

Data Notes for IDEA, Part C

Part C Child Count

Alaska—In order to provide continuity of services to children while the LEA initiates an IEP, Alaska state regulations provide for serving children with Part C funds for up to 6 months past their third birthday (7AAC23.080(d)). On December 1, 2003, there were 17 children over age 3 enrolled in the Part C program who were awaiting enrollment in Part B services. These children were not included in the child count.

Alaska estimated race/ethnicity for 23 children. The state permits families to self-identify as unknown or other race/ethnicity. As a result, in the state's database, 20 children were coded as other, and 3 were coded as unknown race/ethnicity. The state cannot determine whether those coded as other actually had more than one race/ethnicity.

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. 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 was 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% 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 number of live births in California was lower in 2001 and 2002 than it was in 2000. Data on live births are not yet available for 2003. However, if the decline in live births continued, it is possible that the 1.9% decline in the number of children served by California's Part C program is the result of a decline in the population base from which these children are identified. That is, the state may still be serving the same percentage of children ages birth through 2 even though the number of children served declined slightly.

Connecticut—Due to fiscal exigency, in 2003 Connecticut modified its eligibility criteria for its Birth to Three program. The list of eligible diagnosed conditions was reduced (specifically, torticollis was removed from the list) and the very low birth weight eligibility criteria was redefined. This change resulted in a reduction of the state's Part C eligibility rate from 73% to 65%. In addition, in September of 2003, Connecticut introduced parent fees. This resulted in a high number of families withdrawing from the Birth to Three program. Together, these two

changes resulted in a lower total child count for 2003. The lower child count for children under the age of 12 months is a direct result of changes to the eligibility criteria.

Florida—The state attributed the decline in the reported number of children served from 2002 to 2003 to a change in its reporting methodology. The decline is not due to any changes in its enrollment or eligibility requirements. Starting in 2003, Florida only reported those children who were under the age of 3 and had an IFSP in place on December 1.

Georgia—Georgia estimated race/ethnicity for 227 children who had an unknown race/ethnicity or multiple race/ethnicities.

Hawaii—Changes in contracting agencies for Hawaii's Health Start Program resulted in a decrease in the number of at-risk children identified as of 12/1/2003. The Oahu agency that previously handled the early identification (EID) process was not re-funded. The newly funded agency required extensive training on how to identify at-risk families immediately following the birth of their children. During this period of training, fewer at-risk children were identified and served. During the change in agencies, the community was confused about where to forward referrals for service. This may have resulted in fewer referrals. Hawaii believes these problems have been resolved. More recent data show that the drop in the count reversed itself, and numbers are increasing.

In addition to the difficulties associated with changed EID agencies, the decrease in the number of at-risk children reported is also the result of coding errors. The Public Health Nursing Branch of the Department of Health provides service coordination to the at-risk population. They mistakenly coded some infants as environmentally at-risk when they should have been coded as biologically at-risk. When the problem was corrected for 2003, fewer infants were identified as environmentally at-risk.

Iowa—Over the last 4 years, Iowa became better able to identify children who are eligible for Part C services. As a result, the number of children receiving services increased.

Louisiana—Louisiana estimated race/ethnicity for 41 children who had an unknown race/ethnicity or multiple races/ethnicities.

The state attributes the 41% increase in the reported number of children served to a change in lead agencies. On July 1, 2003, Louisiana's lead agency changed from the Department of Education (DOE) to the Department of Health and Hospital (DHH). DHH implemented a comprehensive and centralized data collection system, resulting in a more efficient child count data collection. DHH also implemented a public awareness campaign that increased child find activities and resulted in an increase in the number of children eligible for services.

Maryland—The state attributes the increase in the number of Asian and Hispanic children served to changing state demographics, an increase in the total number of children and families served throughout the state, and sustained efforts to reach underserved populations. Increasing the number of Asian/Pacific Islander and Hispanic children served by the state's Part C system was a performance indicator in the State Improvement Plan and State Improvement Grant.

Under the improvement plan, local programs must ensure that they are reaching and serving typically underrepresented populations and must compile data to indicate their progress on this goal.

Michigan—Michigan’s child count increased at a rate similar to prior years. However, because this increase occurred during a time when the number of births in the state decreased slightly, the state expects that the state’s percentage of population served will now be greater than 2%.

Missouri—Since implementation of Missouri’s redesigned Part C program in March 2003, First Steps, the number of IFSPs in Missouri has steadily increased. This increase is notable among children between the ages of 1 and 2 years. The state is not sure if the increase is a result of the redesigned system. It could also be the result of the state’s doing a better job finding and reporting children or to errors in eligibility determination (the state’s determining children are eligible for services when they are not actually eligible).

Montana—In attempting to explain the increase in the number of American Indian/Alaska Native children reported in its child count, the state noted that most of the increase comes from the eastern part of the state. That part of the state has also experienced an increase in the number of referrals, and many of those referrals are for low birth weight or drug exposure. The state believes that there may be a connection between these trends. The state also noted that referrals are being delivered to Part C more consistently from child and family services, foster care services, tribal clinics, social works, and other programs. It believes that outreach efforts are improving, and more people are aware of what services are available and why it is vitally important to provide early intervention services. As a result, parents are better educated about what services are available to them, and how these services can benefit their child. And lastly, the state believes that because the services provided by Part C are perceived as positive and helpful, doctors, social workers, and parents are likely to use word of mouth to let other parents know these services are available and are assets.

Nevada—In 2001, due to a staff shortage, Nevada was unable to serve all of the children with disabilities that it identified and had to stop serving at-risk children. As a result, its child count has declined. Last year, Nevada state legislators approved additional funds to Early Intervention. In July 2003, Early Intervention programs began the process of hiring new staff. Early Intervention programs report that it takes up to 6 months for service coordinators to be fully trained and in turn carry a full caseload of children. The state expects that, in the future, its child count will increase as a result of this added caseload capacity.

New Mexico—New Mexico attributes an increase in its child count to improved management of duplicate records. Duplicate child records occur in the state’s database because multiple providers serve the same child/family, and each provider enters data for the children they serve. Starting in 2003, all potential duplicates were individually reviewed to determine whether they were probably duplicates. Only those deemed probable duplicates were removed from the count. As a result, fewer potential duplicates were removed from the child count. In past child counts, New Mexico removed all potential duplicates from the count.

The state run service coordination agency, Children's Medical Services (CMS), is now using the Family, Infants and Toddlers (FIT) database system to report children it serves. Most of these children are already in the FIT database, and the duplicated records have been removed from the child count, as described above. However, some of the children reported by CMS receive service coordination from CMS, but receive their EI services from outside agencies that do not report to the FIT database system. Prior to this year, these children were not included in the child count. This is the first time they are included in the child count.

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 the NY Early Intervention Program. These children were not included in the child count. The apparent decline in New York's child count is because in the past, New York included 3-year-olds in its count. It stopped this practice in 2003 in response to instructions from OSEP.

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

Ohio—Ohio attributes the increase in the number of Asian/Pacific Islander, Black, and Hispanic children receiving services to a variety of factors. First, the state increased its child find activities. This resulted in data sharing with the local providers. Second, during the first year of the Early Track data system, children were incorrectly assigned eligibility statuses. Once the problem was identified, technical assistance and training were provided to local staff who are now more familiar with the system.

Rhode Island—Rhode Island's Part C program serves children past their third birthday. On December 1, 2003, there were 14 children over age 3 enrolled in the Part C program. These children are not included in the child count. The apparent decline in Rhode Island's child count is because, in past years, Rhode Island included 3-year olds in their count. It stopped this practice in response to instructions from OSEP.

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

Tennessee—The state explained the 22% decrease in its child count as the result of training and revisions to data cleaning procedures. In 2003, Tennessee held training sessions with early intervention providers prior to the December 1 child count. These sessions stressed the importance of verifying that the child has an active IFSP on the December 1st count date. As a result, the state realized that it included in its count some children who were transported to an evaluation for eligibility, but did not have an IFSP. These children are no longer included in the child count.

Utah—Utah attributes the increase in the number of Black and Hispanic children in its child count to the increasing diversity in the state's population.

Washington—Because Washington did not estimate race/ethnicity for 274 children who were coded in the state data system as other race/ethnicity, the number of children reported by race/ethnicity is smaller than the number of children reported by age. Of these 274 children, 49

were multiracial, with 12 in the birth to 1 age category, 14 in the 1 to 2 age category, and 23 in the 2 to 3 age category. The remaining 225 children had an other race/ethnicity, with 16 children in the birth to 1 age category, 75 children in the 1 to 2 age category, and 134 children in the 2 to 3 age category.