

Data Notes for IDEA, Part C

Counts of Infants and Toddlers Served

Illinois—The State reported increases in child count from 1998 to 1999, due to a massive Child Find required by the State courts. Also, eligibility requirements changed from 40-50 percent to 30 percent delay requirements. Therefore, more children were eligible for the program.

Indiana—The total increase of 30.5 percent from 1998 to 1999 is accurate and reflects successful Child Find activities. Indiana also adopted a number of biological risk factors as a basis for eligibility and has reassessed its estimate of the target population. Currently, based on the incidence of low birth weight babies, the State anticipates continued growth toward an annual enrollment of about 18,000 children.

Ohio—The State attributed the increase in the number of infants and toddlers served from 1998 to 1999 to a newly implemented statewide data collection system (Early Track) in all counties.

West Virginia—The State attributed the 51.5 percent decrease in the child count from 1998 to 1999 to difficulties encountered in implementing a new data application. The new application will allow data to be collected and entered at the local level with regular submissions to the State office. The State has not successfully completed the conversion process from the previous database and paper transfer process to the new data application. Once the conversion is completed, the State believes that its 1999 reported child count will be more in line with previous years.

Early Intervention Program Settings

Delaware—The State indicated increases in other settings has resulted from increases in services provided which are supported in a range of environments, reported largely in the other category. The State further commented that this approach has been developed to support children in natural environments.

Hawaii—The State attributes the increase in programs for typically developing children from 1997-98 to 1998-99 to efforts to provide more services in natural settings to be consistent with the IDEA Amendments of 1997. The decrease in other settings was attributed to staff identifying specific settings rather than using the generic "other." The State also credits the increase to better record keeping and collecting more detailed data.

Illinois—The State reported significant decreases in home settings and classroom settings from 1997-98 to 1998-99 because the State focused on producing an unduplicated count.

Indiana—The 52.87 percent increase in children served in the home setting is a direct result of a policy emphasizing delivery of services in natural environments and the more frequent interpretation of natural environment as being in the home. It also reflects the increase in the number of children enrolled in the program.

Michigan—The State attributes the decrease in other settings to improved use of the service provider location category. The OSEP-revised category label has improved understanding of what should be included in that setting.

New Jersey—The increase in home environments and programs for typically developing children is due to a move to provide services in natural environments.

Ohio—The increase in programs for developmental delay is due to more accurate reporting in the State's Early Track data collection system.

Oklahoma—The State reported that the decrease in other settings is due to the renewed emphasis on natural environment settings and decreased reliance on contract providers providing services in non-natural environment settings.

Early Intervention Program Exiting

Alaska—The data from this table came from an older database for which the definitions of the exit categories were not entirely consistent with the Part C requirements. The State of Alaska is implementing a new database with exit categories and definitions that are consistent with Part C definitions; therefore, the exit data for the December 1999-00 submission will be more accurate.

Alaska has a high number of children in the moved out of State category because families move to the State for jobs and often stay for short periods of time due to its remote arctic environment. Also, Alaska has a large military population, and these families often are transferred out of State after 2 years or less due to military assignments.

Delaware—The State reports that large numbers of children reported in two categories—not eligible for Part B exit to other programs and not eligible for Part B—are a function of the broad Part C eligibility definition; therefore, more of the children exiting Part C may not require further services.

Indiana—The high number of children recorded as exiting by completion of individual family service plan (IFSP) reflects the rate of success of the First Steps program.

Kansas—Kansas reported a large number of children in the moved out of State category. The State reported that families living on the border of Kansas and Missouri frequently move between States. Kansas also reported that a large number of military bases are in the State, and these families are reassigned to other States/countries. Also, Southwest Kansas and Sedgewick County in South Central Kansas have high populations of migrant workers.

Kansas reported the large number of infants and toddlers identified as Part B eligible was a function of the similarity in eligibility requirements between Parts B and C.

Montana—Montana reported a large number of children exiting because they moved out of state. The reason cited was that Montana is a very economically depressed area, which results in rapid turnover in population as parents search for viable employment. Additionally, Montana is home to Malmstrom Airforce Base; a large number of military families and their children receive services but move often.

New Jersey—The State reported high exiting rates because the majority of children served in Part C are ages 2-3, who consequently reach maximum age. New Jersey reported that followup was inadequate to determine appropriate exit categories, but also reported that the monthly reporting process has now been changed to obtain more accurate information.

Rhode Island—In response to reporting large numbers of children exiting, the State reported that it exits a number of children to other programs who enter early intervention, especially those with multiple risk conditions who are often more appropriately served by programs other than their "disability-oriented" program.

Vermont—The State, in response to questions about the large number of children exiting, reported that most of the Part C children served are referred between the ages of 2-3, and, therefore, most of them would be exiting.

Early Intervention Services

Delaware—The State reported that the significant increase in other early intervention services from 1997-98 to 1998-99 were attributable to staff underreporting assistive technology services in previous years. Part C staff have been providing technical assistance to early intervention programs on the definitions of early intervention services. As a result, programs have been reporting more accurately assistive technology services on IFSP and to Delaware's data tracking system.

Hawaii—The State attributed the increase from 1997-98 to 1998-99 in nursing services and respite care to better record keeping and collecting more detailed data.

Idaho—Upon investigation of the decrease in other early intervention services category from 1997-98 to 1998-99, the State discovered that this discrepancy was due principally to the past inclusion of "service coordination" services in that category. The State corrected this error, which accounts for the decline.

Indiana—The State reported that increases from 1997 to 1998 in assistive technology services reflect several factors: (1) increased accuracy of the integrated central demographic and financial database; (2) major increases in the number of children enrolled; and (3) greater sophistication in targeting the needs of the children served.

Michigan—The State commented that decreases in social work services were caused by a change in how the State defined the social work services category. Previously, the State included service coordination with the code for social work services. Beginning in 1998-99, Michigan no longer included service coordination in this category.

Nevada—The State reported that in previous years, programs were underreporting assistive technology services. Technical assistance has been provided to early intervention programs on definitions of early intervention services. Programs have thus begun reporting more accurately the assistive technology services on IFSPs and to Nevada's data tracking system.

Ohio—The increase in services reported is due to full implementation of the State's Early Track data collection system. The decrease in family training services is related to the increase in other early intervention services. The State suspects that the family training, counseling, home visits, and other support service categories were over-utilized in the past.

Early Intervention Personnel

Connecticut—The State attributed the staff increase to a large growth in the number of children served.

Illinois—The State commented that the increase in personnel numbers is the result of a court decision that required the State to conduct a massive personnel recruitment to meet the needs of the increased number of children in the program. The State suspects that the count of orientation and mobility specialists was excessively high because developmental therapists were reported in that category. In the next data collection period, the State will include developmental therapists under special instruction and report this category under other professional staff. Illinois has had changes in Part C data management staff and is working to improve the quality of the personnel data reported. The State further noted it currently has no process to collect counts of paraprofessionals because they do not bill the State directly.

Indiana—The State reported that professional staff decreases from 1997 to 1998 of physical therapists, other staff, and total staff are a reflection of increasingly accurate data collection from an integrated central demographic and financial database.

Louisiana—The decrease in the FTE of paraprofessionals employed and contracted to provide early intervention services is indicative of the State's efforts to meet the intent of Federal regulations regarding personnel standards. In Louisiana, paraprofessionals are not considered "qualified providers" of early intervention services under Part C. They work as support staff in the local education agency (LEA) and early intervention programs. The State expects to see a continued decrease in the number of paraprofessionals reported. The State provided two reasons for the decrease in the total number of staff employed. First, early intervention services are provided by LEAs and public and private providers, and not all providers are submitting data. Second, the State has experienced a decline in the number of qualified providers due to a reduction in the already low Medicaid reimbursement.

Michigan—One of the larger districts in the State reported an increase of 35 individuals with an FTE increase of 22.35 in the social worker category.

Ohio—The increase in personnel from 1997 to 1998 is because Early Track was fully implemented in all 88 counties. The decrease in other professional staff is related to the more accurate reporting in the other personnel areas, such as nurses, occupational therapists, physical therapists, etc.