DATA NOTES FOR IDEA, PART C

These data notes contain information on the ways in which states collected and reported data differently from the OSEP data formats and instructions. In addition, the notes provide explanations of significant changes in the data from the previous year. The data covered in these data notes are:

- **2004 Child Count**
- **2003 Settings**
- **2003-04 Exiting**
- **2003 Services**
- **2003 Personnel**

Table 6-1: Counts of Infants and Toddlers Served, 2004

Alaska—Alaska estimated race/ethnicity for 28 children who had an unknown race/ethnicity or multiple races/ethnicities.

California—California estimates the number of at-risk children it serves. Although the state serves at-risk infants and toddlers, its database cannot always distinguish the at-risk children from other Early Start participants. Early Start is California's Part C program. Some participants enter the program classified as at-risk (e.g., referral soon after birth) and later manifest developmental delays. Other participants enter Early Start with developmental delays, and risk factors are later identified. This updated information may not be present in the database for several months (up to a year) after the delay is identified. In order to report the number of at-risk children served, in 2002 the state conducted a cohort analysis to determine the percentage of children it serves who are best described as "solely at-risk." The state followed-up on a 1998 cohort of regional center Early Start participants to determine how many entered school-aged services because of a diagnosed developmental disability. The remaining children were deduced to be at-risk. From this study, the state determined that 8 percent of Early Start participants are best described as "solely at-risk." California now applies this percentage to its Early Start child count and reports the result as the number of at-risk children served.

The state attributes a decrease in the number of black children reported in its 2004 child count to the effect of a decline in the number of live births to black mothers from 2002 to 2003.

The state attributes the increase in the number of American Indian/Alaska Native children receiving early intervention services to an overall increase in the state's child count and to improved race/ethnicity coding among regional centers that serve communities with a significant number of Native Americans, reservations, or rancherias.

Colorado—The state attributes the increase in the percentage of early intervention children who are Hispanic to an increase in the percentage of the total population who are Hispanic.

Connecticut—Connecticut estimated race/ethnicity for 95 children who had an unknown race/ethnicity or multiple races/ethnicities.

Delaware—Delaware estimated race/ethnicity for 102 children who had an unknown race/ethnicity or multiple races/ethnicities.

District of Columbia—In the District of Columbia, 11 children reported as black are from the African countries of Ethiopia and Ghana. One child reported as white is from the Middle East.

Georgia—Georgia estimated race/ethnicity for 321 children who had an unknown race/ethnicity or multiple races/ethnicities.

Illinois—The state attributes the increase in the total number of children receiving early intervention services to a continued increase in referrals to Part C and to the state's policy of performance contracting used to fund service coordination agencies. The state believes this system promotes aggressive child find activities and creates an incentive for service coordination agencies to keep families happy and engaged and therefore more likely to remain in Part C.

The state attributes the increase in the number of Hispanic children receiving early intervention services to increase in the number of the total population in the state who are Hispanic.

Maryland—For the 2004 data collection, Maryland began using the last Friday in October as its data collection date for Part C. Although this has not historically been a data collection option for Part C, Maryland's Part C program is run by the State's Department of Education. Maryland's Part B program recently switched to an October count date.

Minnesota—Minnesota's child count appears to have declined in 2004, but that decline is an artifact of a correction to the state's reporting procedures. Prior to the 2004 count, Minnesota included in its child count any child who had an active IFSP in place at any time during September 1 through December 1. This year, Minnesota corrected this reporting practice and now only includes children who had an active individualized family services plan (IFSP) in place on December 1.

Nevada—Nevada attributes the increase in the total number of children receiving Part C services to a $3.5 million increase of funds during the State's 2004-05 fiscal year. As a result of this funding increase, the state was able to increase the number of direct service personnel providing early intervention services. This increase in personnel allowed the state to serve more children and reduce their waiting list.

New Mexico—The state attributes the increase in the number of Hispanic children receiving early intervention services to an increase in the population who are Hispanic in the state.

The state attributes the increase in the number of at-risk children it served to changes to the Child Abuse Protection & Treatment Act (CAPTA). As of 2004, CAPTA mandates the referral of children, ages birth through 3, to early intervention services when there is a substantiated case of abuse or neglect. As a consequence, more at-risk children were referred to Part C.

New York—New York's Part C program serves children past their third birthday. On December 1, 2004, there were 1,097 children over age 3 enrolled in Part C. These children were not included in the child count.

New York estimated race/ethnicity for 9,973 children (30.9 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 9,973 children, 8,774 (88.0 percent) reside in New York City. The state used the demographics of the local early intervention program to estimate race/ethnicity for these children. The Department of Health continues to monitor and work with the state to improve its race/ethnicity data.

Rhode Island—Rhode Island estimated race/ethnicity for 152 children who had an unknown race/ethnicity or multiple races/ethnicities.

South Carolina—The state attributes the increase in the total number of children and in the number of black children receiving early intervention services to the implementation of a statewide child find plan. This statewide plan is required under South Carolina's Compliance Agreement with the U.S. Department of Education, Office of Special Education Programs.

Virginia—Virginia's 2004 child count includes 1,075 infants and toddlers receiving services through Part B. This is the first year that the state included these children in its Part C child count. These children, all of whom are under the age of 3, were served using local, not Part B, funds.

Washington—Because Washington did not estimate race/ethnicity for 356 children who had missing or multiple races/ethnicities, the number of children reported by race/ethnicity is smaller than the number of children reported by age. Of these 356 children:

- 19 children and their families, ages birth through 1, did not wish to provide race;
- 15 children and their families, ages 1 to 2, did not wish to provide race;
- 31 children and their families, ages 2 to 3, did not wish to provide race;
- 14 children, ages 1 to 2, were an other race/ethnicity;
- 56 children, ages 2 to 3, were an other race/ethnicity;
- 28 children, ages birth through 1, were multiracial;
- 80 children, ages 1 to 2, were multiracial;
- 113 children, ages 2 to 3, were multiracial.

Table 6-4: Early Intervention Service Settings, 2003

Arizona—The children reported in the other settings category include children and families receiving early intervention services at parks, libraries and community centers.

California—The number of children reported in the home category continues to increase. At the time of the 2002 data collection, the state had a nursing shortage. In the year that followed, the state implemented a number of successful initiatives to address this shortage. These incentives include education initiatives provided to people from other countries who agree to work in California for a specific amount of time. Initiatives were also provided to people who work for public agencies in the areas with the worst shortages, such as rural areas and the inner city. As a result of these initiatives, in 2003 more nursing staff were available to provide nursing services in the homes of Early Start participants (Early Start is California's Part C program). Providing nursing services to children in the home resulted in fewer children receiving services in the hospital (inpatient) or residential facilities.

The number of children receiving early intervention services primarily in programs for children with developmental delays or disabilities, in hospitals and in residential facilities continues to decline. These declines are partly the result of developing less-institutional options (than acute care hospitals) for children with intense medical needs. The children now reported in these categories can be described as follows:

- Most children who receive services primarily in programs designed for the children with developmental delays or disabilities are participants in the California Department of Education (CDE) programs.

- Children in the programs designed for children with developmental delays or disabilities category includes children served in pediatric subacute care facilities and in Intermediate Care Facility for the Developmentally Disabled (ICF/DD) nursing facilities. These programs are individually designed for these children. It also includes 14 children under the age of 1 who received services in a health facility.

- Children in the hospital category are primarily infants and toddlers in neonatal intensive care units.

- Children reported in the residential facilities category primarily receive early intervention services at specially licensed community care facilities for children with special health care needs. The decline in the number of children reported in this category is partly the result of a focus by the Early Start program on deinstitutionalization. This decline is also consistent with the increase in the number of children reported in the home setting (described above) and the increase in the number of children reported in the health services category of the early intervention services data collection.

Colorado—The state is unable to determine what settings are included in the other settings category.

The state attributes the increase in the number of children reported in the home category to the state's emphasis on serving children in natural environments and to an increase in the total number of children receiving Part C services. The state trained service coordinators, service providers and administrators on the requirement in the *Federal Regulations* to provide services in a natural environment unless the IFSP had an appropriate justification for services to be provided elsewhere. The state also attributes the increase in the number of children reported in the home category to training that resulted in a better understanding at the local level on how to determine primary setting.

Delaware—The children reported in the other settings category include children and families receiving early intervention services primarily in pediatric prescribed extended care facilities for children who are medically fragile.

Florida—The decline in the total number of children reported by setting is the result of a correction to the state's reporting methodology, not due to an actual change in the state's enrollment or eligibility requirements. In the past, Florida incorrectly included some children who did not have an IFSP in place on December 1. This error was corrected for the 2003 data submission.

The state reported that the 2003 distribution of children across the settings categories is different from the 2002 distribution because of a change in the data source Florida uses to derive primary setting and a change in how it reports children whose primary setting could not be determined. In the past, the state based primary setting on records of services provided and paid for by Part C. For the 2003 data collection, the state began using Family Support Plan Service Authorization (FSPSA) records to derive primary setting. FSPSA records are intended to be a record of all services recommended in the family support plan and, therefore, should better represent the services listed on a child's IFSP. However, at this time even these records do not include all services planned. The state is working with local providers to improve the quality of these data and expects that, over time, these data will include all services listed on the IFSP.

As a result of technical assistance from the Office of Special Education Programs (OSEP), the state also changed how it reports children whose primary setting could not be determined. This change resulted in a notable increase in the number of children reported in the other settings category. In the past, when there was no record of services provided and paid for by Part C and primary setting could not be derived, the state proportionally distributed these children into settings based on the distribution of children whose

primary setting could be derived. Beginning with the 2003 data, the state assigned all 5,833 children who have no FSPSA records to the other settings category.

In 2003, Florida also changed how it reports race/ethnicity and age in the settings data collection. In the past, the state applied the racial/ethnic distribution of the child count to the children reported in each of the settings categories. Beginning in 2003, the state used demographic records to report the actual race/ethnicity and age of the children in each setting.

In addition to children whose primary setting could not be determined, 338 children were reported in the other settings category. These children and their families received early intervention services primarily in grocery stores, churches and other public places.

For 2004, the state revised the IFSP form to make it easier for local providers to transfer information from the IFSP into the codes used for FSPSA records. As a result, the state hopes that the FSPSA data will include more of the early intervention services listed on the IFSP. In addition, the state added a new settings code to both the IFSP and FSPSA records to indicate that the service was provided in a public place, such as a grocery store or park. The state believes that, as a result, in future fewer children will have a primary setting that cannot be determined.

Georgia—Georgia estimated race/ethnicity for 36 kids who had an unknown race/ethnicity or multiple races/ethnicities.

Hawaii—Hawaii attributes the decrease in the number of children reported in the programs for children with developmental delay or disabilities category to a decrease in the total number of children receiving Part C services. The decrease in the number of children receiving services in 2003 was the result of a transition to a new contracting agency for the Healthy Start program. The state also attributes the decrease in the number of children reported in the programs for children with developmental delay or disabilities category to an emphasis by the state's early intervention program on providing services in natural environments. Over the last few years, the state has trained service providers on what constitutes a natural environment and the importance of providing services in these environments. The state's emphasis on providing services in natural environments is an ongoing process that is resulting in the state's moving away from providing services in center-based settings.

Illinois—The 2003 settings data, as well as recently revised data for 2001 and 2002, are based on the early intervention services identified on the child's IFSP and exclude evaluation, assessments and IFSP development costs. In the past, the state based its reporting of primary setting on services paid for by the state.

Illinois' early intervention program does not provide early intervention services in a hospital (in-patient) or a residential facility; therefore, no children are reported in these settings.

Children reported in the setting category programs designed for typically developing children include children who received services in daycare settings and may also include children who received services in community settings such as YMCAs, park districts, restaurants and community centers.

The state reported that the number of children served in the home or in programs designed for typically developing children has increased by a combined total of 23.8 percent from 2002 to 2003, and the total number of children receiving early intervention services increased at a similar rate. The state increased efforts to emphasize the importance of serving children in the home and in programs designed for typically developing children in three ways. First, it reported, in a monthly state report, the percentage of paid services that were delivered in natural settings. Second, the state made the percentage of paid

services delivered in natural settings part of the state's funding incentive program. Each quarter, the state ranks service coordination agencies according to the percentage of children they serve in natural environments. If a service coordination agency ranks in the top 12 of the 25 agencies statewide, it receives an additional 1 percent of its base grant. Third, in quarterly reports to the General Assembly, the state published the percentage of paid services that each service coordination agency delivered in natural settings. Despite these efforts, in 2003 there was only a 3 percent increase in the proportion of the caseload served in the home and programs designed for typically developing children.

Indiana—The children reported in the other settings category include children and families receiving early intervention services primarily in churches, community centers and restaurants.

The state attributes the decrease in the number of children reported in the service provider location category to the efforts by the state to raise awareness of the importance and value of serving children in natural environments. While no new policies are in effect, the state believes the training it provided to service providers helped them see the benefit of serving children in natural environments and, as a result, changed their practices.

The state attributes the increase in the number of children reported in the other settings category to a change in the way the state determines primary setting. In previous years, Indiana did not report settings data for any child whose service provider did not submit a claim for the delivery of an IFSP service. Beginning with the 2003 data, the state now reports these children in the other settings category.

Kansas—The children reported in the other settings category include children and families receiving early intervention services primarily in foster care and foster homes.

Kentucky—Kentucky's data collection system includes only two types of service setting categories: home/community-based and office/center-based. Children in the home/community-based setting category are reported to OSEP in the home category and children in the office/center-based category are reported to OSEP in the service provider location category. In practice, some of the children reported in the office/center-based category actually received services in programs designed for children with developmental delays, while others received services in programs for typically developing children.

Louisiana—Louisiana estimated race/ethnicity for 37 children who had an unknown race/ethnicity or multiple races/ethnicities.

The children reported in the other settings category include children and families receiving early intervention services in an unknown setting.

Maine—The state attributes the 100 percent decrease in the number of children reported in the other settings category to training to the Child Development Services staff on the correct use of the settings categories.

Maryland—Maryland estimated race/ethnicity for 214 children who had an unknown race/ethnicity or multiple races/ethnicities.

The children reported in the other settings category include children and families receiving early intervention services at a parent's place of employment or shelter.

Michigan—The state investigated the 51 percent increase in the number of children reported in the programs designed for typically developing children category and determined that no single intermediate school district was responsible for the change. Rather, the increase was distributed across 11 intermediate

school districts. The state believes the increase is the result of emphasizing to district personnel the importance of serving children in natural environments.

The children reported in the other settings category include children and families receiving early intervention services primarily in playgroups and restaurants.

Missouri—The state attributes the decrease in the number of children reported in the other settings category to a change in its data system. In the past, some children had an unknown primary service setting because this data field was not required and sometimes left blank. For the children who had a blank primary setting field, the setting was derived from service location data. Children for whom service location data were not available were reported in the other settings category. In fall 2003, Missouri made the primary setting field required (blank was not permitted). As a result, no children have an unknown primary setting. The choices for children's primary setting are the OSEP settings categories.

The state attributes the increase in the number of children reported in the home category to an increase in the total number of children served, a decrease in the number of children reported in the other settings category, and a continued focus on serving infants and toddlers in natural environments. Service providers and coordinators attend training modules that emphasize the state's goal of serving children in natural environments.

Montana—The children reported in the other settings category include children and families who received services in a Child and Family Protection Services office and children receiving services in Mountain Homes, a home for teenage mothers.

Nevada—The children reported in the other settings category include children and families receiving early intervention services at Early Head Start or daycare.

New Jersey—The other settings category includes 25 families in which no early intervention services were delivered to a child.

New Mexico—New Mexico attributes the increase in the number of children reported in the programs designed for typically developing children category and the decrease in the number of children reported in the programs for children with developmental delays or disabilities category to the efforts of service providers to convert their facilities from centers that serve the developmentally delayed population exclusively to child care centers open to all children in the community. In addition, the state used financial incentives to encourage providers to serve more children in the home and in community settings.

The children reported in the other settings category include children and families receiving early intervention services primarily in community centers, churches and at therapy pools.

New York—New York's Part C program serves children past their third birthday. On December 1, 2003, there were 3,863 children over age 3 enrolled in Part C. These children were not included in this count.

New York estimated race/ethnicity for 10,544 children (32 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities.

The children reported in the other settings category include children and families receiving services at a child care center or at a community recreation site.

Oklahoma—The children reported in the other settings category include two children and families receiving early intervention services at parks or playgrounds, two children and families receiving early

intervention services at stores or restaurants and 34 children and families whose early intervention service setting is unknown.

Rhode Island—Rhode Island estimated race/ethnicity for 142 children who had an unknown race/ ethnicity or multiple races/ethnicities.

In Rhode Island, the current IFSP screen has no place for providers to describe other settings locations. However, when a service should be provided in an other setting, a memo field in the services rendered form (SRF) lists what that other setting is. This system was updated in 2004, and in the future, the IFSP will have a field to describe other settings locations. Based on the SRF, the children reported in the other settings category include children and families receiving early intervention services primarily in daycare, play groups, libraries, pools, schools, professional office buildings and other similar environments.

South Carolina—The children reported in the other settings category include children and families receiving early intervention services primarily in family child care locations and community activity centers.

South Dakota—The children reported in the other settings category include children and families receiving early intervention services primarily at a grandparent's home, in playgroups, at a park, or at a church.

Tennessee—The state attributes the 22 percent decrease in the total number of children reported by setting to two changes to Tennessee's data. First, the state provided training to service providers that stressed the importance of verifying that a child has an active IFSP on December 1 and required service providers to submit the date of a child's most recent IFSP to the State Department of Education. Prior to 2003, the state assumed that service providers were only reporting children with an active IFSP on December 1 and had no way to confirm if an IFSP was in place on December 1.

Second, the state identified a number of infants and toddlers who received only transportation services. The state determined that most of these children received transportation for an eligibility evaluation and did not have active IFSPs. As a result of these investigations, the state now excludes from its child count any children who received only transportation services. In the past, these children were reported in the other settings category.

The state attributes the increase in the number of children reported in the programs designed for typically developing children category to training given to service providers on the importance of serving children in an integrated child care setting.

Texas—The children reported in the other settings category include children and families receiving early intervention services primarily in public parks, schools, playgrounds, gymnasiums and equestrian centers.

Utah—The children reported in the other settings category include children and families who, due to parent fees, declined IFSP services after the IFSP was in place and received only evaluations, assessments and service coordination.

The state attributes the increase in the number of children reported in the programs designed for typically developing children category and the decrease in number of children reported in the service provider location category to two factors. First, the state has emphasized to service providers the importance of serving children in the home or in programs designed for typically developing children. Second, in 2002, the state inaccurately reported some children in the service provider location category who should have

been reported in either programs designed for children with developmental delays or disabilities or programs designed for typically developing children categories.

Virginia—The state attributes the decrease in the number of children reported in the service provider location category to the availability of technical assistance documents and training that focus on serving children in the home and in natural settings, rather than in service provider settings.

Virginia's 2003 settings count includes 1,075 infants and toddlers receiving services through Part B. This is the first year that the state included these children in its Part C settings count. These children, all of whom are under the age of 3, were served using local, not Part B, funds. They were also reported on Virginia's 2003 child count.

Washington—Washington did not report race/ethnicity for 274 children. Of these children, 41 were served in programs for children with development delays or disabilities; 17 were served in programs for typically developing children; 164 were served in the home; 51 were served in a service provider location; and one was served in a hospital.

- Of the 41 children served in programs for children with developmental delays or disabilities, 14 were multiracial; 14 were other race; 10 were other-unknown race; and three were other race or did not wish to provide information.

- Of the 17 children served in programs designed for typically developing children, seven were multiracial; three were other race; six were other-unknown race; and one was other race or did not wish to provide information.

- Of the 164 children served in the home, 16 were multiracial; 111 were other race; 25 were other-unknown race; and 12 were other race or did not wish to provide information.

- Of the 51 children served in a service provider location, eight were multiracial; 17 were other race; 22 were other-unknown race; and four were other race or did not wish to provide information.

- The child served in a hospital was multiracial.

Wyoming—The children reported in the other settings category include children and families receiving early intervention services primarily in Early Head Start and daycare centers.

Table 6-5: Early Intervention Program Exiting, 2003-04

Alabama—The state attributes the decrease in the number of children reported in the Part B eligibility not determined category to its efforts to work closely with the State Department of Education in training early intervention and local education agency (LEA) personnel and families about appropriate transition procedures.

California—California's exit data show a substantial increase in the number of children exiting Part C in 2003-04. The state explained that it believes that much of this increase is the result of the new definition of developmental disability in the Lanterman Developmental Disabilities Services Act, the law that gives children with developmental disabilities the right to the services and supports they need. For children under 10, the definition of developmental disability changed from a substantial handicap to a substantial developmental delay. As a result of this change, many children who met the old definition do not meet the new definition and are not eligible for Part B when they reach age 3. For example, a child with Down

Syndrome who, at age 3, is developmentally at age level does not meet the new definition and is no longer eligible for Part B because he/she is not currently demonstrating a delay and does not have one of the disabling conditions or medical disabilities explicitly mentioned in the Part B eligibility criteria for children ages 3 through 5. However, the state expects that many of these children will eventually enter Part B, when they demonstrate a moderate or significant delay (e.g., when they enter kindergarten).

In addition to increasing the number of children determined to be not eligible for Part B, the state also believes that the change to the Lanterman Act also resulted in some families choosing to leave Part C services because they believed their child would not be eligible for continuing services under the new eligibility provisions. These exits are reflected in the increase in the number of children withdrawn by parent and in the category attempts to contact unsuccessful.

The state believes that the increase in the Part B eligible category likely reflects the improved criteria for matching child data from Department of Developmental Services (DDS) with data from the California Department of Education (CDE). This matching exercise identifies the children served by DDS who are eligible for Part B.

The 6.5 percent increase in the number of children reported in the deceased category is likely the result of an increase in the total number of children receiving Part C services and the state's new death reporting system. In the past, deaths were under reported because it sometimes took more than a year for a death to appear in the system. The new system is more timely.

Colorado—The state attributes the decreases in the number of children reported in the Part B eligibility not determined and in the moved out of state categories to the training it provided to local early intervention personnel that explained how to use the exit categories. As a result of this training, the state believes local personnel are doing a better job of assigning the correct exiting codes.

Connecticut—The state attributes the increase in the number of children reported in the withdrawal by parent category to the introduction of parent fees in September of 2003. This resulted in a large number of families withdrawing from the Birth to Three program.

Delaware—The state attributes the decrease in the number of children reported in the not eligible for Part B, exit with no referral category and the increase in the number of children reported in the withdrawal by parent category to better data reporting. This better data reporting was the result of revising the form used in closing a case in the data system, training service coordinators on closure reasons, and running data queries against the entire database to look at closure reasons, allowing comparisons to be made to the data reported to OSEP. As a result of these efforts, the state believes that, in the past, some children were reported in the exit with no referral category when they should have been reported in the withdrawal by parent category.

Florida—As a result of data reporting errors, Florida's exit data for 2003-04 are dramatically different from its data for 2002-03. The total number of children reported as exiting Part C declined by more than 50 percent, and the distribution of children across exit categories was also significantly different. For example, in 2002-03, a third (35.5 percent) of all children exited were Part B eligible. In 2003-04, less than 1 percent (0.45) of all children exiting were Part B eligible.

In the past, the state's exit data included children who did not have an IFSP in place during the reporting period. The state corrected this problem but introduced new errors. The state now excludes all children who were still receiving Part C services when they reached age 3. Many of these children were eligible for Part B and were awaiting an opening in that program. As a result of technical assistance provided by OSEP, the state is aware of its data reporting errors and plans to revise its 2002-03 and 2003-04 exit data.

Children who exited Part C on their third birthday will be included in the exit data. However, for children remaining in Part C past their third birthday, the state does not believe it can distinguish between those awaiting eligibility determination and those who are eligible for Part B and awaiting an opening in that program.

In 2003-04, Florida also changed how it reports race/ethnicity in the exiting data collection. In the past, the state applied the racial/ethnic distribution of the child count to the children reported in each exit category. Beginning in 2003, the state used demographic records to report the actual race/ethnicity and age of the children in each exit category.

Georgia—Georgia estimated race/ethnicity for 223 children who had an unknown race/ethnicity or multiple races/ethnicities.

Due to a database problem, 35 children who exited Part C in 2003-04 have an unknown exit reason. The state proportionally distributed these 35 children into exit categories based on the distribution of children whose exit reasons were known.

Hawaii—The state attributes the decrease in the number of children reported in the completion of IFSP prior to reaching maximum age category to a decrease in the total number of children exiting Part C. It may also be due to an increase in the number of children with significant delays who received Part C services. Children with significant delays take longer to complete their IFSPs than children with less significant delays. In some cases, these children never complete their IFSPs.

The state attributes the decrease in the number of children reported in the not eligible for Part B, exit to other program and not eligible for Part B, exit with no referral categories to a decrease in the total number of children exiting. The state also attributes these decreases to an increased understanding by Healthy Start, Hawaii's Early Intervention Program for environmentally at-risk children, that only children evaluated for Part B eligibility may be reported in these categories. In prior years, the state incorrectly reported children in these categories who had not been evaluated for Part B eligibility by the State Department of Education, left Healthy Start at age 3, and did not go to any other program. These children are now reported in the Part B eligibility not determined category, resulting in an increase in the number of children reported in this category.

Illinois—The state attributes the decreases in the number of children reported in the withdrawal by parent and the attempts to contact unsuccessful categories to its policy of performance contracting. Under performance contracting, the state pays service coordination agencies based on the number of IFSPs they have. The state believes this system creates an incentive for service coordination agencies to keep families happy and engaged. The system provides additional incentives to agencies with the lowest percentage of cases closed for family reasons.

Performance contracting is also why the state believes the number of children reported in the Part B eligible category increased, and the number of children reported in the not eligible for Part B, exit with no referral and the Part B eligibility not determined categories decreased. The incentives under performance contracting reward service coordination agencies for keeping families in Part C until the child completes his/her plan of care or reaches age 3. Performance contracting provides additional financial incentives to the agencies with the best record for completing "positive transitions" to special education.

Between 2001 and 2003, there was a decrease in the number of children reported in the withdrawal by parent and attempts to contact unsuccessful categories. The state reported that while there were declines in both categories, service coordination agencies have been more successful in reducing the number of parent withdrawals than in reducing the number of families they are unable to contact. Historically, the

state observed parent withdrawal is more often the exit reason for white families, and the inability to contact is more often the exit reason for black and Hispanic families. However, despite the difference in exit reasons, in Illinois, a higher percentage of Part C is represented by black children and families than is true for the under 3 population. The Hispanic caseload has also grown rapidly.

Kentucky—The state believes that in past years it under reported the number of children exiting Part C. The state recently introduced a new data collection form. The new form collects a date of discharge, rather than asking whether there was a change in status, and is easier for field personnel to understand. As a result of this new form, Kentucky's exit data for 2003-04 are different from the data submitted for previous years. In particular, these data show significant increases in the number of children reported in the exit categories Part B eligible; not eligible for Part B, exit to other programs; not eligible for Part B, exit with no referral; Part B eligibility not determined; and withdrawal by parent.

Louisiana—Louisiana appears to have changed its 12-month exit reporting period. In 2003-04, the state used October 2003 through October 2004, and in 2002-03, the state used July 2002 through June 2003.

Maryland—Maryland estimated race/ethnicity for 234 children who had an unknown race/ethnicity or multiple races/ethnicities.

Massachusetts—The state attributes the increase in the number of children reported in the withdrawal by parent category and a decrease in the number of children reported in the attempts to contact unsuccessful category to better data reporting. In the past, some children were incorrectly reported in the attempts to contact unsuccessful category who should have been reported in the withdrawal by parent category.

Michigan—Michigan reported that unless the child reenrolls in early intervention services somewhere else in Michigan, when a child moves the state cannot tell whether the child moved out of state or within state. When a child moves out of one district and later receives services in a different district in Michigan, this child is not included in the data as an exit. All other moves are reported as moved out of state.

As a result of improvements to Michigan's child tracking system (EETRK), the state believes children are more likely to be reported in the correct exit category in 2003 than in the past. In previous years, EETRK did not require data for three exit fields—exit reason, eligibility at exit, or exit disposition field—when an exit status was entered. The state also did not ensure an exit status was entered. As a result, at the end of any given year, many children who exited Part C did not have an exit reason or did not have a valid eligibility at exit field code. The new EETRK requires data for these three exit fields whenever an exit status is entered.

Oregon—The children reported in the Part B eligible category includes only those children determined to be eligible for Part B who have successfully transitioned to the state's Early Childhood Special Education Program. Any children found eligible for Part B who do not subsequently enroll in Part B are not reported in the Part B eligible category, but are reported in the deceased, moved out of state, withdrawal by parent, or attempts to contact unsuccessful categories, as appropriate.

New York—New York estimated race/ethnicity for 9,774 children (31 percent of the total number of children exiting) who had an unknown race/ethnicity or multiple races/ethnicities.

New York's Part C program serves children past their third birthday. During the July 1, 2003, to June 30, 2004, reporting period, there were 10,965 children over the age of 3 enrolled in Part C. These children were not included in this count when they exited Part C.

In the past, the state reported children who reached their third birthdays, but who continue to receive Part C services in the Part B eligibility not determined category. In 2003, as the result of technical assistance from OSEP, the state reported these children in the Part B eligible category because these children had to be eligible for Part B in order to be continuing in Part C past their third birthday. As a result, the number of children reported in the Part B eligible category increased, and the number of children reported in the Part B eligibility category not determined category decreased.
The state also previously reported all children who moved in the moved out of state category. It did not try to determine whether the child reenrolled in a different county within the state. Beginning in 2003, the state matched the moved children's records against the records of all children enrolled in early intervention in the entire state, as well as the records of any children who exited Part C during the program year. Of the 1,052 children who moved:

- 463 were found to be enrolled in early intervention in another New York county. These children were not reported as exits.

- 519 children under the age of three who were known to have moved within the state did not reenroll in early intervention somewhere else in the state. These children were reported in the attempts to contact unsuccessful category.

- 70 children over the age of 3 who were known to have moved within the state did not reenroll in early intervention. These children were reported in the Part B eligibility not determined category.

Rhode Island—Rhode Island estimated race/ethnicity for 128 children who had an unknown race/ethnicity or multiple races/ethnicities.

As a result of computer system updates in late 2002, the state was able to identify children who completed IFSP goals before age 3. As a result, the state reported an increase in the number of children reported in the completion of IFSP prior to reaching maximum age category.

Because Rhode Island state law mandates that, whenever possible, all children exiting Part C without completing their IFSP goals must be referred, the state did not report any infants and toddlers in the not eligible for Part B, exit with no referrals category. In the past, the state reported children in this category.

As outlined in the state's improvement plan, the state is reviewing the C to B transition process and trained early intervention providers on the appropriate use of the exit categories and the guidelines to determine whether a child should be reported as an exit. As a result of this training, its exit data may look different from past years.

In 2003, the state also made code changes and expects future data collected about transition from Part C to be clearer. Prior to 2003, the state had an exit code for a child who no longer needed early intervention services. Now, the state records the reason why a child no longer needs services and crosswalks the reason into one of OSEP's exit categories.

Vermont—Vermont appears to have changed its 12-month exit reporting period. In 2003-04, the state used December 2003 through December 2004, and in 2002-03, the state used December 2001 through December 2002.

Virgin Islands—The Virgin Islands appears to have changed its 12-month exit reporting period. In 2003-04, the state used October 2003 through October 2004, and in 2002-03, the state used October 2001 through September 2002.

Washington—Washington did not report race/ethnicity for 224 children. Of these children, 16 exited in the completion of IFSP prior to reaching maximum age category; 128 exited in the Part B eligible category; 17 exited in the not eligible for Part B, exit to other program category; nine exited in the not eligible for Part B, exit with no referral category; 21 exited in the Part B eligibility not determined category; two exited in the deceased category; 11 exited in the moved out of state category; eight exited in the withdrawal by parent category; and 12 exited in the attempts to contact unsuccessful category.

- Of the 16 children who exited in the completion of IFSP prior to reaching maximum age, five were multiracial; three were other race; three were other-unknown race, and five were other race or did not wish to provide information.

- Of the 128 children exiting in the Part B eligible category, 43 were multiracial; 56 were other race; 24 were other-unknown race, and five were other race or did not wish to provide information.

- Of the 17 children exiting in the not eligible for Part B, exit to other program category, five were multiracial; three were other race; eight were other-unknown race, and one was other race or did not wish to provide information.

- Of the nine children who exited in the not eligible for Part B, exit with no referral category, three were multiracial; five were other race, and one was other-unknown race.

- Of the 21 children who exited in the Part B eligibility not determined category, three were multiracial; 13 were other race; four were other-unknown race, and one was other race or did not wish to provide information.

- Of the two children exiting in the decease category, one was multiracial, and one was other-unknown race.

- Of the 11 children exiting in the moved out of state category, four were multiracial; five were other race; one was other-unknown race, and one was other race or did not wish to provide information.

- Of the eight children exiting in the withdrawal by parent category, four were multiracial; two were other race; one was other-unknown race, and one was other race or did not wish to provide information.

- Of the 12 children exiting in the attempts to contact unsuccessful category, five were multiracial; five were other race, and two were other-unknown race.

Table 6-6: Early Intervention Services, 2003

Arizona—Arizona's other services category includes services provided by playgroups.

California—California's other services category includes daycare, interdisciplinary assessment services, services provided by translators and interpreters, Socialization Training Program services, reimbursement for travel and other purchases and services related to receiving diapers, nutritional supplements and vouchers.

The services data reported to OSEP are an undercount of the actual total services provided because they include only those services purchased by the Department of Developmental Services (DDS) or the California Department of Education (CDE) using federal Early Start and State General Fund Early Start monies. California has no accurate way of reporting the services paid for and provided by generic agencies (not federal Early Start funds) to the infants and toddlers in the Early Start Program. The services reported to OSEP do not include services paid for by generic sources, private insurance or provided by the Departments of Alcohol and Drugs, Social Services, Mental Health and California Department of Health (including California Child Services (CCS), Medi-Cal (the state's Medicaid program), Child Health Disability Prevention (CHDP), Medically Vulnerable Infant Program (MVIP), Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program, and Early Head Start). Because the services data are based on a billing system, changes in the data reported to OSEP often reflect changes in the way services are paid for rather than real changes in services delivered.

The state attributes the increase in the number of children reported as receiving speech-language pathology to training initiatives related to autistic spectrum disorders.

The children reported in the health services category include children who received services in the home as a result of initiatives by the state to address a nursing shortage. These initiatives made nursing services available to children in the home.

The decrease in the number of children reported as receiving physical therapy and special instruction and a slowed growth in the number of children reported as receiving occupational therapy is an artifact of a change in payment sources for these services. That is, they reflect the increased use of Medi-Cal to provide specialized therapies. As indicated above, services paid for by Medi-Cal are not included in the database of services purchased by DDS and CDE.

Colorado—Colorado's other services category includes services provided by a nurse.

Connecticut—Connecticut's other services category includes applied behavioral analysis.

Delaware—Delaware's other services category includes developmental assessments.

Florida—Florida explained that its services data for 2003 are different from its 2002 data because of two changes in the way the data are aggregated. First, the total number of children reported in any service category declined because the state now includes only the services to children who had an active IFSP in place on December 1. Prior to the 2003 data collection, the state reported services delivered to all children, not just the children reported in the child count for the same year.

Second, the distribution of children across service categories is different because the state changed the data source for these data. Beginning with the 2003 data collection, the state used FSPSA records as its data source rather than records of services delivered and paid for by Part C. The FSPSA are a record of the services recommended in the family support plan, and therefore, the state believes these data better represent the services listed on a child's IFSP.

Florida's other services category includes daycare, subsidized daycare and multidisciplinary evaluations. It also includes providing general equipment and services provided by Head Start. General equipment includes supplies, materials and medical equipment such as prosthetics, orthodics and tracheotomy tubes.

Georgia—Georgia estimated race/ethnicity for 36 children who had an unknown race/ethnicity or multiple races/ethnicities.

Georgia's other services category includes applied behavioral analysis.

Guam—Guam's other services category includes evaluations by ophthalmologists.

Hawaii—The state attributes the decrease in the number of children reported as receiving family training, counseling and home visits to better data reporting. In prior years, regardless of the actual services provided, children who received services in their home from occupational therapists, physical therapists and speech language pathologists were reported in the family training, counseling and home visits service category. In 2003, the state began reporting these children according to the specific services they receive.

The state attributes the decrease in the number of children reported as receiving other early intervention services to better data reporting. In past years, the state incorrectly included non-early intervention services in their data. These non-early intervention services were all reported in the other services category. The state no longer reports non-early intervention services.

The state attributes the decrease in the number of children reported as receiving nutrition services to a change in the way the service is delivered. Because of a high number of children referred for nutritional services and the state having only one Part C public health nutritionist position, there has been a need to reduce the caseload to ensure that all children who need nutritional services receive them. In 2003, to reduce the caseload for this nutritionist, children enrolled in the Women, Infants, and Children (WIC) Program or children who can receive nutrition services from their primary care physician (such as children in military families) receive nutritional services from these resources. These services are not included in these data.

Idaho—Idaho's other services category includes translation and interpretation services, infant massage, kindermusik, developmental monitoring, intensive behavioral intervention, cancer therapy and credit counseling.

Illinois—The 2003 data, as well as recently revised data for 2001 and 2002, are based on the early intervention services identified on the child's IFSP, and exclude evaluation, assessments, and IFSP development costs. In the past, the state reported services data based on the services paid for by the state.

The services most commonly found on IFSPs continue to be occupational therapy, physical therapy, speech and language pathology and special instruction. Of these four service categories, all but the special instruction category increased in proportion to the increase in the number of children in Part C. The state is not sure why the number of children receiving special instruction grew less than the child count.

The state attributes decreases in the number of children reported as receiving health and nursing services to changes in funding policy. Illinois now requires the use of insurance when available. For children covered by Medicaid, needed health and nursing services are already available, so it is less likely for these services to be identified on the child's IFSP. Therefore, it is possible that the decrease in the number of children reported as receiving health and nursing services is the result of the increase in Medicaid-eligible children in Part C.

The state attributes the increase in the number of children reported as receiving assistive technology services to the effect of providing these services to children with a wider range of disabilities. The state attributes the increase in the number of children reported as receiving family training, counseling and home visits category to an increase in the Hispanic caseload. Interpreter services are reported in this category, and Hispanic families are more likely than other families to need interpreters.

The increase in the number of children reported as receiving speech-language pathology is the result of the successful use of these services with younger children. In the past, these services were believed to be effective only for older children. While nutrition services continue to be used by a small percentage of children in early intervention, this percentage has been growing, and this is reflected in the data. Like assistive technology, this increase reflects a growing understanding of these services and their value in addressing developmental delay needs.

Indiana—Indiana's other services category includes applied behavior analysis and services provided by an interpreter.

Iowa—The state attributes the increase in the number of children receiving special instruction to an increase in the child count as a result of effective child find activities.

Iowa's other services category includes consultations, services provided by interpreters for deaf children, services provided by paraprofessionals, and services related to treating autism.

Kansas—Kansas' other services category includes motor therapy, Spanish translation and services provided by autism consultants, sign language interpreters and mobility specialists. This category also includes services provided by early Head Start and Parents as Teachers. Parents as Teachers is a primary prevention program in Kansas designed to maximize children's overall development during the first three years of life.

Louisiana—Louisiana estimated race/ethnicity for 199 children who had an unknown race/ethnicity or multiple races/ethnicities.

Louisiana's other services category includes services provided by bilingual and sign language interpreters.

Maryland—Maryland estimated race/ethnicity for 483 children who had an unknown race/ethnicity or multiple races/ethnicities.

Maryland's other services category includes interpreter services, behavior modification and specialized childcare.

Massachusetts—The state attributes the increase in the number of children reported as receiving respite care to growing awareness by clinicians and parents of the state's new respite care program.

As in the past, children reported in the special instruction category include those who received intensive home-based services for autism and Pervasive Developmental Disorder (PDD).

Michigan—The state attributes the decrease in the number of children receiving psychological services to the data reported by a single district. Similarly, the state attributes the increase in the number of children receiving respite care to the data reported by a single, different district. The state is working to determine whether these changes are errors or reflect actual service changes.

Michigan's other services category includes services provided by informal supports, playgroups, and Ages and Stages. Ages and Stages is an evaluation tool used in several service areas that has age-specific tests to help determine the child's development status.

Minnesota—Minnesota does not report early intervention services by race/ethnicity. The state is in the process of implementing a Web-based data collection system to collect early intervention services data.

Because this new system will be child based, it will include information about the child's race/ethnicity. The new system will also allow the state to collect instructional settings, a service category not currently included in the state's data collection.

Missouri—The state attributes the decrease in the number of children receiving assistive technology services to improvements in the availability of information needed to make appropriate decisions about assistive technology purchases. These improvements were the result of the Missouri Department of Special Education working with interagency partners and other service coordinators to clarify the difference between assistive technology devices needed for early intervention services and assistive technology services needed for medical purposes. Because the majority of assistive technology services are purchases for assistive technology devices, this distinction was important.

Missouri's other services category includes services provided by interpreters.

Montana—Montana's other services category includes an interpreter for the deaf, travel assistance to medical appointments, massage, early Head Start, respite services and services provided by deaf educators, swim instructors, transporters, personnel at the Montana School for the Deaf and Blind and those provided by habilitation trainers who follow through on the family support specialist recommendations in the IFSP.

Nebraska—Nebraska's other services category includes interpretation services and recreational services such as play therapy, music therapy and hippotherapy.

Nevada—Nevada's other services category includes service coordination.

New Hampshire—New Hampshire's other services category includes family support and transdisciplinary services.

New Jersey—New Jersey's other services category includes those services provided only to families.

New Mexico—New Mexico's other services category includes service coordination.

North Dakota—North Dakota's other services category includes services provided by infant/parent programs through the North Dakota School for the Deaf and the North Dakota School for the Blind, tribal tracking programs, music programs and family subsidy.

Northern Marianas—Northern Marianas' other services category includes services provided by the Shriner's Clinic. The Shriner's Clinic provides orthopedic and assistive services, such as providing braces.

Ohio—Ohio's other services category includes child care, Children's Protective Services, clothing, drug and alcohol counseling, educational services, employment services, financial services, housing services, temporary shelter, legal services, recreational and social services and rehabilitation services.

Oklahoma—Oklahoma's other services category includes child development services and services provided by orientation mobility specialists, family therapists and child guidance specialists. The other services category also includes 28 children with unknown services.

Oregon—Oregon's other services category includes augmentative communication, behavioral consultations and autism, Braille, English as a second language (ESL)/migrant, sign language, parental language/interpreter and transition services.

Puerto Rico—Most children receive medical, nursing and social work services as part of the evaluation and assessment activities for eligibility determination and IFSP planning. All of these services were included in Puerto Rico's services data. However, services routinely provided to all children are no longer included in this data. As a result of this change, there was a decrease in the number of children reported in these three service categories. Puerto Rico attributes the decline in the number of children receiving nutrition and social work services to a shortage in the number of personnel available to provide these services.

Puerto Rico attributes the decrease in the number of children reported in the family training, counseling, and home visits category to a correction to its data reporting practices. In the past, some services provided in the home were double counted. That is, they were reported in both the family training, counseling and home visits category and in the category of the particular service received. For example, occupational therapy services provided at home were reported in both the occupational therapy category and the family training, counseling and home visits category.

The state also attributed the decrease in the number of children reported in the special instruction category to a correction of data reporting procedures. In the past, when personnel provided general information available to all families, it was reported in the special instruction category. Puerto Rico corrected this error and no longer includes providing general information in the services data.

Puerto Rico's services data include only services provided. They do not include all early intervention services on the IFSP. As a result, children with active IFSPs who have not yet received services are not represented in these data.

Rhode Island—Rhode Island estimated race/ethnicity for 512 children who had an unknown race/ethnicity or multiple races/ethnicities.

All children received service coordination, but this service was not reported in these data.

Rhode Island's other services category includes developmental monitoring, interpretation and transition planning.

South Carolina—South Carolina's other services category includes autism and interpretation services.

Tennessee—Tennessee attributes the decrease in the number of children reported as receiving transportation services to better data reporting. The state investigated the infants and toddlers who received only transportation services. It found that most of these children received transportation for an eligibility evaluation and did not have active IFSPs. The state no longer includes children without active IFSPs in its services data.

The state attributes the decline in the number of children receiving social work services to a correction in how the data are reported. Prior to 2003, the data included children who received social work from the Department of Health but were not enrolled in Part C. Children Special Services (CSS) regional offices reported data for all children served, not just children receiving Part C services. Beginning in 2003, the data include only social work services provided to Part C children.

Some children with an active IFSP did not have any services reported. The state identified the services these children received and included those services in the data reported to OSEP. The state also determined what types of services were reported in the other services category. The state used information given by service providers to report these services in the appropriate OSEP service category rather in the

other services category. As a result of these efforts, fewer children were reported in the other services category.

Texas—Texas' other services category includes behavioral intervention, translation and interpretation, hippotherapy, sign language education, music therapy and aqua therapy.

Utah—Utah's other services category includes services to families who, due to parent fees, declined IFSP services and only received evaluation, assessment and service coordination.

One possible explanation for the decrease in the number of children reported as receiving transportation services may reflect changes in service provider location. Specifically, more children receive services in their home, and fewer children receive services at a service provider location. These changes would suggest that fewer children and families required transportation to receive services.

Vermont—Vermont's other services category includes services provided by personal care assistants and child care aides.

Washington—Washington did not report race/ethnicity for seven children receiving assistive technology services; four children receiving audiology services; 66 children receiving family training, counseling and home visits; 17 children receiving health services; 45 children receiving medical services; 21 children receiving nursing services; 25 children receiving nutrition services; 120 children receiving occupational therapy; 135 children receiving physical therapy; one child receiving psychological services; 33 receiving social work services; 187 children receiving special instruction; 171 children receiving speech and language pathology; 16 children receiving transportation services, and eight children receiving vision services.

- Of the seven children receiving assistive technology services, all were other race.
- Of the four children receiving audiology services, two were multiracial, and two were other race.
- Of the 66 children receiving family training, counseling and home visits, seven were multiracial, and 59 were other race.
- Of the 17 children receiving health services, one was multiracial, and 16 were other race.
- Of the 45 children receiving medical services, four were multiracial, and 41 were other race.
- Of the 21 receiving nursing services, all were other race.
- Of the 25 receiving nutrition services, three were multiracial, and 22 were other race.
- Of the 120 children receiving occupational therapy, 11 were multiracial, and 109 were other race.
- Of the 135 children receiving physical therapy, 13 were multiracial, and 122 were other race.
- The one child receiving psychological services was multiracial.
- Of the 33 children receiving social work services, three were multiracial, and 30 were other race.

- Of the 187 children receiving special instruction, 31 were multiracial, and 156 were other race.

- Of the 171 children receiving speech and language pathology, 28 were multiracial, and 143 were other race.

- Of the 16 children receiving transportation services, five were multiracial, and 11 were other race.

- All of the eight children receiving vision services were other race.

West Virginia—West Virginia's other services category includes five children receiving services provided by interpreters.

Wyoming—Wyoming's other services category includes services provided by interpreters and private contractors.

Table 6-7: Early Intervention Personnel Employed, 2003

Alaska—Alaska's other staff category includes staff with master's or bachelor's degrees in early childhood education or other related disciplines, but who have no specific license or certification.

Arizona—Arizona's other staff category includes vision specialists and special instructors.

Arkansas—Arkansas' other staff category includes physical therapy assistants, speech language therapy assistants, occupational therapy assistants, developmental therapy assistants, foster grandparents, and surrogate parents.

The state does not collect data about the types of physicians providing services. It reports all physicians in the pediatricians category.

California—California's other staff category includes consulting pharmacists, intake workers, supervising intake counselors, prevention coordinators, high-risk case managers, genetics associates, and supervising case services counselors.

California uses the Department of Developmental Services (DDS) database of purchased services, supplemented by data from the Family Resource Center, to estimate its personnel data. These are the same data used to report services. However, because the purchased services database is constantly updated and the FTE data were extracted on a different date, the personnel data may not be entirely consistent with other data reported by California.

The purchased services database was designed for billing purposes (dollars per vendor per child per month) and is not ideal for reporting personnel data. Because these data only include services paid for by DDS and CDE, the personnel data reported to OSEP are limited to the providers of services purchased through regional center vendors and provided by the CDE. The data exclude personnel providing services purchased by private insurance, Medicaid or other payers. They also exclude personnel providing services paid for by the California Department of Health, including CCS, CHDP, MVIP, Medi-Cal, EPSDT and Early Head Start or other local agencies. Because they are not reflected in the purchased services database, these personnel are not included in the personnel data.

The data, for the first time, include personnel providing nursing assessments and interventions, family training and some counseling and similar services provided by the Family Resource Centers. Because the billing data from hospitals cannot disaggregate charges for room, board, and related expenses from those charges specifically for doctor and other professional services, the personnel data also do not include doctors and other professionals who bill through hospitals.

The state attributes the increase in the reported number of paraprofessionals to the recent addition of personnel data from the Family Resource Center. In the past, personnel providing assessments and interventions, family training and some counseling and similar services provided by the Family Resource Centers were excluded from California's personnel counts. Although the state also attributes some of the increase in the reported number of psychologists providing services to the inclusion of these data, the state attributes most of the increase to improved instrumentation and other efforts for earlier diagnosis of conditions requiring psychological services. The number of nurses is always affected by the number of children whose nursing needs are met through other programs (such as MVIP).

In addition to the exclusions described above, in some cases the reported full-time equivalents (FTEs) may be lower than the actual FTEs utilized. Some services are billed quarterly, while others combine different types of personnel under one code. As a result, it is possible that the estimated FTE includes only a portion of the total services provided. In addition, the algorithm used to estimate FTEs is based on a number of assumptions that are not always appropriate and may lead to underreporting of the actual personnel providing the services. For example, for some service categories, the algorithm divides the total billed amount by a single designated rate that is based on the type of service. The resulting estimated number of hours is then divided by 1,778 to calculate the estimated FTEs. Using a single rate for each type of service or group of services can result in an undercount.

California uses decision rules to report its purchased services categories according to OSEP's personnel categories. Purchased services identified as infant development programs or contracted special instruction are reported as special educators. Purchased services provided by psychiatrists, art therapists, or personnel providing behavioral management services are reported as psychologists. Nurses' aides are reported as paraprofessionals. Teachers, tutors, developmental specialists, and services provided by those working in infant development programs and those providing individual/family training are reported as special educators. Pediatricians cannot be disaggregated from other doctors and are, therefore, all reported in the physicians category.

Delaware—The decline in the number of personnel reported in several personnel categories is the result of a change in how Delaware reports these data. OSEP made it clear that service coordinators should not be counted in the personnel data. However, many service coordinators also act as audiologists, nurses, nutritionists, occupational therapists, paraprofessionals, pediatricians, physical therapists, physicians (other than pediatricians), psychologists, social workers and speech/language pathologists. Delaware cannot disaggregate the service coordination hours. Therefore, the state excluded these personnel entirely from the personnel count.

Delaware's other staff category includes office support staff, billing staff, intake staff and administrative staff as reported by Child Development Watch and Early Intervention Providers.

Florida—Florida's personnel data come from local service areas. Each service provider area maintains its own data system, and there is no way for the state to unduplicate providers across these systems. In addition, although the counts only include personnel in the system on December 1, these data represent counts of people providing services not counts of FTE personnel. Therefore, these data mostly represent an over count of personnel. The personnel data from local service areas may also include personnel who

do not provide early intervention services. In 2003, the state implemented an expensive data cleanup to remove these personnel from the counts of personnel.

The state explained some specific personnel data changes as follows:

- The decrease in the number of other staff is the result of a reporting error. The state reported 1805 FTEs in this category in 2002, when in fact, the correct number of FTEs was 753.

- The increase in the number of family therapists is the result of the state's now including behavioral therapists in this category.

- The increase in the number of orientation and mobility specialists is the result of the state's now including equipment providers in this category.

- The increase in the number of paraprofessionals is correct. The state is employing more paraprofessionals to provide physical therapy and occupational therapy at a lower cost.

- The increase in the number of speech and language pathologists is the result of an increase in the number of children receiving communication-related services.

- The decrease in the number of physicians (non-pediatricians) is the result of the change in the approach to data reporting, described above. The state no longer collects services data directly from physicians, but rather uses the provider profile in the Early Steps data system to report these data.

In July 2004, the state implemented a centralized provider enrollment system to eliminate generic records, providers no longer in the system and duplicate records. These changes will not affect the data collection until 2006.

Florida's other staff category includes support staff, administrators, massage therapists, dentists, interpreters, respiratory therapists and testers.

Guam—Guam reported less than one full-time equivalent (FTE) in several personnel categories. Hearing evaluation services provided by an audiologist are contracted, averaging about 9 hours in a 40-hour week, or 0.23 FTEs. Services provided by two physical therapists are contracted, averaging about 15 hours in a 40-hour week, or 0.38 FTEs. Services provided by a vision specialist from Part B average 2 hours in a 40-hour week, or 0.05 FTEs.

Hawaii—Hawaii's other staff category includes vision specialists, an Inclusion Project coordinator, assistive technologists, program managers, program supervisors, program directors, executive directors, clinical directors, child development specialists and care-coordinators. The Inclusion Project is a resource that provides financial assistance for child care to families and provides training to preschool teachers who work with children with special needs. Care coordinators have bachelor's degrees and provide early intervention care coordination.

Idaho—Idaho's other staff category includes developmental delay/mental health program managers, developmental delay children's programs employees, supervisors, early intervention specialists, child find coordinators, administrative assistants, data entry personnel and translators/interpreters. Idaho's other staff category also includes service coordinators.

Illinois—The state's personnel data only include personnel providing the services included on a child's IFSP. Personnel providing evaluation, assessment, and IFSP development are not included.

The state attributes the overall increase in the number of FTEs to the increase in the number of children receiving Part C services.

The state attributes the increase in the reported number of nutritionists providing services to a growing understanding of the importance of nutrition in addressing developmental delay and consequent increase in the inclusion of these services on IFSPs. The state attributes the increase in the reported number of family therapists to the inclusion of personnel who provide interpretation services in this category. An increase in the number of Hispanic children receiving Part C services resulted in an increase in the number of personnel needed to provide interpretation services.

Indiana—Indiana's other staff category includes vision specialists, optometrists and interpreters.

Iowa—The state attributes the increase in the number of special educators to the steady increase in the number of children eligible for Part C services. This increase also resulted in an increased need for other types of service providers.

Iowa's other staff category includes Spanish interpreters and assistive technicians.

Kansas—Kansas' other staff category includes administrators, administrative specialists, assistant secretaries, bilingual service coordinators, child development associates, certified professional coders, certified occupational therapy assistants, family resource specialists, family services coordinators, family support specialists, physical therapy assistants, translators and staff working with the hearing and vision impaired.

Kentucky—The state attributes the increase in the number of special educators and the decrease in the number of other staff reported to how the state reported providers of group services. A large number of group services are provided by developmental interventionists. Prior to October 2003, Kentucky did not distinguish between the disciplines of group service providers. Beginning in 2003, the state reports developmental interventionists who provide group services as special educators.

Kentucky's other staff category includes group providers, teachers of the hard of hearing and visually impaired and staff providing respite care services. Kentucky determines FTEs based on billing records for early intervention services.

Louisiana—Louisiana does not directly employ or contract personnel to provide early intervention services. As a result, it is difficult for the state to report personnel data to OSEP. Since July 2003, the state has been using a system for enrollment and payment of service providers through a Central Finance Office (CFO) to calculate the number of FTE personnel who provide early intervention services. The state uses an algorithm to convert paid claims for service-unit time periods into FTE for each service provider category. The state believes that the resulting FTE count is an undercount based on billed and paid service provision contact hours only.

Louisiana's other staff category includes assistive technology providers, family service coordinators, foreign language translators, interpreters for the deaf, optometrists, parent educators and transportation providers.

Massachusetts—In fiscal year 2003, Massachusetts began collecting data for all specialty service personnel. According to Massachusetts' early intervention operational standards, specialty providers are

“qualified personnel who bring specific expertise necessary for working with populations including, but not limited to, children with low incidence conditions and their families.” In previous years, Massachusetts reported specialty service in other personnel categories according to the provider’s discipline. Specialty providers are now reported in the special instruction personnel category.

Michigan—Michigan’s other staff category includes playgroup leaders, mental health therapists and family advocates.

Mississippi—Mississippi’s other staff category includes early interventionists, behavior specialists and Spanish interpreters.

Missouri—Missouri implemented a new data system. The state believes that, as a result of the new system, some service coordinators are included in the other staff category. In the old system, the state’s data manager entered the personnel data and either corrected the count to exclude service coordinators or contacted the service provider to make the correction. Under the new system, the service providers directly enter the data. The state data manager has no way of knowing if service coordinators are getting counted. The state is working on a method to verify whether service coordinators are counted. It believes that, in the future, they will not be counted.

Missouri’s other staff category includes interpreters.

Montana—Montana’s other staff category includes family support specialists.

Nebraska—Nebraska’s other staff category includes program supervisors and directors, program consultants and coordinators, home school liaisons and special education administrators and directors.

New Hampshire—New Hampshire’s other staff category includes teachers of the deaf and visually impaired.

New Mexico—The state attributed the increase in the number of special educators to its comprehensive system of personnel development for core service professionals, known as developmental specialists. This system of certification and training has been in place for several years and has resulted in some paraprofessionals becoming certified developmental specialists. In the OSEP personnel data report, the state reports developmental specialists as special educators because they work in the field of special education.

New Mexico’s other staff category includes deaf role models, parent advisors and service coordinators.

New York—New York’s other staff category includes certified low vision specialists.

New York assumes that most physicians providing early intervention services are pediatricians and reports them all as such.

North Dakota—North Dakota’s other staff category includes personnel with backgrounds in early childhood education, elementary education, and bachelor’s degrees in psychology.

Oklahoma—Oklahoma’s other staff category includes child development specialists, teachers for the visually impaired, teachers for the deaf and hard of hearing, interpreters and translators and staff who provide assistive technology services.

Ohio—Ohio's other staff category includes teachers of the deaf, sign language interpreters, Spanish and other non-English interpreters and providers of transportation services.

Pennsylvania—The state attributes the decrease in the other staff category to excluding service coordinators from these data for the first time.

Pennsylvania's other staff category includes county administrative staff, data and fiscal staff, vision and hearing specialists, interpreters and translators.

Puerto Rico—Puerto Rico's other staff category includes assistive technology specialists. From 2000 through 2002, the other staff category included data entry staff, administrators, directors, evaluators and epidemiologists. In 2003, this category includes only personnel who provide direct services.

Rhode Island—Rhode Island attributes the decrease in the other staff category, as well as the decrease in the total staff category, to a change in how it handles service coordinators. This year, as a result of directions from OSEP, the state no longer counts service coordinators in its personnel data. If qualified personnel, such as physical therapists, occupational therapists and speech therapists also provide service coordination, the state counts only their time spent providing other services.

Rhode Island's other personnel category includes administrators (directors, program/service managers, 9.38 FTEs), interpreters (2.85), early interventionists (1.23), early childhood educators (12.51), parent consultants (2.26), operations support staff (secretarial support, data entry and billing and transportation staff, 14.68), clinical supervisor (11.18), intake coordinator (0.75), Department of Health staff, University of Rhode Island staff, and staff at The Paul V. Sherlock Center on Disabilities (7.5).

South Carolina—South Carolina's other staff category includes personnel providing special instruction services.

Tennessee—In 2003, Tennessee trained early intervention providers to report personnel according to their area of certification, not according to the service they provide. Tennessee attributes the increase in the reported number of occupational therapists, physical therapists and speech language pathologists and the decrease in the reported number of other professional staff to this training.

Texas—Texas' other staff category includes early intervention specialists, licensed professional counselors, behavior therapists and translators.

Utah—Utah's other staff category includes vision specialists and early interventionists with bachelor's or master's degrees in communication disorders, family and consumer science/human development elementary education, education, sociology, psychology, social work, humanities, exercise science, theater or English.

Vermont—Vermont's other staff category includes community resource parents, who are parents of children with disabilities paid to work with families as service coordinators and home visitors.

Virginia—Virginia's other staff category includes counselors, certified therapeutic recreation therapists, educational interpreters and generalists.

West Virginia—West Virginia's other staff category includes 85 developmental specialists, five parent partners, and three vision specialists.

Wisconsin—Wisconsin's other staff category includes interpreters, mentors for the deaf, child development specialists and assistive technology specialists.