

Data Notes for IDEA, Part C

Counts of Infants and Toddlers Served

Alaska—Race/ethnicity was imputed for 99 children. The child count for 2- to 3-year-olds includes 49 children over the age of 3.

California—Although the state serves at-risk children, it did not submit data on the number of at-risk children served in the 2001 child count. Due to the time lag between when a delay is identified and when this information is updated in the state's data system, the state is no longer able to distinguish the at-risk population from other Early Start consumers.

Indiana—The reported child count is not complete. The state expects to revise the count in the future.

Iowa—The state reported a 15% increase in the child count as a result of improved Child Find and improved data reporting as a result of modifications to the computerized information system.

Nevada—The state attributes the decrease in the number of children served to unfilled direct service positions and/or frozen positions for direct service personnel. These staff shortages have resulted in a waiting list. Nevada is unable to serve all of the children with disabilities that it has identified. In addition, as a result of a change in state policy, Nevada no longer serves children who are at-risk.

New Hampshire—The slight decline in the child count reflects a change in reporting methodology. Last year, the count was based on survey information that was not completely accurate. The state believes this year's data are correct.

Rhode Island—The state imputed race/ethnicity for 122 infants and toddlers using the known distribution. They also counted some children (2.6% of total count) who had turned age 3 in the 2-to-3 age category.

Washington—The state did not report race/ethnicity for 214 children whose race/ethnicity was unknown.

Early Intervention Service Settings

Alabama—The decline in the number of infants and toddlers in programs designed for children with developmental delays or disabilities and in the service provider location and the increase in the number reported in the home setting category is the result of Alabama’s move to serve children in more natural environments.

Florida—The change in the number of children reported in the settings categories for 2000 is a result of a change in how the state classifies a child who receives services in a variety of settings. Prior to 2000, Florida assigned the child’s setting/location based on the initial service location data in the Florida Early Intervention Program data system. For the December 2000 data, each child’s service setting was determined based on a hierarchy of settings.

Illinois—The increase in the number of children served in almost all the settings is the result of caseload growth during the 2000-01 reporting period. This was reflected in the 2000 child count. The state continued implementation of a new front-end data system, so the data are also clean.

Kentucky—Kentucky only determines whether the program setting is home or community based versus office or center based. Because all children may receive services in multiple settings, when the state reports data to OSEP it assigns the service provider location to all children not also served in the home or community setting.

Missouri—The decrease in the other settings category is a result of better identification of children’s primary settings by the state. These improvements allow the state to assign the applicable OSEP settings category.

New York—The increase in children served primarily in the home environment is the result of the state’s emphasis on the delivery of services in natural environments. This is also the explanation for the decrease in the number of children served in programs designed for children with developmental delays or disabilities.

The increase in the number of children served primarily at a service provider location or other setting is a result of guidance the state gave to counties regarding how to code specific settings into the OSEP data collection categories.

Oklahoma—The state attributes the increase in the other settings category to a mistake in the assignment of settings categories. Through technical assistance, the state encouraged data collectors to use the other settings category when serving children in natural environment settings other than the child’s home or child care environments. The state is providing further assistance to data collectors so that they better understand each program settings category.

Oregon—The state reported that the bulk of the number of infants and toddlers served in the service provider location setting occurred in two regions of the state. These two regions account for most of the decrease in the number of children ($N = -54$) in the programs for developmental delay category. According to Oregon, because of the similarity in the definitions of these two settings (either can serve a group of children with disabilities), they believe there was a clarification/interpretation made for these two sites. This accounted for the increase in the service provider location setting. They will train service providers in the accurate interpretation of these definitions this coming year.

Rhode Island—The state reported that the increase in the other settings category is related to how service settings are classified into this setting. In Rhode Island, the individualized family service plan (IFSP) form does not provide a space to define other location. Providers define other on a service-rendered form (SRF) at the time the services are provided. However, the SRF has a different set of location codes that do not correspond with those on the IFSP. In the future, these codes will match, and providers will be asked to define other location on the IFSP. Until then, the other settings category is inflated (e.g., daycare was entered into an SRF under other location. It should be counted as a program designed for typically developing children). The location codes will be revisited and more clearly defined within the next 5 months. The state expects that the data for 2002 will be clearer.

Early Intervention Program Exiting

Alabama—Because the state's definition of Part B eligibility does not match OSEP's definition, it was unable to distinguish between children determined to be Part B eligible with an IEP in place and children who had been referred to Part B. As a result, these children were reported in the eligibility not determined category.

The state also reports that the increase in the attempts to contact unsuccessful category is a result of more accurate reporting.

Arizona—Arizona has changed its data collection method for the information reported to OSEP. In previous years, the state retrospectively collected data for the previous year counts. Not all agencies collected the necessary information, or they were unable to submit data for the appropriate time period. Improved data collection efforts for reporting year 2000-01 resulted in better reporting of table counts.

California—The change in the number of children in the different basis of exit categories is the result of a revised consumer data system implemented in April 2000. California can now distinguish between children exiting early intervention because:

- the case was closed during eligibility determination (284);
- they moved out of state (147);
- they were withdrawn by parent (620); and

- attempts to contact were unsuccessful (583).

Previously, all of these reasons for exiting were counted in the completion of an IFSP prior to maximum age exit category.

The revised data system also reduces data reporting time lags and permits more comprehensive and timely identification of children exiting Early Start who are not Part B eligible and those who exit to other programs.

Florida—The increase in the number of children exiting from the Florida Part C program between 1999 and 2000 is the result of improvements in its reporting requirements beginning in 2000. The number of children reported as exiting Part C services in 1999 represents an underreporting of children. Now, because this information is a critical monitoring factor, the local agencies comply with the data reporting requirements.

Idaho—The decline in the number of children reported in the Part B eligibility not determined category is the result of Idaho’s dedicating a considerable amount of the 2000 data collection year’s effort to cleaning up this category.

Due to the lag time in paper work catching up with the data entry process, the state reported that it will always have a small number of children whose exit status is undetermined. The state plans to keep that number down to 1% or 2% of the total exited count. It believes that the large number of children whose exit status is Part B eligibility not determined is an indication of a larger systemic problem concerning the child’s transition process in the state.

Missouri—Missouri reports that the increase in the number of children exiting with no referral is because caseloads have increased. In addition, First Steps personnel were not as successful in referring children ineligible for Part B to other programs.

Nebraska—Nebraska does not collect data for the following exit categories: not eligible for Part B, exit with no referrals, moved out of state, and attempts to contact unsuccessful.

Nevada—Nevada attributes the increase in the number of children in the Part B eligibility not determined category to the fact that no data tracking system accurately collects Part C to Part B transition information. The state’s Part C program plans to provide technical assistance to programs to ensure correct coding for children transitioning to Part B.

Pennsylvania—The state attributes the increase in the category completion of IFSP prior to reaching maximum age to the state’s now serving more children and increasing its public awareness program for early intervention.

It reports that the decrease in Part B eligibility not determined is a result of increased coordination efforts with the Part B program so that the state is able to establish eligibility earlier.

Rhode Island—When Rhode Island initiated a new data collection system in 2000, the discharge codes did not clearly reflect the OSEP reporting categories. Exit with referral and exit with no referral were not separate categories. As a result, all of these children were reported in the exit with no referral category. Late in 2000, the discharge codes were updated to break out the categories. Because Rhode Island mandates that all children exiting the system without completing IFSP goals must be referred, the state expects the number of exits with no referral to decline in the next reporting period.

Early Intervention Services

Arizona—The state of Arizona changed its methods for collecting Part C data. In previous years, the state collected historical data from service agencies. Not all agencies could provide the information or they were unable to submit data for the appropriate time period. Revised data collection efforts for the reporting year 2000-01 resulted in better reporting of counts.

Florida—The change in the number and type of services provided to children reflects the variation in service needs of a cohort of children from year to year. The greatest change, in the other category, is a result of the state's including evaluations and assessments as services in 1999 and not including them as services in the count for 2000.

Illinois—The increase in the number of services provided in Illinois is the result of caseload growth during the 2000-01 reporting period. The state continued implementation of a new front-end data system, so the data are also cleaner.

Minnesota—The state does not collect services data by race/ethnicity.

Missouri—The state attributes the decrease in the family training category to improved staff training and to providing staff with a clearer definition of the service category. In the past, any informal directives or instruction provided to parents were counted under the family training category. Family training is now defined as a formal instructional course or training, and informal instruction to parents is no longer counted in the category.

There was also a change in the data reporting method for the 2000-01 data collection. An electronic collection was used, resulting in more timely and improved reporting. This in turn resulted in different and more accurate categorization of services. This is especially noticeable in the health services category, which shows a

large decrease from last year. Services previously reported as health services are now reported in other categories.

The state no longer includes service coordination in the other services category as was incorrectly done in previous submissions. This accounts for the decrease in the other services category.

Changes have also been made to the methods of reimbursement for services provided in a natural environment. This change resulted in a decrease in reported transportation costs.

Vision services data have decreased because the state no longer counts vision screening services provided prior to Part C eligibility determination.

Oklahoma—In 2000, Oklahoma experienced a large increase in other early intervention services. This increase reflects a change in where the state reports child development specialists. In 1999, they were counted in the special instruction category. In 2000, they were counted in the other early intervention services category.

Oregon—Oregon reports that the increase in the number of other early intervention services provided is the result of collecting data on an increased range of other early intervention services for state use. Prior to 2000-01 the state reported relatively small numbers (approximately 20) of other early intervention services (e.g., orientation and mobility and autism services), and categories and definitions were changed. The 2000-01 data appear stable and represent an accurate count of other early intervention services from the state.

Early Intervention Personnel Employed

Alabama—Alabama is unable to account for the decrease in total staff. These data are as reported from providers.

Florida—Changes in the number of providers enrolled in the Early Intervention Program reflect the changing array of individuals providing services to the birth through 3-year-old population. Overall, the Florida Early Intervention Program has made an effort to encourage and enroll more professionals as service providers.

Illinois—Illinois reported that the increase in the number of personnel employed is the result of caseload growth during the 2000-01 reporting period. The state also continued implementation of a new front-end data system, so the data are cleaner.

Missouri—The state reported that the decrease in number of other professional staff is a result of excluding service coordination from the count. In previous years, service coordinators were incorrectly included in the count of personnel.

Nebraska—Nebraska reports that the decline in the total number of full-time equivalent personnel reported by the state may be because they are now able to prorate the full-time equivalency based on caseload. This enables them to collect more accurate full-time equivalency data.

New York—The state explained that the increase in number of full-time equivalent personnel providing services is due to a change in the requirements for individuals providing services under contract to a provider agency. The New York City Early Intervention Program received approximately 6,500 applications from individuals for approval as an individual provider. If these individuals subcontract with or are employed by a provider agency, they may also be listed as a full-time equivalent on the agency's application or information updates.

Ohio—Ohio reported that the decline in the number of personnel is because these data are not representative of service providers across the state. Ohio is instituting a reporting tool to be used by all agencies/organizations providing services to the early intervention population. This survey will provide a more comprehensive report of personnel who provide services to early intervention children in Ohio.

Oregon—Oregon reported an increase in the number of paraprofessionals; the number of special educators and speech and language pathologists also increased. The state explained that the increases are not the result of a mistake or specific anomaly. However, they were unable to provide a specific explanation.

South Dakota—The state explained that the decrease in the total number of full-time-equivalent personnel employed is the result of newly established criteria for determining billable travel time. This change in criteria reduced the number of hours contracted and thereby reduced the number of full-time equivalents. The state is working on implementing changes to its data system that will help it distinguish between hours contracted and hours reimbursed. These changes should result in more accurate counts of full-time equivalents employed.