

PART C CHILD COUNT AND SETTINGS

FFY 2017/SY 2017–18 Reporting Year

This document provides information or data notes on the ways in which states collected and reported data differently from the Office of Special Education Programs (OSEP) data formats and instructions. In addition, the data notes provide explanations of substantial changes from previous year's submissions as well as other information that data users may find notable or of interest when reviewing and using these data.

Arizona

- Data on race are collected in two ways, parent report and if parent does not report a race, then it is informed by referral source data and by observation. Statewide, 77.01% of data on race is collected by parent report and 22.99% from referral source data combined with observation. For children identified as having more than one race, 89.79% of parents provided this information and 10.21% came from referral source data combined with observation. Because most of the data came from parent report, the data are considered to be accurate.

Arkansas

- Year to Year note: There was a decrease in the amount of children served in Other Setting. This decrease was due to a number of providers opting out of our First Connections Program therefore decreasing the number of children served. There was a decrease in the number of children in the category of Birth to One. This decrease was due to a decrease in the number of children served in comparison to last year. There was a decrease in the number of referrals received. Also, we lost several providers since last year. There was a decrease in the number of children in the category of Hispanic/Latino decent. This decrease was due to a decrease in the number of children referred and served in comparison to last year. Also, we lost several providers since last year.

Colorado

- Year to Year note: The significant change for Two or More Races is due to increased outreach to underserved and diverse populations.

Delaware

- Year to Year note: There was an increase in the number of families identifying themselves as Asian. In addition, provider outreach activities have been directed to primary care physicians with a diverse cultural patient base. There was decrease in the amount of families who identified themselves as being of two or more races; families are providing primary race only.

Florida

- In 2015, Early Steps migrated data systems. The data migration caused the 2016 data submission to use two different data sources with two different formats and/or field names. Subsequently in the same year, Early Steps experienced staff turnover, that proved critical to the data submission.

When data was submitted for 2017, the data set did not include services offered by external providers. In the previous system, one report contained services for all provider types. The current data system has one report for internal providers only and another one for both internal and external providers.

After additional research and analysis of the data, Early Steps determined in late 2017 that the data submission needs further clarification due to the use of different data sources from previous submissions. As a result, 2017's settings submission did not contain the full dataset for the percentage calculation. The absence of external provider services data impacted the child's setting location determination. Early Steps compiled the proper data set and recalculated the settings submission for 2017.

Georgia

- Year to Year note: The increase in birth through 2 total by other setting was due to more children being served in local clinics. This is due to limited provider capacity especially throughout the rural areas of Georgia.

- Year to Year note: The increase in totals 2 to 3 was due to more children entering the program at the age of 28–33 months old. In multiple cases parents refer at this age when they have identified a delay in their child's speech. Also delays become apparent when a toddler enters preschool around this age. Preschool teachers identify delays when comparing children to their peers. At that point preschool teachers often make the referral directly to BCW after the concerns are shared with the family.

- Year to Year note: The increase in total Hispanic/Latino and total two or more races is in part due to a data system glitch that was categorizing children who were Hispanics as Two or More Races in the Years 2015–16 and 2016–17. This led to under-reporting of Hispanics and over-reporting of Two or More Races categories. The system glitch was fixed and the Hispanic/Latino total and the two or more races total reported for the Year 2017–18 are accurate.

Guam

- Year to Year note: Though there was a decrease in number of children serviced from year 2 to year 3, the amount of children in year 3 for Native Hawaiian or other Pacific Islanders is comparable to year 2. Number of children serviced is generally representative of the population of which is Pacific Islanders of Guam.

Hawaii

- Year to Year note: EI Programs have been working on providing majority of services within a child and family's natural environment.

Idaho

- Year to Year note: The 20% increase in Hispanic enrollments from 2016–17 to 2017–18 occurred mostly in three of Idaho's seven geographic service regions, which comprise the eastern part of the state. The increase is at least partly attributable to increased relationship-building and outreach to Hispanics. A new Spanish-speaking service coordinator and longer-term by Spanish-speaking and Hispanic staff connected with migrant and other Hispanic communities. Program staff also networked with Spanish-speaking physicians, whose numbers grew by one in the region. One works for a public health agency (Federally Qualified Health Center). In addition, one of the area's Regional Early Childhood Committees, with numerous members employed by schools and libraries, conducted new community education and outreach to promote community awareness of the program.

Numeric verification of this explanation appears in several indices in this eastern region of Idaho. The number of Hispanic enrollments increased by 45% since 2016, and bringing this eastern region closer to parity with its population ratio of Hispanic children. The increased enrollments come from three compounding factors: (a) 13% increase in children referred; (b) 0.3% increase in referrals per child; and (c) 7% increase in referral-to-enrollment conversion. The majority of the added referrals and enrollments came from physicians and hospitals, with a few from LEAs and public health agencies. All of these were entities that had increased their own Spanish-speaking capacity, and had experienced increased outreach from program staff and community volunteers.

Indiana

- Year to Year note: In December of 2017 our office discovered a reporting error from a third-party entity resulting in an increased number of service reported as being provider in "other settings." The Third party has fixed the reporting error to ensure the issue does not happen again.

Kentucky

- The cumulative count reported does not include children who were evaluated and determined ineligible or whose parents declined services. This count only includes children who had an active IFSP during the time period.

- One large office was under a corrective action to improve data entry accuracy. Increased child find efforts targeted populations underrepresented in the past. Part C overall increased number served by 5%—this is a yearly trend for the past 4 years.

Louisiana

- Year to Year note: State Part C has growth over the past few years with increases in all races in count. The % change for Asians is higher, however is reflective of increased population growth as well as Part C growth for the state.

Maryland

- Year to Year note: Eight jurisdictions are responsible for the increase of children receiving services in Other Settings. The increase is at Service Provider Location (e.g. Outpatient, Audiologist) and Other-Early Invention Center/Class for children with Disabilities.

- Year to Year note: Nineteen jurisdictions are responsible for the increase in age 3 and older by home and age 3 and older total by community. 26.7% of families in Maryland choose to stay on an Extended IFSP rather than receiving services through a Preschool Special Education on an IEP in 2017.

Michigan

- Michigan does not serve At-Risk children or children 3 years of age or older under Part C of IDEA.

- Year to Year note: We are pleased that our overall count has increased the last two years. Each Racial/Ethnic group has increased except for the African American population. As we examined the source of the 33.53% increase in Fall 2017 over Fall 2016 of Asian American children, we discovered there has been a significant influx of Japanese businesses—mostly auto related—in the Novi area (Oakland County, Northwest of Detroit). Oakland has the largest Japanese population in the state and accounted for nearly 50% of the Asian count increase both this year and last.

Mississippi

- Year to Year note: The program has established an EI program with University of Mississippi Medical Center NICU. This partnership has allowed the program to identify and enroll infants who might have been enrolled at a late time into the program before they are discharged from the hospital.

- Year to Year note: The program has made strides in documenting all children that come into the program and those that reenter the program throughout the year. Also the program has made some changes in the registry to capture all children that were active in the registry over a certain time period.

Missouri

- Year to Year note: The increase of Asian infants and toddlers was not limited to any particular geographic region of the state. Missouri's overall child count has been increasing for several years.

Nebraska

- Year to Year note: The increase in the child count is directly related to the state's prior submission for Exiting. Nebraska has increased its Child Find and identification efforts in the Part C program, resulting in a significant year to year change that the state anticipates leveling out going forward. In addition to this, Nebraska has increased its focus on training district staff in accurately reporting their birth to age three children and with enhanced training, the state feels it now has the most accurate numbers.

New Hampshire

- Race Ethnicity data was blank for a total of 21 children, which is the difference between E1. Cumulative Count of Infants and Toddlers, Ages Birth through 2, by Race/Ethnicity and education unit total.

New York

- New York does not serve at-risk children.

- New York does not serve children ages 3 or older. However, under certain circumstances, children ages 3 or older are allowed to remain in the Part C program if they are found eligible for Preschool Special Education prior to turning 3; they remain in Part C Program until the effective date of their IEP. The cumulative number of children enrolled in the New York State Early Intervention Program reported in Section E excludes children who turned three before the beginning of the period and received their IFSPs after their third birthdays.

Ohio

- Year to Year note: The decrease in percentage of children receiving services primarily in "Other" settings can be attributed to a continued focus in Ohio to provide EI services in natural environments. These efforts have led to an increased number of children primarily receiving services in the home each of the past several years, which, in turn, has led to a decrease in the number of children primarily receiving services in non-natural environments.

Oregon

- Year to Year note: Oregon discourages settings such as EI toddler groups which tended to be more prevalent in one of the larger counties in the state. It is believed that focusing improvement efforts in this county along with three others resulted in the decrease in Other Settings and the increase in Community-Based Settings.

- Year to Year note: Oregon is experiencing an increase in the counts of students in two large counties within the Portland area due to population growth. These counties tend to be the most

ethnically/racially diverse in the state, so it is believed this resulted in the increase in the total reported as Two or More Races.

Puerto Rico

- Year to Year note: These changes are not related to new data collection methods implemented by the state office during this period nor were there changes in personnel that may have impacted the data reporting protocols. Fewer infants and toddlers and their families were receiving early intervention services in 2017 when compared to 2016.

Three main factors contributed to these changes. The number of live births has been steadily decreasing for the past decade. Data from the census show that in 2016 total live births decreased approximately 39% when compared to year 2007. The other two factors are related to unusual events last year. In September 20, 2017 Hurricane Maria made landfall with 150 mph winds, only two weeks after the island was also affected by Hurricane Irma. In the aftermath of back-to-back hurricanes, the island confronted—and still is— problems regarding lack of electric power, running water, supplies and in many cases, safe homes. More than 350 families receiving services at the time of the hurricanes exited the island and headed to the US mainland seeking for safer environments for their relatives. This count does not include families that exited the program between September 26th (the date government employees were requested to return to the offices to the extent possible) and December 1st because of unsuccessful attempts of contact, which we believe many of them were related to the extreme situations after these events. Also, referrals received to all of the seven (7) regional programs showed a decreasing trend throughout the year and, the count for the last quarter was significantly lower when compared to the remaining three. Thus, fewer live births, the sudden rise in the number of families exiting the program, and the difference in the number of referrals received after the events, has highly impacted the count of children as of December 1st, 2017 and the cumulative count between December 2nd, 2016 and December 1st, 2017.

Rhode Island

- Year to Year note: Rhode Island's Asian population increased by 30% from FFY 17 to in FFY 18. Our RI State Part C team reviewed all available data and have determined that this is a naturally occurring increase as it represents less than 1% of Rhode Island's total enrollment.

South Carolina

- Year to Year note: Per the South Carolina Revenue and Fiscal Affairs Office, Statistical Abstracts of the state population for 2015 and 2016, and the U.S. Census Bureau population estimates for South Carolina for 2017, the state has seen a small but steady annual increase in the number of residents reporting two or more races since 2015. The increase in the state's Part C child count for children in this category between 2016-2017 and 2017-2018 is attributed to the changing demographics of the state and efforts by BabyNet State Office to ensure accurate reporting of child race in the state's Part C data system.

Tennessee

- Year to Year note: When reviewing data across all settings (home, community, and other [flagged]) all three settings had increases of 17.68% or greater. When data were reviewed across all age groups, particularly 618 data reported in the state's Annual Performance Report for indicators 5 (birth to 1 year) and indicator 6 (birth to three years), TEIS has experienced steady growth since 2014. The race/ethnicity category for Black or African American increased across all nine TEIS district with Memphis Delta reporting the largest increase. Memphis Delta as the largest population with approximately half of the state's overall total population served for this race/ethnicity category. Hispanic/ Latino is a race/ethnicity population that has shown an increase overall since 2016.

The Lead Agency attributes the significant changes flagged within this report to an overall increase in the number of children served. TEIS has continued to experience steady growth in children served since 2014. There was a 19% increase with a 17% increase for cumulative count between 2016 and 2017. In reviewing historical data, there was a 14% increase and an 18% increase in cumulative count between 2015 and 2016 and a 14% increase with a 32% increase for cumulative count between 2014 and 2015. It is believed that State Systemic Improvement Plan (SSIP) implementation has had a positive impact on the increased numbers of infants and toddlers served. One action under eligibility procedures improvement strategy has been to move point of entry offices away from screening and to go straight to evaluation to eligibility determination. This has caused an increase of referrals particularly from the medical community.

Utah

- Year to Year note: There was a significant change in Section A—Birth through 2 Total by Other Setting. This is due to additional group services being offered at two large urban programs. There was also a significant change in Section E—Total Two or More Races. This is due to an increase in CAPTA and Early Head Start referrals.

Vermont

- Families declined to report ethnicity for some infants/toddlers.

Virginia

- Year to Year note: In Virginia, eligible two-year-olds may receive services through Part C or Part B. Two-year-olds receiving services with an IEP through the Virginia Department of Education (VDOE) are counted in the birth through 2 data reported under Part C. The 2017–18 count of children served in a community setting decreased because the number of 2-year-olds served with an IEP through VDOE in community settings decreased. The 2017–18 count of children served in other settings increased because the number of 2-year-olds served with an IEP through VDOE in community settings increased.

-This count includes children receiving FAPE under an IEP through the Virginia public school system.

Virgin Islands

- Year to Year note: The following In September 2017, the United States Virgin Islands was greatly impacted by two Category 5 hurricanes, as a result, the Territories infrastructure including residential properties suffered severe damages. This resulted in a number of families as well as families of children with disabilities. As a result, the State's December 1, 2017 (SY 17-18) Child count data (e.g. disability categories and educational environments) resulted in a 7.5% overall decrease when compared to the December 1, 2016 Child Count data.

Wisconsin

- A contributing factor to this data is the interpretation of the closing reason by local EI staff that enters data into our database. DHS continues to provide technical assistance to county agencies through review of data and guidance to improve the accuracy of documentation of closing reasons. Additionally, DHS will continue to analyze trends and look for ways to systemically improve our practice and data entry.

Wyoming

- Year to Year note: The trend of the number of birth through age 2 total in "Other" setting showed a decrease of children from FFY15 to FFY16 and a 131.82% increase in FFY16 to FFY17.

The anomaly was the FFY 2016 which showed a decrease in children served in other settings. The FFY 2016 year had a significant decrease in areas that had energy sector jobs. In FFY 2017, these same areas increased their child count numbers back to typical numbers. This in turn increased the number of children served in "other" settings back to the trend of the FFY15 counts.

The programs in these areas serve children, when deemed appropriate, in settings of other than naturally occurring settings due to the nature of the demographics. Within these demographics, many families live in multi-family single home and prefer the services be provided at the program centers. The high cost of living requires these families to share living facilities. Services in the program center tend to be more conducive to achieving the child outcome instead of being served in a crowded home environment. All services provided in "other" settings had been monitored for appropriateness of meeting the IFSP Child Outcomes and met this standard.