C funding, there must be statewide coverage. All eligible children in Texas must be offered the full array of services as appropriate based on the results of the child’s evaluation and assessment of the child and family’s strengths and needs. ECI services include occupational, physical and speech therapies, as well as specialized skills training (SST), a service unique to ECI, which focuses on optimizing the child’s global development. Other services include behavior intervention, counseling, nutrition, social work, specialized services to address auditory and visual impairments, and an array of other services required by IDEA Part C. Additionally, each child and family receives case management from the time they are referred to ECI including transition services to help families identify and access necessary services after the child’s third birthday.

Services must be provided in the child’s home, child care center, or other settings in which the child and family typically spend time. ECI services are team-based, with providers from a variety of disciplines available to assess and treat children as appropriate. ECI services differ from those of other pediatric therapy providers, in that they are based on the evidence-based practice of coaching. In the coaching
approach to service delivery, providers focus on teaching parents to incorporate intervention strategies into the family’s daily activities, such as bath time, meals, or getting dressed.

Research shows ECI programs have a positive impact on children and their families and are often vital for later success in school and the community. In addition, the program has been found to save taxpayer dollars in public education, criminal justice, health care, and other social services.¹ For more information on the value of the ECI program, see Appendix B.

ECI contracts with local agencies, including community mental health and developmental disability centers; school districts; education service centers; and private, non-profit agencies. Eighteen contractors have exited the program since 2010, often citing funding challenges, including repeated years of financial losses incurred in delivering ECI services. In a 2017 contractor survey, 90 percent of responding ECI contractors reported engaging in significant cost-saving measures such as downsizing staff, delaying hiring, reducing staff benefits, reducing child-find efforts and delaying system upgrades or equipment purchases. About a third of ECI contractors reported they have to contribute funds from other lines of their agency’s business to keep their ECI programs profitable each year. The amount of funds contributed have ranged from a few hundred dollars to almost $800,000.²

HHSC has worked closely with contractors to identify administrative efficiencies and recently implemented a rule project to incorporate these efficiencies into requirements. The new rules took effect June 28, 2019.

Under the Code of Federal Regulations, Part C is the payor of last resort, and the lead state agency receiving Part C funds is required to identify other funding sources. States may choose to develop a system of payments that includes family fees for services; Texas uses a system of maximum monthly fees based on family income and other variables. Because IDEA Part C is required to be the payor of last resort, some Part C funds typically go unspent each year. However, these funds carry forward and can be spent in future years. In fact, ECI has been appropriated


Part C funding above what has been provided in the annual grant and used carried-forward funds up to the appropriated amounts to support service delivery in recent years.

ECI is currently funded by a variety of sources. From the federal government, the program receives IDEA Part C funds, IDEA Part B funds, Temporary Assistance for Needy Families funds, Medicaid Administrative Claiming funds, and Medicaid funds for SST and targeted case management. From the state, ECI receives general revenue and Foundation School Funds, as well as general revenue funds specifically designated as match for Medicaid for SST, targeted case management, and Medicaid Administrative Claiming, and funding for respite services.

Additionally, ECI contractors are required to bill public and private insurance, when possible, for delivered services and to pursue additional maintenance of effort funds. ECI contractors also bill families according to the Family Cost Share fee schedule established by HHSC. More than half of ECI contractors’ budgets are collected outside of the cost-reimbursement contract through third-party reimbursement for direct services. There has been a $16.1 million increase in revenue generated from local collections since state fiscal year 2013.

Currently, Texas ECI accesses 17 funding sources to support its Part C program which is more than any other state in the country. According to a 2018 survey by the Infant and Toddler Coordinators Association, which included responses from 47 state Part C coordinators, states are accessing between one and 17 funding sources. The states with the next highest number of funding sources accessed 12, and the average of all 47 responding states was six funding sources. Only 27 states (57.4 percent) reported that they access private insurance, and 17 states (36.1 percent) reported that they have implemented family fees.

3. Strategies for Maximizing Funding for ECI Providers

HHSC will pursue a variety of strategies to increase funding for ECI contractors and will include stakeholder input processes.

Maximizing Medicaid Funding

Sixty-six percent of children enrolled in ECI are also in Medicaid. SST is among the ECI services currently reimbursed by Medicaid. SST is a service unique to ECI with the purpose of reducing a child’s functional limitations across developmental domains and is provided by early intervention specialists, degreed professionals with specialized knowledge in child development who are credentialed by ECI. SST is part of a group of Medicaid-reimbursable services known as specialized rehabilitative services (SRS), which promote age-appropriate development and address deficits. In addition to SST, these services include occupational therapy, physical therapy, and speech therapy. SRS can be provided to an individual child or to a group. Although there are other services in the ECI array, SRS accounts for the majority of services provided to ECI-enrolled children. ECI contractors bill SST to Texas Medicaid and Healthcare Partnership, while most therapy services are billed to Medicaid managed care organizations.

HHSC will conduct a comprehensive analysis of the current Medicaid reimbursement structure for ECI to determine if there are alternative approaches or federal flexibilities that could further support the ECI system. Specific steps will include:

- Data collection from ECI providers on the true costs of delivering Medicaid-reimbursable services;
- Analysis of Medicaid reimbursement structures for other programs and their relative comparability to ECI;
- Analysis of additional flexibilities within the current Medicaid structure (e.g., the allowability to change HHSC policy where feasible); and
- Requesting guidance or approval from CMS to validate allowability of all identified strategies.
- Assess administrative efficiencies and recently implemented rule requirements at local entities.
Restructuring ECI Provider Contracts

Currently, the ECI contract is based on cost reimbursement and operates on a "Total Budget" concept. Contractors bill the ECI program on a monthly basis. When a contractor submits a voucher to the ECI program, they must include supporting documentation that outlines their expenses for the month as well as any program income generated. They are reimbursed the difference between the expenses and income generated as a result of the grant (e.g., revenue from Medicaid or other third-party payors) up to the allocated funding in their contract.

This contract structure incentivizes local collections and ensures compliance with federal law prohibiting the use of federal and state funds to satisfy a financial commitment for services that would otherwise be paid from another public or private source.

In state fiscal years 2016 and 2017, while ECI contractors collectively left $2.7 million and $2.8 million of their contract funds unexpended, approximately two-thirds of contractors expended 100 percent of their award. Overall, contractors expended on average 95 percent and 96 percent of their awards these years.

HHSC will explore contract restructuring options to help maximize the expenditure of appropriations. Specific steps will include:

- Soliciting stakeholder feedback for potential changes and local impact;
- Considering options to reduce administrative burden related to collection efforts; and
- Exploring the use of quality incentive payments.

Coordinating with TEA

In addition to Part C, which governs early intervention programs, IDEA includes Part B, which relates to public school special education services. TEA receives IDEA

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4 Contractors are expected to include all projected revenue in their annual budget, including their ECI contract amount and any program income they anticipate receiving.

5 Code of Federal Regulations Title 34, Part 303, §303.510
Part B funding from OSEP, and some of that funding passes through TEA to ECI for payment of costs related to initial evaluations of children as part of child find. Additionally, TEA provides ECI funding through Foundation School Funds for some services to children who are not Medicaid-eligible. ECI provides TEA with Part C funding to cover services to infants and toddlers with auditory and visual impairments who receive these services through the local school districts or regional day school programs for the deaf staffed by TEA. ECI also recently received funding from TEA through the Preschool Development Grant for outreach and professional development.

HHSC will work with TEA to explore possibilities for drawing down additional funds by:

- Identifying potential sources or structures of TEA funding that may be available or allowable for ECI service delivery;
- Seeking guidance or approval from the associated federal agencies regarding the proposed funding structure; and
- Executing any necessary contract changes to transfer the funds.

**Exploring Additional Funding Strategies**

HHSC will explore other potential funding opportunities, to include:

- Other federal funds received by the Health and Human Services System;
- Funds utilized by other state ECI programs that may not be utilized in Texas; and
- Funding mechanisms through other state agencies and programs that provide related or downstream services.

**Pursuing Cost Savings Strategies**

In addition to investigating new potential funding sources, HHSC will also pursue strategies for saving costs for ECI providers. The agency will continue to work with ECI contractors to identify opportunities to implement efficiencies and streamline required activities.
4. Prioritizing Strategies

Over the coming months, HHSC will engage in targeted conversations within and outside of the agency to explore the strategies outlined in this implementation plan and hone in on specific opportunities and action items to pursue further. By January 31, 2020, HHSC will determine which strategies are most feasible or likely to result in the greatest maximization of funding for ECI providers. The March 2020 report will provide more details regarding specific funding sources that are being actively pursued, anticipated milestones, and timelines for next steps.
5. Conclusion

This report outlines the beginnings of HHSC’s ideas and implementation plan for maximizing funding for ECI contractors. In addition to the work outlined in this report, HHSC will be undertaking a competitive statewide re-procurement for ECI services in the coming year.

By January 31, 2020 HHSC will evaluate which strategies seem most feasible and most promising in terms of maximizing funding for ECI providers. HHSC will focus on those opportunities and meet with the appropriate stakeholders and agencies to implement those strategies.

Progress toward realizing any of these funding opportunities will be documented in future reports, which are due on March 1, 2020, September 1, 2020, and March 1, 2021. HHSC will track any increased funding received, as well as any cost savings anticipated, through the strategies in this plan, and will include that information in the reports.
# List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS</td>
<td>Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>ECI</td>
<td>Early Childhood Intervention</td>
</tr>
<tr>
<td>HHSC</td>
<td>Health and Human Services Commission</td>
</tr>
<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
</tr>
<tr>
<td>OSEP</td>
<td>Office of Special Education Programs</td>
</tr>
<tr>
<td>SRS</td>
<td>Specialized Rehabilitative Services</td>
</tr>
<tr>
<td>SST</td>
<td>Specialized Skills Training</td>
</tr>
<tr>
<td>TEA</td>
<td>Texas Education Agency</td>
</tr>
</tbody>
</table>
Appendix A. Factors Impacting Sustainability of ECI

Factors Impacting Sustainability of the Texas Early Childhood Intervention Program

Background

What is Early Childhood Intervention?
ECI is a statewide program for children with disabilities and developmental delays. ECI services support families to help improve their children’s developmental outcomes.

Texas Health and Human Services Commission contracts with local agencies to provide ECI services across the state.

ECI contractors are required to offer the full array of federally mandated services, as appropriate, based on the child’s and family’s needs, and to deliver services in natural environments.

Federal regulations require all children determined eligible for ECI to be served, creating an entitlement from a federal program perspective without corresponding entitlement funding.

Who is eligible?
All children from birth to 26 months who reside in Texas and have at least one of the following:
- Developmental delay greater than or equal to 25% in one domain area.
- Qualifying medical diagnosis.
- Auditory or visual impairment.

How is ECI funded?
ECI receives funding from:
- State sources
- Federal sources
- Family out-of-pocket payments
- Medicaid, private insurance/Tricare, CHIP

Loss of ECI Contractors
The historical funding for ECI has proven inadequate to retain contractors.

58 contractors in 2010
42 contractors in 2018
83 counties and 7,622 children have been affected by contractor changes.

Factors Affecting Sustainability

Increase in Number of Children Served and Decrease in Funding
The number of children enrolled in ECI has increased for the last five years. Funding from the state appropriation has decreased during this same time.

ECI Contractors Must Cover Costs of Children Over the Target
HHSC funds contractors based on a target number of children served each month. If the number of children determined eligible exceeds the target number of children in the contract, the ECI contractor must still serve those children.

In Fiscal Year 2017, 30% of ECI contractors reported having to contribute additional funds to support their ECI programs.

Increase in Special Populations Being Served
The number of children with certain qualifying medical diagnoses being served in ECI is increasing, such as children with Autism and drug-addicted infants, further straining the system since children with more complex needs require more services.

Lack of Private Insurance Coverage for ECI Services
Although more than 30% of ECI families have private insurance, ECI contractors collect only 7% of the revenue needed to operate their programs from this source due to a lack of insurance coverage of ECI services.
Appendix B. The Value of ECI

The positive economic effect of front-end early intervention services has been clearly demonstrated. Short-term and longitudinal data (even into young adulthood) demonstrate the value of the early childhood intervention focusing on family-centered, coordinated services that support parent-child relationships as the core element of intervention.¹

Richard C. Adams, MD
Texas Scottish Rite Hospital for Children, Medical Director of Pediatric Developmental Disabilities

Carl D. Tapia, MD, MPH, FAAP
Baylor College of Medicine/Texas Children's Hospital

The Council on Children with Disabilities

The Value of Early Childhood Intervention

For over 30 years, Early Childhood Intervention has helped over 800,000 Texas families learn how to be the best teachers for their children with developmental delays or disabilities.

ECIs evidence-based practice of helping families incorporate intervention strategies into daily routines:
• Increases children’s rate of growth in key developmental areas.
• Multiplying the opportunities and effects of intervention.
• Increases the return on every dollar spent.

Discover how ECI can help the children and families in your community and healthcare practice.
ECI uses evidence-based practices to help families

7 Key Principles of ECI

The 7 Key Principles for providing early intervention services in natural environments were developed by the national Principles and Practices in Natural Environments Workgroup. This workgroup of subject matter experts and researchers in early intervention agreed that the 7 key principles are the foundations that support the mission of early intervention, which is to build upon and provide supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Principle 1
Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.

Principle 2
All families, with the necessary supports and resources, can enhance their children's learning and development.

Principle 3
The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

Principle 4
The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child and family members' preferences, learning styles and cultural beliefs.

Principle 5
Individualized Family Service Plan (IFSP) outcomes must be functional and based on children's and families' needs and family-identified priorities.

Principle 6
The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.

Principle 7
Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

Meet Luke Rehurek

Rebecca and Jay Rehurek of Cedar Park, Texas had been to doctor after doctor trying to figure out why their one-year-old son Luke was experiencing speech delays, exhibiting unusual eating habits, and avoiding interacting or socializing with other kids. “I knew something was wrong, but I didn’t have a clue what it could be,” said Rebecca. Rebecca became Luke’s strongest advocate, and as she persisted in her efforts to find help for her son, she was referred to Texas Early Childhood Intervention Services (ECI).

Luke’s evaluation and assessment revealed that speech and occupational therapy from specialists in early childhood development could help. ECI professionals and family members identified goals for Luke and developed an Individualized Family Service Plan (IFSP) that would support Luke’s family as they helped him develop. The IFSP also serves as the authorization for services. [Principles 3 and 5]

One of Luke’s goals was to improve his speech and language. Luke’s parents and ECI staff recognized that Luke loved trains. Together they developed strategies that incorporated trains in his everyday family routines to encourage him to become more vocal. Luke began creating stories with his train cars and identifying them by their letter and colors. He really enjoyed building his train set with the assistance of his older sister Kate. “We had a game plan, and it was exciting to see him progressing,” said his dad Jay. [Principles 1, 3 and 7]

Jay and Rebecca were also very concerned about Luke’s unusual eating habits and behaviors at mealtime. The family reported that visits to restaurants became unbearable, and the family began to feel confined, unable to do things together. Rebecca, unsure of what to do, shared her concerns with the ECI staff. “This is what we all have about ECI. It was so easy to change our plan and add new goals. It was always about what was best for Luke,” Rebecca recalled. [Principles 3 and 4]

Activities were developed and revised through joint planning, observation, action/practice, feedback and reflection at every visit. “They taught us to use things from around the home to help my child progress better,” said Rebecca. [Principles 3 and 6]

Luke is a happy and rambunctious little boy who enjoys playing with his dog Lucy. He enjoys going to school and is academically ahead of his classmates. “Early intervention is absolutely everything. We are so grateful to ECI. I hate to think of where Luke would be if it hadn’t been for ECI,” said Rebecca. [Principles 2 and 3]

To hear more about Luke, please visit hhs.texas.gov/eci and view the video About Texas ECI.
### ECI services increase the return on every dollar spent

**Do The Math** — ECI plans services for infants and toddlers based on research which demonstrates that learning occurs between intervention sessions. During a session, the provider utilizes his/her professional knowledge, skills, and expertise to share information with the child’s regular caregiver. The caregiver then provides the intervention within the child’s daily routines. Consider the following comparison for two children who have similar delays in speech and language development.

<table>
<thead>
<tr>
<th>Day</th>
<th>Activity</th>
<th>Mins</th>
<th>Activity</th>
<th>Mins</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Names pictures and reads book during speech therapy session</td>
<td>45</td>
<td>Luke and parents work on speech strategies. Lake plays with trains. Discussion of last week’s daily activities and progress needs. ECI staff observes difficulties and provides feedback. Jointly plan to use trains for labeling, prompting, imitation, etc., to promote speech in daily activities. Mom demonstrates understanding by looking at train book with Luke and labeling objects around the train. Parents and ECI staff discuss other daily activities to incorporate these strategies.</td>
<td>60</td>
</tr>
<tr>
<td>W</td>
<td>Mom drops for train and they count the cars as train goes by</td>
<td></td>
<td>Class color trains and teacher names colors with class repeating</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Teacher reads Things That Go and class repeats the sound each object makes, including trains</td>
<td></td>
<td>Older sister shares picture book, naming pictures together</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Mom and Luke name food at dinner; Luke requests more</td>
<td></td>
<td>Dad and Luke name food at dinner; Luke requests more</td>
<td>5</td>
</tr>
<tr>
<td>T</td>
<td>Sings songs and labels toys and actions during speech therapy session</td>
<td>45</td>
<td>Mom and Luke play “find the bus, find a truck” while in car</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Teacher and class sing alphabet song and point to letters while singing</td>
<td></td>
<td>Luke names foods at dinner and Dad names new foods with Luke repeating</td>
<td>15</td>
</tr>
<tr>
<td>F</td>
<td>Mom and Luke name food at breakfast</td>
<td></td>
<td>Mom and Luke sing songs in car to child care</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Luke names clothes with Dad while undressing</td>
<td></td>
<td>Luke “reads” train book to Dad and names pictures</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total time</strong></td>
<td><strong>90</strong></td>
<td><strong>300</strong></td>
<td><strong>300</strong></td>
<td><strong>300</strong></td>
</tr>
</tbody>
</table>

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**EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT**

The earlier the investment, the greater the return

- Preschool programs
- Programs targeted toward the earliest years
- Preschool programs
- Schooling
- Job training

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*The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness.*

James L. Heckman, Ph.D., Henry Schultz Distinguished Service Professor of Economics at the University of Chicago and Nobel Laureate in Economics

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**Studies found that children who participate in high-quality early intervention/early childhood development programs tend to have:**

- Less need for special education and other remedial work.
- Greater language abilities.
- Improved nutrition and health.
- Experienced less child abuse and neglect.

**ROI and ECI**

Economic analysis demonstrates programs that intervene early to improve child outcomes have returns on investment (ROI) from $2.50 to $17.07 for every dollar spent on early intervention services.
Results show that early intervention works

**Texas Child Outcomes from ECI Services**
The Individuals with Disabilities Education Act (IDEA) Part C programs are required to collect data on child outcomes. This data is compiled and reported to the federal Office of Special Education Programs (OSEP). Children entering and exiting early intervention services are assigned a rating for functional skills on the three Global Child Outcomes that are listed below. These results show Texas children significantly increased their rate of growth in these key areas through their participation in ECI, and that Texas’ child outcomes consistently exceeded the national average.

![Significant Increase in Growth Rate](chart)

**Brain development from birth to 3**
- Neural circuits create the foundation for learning, behavior, and health. These circuits are *most flexible* from birth to 3.
- High-quality early intervention services can change a child’s developmental trajectory and improve outcomes for children, families, and communities.
- Intervention is likely to be more effective and *less costly* when it is provided earlier in life rather than later.
- Early social/emotional development provides the foundation upon which cognitive and language skills develop.

**Making a referral to ECI**

**Who can make a referral to ECI?**
A parent, grandparent, family member, doctor, day care provider, anyone in the child’s life.

**How do you make a referral to ECI?**
- Call the HHS Office of the Ombudsman at 877-778-8999.
- Visit hhs.texas.gov/eci to find an ECI program in your area.

**Citations**
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4. Paying Less – the Least Cost to Failing to Invest in Young Children – PEAN Center on the Rights of the Child, January 2011
5. Policy Perspectives: Early Childhood Investment Fields by Payseby Robert Lynch, Department of Economic, Washington College
7. Research Brief
8. Advocating for Early Intervention in Tight Times – DC Action for Children, Brown White, Policy Impact at the谁 of the DC