

# **PART C CHILD COUNT AND SETTING DATA NOTES**

## **2013-14 Reporting Year**

This document provides information or data notes on the ways in which states 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.

### **Alabama**

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The provision of targeted technical assistance was provided to local service providers clarifying the appropriate use and documentation of LRE codes stemming from guidance outlined in the Dear Colleague Letter on Preschool LRE provided by the USDOE/OSEP.

### **Arizona**

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The State's new Part C data system, which began operation in April 2012, allows for more accurate collection of community based services numbers.

Arizona is unable to submit an unduplicated cumulative count for 2013 because of the implementation of a new data system mid-year.

### **Arkansas**

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There was a decrease in the number of children receiving services in the community setting, due to the fact that some providers ceased to be First Connections providers because they are unable to support servicing children in their natural environments. The Division of Developmental Disabilities Services of the Arkansas Department of Human Services offers services to children birth through age five through a system of Developmental Day Treatment Centers (DDTCS) specifically designed for children with disabilities. Effective July 31, 2013, these centers ceased to be First Connections (Part C) providers.

### **California**

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Since 2009, California has worked to successfully implement new statutes (GC, § 95020), and (WIC, § 4685). The Early Start program has focused on relationships with families; we have worked to ensure more services for our children in the home. The drop in "other" settings shows this dedication.

### **Delaware**

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The December 2013 annual child count was the first time that Delaware's new data system was fully utilized for reporting purposes. New queries were created to generate valid and timely reports.

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### District of Columbia

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Two things that contributed to the decrease in the total number of children birth – 1 year of age receiving early intervention services are:

1. The District of Columbia instituted a more rigorous review of justifications for children being found eligible due to “informed clinical opinion”; and
2. FFY 2013-2014 was the first year that the District experienced a loss of funding for targeted outreach to Neonatal Intensive Care Units (NICUs) which experience high staff turnover, and primary care physicians to educate them about their duty to refer children to Part C.

### Florida

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Florida Department of Health follows Florida Department of Education practice and used 10/18/2013, which is fall public school FTE count for it's Child Count date.

### Guam

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As indicated above, Guam Part C elected not to continue services for children age 3 and older.

### Idaho

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Idaho's decrease in the number of children served by the “Other” setting is due to a focus by two of our largest regions to serve more children in their homes rather than at Service Provider Locations. These two regions accounted for almost all of Idaho's 45% drop in children served by the “Other” category.

### Iowa

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The decrease from 2012-13 of children served primarily in a community based setting is largely driven by one Region who improved their processes used to review the IT Settings Codes.

### Kansas

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Kansas Part C has elected not to serve children age three and older.

### Kentucky

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KY Part C experienced a decrease in the overall number of children with an active IFSP on Dec 1, 2013. The decrease affected the settings categories. Reasons for the decrease was included fewer resources to conduct robust child find and the enforcement by the lead agency of procedures for establishing the need for an educational surrogate. That specific action resulted in delays in some of the initial IFSP development for the three largest population centers where the child protection offices have high and rapid turnover of staff. Another factor resulting in fewer children served in community settings is attributed to reductions to the CCAP program which resulted in a significant number of children losing

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child care support and parents having to leave the work force to care for their children at home. The increase in serving children in "other" settings is attributed to correcting data. In the past Prescribed Pediatric Centers were coded incorrectly as child care. Another factor for a few cases was that the IFSP service had to be delivered in an outpatient clinic due to no provider available to do home visits. The child count on Dec 1 is a one-day in time event. Daily counts change due the intake and exit of children. The increase in the cumulative number served reflects the full fiscal year of unduplicated count of all children who received at least one IFSP service during the fiscal year.

### Massachusetts

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The increase in the number of children under 2 years of age, the increase in the number of home visits and the decrease in the number of community-based settings are due to an increase in younger children being deemed eligible under the BDI-2, the only eligibility and assessment tool to be used by EI programs as of January 2012. There was a 56% increase in children under one year of age and a 60% increase of home visits for children of this age.

### Missouri

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Missouri state regulations changes that will go into effect 3/30/2014 allow for Part C extension for children turning age 3 from April 1 to August 15. The extension period ends when schools start in the fall; therefore no children, ages 3 or older, will have an IFSP in place on the December 1 count date.

### Montana

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Montana's Part C program providers began implementing Routines-Based Early Intervention™ in summer 2012 with full implementation of RBEI and Routines-Based Interviewing™ by June 2014. One major component of this model is the development of participation-based outcomes with the family and a shift to providing supports and services in a child's most natural environment, the family home. The data collected using Montana's electronic system, the Early Intervention (EI) Module, show more children and families being served in the home and a decrease in community settings and other settings reflective of our emphasis on natural environments. As we move toward Using Family Consultation (by June 30, 2015) and Consultative Approach to Child Care (December 31, 2015), I expect our data will continue to evolve painting a more accurate picture of where services and supports are provided in Montana with continued focus on home settings.

Montana's Part C providers historically served fewer infants, birth to 1, than other age categories. FFY 2013-2014 showed a decrease in this category. Montana's providers are approaching this situation with a three-pronged approach:

- Beginning winter 2013, better coordination amongst partners (Early Head Start, Head Start, Child Protective Services, Child Care Resource and Referral, Home Visitors from MICHV and Public Health, school districts) to enhance Child Find systems across our state;

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- Beginning summer 2012, developing and nurturing relationships with hospitals, pediatricians, physicians to promote better understanding of Part C and encourage early intervention; and
- Beginning fall 2013, promote Part C Early Intervention geographically with media and brochures from each Part C provider.

Our data reflects an increase in the number of children served age 1 to 2 and age 2 to 3. The Governor of Montana is promoting high-quality early care and education through his project, **Early Edge Montana**, and the Part C program will continue to monitor our approaches to serving more infants.

### Nebraska

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In Nebraska a child and family is eligible for Part C services from the date of diagnosis until August 31 following their third birthday. Therefore, children ages 4 and 5 are served under Part B.

### New York

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New York does not serve children ages 3 or older. However, under certain circumstances, children ages 3 or older are allowed to remain in the Part C program until the effective date of their CPSE. The numbers reported exclude 510 children over age three who were enrolled in the NY Early Intervention Program on October 1, 2013. New York does not serve at-risk children. There were 78 children with unknown race/ethnicity in this reporting period, which is a decrease from 261 in the previous reporting period. The 78 children with unknown race/ethnicity were distributed by apportioning the unknown children within a county in direct proportion to the distribution of children in the county with known race/ethnicity or, for New York City, apportioning the unknown race/ethnicity using the results of a match of New York City EI eligible with the race/ethnicity reported by their birth mother on birth certificate records. The cumulative number of children enrolled in the New York State Early Intervention Program excludes 9,995 children who turned three before the beginning of the period, or who received their IFSPs after their third birthdays.

### South Dakota

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Between 2012 and 2013 the number of children served in the 0-1 count increased by 41. During this same time period marketing and promotion of the Birth to Three program took place with hospitals across the state. Special attention was focused on the two largest hospital systems in the state, both of which are located in Sioux Falls, and have a Neonatal Intensive Care Unit, as well as the Sanford's Children's Hospital, also located in Sioux Falls.

### Utah

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Data were collected and compiled using the Baby and Toddler Online Tracking System (BTOTS, Utah's statewide database system. All contracting early intervention providers verify annually that their BTOTS data are complete and accurate and that they collect race/ethnicity information per OSEP's revised guidelines. Significant year-to-year changes were observed in the number and percentage of children

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served in home, community, and "other" settings from December 1, 2012 to December 1, 2013. An increase in the number and percentages of children served in the home setting and associated decrease in the community and "other" settings occurred due to continued technical assistance emphasizing serving children in natural environments.

### **Vermont**

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Vermont's Home settings for services in the 2013 child count report did increase and in Vermont there has always been an emphasis in having the home be the number 1 setting to use in working with the children and families in Part C. This last year this push did demonstrate a drop in the services being offered in the community with the vast majority of services occurring in the most natural environment – the child's home.

Vermont also has been working to get children referred to Part C earlier so that we would have more time to work on their issues. This had been a weak spot in earlier years and this last year we had a high percentage increase in the number of children entering the program before their first birthday. Much of this is due to regional outreach to get information to the public, daycares, families, doctors and hospitals.

### **Virginia**

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The increase in the number of children in the Birth to One age range is due to an increase in premature infants served under Virginia's expanded eligibility definition and to continued focus on early identification of eligible children.

This data submission includes 912 infants and toddlers receiving services (FAPE) through the public schools.

### **Washington**

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Factors for change (increase Section A, Totals Birth to One and Totals One to Two), are an overall increase in the cumulative count as compared with the previous year and Birth To One targeted activities stated in Washington's most recent APR, Indicator 5. Some activities included targeted public awareness to parents/families, physicians, child care providers, and other agencies serving children to enlist their assistance in identifying and developing Child Find improvement strategies and activities; partnered with Department of Early Learning state licensing staff to provide trainings to all regional Child Care Licensing Supervisors and staff on how to refer to early intervention if a concern in an infant or toddler's development is identified; participated in the Developmental Screening State Partnership Workgroup, to investigate, develop, and design a State Universal Developmental Screening System Framework, for children, birth to age eight; focused on LLA Child Find and public awareness activities to child care providers and physicians emphasizing early intervention as a complimentary service.

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### Wisconsin

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The decrease in number and percentage of children served in “Other” settings is primarily due to two factors. First, the Wisconsin Department of Health Services Birth to 3 Program has provided direction and support to local programs to improve documentation of the primary location of Birth to 3 Program services in both local agency case files and in the statewide Birth to 3 Program database, Program Participation System (PPS). The second contributing factor has been intensive work in Milwaukee County, the state’s largest county, to: identify root causes related to the provision of services in a setting other than the child’s natural environment, provide technical assistance to provider agencies to improve the percent of services provided in a child’s natural environment, and review data to improve the accuracy of documentation of service location. Both of these factors contributed to the decrease in the number of children served in a setting of “Other.”