

Part C Child Count and Settings Data Notes

2015-16 Reporting Year

This document provides information or data notes on the ways in which States and entities collected and reported data differently from the Office of Special Education Programs (OSEP) data formats and instructions. In addition, the data notes provide explanations of substantial changes or other changes that data users may find notable or of interest in the data from the previous year.

Guam

Year to year report for 2015-2016 child count totals for 1-2 year olds indicated an increase in numbers of 25 and percentage difference of 45.45% as compared to child count totals for 1-2 year olds for 2014-2015 618 report.

Based on the 2015-2016 618 report, children served on December 1, 2015 was 187 (43% were 1-2 year olds) as compared to 161 (34% were 1-2 year olds) December 1, 2014 618 report. Based on data cases with active IFSPs that were terminated decreased from 117 (December 1, 2014) to 109 (December 1, 2015). Majority of the cases terminated from 12/2/2014 to 12/1/2015 were 30 months of age or older and transitioned to Part B or completed their IFSP prior to reaching age 3. In addition, the number of referrals resulting in the development of an Initial IFSP was 135 for 12/2/2014 to 12/1/2015 as compared to 119 for 12/2/2013 to 12/1/2014.

In reviewing the above mentioned data, the increase for total 1-2 year olds served may be attributed to the state's public awareness and child find aggressive efforts to educate parents, physicians, and daycare providers regarding Part C services and the importance of referring as well as continual services for infants and toddlers, with a disability or at risk for delays, ages birth through 2 years of age. Guam Part C teamed up with early childhood community partners to offer parent workshops/conferences on the importance of play and parent-child interaction and provide training to physicians and daycare providers on using a standard developmental screener and a common referral form to daycare providers and physicians.

Georgia

Section A - Birth through 2 Total by Community: This increase was due to more children being served in specialty clinics.

Birth to 1: There was an increase in the population of children ages birth to one.

1 to 2: There was an increase in the population of children ages one to two.

Section B - Birth through 2 Total by Community: This increase was due to more children being served in specialty clinics.

Section B – Total Hispanic/Latino: The decrease in the number of self-reported Hispanics is more than likely due to new immigration laws in Georgia.

Section B – Total Native Hawaiian or Other Pacific Islander: The decrease in the number of self-reported Native Hawaiian or Other Pacific Islander is due to those kids aging out of the program.

Section B – Two or More Races: There was an increase in the number of self-reported Two or More Races. 367 null values are also counted here.

Kansas

There was a significant decrease in Section A: Age for the category Birth through 2 Total by Community of 21.43%. In drilling down the data, Kansas compared rates of change of the 36 individual programs and found that three programs accounted for the majority of the change. Those 3 programs have 75% of the total children served in community-based settings. The remaining 25% of children served in community based settings are scattered over the remaining 33 programs, with only slight variations from one year to the next. Each of these three programs reported more children being seen in the home setting and fewer children being seen in community settings, which led to the changes obtained. The change is attributed to increased training and clarification of settings data.

Minnesota

Minnesota has been asked to comment on two items from the Year to Year Comparison report.

First is the change from 2013-14 to 2014-15 in the number of children who were determined to no longer be eligible for services under Part B prior to reaching age 3. The change report showed that 76 more children exited prior for this reason in 2014-15 than in 2013-14. It is important to know that 458 more children exited overall in 2014-15 than in 2013-14. Children determined to no longer be eligible for services under Part B prior to reaching age 3 represented 8.1% of all exiters in 2014-15 compared to 7.2% of all exiters in 2013-14. We attribute this change to improved child find that is identifying more children with mild delays who exit appropriately prior to age three through an IFSP team process.

Second is the change in the number of children who were withdrawn by parent or guardian. While the year to year increase of 124 children seems extreme it is important to remember Minnesota's overall increase in the number of children who exited Part C. Children withdrawn by parent or guardian prior to reaching age 3 represented 12.9% of all exiters in 2014-15 compared to 11.3% of all exiters in 2013-14. The change of 1.6% represents a change that must be carefully monitored to see if it is the beginning of a concerning trend or a one year anomaly. During the 2012-13 school year 12.5% of children exited as a result of parental withdrawal. This proportion is much more like the state's performance in 2014-15.

Montana

Montana reviewed the data comparisons for 2014-15 and 2015-16.

Findings for the following sections:

Section A, Birth Through 2 Total by Home: increase of 52 in 2015-16. The greatest increases were seen in eastern Montana, home to Montana's most populous city (Billings) and site of the Bakken oil boom* which signified a great influx of population in the far eastern counties of Montana bordering North and South Dakota. An additional increase was noted in one specific provider agency who implemented a referral system coordinated with health departments, home visitors, and pediatricians in the counties they serve.

Section A, Totals 1 to 2: increase of 38 in 2015-16. The greatest increases in this age group were seen in eastern Montana spread among the three providers serving the City of Billings, and eastern counties impacted by the Bakken oil boom*.

Section B, Total White: increase of 42 in 2015-16. The greatest increases were seen in eastern Montana, home to Montana's most populous city (Billings) and site of the Bakken oil boom* which signified a great influx of population in the far eastern counties of Montana bordering North and South Dakota. An additional increase was noted in one specific provider agency who implemented a referral system coordinated with health departments, home visitors, and pediatricians in the counties they serve.

Section E, Cumulative Count: decrease of 489 in 2015-16. The 2015-16 cumulative count was taken from Montana's web-based data management system, the Early Intervention (EI) Module, which records the number of infants and toddlers with IFSPs cumulatively throughout the fiscal year. This was a new enhancement to the EI Module for 2015-16. Previously, cumulative counts were taken from Montana's electronic billing system for providers, AWACS. This system only recognized the number of infants and toddlers an early intervention program would submit for the bundled monthly rate. Not being linked to the EI system, it does not recognize if a plan of care, an IFSP, has been created. The billing system will be enhanced this fiscal year to link to the cumulative count of children receiving Early Intervention services through the Part C program recorded in the data management system for IFSPs, the EI Module.

*The Bakken oil boom was temporary and Montana expects numbers of infants and toddlers served in eastern Montana to decrease for the fiscal year ending June 30, 2016 and throughout 2017.

Oklahoma

For Section A – Birth through 2 Total by Community: Between years 2 and 3, this value increased by 245 from 58 to 303, a percentage increase of 422.41.

This change occurred because the Oklahoma Early Intervention Services program (SoonerStart) focused on using local community and other settings to provide services for the purpose of increasing direct services to families while maximizing staff and travel resources.

For Section B – Birth through 2 Total by Other Setting: Between years 2 and 3, this value increased by 156 from 95 to 251, a percentage increase of 164.21.

This change occurred because the Oklahoma Early Intervention Services program (SoonerStart) focused on using local community and other settings to provide services for the purpose of increasing direct services to families while maximizing staff and travel resources.

For Section B – Total Two or More Races: Between years 2 and 3, this value increased by 61 from 236 to 297, a percentage increase of 25.85.

This change occurred because in FY 2015-2016, 61 more children were identified by their families as being of two or more races. SoonerStart served 340 more children during the fiscal year; every racial group increased in number in this population except Asian.

South Dakota

Section A – Total Birth to 1. Decrease to due to overall child count; decrease in referrals from NICU hospitals resulted in fewer interim IFSPs.

Vermont

For the 12/1/2015 child count: Vermont has broad eligibility for Part C. Because of this, and because of the problem VT is seeing with heroin use, Part C has seen an increase in children being eligible for the program (and an increasing number of children diagnosed with NAS), which accounts for the increase in overall numbers, as well as the increase in 1-2 and 2-3. Additionally, this increase also impacts the ethnicity category.

For location of services: the heroin problem is impacting this as well. More of the children being serviced are homeless or experiencing “housing insecurity.” The families don’t want providers going in to their homes, and more and more services are happening in neutral, community based settings.

The increase in services occurring in the service provider location is due to one of our fast-growing programs being housed at the local hospital. The service providers see children there while the EI Service Coordinators are searching for home visiting providers to have availability.