

EARLY SUPPORT FOR INFANTS & TODDLERS (ESIT)

COVID 19 PANDEMIC EXPERIENCES

EXECUTIVE SUMMARY

COVID Experience Early Supports to Infants and Toddlers (ESIT) Survey

For nearly four years policymakers and providers of Early Supports to Infants and Toddlers (ESIT) in Washington State have been heroically delivering vital services to young children and their families despite the vicissitudes of a devastating national pandemic. We have done our best to reach children, manage therapies and support, keep families and staff safe, and sustain our organizations financially. We are in awe of your determination, compassion, commitment, and creativity.

Our purpose is to document the highlights and challenges of our shared COVID experience, so that we might learn from this crisis. The following survey is the product of the Finance and Public Policy committees of the State Interagency Coordinating Committee and has been vetted by the Early Childhood Development Association of Washington.

During the COVID-19 pandemic, ESIT agencies adapted to unprecedented challenges with several **innovative solutions**:

INNOVATIVE SOLUTIONS:

- **Telehealth:** Agencies swiftly adopted telehealth services, which proved essential during the pandemic and remain useful post-pandemic. Funding was provided for devices and WiFi, but sustaining this support has been difficult. Effective administration and secure Zoom licenses were necessary, but as in-person services resumed, a reevaluation of the number of Zoom licenses is underway.
- **Remote Learning, Meetings, and Events:** Virtual platforms like Zoom facilitated remote learning, meetings, and events, enabling better collaboration and reducing travel and space costs. This format expanded learning opportunities and fostered connections across geographically dispersed teams.
- **Increased Supports for Reflection and Capacity Building:** Grant funding during the pandemic supported reflective consultation and capacity building, highlighting the need for ongoing funding to sustain these programs and support various organizational departments.
- **Digital Paperwork:** The shift to digital paperwork, primarily using DocuSign, improved efficiency but came with additional expenses and administrative burdens. Continued funding and support for language accessibility and form maintenance are needed.
- **Rapid Response and Virtual Services:** Agencies quickly transitioned to virtual services, creating and translating consent forms into multiple languages and providing extensive training. Funding for interpreters and virtual accessibility ensured equitable service provision.
- **Enhanced Collaboration and Tools:** The pandemic prompted the use of shared collaboration tools like Google Docs and Outlook calendars. Agencies adopted electronic signature programs to streamline paperwork and ensure timely completion.

- **Electronic Medical Records:** The transition to electronic medical records systems facilitated remote work and continued use of telehealth for evaluations and services. Agencies provided technology and internet access support to families in need.
- **Adaptation to Virtual Platforms:** The use of Zoom and Teams enabled continued service delivery and meetings, offering flexibility for inclement weather or illness. Virtual platforms also supported professional development and community connections.
- **Digital Transformation and Infrastructure Improvements:** The pandemic accelerated the transition to digital systems and improved infection control policies. Agencies implemented electronic records and utilized technology to maintain service delivery despite challenges.

Overall, these innovations highlight the resilience and adaptability of early intervention agencies during the pandemic, with many virtual and digital solutions continuing to enhance service delivery post-pandemic.

During the COVID-19 pandemic, early intervention agencies and the families they serve faced significant financial challenges, which were alleviated through various **funding sources and support mechanisms:**

FUNDING SOURCES AND SUPPORT MECHANISMS:

- **Paycheck Protection Program (PPP) Loans:** Many agencies applied for and received PPP loans, which helped maintain staffing levels and cover operational costs. Forgiveness programs associated with these loans provided further financial relief.
- **American Rescue Plan Act (ARPA) Funding:** ARPA funds were crucial in supporting agencies with staff retention, technology needs, and other operational priorities. However, the associated paperwork was often cumbersome.
- **CARES Act:** This act provided direct financial relief to families through tax rebates, credits, and supportive unemployment benefits. It also facilitated the creation of emergency childcare subsidies and other reliefs for early learning providers, significantly benefiting many families and providers in King County.
- **Enrollment and Referral Impacts:** The pandemic led to a significant drop in referrals and enrollments, causing financial losses for many agencies. Some had to use their reserves to continue operations, leading to ongoing stress.
- **Support for Families:** Various supports were put in place for families, such as the Best Starts for Kids levy funding for interpreters and city-funded bridge services for children unable to access services due to school closures. However, families faced job losses, childcare crises, and difficulties in engaging with virtual services.
- **Grants and Donations:** Agencies received grants and donations from existing relationships with grantors and private donors, some of which came without specific requests for help.
- **Telehealth Services:** Insurance reimbursements for telehealth services were increased, and agencies invested in technology to facilitate remote services. However, virtual services did not work well for all families, particularly those with limited internet access or other competing priorities.
- **Employer Contributions and Financial Support:** Agencies increased employer contributions to health insurance and covered out-of-pocket costs for families, such as co-pays and deductibles, through various funds.

Overall, these funding sources and supports helped early intervention agencies navigate the financial challenges of the pandemic, allowing them to continue providing essential services to families despite the significant disruptions.

Summary of **Staff Impacts and Learnings** from COVID-19 Pandemic

STAFF IMPACTS AND LEARNINGS:

Roles Most Impacted:

- **Family Resource Coordinators (FRCs):** Experienced significant administrative burden with paperwork changes and needed smaller caseloads due to overwhelm.
- **Administrative Operations and IT Teams:** Faced increased workloads due to new processes, technology needs, and training demands.
- **Therapists (OTs, PTs):** Struggled with adapting to telehealth services; some resigned when in-person services resumed.
- **Human Resources and Management:** Increased need for support and managing misunderstandings, with middle management particularly challenged by remote work transitions.
- **Direct Service Providers (DSPs):** Had to quickly adapt to virtual service delivery, which was difficult for certain children and families.

Learnings and Challenges:

- **Remote Work:**
 - **Positives:** Enabled continuity of services, allowed flexibility for staff with family obligations, and improved some coaching strategies.
 - **Challenges:** Feelings of isolation, difficulty in team collaboration, increased utility and internet costs, and the need for home office setups.
- **Hybrid and In-Person Work:**
 - **Positives:** Hybrid schedules offered a balance between remote and in-person work, which improved morale and productivity for many staff. Some roles, such as dietitians, were easier to maintain remotely.
 - **Challenges:** Transitioning back to in-person work was difficult for some staff, leading to resignations and adjustments in workflow. Monitoring staff performance and onboarding were also more difficult.
- **Technology and Training:**
 - **Increased IT Workload:** IT departments faced tripled workloads due to increased equipment needs and training requirements.
 - **Training Needs:** Staff required training in new technology platforms, telehealth service provision, and mental health resilience. IT security and general tech training were also consistently needed.
- **Mental Health and Morale:**
 - **Increased Focus on Self-Care:** Agencies offered various self-care and mental health support initiatives, such as yoga classes and training on resilience.

- Compassion Fatigue and Burnout: Isolation and increased caregiving responsibilities contributed to staff burnout and compassion fatigue.
- **Operational Adjustments:**
 - Policy Development: New policies were developed for remote work, documentation, and health protocols during in-person interactions.
 - Communication: Regular virtual meetings helped maintain staff connections, but some staff experienced virtual fatigue.
- **Organizational Changes:**
 - Shift to Hybrid Work: Many agencies now have a hybrid work model, which is generally preferred by staff for its flexibility.
 - Increased Support Needs: Agencies had to increase support for both staff and families, addressing mental health needs and providing necessary tools for effective remote work.

Overall, the pandemic highlighted the importance of flexibility, the need for robust technology infrastructure, and the value of staff well-being in maintaining effective service delivery.

Summary of Learnings on **PPE Distribution and Mandates** from the COVID-19 Pandemic

PPE DISTRIBUTION AND MANDATES:

Key Learnings:

- **Standardization and Inventory Management:**
 - Established standard PPE ordering processes across sites and increased inventory cycles to prevent shortages.
 - Created travel PPE kits and self-serve restocking supplies for providers, ensuring they have necessary PPE at all times.
- **Distribution and Accessibility:**
 - Ensured PPE (masks, gloves, hand sanitizer) was always available on-site and accessible for staff.
 - Maintained stockpiles of hand sanitizer, masks, and other PPE, with a preference for quality products like clear masks for effective service delivery.
 - Provided in-home/on-site COVID tests and masks through the Department of Health, enhancing safety and financial feasibility as services returned to hybrid and in-person formats.
- **Communication and Training:**
 - Developed written expectations and protocols using CDC and local health guidelines, ensuring staff and families were informed about PPE usage and illness prevention.
 - Provided information on proper PPE use in multiple languages to accommodate language barriers.

- **Policy and Practice:**
 - Leaned on staff to determine best practices for individual and family needs, especially for medically fragile or high-risk individuals.
 - Created policies that are continually updated to reflect current best practices and guidelines.

- **Challenges and Adaptations:**
 - Faced initial challenges with PPE availability and determining appropriate types of masks and sanitization products.
 - Held regular leadership meetings to discuss PPE needs, establish protocols, and ensure consistent implementation.
 - Found that different roles and services had varying PPE needs, with some requiring specific items like clear masks for speech therapy.

- **Mandates and Flexibility:**
 - Mandated PPE use when necessary, but generally preferred to provide guidance and allow staff discretion based on situational needs.
 - Vaccination mandates varied by program, leading to challenges in maintaining equity among employees.

- **Long-Term Adjustments:**
 - Recognized the importance of having a permanent supply of PPE available for future needs and ongoing health precautions.
 - Emphasized the importance of maintaining hygiene practices, such as handwashing and masking when ill, as part of daily routines.

- **Community Impact:**
 - Increased overall awareness of illness hygiene and the significance of PPE in protecting health, benefiting communities with significant health impacts and disabilities.

Overall, the experience underscored the importance of preparedness, clear communication, and flexibility in managing PPE distribution and mandates, ensuring both staff and families are protected and informed.

Summary of **Communications and Coordination by Early Intervention (EI) Agencies** during the COVID-19 Pandemic

COMMUNICATIONS AND COORDINATION BY ESIT AGENCIES:

Key Points:

- **Communication Efforts and Innovations:**
 - Some agencies, like CTC, established performance and quality assurance teams to refine policies and create effective communication channels.
 - Weekly meetings and email updates were implemented to provide the latest information from public health authorities and the CDC.

- Meetings with neighboring ESIT agencies facilitated the sharing of strategies and procedures, ensuring accurate interpretation of mandates and guidance.
- **Challenges in Communication:**
 - Inconsistencies and delays in communication from state and local lead agencies, as well as between different health districts, posed significant challenges.
 - The rapid pace of changing information from various authorities (Governor's office, ESIT, CDC) made it difficult to determine the most current and relevant guidelines.
 - Some agencies struggled with outdated information and the need for clearer, more frequent updates.
- **Coordination and Collaboration:**
 - Collaboration with other provider agencies was crucial for navigating the pandemic, though it was often informal and lacked centralized coordination from ESIT.
 - Agencies relied on local health districts, educational service districts, and their own leadership teams to interpret and streamline approaches to crisis management.
 - Frequent team meetings and collaboration within agencies helped develop better communication skills and establish consistent practices.
- **Family Communication:**
 - Agencies prioritized communication with families through websites, social media, and letters, though there was recognition of the need for more frequent and effective outreach.
 - ESIT provided some messaging for clients and families, including vaccine access information and basic needs support, which were critical resources.
- **Crisis Communication Plans:**
 - Many agencies had rudimentary crisis communication plans in place pre-pandemic, which were relied upon and adapted as the situation evolved.
 - The experience highlighted the importance of having solid, detailed crisis communication plans to better anticipate and address needs.
- **Support and Resources:**
 - There was a call for better coordination among health departments, L&I, and ESIT to create a unified set of rules and guidelines for ESIT providers.
 - Agencies noted that support from local health jurisdictions was often more effective than from ESIT leadership, which faced challenges in providing timely and consistent guidance.

Overall, while EI agencies made significant efforts to manage communications and coordination during the pandemic, the experience underscored the need for more structured and consistent communication plans, better inter-agency coordination, and clearer, more frequent updates from central authorities.

Additional Insights from Early Intervention (EI) Agencies on Their COVID-19 Pandemic Experiences

ADDITIONAL INSIGHTS:

Key Themes:

- **Flexibility and Coordination:** Emphasized the importance of being adaptable, with a focus on the critical need for coordinated and sufficient funding.
- **Technology Integration:** The pandemic accelerated the adoption of technology such as Zoom, Microsoft Teams, OneDrive, SharePoint, and DocuSign, significantly improving workflow and paperwork management.
- **Staff Appreciation:** Agencies expressed deep appreciation for their staff's dedication, recognizing the personal and professional stress they endured while ensuring continued service delivery.
- **Burnout and Relationships:** Acknowledged the burnout and strain on relationships after years of intense effort, highlighting the need to refocus on shared goals and compassionate, constructive partnerships.

Positive Experiences:

- **Virtual Services:** Highlighted both the benefits and limitations of virtual services, with potential for expanding effective coaching.
- **Outdoor Meetings:** Some agencies appreciated the opportunity to meet providers outdoors rather than online, offering a preferable alternative to virtual interactions.
- **Challenges and Recommendations:**
- **Policy Templates:** Agencies found it helpful to have templates for policies and procedures mandated by ESIT, reducing the burden of creating them from scratch and ensuring accuracy.
- **Economic Disparities:** Expressed frustration over heightened economic disparities, noting that socioeconomically disadvantaged families lacked the same access to in-person care available to those who could afford private pay services.
- **Unified State-Level Coordination:** Recommended the establishment of state-level teams to coordinate and disseminate directives on PPE provision, usage, and engagement during pandemics. The fragmented approach by separate state agencies was seen as problematic.

Acknowledgements and Future Focus:

- **Feedback and Improvement:** Appreciated the efforts to gather feedback and expressed interest in the results and subsequent actions to improve future experiences.
- **Recognition of Efforts:** Suggested that ESIT should send recognition to staff for their efforts during the pandemic as a form of appreciation and morale boost.

Overall, these insights underscore the importance of flexibility, coordinated communication, and support for staff. The integration of technology has been a silver lining, while addressing economic disparities and ensuring unified state-level directives remain crucial areas for improvement.

Other:

1. Vaccine mandates created significant complexities for agency to navigate in terms of policy discussion, equitable access and differing requirements across the state. Agencies that were NDCs faced contractual

mandates related to vaccines. This led to some staff requesting exemptions, increased attorney fees to determine legal course of action, challenged the mental health of staff members, and extra unemployment costs. Navigating the vaccine issues was really complex, and for many agencies, lead to some of the most challenging situations for administrators as some long-term employees were let go.

2. In the technology section, one of the challenging things was the home office set up and the need to determine whether people's home internet was secure since staff were providing telemedicine from home.
3. The development of forms for families added significant cost and time for agencies. Agencies had to develop a consent for virtual services.