

DATA NOTES FOR *IDEA*, PART C

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

- **2005 Child Count**
- **2004 Settings**
- **2003-04 Exiting**
- **2004 Services**
- **2004 Personnel**

Table 6-1 Through 6-3, 6-7 Through 6-9: Counts of Infants and Toddlers Served, 2005

Alabama—The state attributes the increase in the number of white (not Hispanic) and Hispanic infants and toddlers served to an increase in the white (not Hispanic) and Hispanic population in the state. The state reported that 61 percent and 4 percent of infants and toddlers receiving services were white (not Hispanic) and Hispanic, respectively. The Center for Demographic Research at Auburn University reported that Census data showed that 62 percent and 4 percent of the state's birth through 3 population are white (not Hispanic) and Hispanic, respectively.

Alaska—Alaska estimated race/ethnicity for 20 infants and toddlers (3 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

Infant Learning Program (ILP) service improvements in two remote regions of the state resulted in an increase in the number of Alaska Natives enrolled and served by the program. These two programs saw increases of 43 and 12 enrolled Native infants and toddlers. The decrease in the number of white infants and toddlers served is relatively small, and the state thinks it is a product of normal fluctuations in a small overall population. The fluctuations happened in several regions of the state with no direct cause.

American Samoa—The increase in the child count for American Samoa is due to efforts over the past two years to rebuild the entire early intervention program. These efforts include the implementation of a database management system. These improvements have resulted in a significant increase in both the number of infants and toddlers served and the territory's ability to collect and manage its data.

Arizona—Arizona estimated race/ethnicity for 182 infants and toddlers (4 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

Arkansas—There was an increase in the number of Hispanic infants and toddlers served. The change was attributed to an influx of Hispanics entering Arkansas. It was also attributed to the Child Find Campaign, which has resulted in the increase of Hispanic children and families receiving services.

There was a decrease in the number of black infants and toddlers served. The decrease was attributed to the increase in infants and toddlers transferring out of the early intervention (EI) program and attending the Child Health Management Services program (CHMS) that is funded by Medicaid.

The increase in Asian/Pacific Islander infants and toddlers is due to the Public Awareness Project “Child Find” and influx into Arkansas’ population. Child Find, which affects the referral process, has been emphasized and used in Early Child Care Centers and other state programs.

California—California estimates the number of at-risk infants and toddlers it serves. Although the state serves at-risk infants and toddlers, its database cannot always distinguish the at-risk infants and toddlers 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 infants and toddlers served, in 2002 the state conducted a cohort analysis to determine the percentage of infants and toddlers 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 infants and toddlers 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 infants and toddlers served. It attributes the increase in the number of at-risk infants and toddlers served to an increase in the child count. Because this estimate is based on the state’s total child count, any increase in the child count would be expected in the at-risk count.

California estimated race/ethnicity for 4,743 infants and toddlers (15 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. It also estimated race/ethnicity for 381 at-risk infants and toddlers (16 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. All of these infants and toddlers received services through the state’s Department of Developmental Services.

The state attributes the increase in the number of Asian/Pacific Islander and Hispanic infants and toddlers served to an increase in the population of Asian/Pacific Islanders and Hispanics in the state. These populations are growing at faster rates than California’s overall population.

California attributes the increase in the total number of infants and toddlers receiving services to an increase in the state’s birth through 3 population and to an increase in the number of infants and toddlers served by Early Start. Typically, Early Start averages a 5 percent growth annually. This year, there was an 11 percent increase in the number of infants and toddlers served in Early Start. The state attributes this increase in caseload to a variety of factors:

- All of the state’s 21 regional centers have liaison activities with Neonatal Intensive Care Units.
- Through the use of a Hilton Special Quest Grant, Early Head Start now uses an Infant Development Scale to assess siblings and other infants and toddlers.
- The Department of Developmental Services coordinates with the California Department of Social Services on the referral requirements of the *Child Abuse Prevention and Treatment Act (CAPTA)*.
- California’s Interagency Coordinating Council focused on child outreach activities and related referrals in which 21 different activities were identified.
- A revised public outreach brochure entitled “Reasons for Concern” was developed in collaboration with the California Department of Education. This document has been disseminated.

- In Los Angeles, where 28 percent of Californians reside, the BEST Primary Care Physicians (PCP) began using a standardized assessment for pediatric patients.
- California expanded its Newborn Hearing Screening Program to statewide.

Colorado—The state believes the increase in the number of Asian/Pacific Islander infants and toddlers receiving services is due to an increase in the number of adoptions of female infants from Asian countries. Some of these infants and toddlers are referred to Part C.

Connecticut—The state believes the increase in the number of Asian/Pacific Islander infants and toddlers receiving services is due to an increase in the number of adoptions of Chinese female infants. Some of these infants and toddlers are referred to Part C.

Delaware—As a result of prorating the unknown race category, a higher number of infants and toddlers than last year were categorized as white. For identification of race/ethnicity, Delaware uses a statewide database that details race and ethnicity as reported by the family. In recent years, documentation has indicated increases in the number of infants and toddlers born into multiracial families. These infants and toddlers are entered into the database with a race/ethnicity code of other or unknown. Alternate databases were reviewed and/or families were asked for determination of the child’s race; however, it is becoming increasingly difficult for us to provide a single race in this category. The demographic determination for 88 infants and toddlers (9 percent of the total) was based on prorating of the percentages known for each race/ethnicity category.

District of Columbia—The District of Columbia attributes the increase in the total number of infants and toddlers served to a change in the way it collects data. The state conducted a caseload validation process, pulled each active file in its database and verified that the most recent individualized family services plan (IFSP) was on file. The state cross-referenced this list with the Part C intake data of all Part C-eligible infants and toddlers to ensure that all eligible infants and toddlers were identified and reported. The state changed its early intervention database and can now track families on a monthly basis. The state believes the increase in the total number of infants and toddlers served may also be the result of its attempt to meet the *CAPTA* regulations, by increasing the number of infants and toddlers referred from foster care and protective service agencies.

Florida—The state attributes the increase in the number of Asian/Pacific Islander infants and toddlers served to an increase in the population of Asian/Pacific Islanders in the state and to an increase in the number of adoptions of Asian/Pacific Islander infants and toddlers. The state believes this increase is partly due to better data reporting and that face-to-face intakes allowed service coordinators to more accurately report race/ethnicity.

Georgia—Georgia estimated race/ethnicity for 329 infants and toddlers (6 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

The state had a decrease in the number of Asian/Pacific Islanders served in 2004. The decrease was attributed to families moving back and forth across state lines. As demonstrated in their state demographics, the largest loss of Asian/Pacific Islanders was from rural counties that border neighboring states. Another possibility is that the imputation formula that we use for infants and toddlers in the “Other” category could have artificially indicated change.

Guam—Guam submitted revisions to its 2001, 2002 and 2003 child count data. The revisions significantly lowered the number of at-risk infants and toddlers.

Hawaii—The decrease in the number of Hispanic infants and toddlers served was explained as follows. Upon comparing child count data from 2003-05, it seems that 2004 had an increase in the numbers of Hispanic infants and toddlers but that 2005 is more in line with 2003's data and may be returning to the more historical trend. The number of Hispanic infants and toddlers served in 2003 was 124, and in 2005, it was 121. Further, upon closer scrutiny of the data submitted by individual Part C providers in the state, most groups had a slight decrease in the numbers of infants and toddlers served. This follows with the overall decrease in the number of infants and toddlers served from 3,936 in 2004 to 3,688 in 2005.

There was a decrease in the (Section B) number of at-risk infants and toddlers served. The decrease was attributed to the steady decrease in the number of families enrolled in the Healthy Start Home visiting program, which is responsible for serving the at-risk population in Hawaii. The change is attributed to more parents working full time and being unavailable for services. Many families identified as at risk are also using illegal drugs and in need of more intensive support services. A new program called Enhanced Healthy Start has been created to serve high-risk families and was implemented as of November 2005. The state may see an increase in the number of at-risk families served, with the influx of these new referrals.

Idaho—The state attributes the increase in the total number of infants and toddlers served and in the number of white infants and toddlers served to an increase in the number of people moving into the state. According to the Census Bureau, the state's population is one of the fastest growing in the country. The state attributes the increase in the number of Hispanic infants and toddlers served to an increase in the total number of Hispanics in the state. The Census Bureau reports that between 2003 and 2004, the state's Hispanic population increased at double the rate of the state's overall population.

Illinois—Illinois estimated race/ethnicity for 210 infants and toddlers (1 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 210 infants and toddlers, 32 were reported as ages birth to less than 1, a total of 66 were reported as ages 1 to less than 2 and 112 were reported as ages 2 to 3.

The state attributes the 6 percent increase in the total number of infants and toddlers served to a reduction in the length of time between a referral to early intervention and the development of an initial IFSP. The state believes that, because a family spends an average of 30 days in intake, infants and toddlers are determined eligible to receive services more quickly. As a result, fewer families leave the program before eligibility determination.

The state attributes the increase in the number of Asian/Pacific Islander infants and toddlers served to outreach efforts in three counties. Census data show that Asian/Pacific Islander infants and toddlers are heavily concentrated in those counties.

Indiana—The state attributes the increase in the number of Hispanic infants and toddlers served to an increase in the Hispanic population in the state.

The state attributes the decrease in the number of at-risk infants and toddlers served to better data reporting. The state has emphasized the importance of correctly reporting the eligibility status of infants and toddlers who are eligible for more than one reason. One of these reasons is if a child is biologically at risk.

Iowa—The state attributes the increase in the total number of infants and toddlers served to regional continuous improvement plans based on regional performance data, early identification procedures in 2004 and focused monitoring that targeted early identification.

For the 2005 data collection, Iowa began using the last Friday in October as its collection date for Part C. Although this has not historically been a data collection option for Part C, Iowa's Part C program is run by the state's Department of Education. Iowa's Part B program also uses the last Friday in October for its data collection date.

Kansas—The population in the western part of the state is decreasing, and the state's population center has shifted to the east. In the western part of the state, the towns with industry, i.e., beef packing and hog farming operations, are generally maintaining their populations. The state has also seen an increase in migrant population, particularly during the wheat and corn harvest seasons. This group's entries and exits influence the state's annual and December 1 counts.

The Asian population has increased, primarily in metropolitan areas and some in beef packing communities.

The state attributes the increase in the number of American Indian/Alaska Native infants and toddlers receiving services to successful child find efforts. In 2005, the total number of infants and toddlers screened increased 69 percent, and the number of referrals for evaluation increased by 6 percent. The state also believes its American Indian/Alaska Native population increased. Data from the Census Bureau estimated that the population of American Indian/Alaska Native in the state increased 55 percent from 2003 to 2004. The state believes this population continues to increase in 2005.

Kentucky—The decrease in number of black infants and toddlers served is most likely a result of better collection of ethnicity data from the field. Since fall 2005, Kentucky has implemented penalties to contracted providers for not providing this important information. The result is that the number of infants and toddlers with ethnicity unknown (requiring estimates of ethnicity for the OSEP tables) has decreased. Estimates based on the distribution for which ethnicity was known was applied to the unknown infants and toddlers. In 2004, it is likely that these estimates overstated the number of black infants and toddlers. The 2005 data are more accurate. Thus, the change is most likely due to a reduction in infants and toddlers for whom ethnicity was estimated rather than an actual reduction in the number of black infants and toddlers served.

Louisiana—Louisiana estimated race/ethnicity for 60 infants and toddlers (2 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities.

There was a decrease in the total number of infants and toddlers served, as well as in the number of black and Hispanic infants and toddlers served. The drop in numbers was due to Hurricanes Katrina and Rita. Families were displaced in two areas of the state. One of the areas (New Orleans) was the largest urban area and served over 1,000 infants and toddlers.

Maryland—The state attributes the increase in the number of Hispanic infants and toddlers served to changing demographics, an increased number of infants and toddlers and families served statewide and sustained efforts to target public awareness activities to underserved and special populations. Thirteen jurisdictions reported increases in Hispanic infants and toddlers served, and those with the most significant increases have comparable increases in the overall Hispanic population for the jurisdiction.

Starting in 2004, Maryland uses the last Friday in October as its 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 also uses the last Friday in October for its data collection date.

Michigan—There was an increase in the number of Asian/Pacific Islander infants and toddlers served. Michigan cannot provide an explanation for the significant year-to-year change and plans to further investigate these changes.

Minnesota—Minnesota attributes the increase in child count to a change in formula for allocating funds to local areas for public awareness and outreach activities that took effect July, 1 2005. A multi-factorial appropriation system was implemented that increased the proportion of funds allocated to local areas with higher proportions of families in poverty and families speaking a language other than English. Through the annual application for these funds, local areas were required to develop action plans to improve outreach activities to the general public and to underserved segments of the state's population. The implementation of these activities has resulted in improved child find to families of diverse language or cultural backgrounds. These efforts have resulted in more infants and toddlers identified from minority racial backgrounds.

Mississippi—The state attributes the decrease in the total number of infants and toddlers served to families moving out of the state following the aftermath of Hurricane Katrina. The state expects this number to increase in the coming years as families move back to Mississippi.

Nebraska—There was a decrease in the number of Asian/Pacific Islanders served. The decrease was due to the movement of Asian/Pacific families to other states. The state will further investigate the change.

New Jersey—There was an increase in the number of Hispanic infants and toddlers served. This increase was due to an influx of Hispanic families to the state. This has resulted in an increase in referral to the New Jersey Early Intervention System. In addition, child find efforts have addressed reaching Hispanic families in the state. The child find efforts included significant outreach in potential underserved local areas of the state and increasing public awareness activities. The state also created a child find poster in Spanish.

New Mexico—Significant increases have been made in the efforts of New Mexico's *IDEA* Part C program to serve minorities and underserved populations. This has resulted in an increase in the number of children who are Asian or Hispanic being served in 2005.

New York—New York's Part C program serves infants and toddlers past their third birthday. On December 1, 2005, there were 1,064 infants and toddlers over age 3 enrolled in Part C. These infants and toddlers were not included in the child count.

New York estimated race/ethnicity for 10,348 infants and toddlers (31.8 percent of the child count) with an unknown race/ethnicity or multiple races/ethnicities. The state estimates race/ethnicity at the county level. The state has been working with the New York Department of Health to resolve its problems of missing race/ethnicity data. Starting in 2006, IFSPs will have a field indicating a child's race/ethnicity. The only categories permitted on this form will be the five race/ethnicity categories currently used by the Office of Special Education Programs (OSEP). The state believes this will improve its reporting on race/ethnicity data in the future.

North Carolina—There was an increase in the number of American Indian/Alaska Native and Asian/Pacific Islander infants and toddlers served. The increase in the number of infants and toddlers receiving services is most likely explained by random fluctuations associated with categories with small numbers. Additionally, the reorganization of North Carolina's Part C program in 2004 decreased the number of agencies responsible for completing the Infant Toddler Data form, which increased the consistency in data reporting.

North Dakota—There was an increase in the total number of infants and toddlers served, the number of American Indian/Alaska Native infants and toddlers served and the number of white infants and toddlers served. The increases are attributed to ongoing child find activities that include the Right Track and Birth Review programs and increased collaboration with Tribal Early Childhood programs.

Right Track is a statewide initiative that offers a free developmental screening to all infants and toddlers in North Dakota. The Birth Review program is a collaborative effort of the North Dakota Department of Health and the North Dakota Department of Human Services. If a family indicates on its child's birth certificate that it would like additional information, the family receives follow-up correspondence containing information based on risk factors identified on the birth certificate and information regarding developmental screenings through the Right Track program. In 2005, 9,003 Right Track screenings were completed, and 5,879 families received information from the Birth Review program (72 percent of all resident births). The increase in the percentage of infants and toddlers served who are less than 1 year of age is also affecting the total number of infants and toddlers served.

Tribal Early Childhood Programs are members of Regional Interagency Coordinating Committees. The Part C lead agency meets quarterly with Tribal Early Childhood Programs to facilitate communication and identify areas of potential collaboration.

Northern Marianas Islands—There was an increase in the number of infants and toddlers served in 2005. The increase was attributed to a more focused and effective public awareness and child find campaign. The campaign was to ensure that all infants and toddlers are located and identified, including infants and toddlers who are currently not being served and underserved populations. The child find activities included daily visits to the neonatal intensive care unit (NICU), pediatric ward and personal visits to private clinics with referral process information, including information for parents of premature infants. Public awareness materials were also translated into 10 languages and disseminated at local grocery stores, laundry mats, garment factories, clinics and in the Head Start Centers.

Ohio—The state attributes the increase in the total number of infants and toddlers served to new performance-based funding. This funding serves as an incentive to counties that achieve their target numbers of infants and toddlers served. The state also believes the increase in the number of infants and toddlers receiving services is the result of the Bureau of Early Intervention staff emphasizing the importance of child find efforts and meeting Part C targets.

Oklahoma—The state attributes the decrease in the number of Asian/Pacific Islander infants and toddlers receiving services to a decrease in the state's overall population. The state believes it is serving an appropriate percentage of Asian infants and toddlers. Currently, Asian/Pacific Islanders comprise 1 percent of the state's population, and the state is serving more than 1 percent of its Asian/Pacific Islander population.

Oregon—The state attributes the 16 percent increase in the total number of infants and toddlers served to an increase in the total population in the state and to an increased focus on child find efforts as a result of the implementation of Oregon's Special Education System Performance Review and Improvement model. This model requires agencies (early intervention contractors and subcontractors) to look at how their data compare to the state and national targets. If an agency's data are less than the state and national data, the agency specifically addresses how to meet these targets. The state believes that it has been reporting fewer Part C infants and toddlers than expected for many years and believes these new child find efforts have resulted in an increased child count.

The state attributes the increase in the number of Hispanic and black infants and toddlers reported to the model mentioned above. The model provides a breakdown of Part C infants and toddlers by race/ethnicity, and the state compares it to the breakdown of race/ethnicity of all infants and toddlers in the contractor area. Again, if an agency's data are less than the state and national data, it focuses its child find efforts in areas that may have higher minority populations. The state also attributes the increase in the number of Hispanic and black infants and toddlers reported to an increase in these populations across the state.

Pennsylvania—Pennsylvania estimated race/ethnicity for 1,596 infants and toddlers (11 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 1,596 infants and toddlers, 288 were ages birth through 1, a total of 536 were ages 1 to 2 and 772 were ages 2 to 3.

The state attributes the increase in the number of Hispanic infants and toddlers served to its continuing efforts to monitor child find activities. The state believes that monitoring such activities ensures that county programs are locating and identifying infants and toddlers who are representative of the population in their local areas. The increase in the number of Hispanic infants and toddlers served is a result of these efforts.

Puerto Rico—There was an increase in the number of infants and toddlers served for fiscal year 2005. This increase follows the trend of the past two years. The number of Part C infants and toddlers served now represents 2.6 percent of the total population. The steady increase has been due to an increase in child find efforts. Puerto Rico has been meeting with physicians and hospitals to try to find infants and toddlers who need Part C services.

Rhode Island—Rhode Island estimated race/ethnicity for 140 infants and toddlers (9 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

Rhode Island had 135 infants and toddlers (9.15 percent) of the overall December 1 count who fell outside of the noted categories. The percentages were proportionally distributed among the categories.

Rhode Island's Early Intervention Program changed lead agencies in January 2005. The Rhode Island Department of Human Services (DHS) has reviewed the Early Intervention Management Information System (EIMIS) data collection process and has implemented new data collection policies and EIMIS improvements which enhanced its reporting capabilities. EIMIS was developed by the Department of Health and was transferred to DHS. DHS updated the system to a higher version of Microsoft Access and added new data elements as required by the State Performance Plan (SPP). All drop-down lists were reviewed and updated to match federal wording and federal definitions (Location, Race and Discharge). Definitions and policies surrounding data entry were then distributed to all providers. These policies also are in line with new certification standards that went into effect January 1, 2006. These improvements and an increase in the number of infants and toddlers served in Rhode Island are all factors that caused an increase in total, black, Hispanic and white infants and toddlers served.

South Carolina—There was an increase in the total number of children served, the number of Asian/Pacific Islander children served, the number of black children served, the number of Hispanic children served and the number of white children served. These increases are due to the fact that during the past three years South Carolina has been under a compliance agreement, and through aggressive child find efforts, the state has increased the number of children with IFSPs by 37.7 percent. The child count has also climbed to 3,152 children, which is close to 2 percent of the newborn population, which is in accordance the compliance agreement with OSEP. The increase in the numbers is also in direct proportion to the racial breakdown in the state.

Tennessee—There was an increase in the number of Hispanic infants and toddlers served. The increase was due to changes in three counties. Shelby County has the largest city in Tennessee: Memphis. There have been targeted efforts for the Hispanic population by the Tennessee Early Intervention System (TEIS) Point of Entry Office with child find/public awareness activities. Davidson County is the location for the second largest city in Tennessee: Nashville. There has always been a high Hispanic population in Nashville. The lead agency operates an early intervention program in Nashville that solely targets this population for child find and the provision of services to eligible infants/toddlers. Hamblen County is a smaller county in East Tennessee. This county has the fastest growing Hispanic population in East Tennessee. Agriculture, factory, industries and home building draw this population for work opportunities. In July of 2005, the state Interagency Coordinating Council added a new voting member from the state's Migrant Head Start Program, which is a program that targets Hispanic families.

Texas—The increase in the number of Asian/Pacific Islander infants and toddlers who were served appears to be due to increases in the number of infants and toddlers served in some urban areas of the state, particularly communities in and around Dallas, Austin and Houston. This is a result of population growth in those areas and outreach efforts. These outreach efforts have been conducted by the 58 local agencies.

Utah—The state attributes the decrease in the number of American Indian/Alaska Native infants and toddlers receiving services to caseload turnovers in two regions in the state with high concentrations of American Indian/Alaska Native infants and toddlers.

Virginia—There was an increase of Asian/Pacific Islanders served and a decrease in black infants and toddlers served. These changes are because the percentage of infants and toddlers served in the Part C system in Virginia who are Asian or black is reflecting Virginia's birth to 4 Asian and black populations more closely than before.

Virginia's 2005 child count includes 1,003 infants and toddlers receiving services through Part B. These infants and toddlers, all of whom are under the age of 3, were served using local, not Part B, funds.

Virgin Islands—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the change occurred.

Washington—Because Washington did not estimate race/ethnicity for 541 infants and toddlers (13 percent of the child count) who had missing or multiple races/ethnicities, the number of infants and toddlers reported by race/ethnicity is smaller than the number of infants and toddlers reported by age. These children were reported as other race or multiracial or as did not wish to provide information.

The Infant Toddler Early Intervention Program (ITEIP) served 389 more infants and toddlers on December 1, 2005, than on December 1, 2004. The increase may be due to enhanced child find activities.

The total Asian/Pacific Islander birth to 3 population of the state is 8.6 percent. ITEIP has consistently served 4 percent over the last four years. For December 1, 2005, ITEIP served 4.8 percent (203 of 4,238). ITEIP continues to look at outreach to this population.

ITEIP served 8.2 percent (347 of 4,248) of infants and toddlers whose families self identified as multiracial/other. This may account for the decrease in the number of infants and toddlers identified as black. In addition, the following outreach/child find activities continue statewide:

- A statewide distribution (8,400 brochures) to pediatricians, hospitals, audiologists and local lead agencies;
- Distribution of 5,453 public awareness letters to all appropriate Medicaid providers, including physicians, accredited registered nurse practitioners, therapists and managed care plans;
- Public awareness materials sent to First Steps case managers statewide (the First Steps program is for Medicaid-eligible pregnant women);
- Dissemination of “Please Ask BaBIAs Can’t Wait” brochures to all licensed child care providers;
- ITEIP funding of CHILD Profile developmental screening information in English and Spanish for parents of all newborns in the state (approximately 80,482 births in 2003). Developmental screening and referral information is sent for each child to his/her parents, at intervals of three to six months, six to 12 months and 12 to 18 months;
- ITEIP information has been added to the Department of Social and Health Services (DSHS) Children’s Administration (foster care agency) web site.
- ITEIP developed a parent information brochure titled “Infants and Toddlers who are Deaf or Hard of Hearing.” The brochure provides the statewide Central Directory 1-800 number to call to connect with the local Family Resources Coordinators (FRCs).

West Virginia—West Virginia estimated race/ethnicity for 766 infants and toddlers (29 percent of the child count) who had an unknown race/ethnicity or multiple races/ethnicities.

There were increases in the total number of infants and toddlers served, in the number of Hispanic and white infants and toddlers served and in the number of at-risk infants and toddlers served. These changes occurred because the state redesigned its Part C System in 2003. As a result, it has had an increase in visibility and continued child find activities. In a state as small as West Virginia, a change in a few infants and toddlers makes a large percentage change. The increase of infants and toddlers in the at-risk category is due in part to the overall increase in the number of infants and toddlers identified. The early intervention system also experienced a significant increase in referrals from Child Protective Services, many of whom are eligible under the at-risk category.

Wisconsin—The state attributes the increase in the number of American Indian/Alaska Native infants and toddlers served to a contract with the Great Lakes Inter-Tribal Council to provide outreach to Native American families and work with counties to ensure integration of Native American infants and toddlers into county birth to 3 programs.

Wyoming—The state attributes the increase in the number of Hispanic infants and toddlers reported to improved screening and identification and an increase of the Hispanic population in the state.

Table 6-4 and Table 6-10: Early Intervention Service Settings, 2004

Alaska—Alaska estimated race/ethnicity for 28 infants and toddlers who had an unknown race/ethnicity or multiple race/ethnicities.

The decrease in the number of Hispanic infants and toddlers served was attributed to a new emphasis on eliminating illegal immigration by authorities. There is a significant population of migrants who work at fish processing plants and other seasonal jobs in the state. These families have been reluctant to seek early

intervention services because of the emphasis on illegal immigration. This is consistent with program data and state trends of Hispanic families seeking social services.

American Samoa—The increase in total settings and decrease in *programs for developmental delay* settings is due to efforts over the past two years to rebuild the entire early intervention program. These improvements have resulted in a significant increase in both the number of infants and toddlers served and the territory's ability to collect and manage its data. These improvements have also included a greater emphasis on delivering services in natural environments.

Arizona—The infants and toddlers reported in the *other settings* category include infants and toddlers and families who received services at parks, libraries and community centers.

There was an increase in the number of infants and toddlers served in all of the settings, which reflects the significant increase in the state's child count. The increases in the *program for typically developing children, home* and *other settings* reflect the continued emphasis on the state's policy to provide services in natural environments.

There were increases in the total number of infants and toddlers served, along with Asian/Pacific Islanders, white and Hispanic infants and toddlers. These changes were due to the increased child count in the race/ethnicity categories.

There was a decrease in the number of black infants and toddlers served. The black population represents a small percentage of Arizona's population, and therefore any change in the number of infants and toddlers served results in a significant change in percentage.

Arkansas—The children reported in the *other settings* category include infants and toddlers and families who had an unknown setting. In some cases, these infants and toddlers had closed cases, were not eligible for services, had parents who refused services or could not be contacted.

The children reported in the *other settings* category include infants and toddlers and families who did not have active IFSPs. The state plans to resubmit these data.

There was a decrease in total number of infants and toddlers served and in the number reported in the *programs for children with developmental delays or disabilities, home* and *service provider location* categories. These changes were due to a data entry error. The lead agency chose to report only those infants and toddlers whose data were immediately verifiable. The lead agency is currently working with local providers and staff to update the data system and verify current numbers, thereby ensuring accuracy of future reports.

There was an increase in the number of infants and toddlers reported in the *other settings* category. The increase was attributed to reports being inadvertently entered in this category, due to lack of training. Currently staff are being trained, and data are being entered and verified.

The decrease in black, Hispanic and white infants and toddlers served was due to the revision of the child count, reflecting the most accurate information.

California—The state attributes the increase in the number of American Indian/Alaska Native infants and toddlers to an increase in the total population of these infants and toddlers and to state and to program outreach efforts.

Children reported in the *hospital* category are primarily those in neonatal intensive care units. The state believes the small decline in the number of infants and toddlers reported in the *hospital* category is partly the result of developing less-institutional options for infants and toddlers with intense medical needs. The state also believes that this practice contributed to the increase in the number of infants and toddlers reported in the *residential facility* category. Infants and toddlers reported in the *residential facility* category primarily receive early intervention services at specially licensed community care facilities for infants and toddlers with special health care needs.

Most infants and toddlers who receive services primarily in *programs designed for children with developmental delays or disabilities* are participants in the California Department of Education (CDE) programs. This category includes infants and toddlers 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 infants and toddlers. It also includes 20 infants and toddlers under the age of 1 who received services in a health facility.

California estimated race/ethnicity for 6,856 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities. Of these 6,856 infants and toddlers, 6,470 were reported in the *home* category, seven were reported in the *residential facility* category, 324 were reported in the *service provider location* category and 55 were reported in the *program designed for children with developmental delay or disability* category. All of these infants and toddlers received services through the state's Department of Developmental Services.

Colorado—The state attributes the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *service provider location* category to an increase in the number of communities that received training in 2004 in best practices, which emphasized that early intervention should occur as part of a family's daily routine, and to a statewide enforcement in place since 1998 that requires the state to use public funding to provide early intervention in the child's natural environment.

The state believes the increases in the number of Asian/Pacific Islander, black and Hispanic infants and toddlers served may be the result of increases in the total population of those races/ethnicities or better child find activities.

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

There was a decrease in the number of services provided in *programs for children with developmental delays* and *service provider locations*. There was an increase in the number of services provided in *programs for typically developing children* and *home*. The reason for these changes is that the state has enacted improvement activities to increase services in locations considered to be natural environments. The state's multifaceted improvement activities to increase services in natural environments can be referenced under Indicator 2 of Delaware's SPP.

As a result of prorating the unknown race category, a higher number of infants and toddlers than last year were categorized as white. For identification of race/ethnicity, Delaware uses a statewide database that details race and ethnicity as reported by the family. In recent years, documentation has indicated increases in the number of infants and toddlers born into multiracial families. These infants and toddlers are entered into the database with a race/ethnicity code of other or unknown. Alternate databases were reviewed and/or families were asked for determination of the child's race; however, it is becoming increasingly difficult for Delaware to provide a single race in this category. The demographic determination for 88

infants and toddlers (9 percent of the total) was based on prorating of the percentages known for each race/ethnicity category.

District of Columbia—The District of Columbia attributes the increase in the number of infants and toddlers reported in the *home* category to an increase in the total number of infants and toddlers served in the birth through 1 age category. These infants and toddlers are more likely to receive services in the *home*. The state also attributes this increase to better cooperation from Medicaid and managed care organizations to pay for services received in the *home*.

The state attributes the increase in the number of infants and toddlers reported in the *service provider location* category to an increase in the number of white, middle-class families receiving Part C services. The District of Columbia has a sliding fee scale system and these families do not typically qualify for financial assistance and generally pay for Part C services with their private insurance. Some private insurers encourage families to receive services at outpatient clinic facilities or private offices.

Florida—The children reported in the *other settings* category include infants and toddlers and families whose settings are unknown and those who receive early intervention in various public places.

Infants and toddlers reported in the *program designed for typically developing children* category include those who received early intervention services in family daycare and childcare centers. Infants and toddlers reported in the *service provider location* category received early intervention services in schools, outpatient clinics, Child and Medical Services clinics, county public health clinics and other locations in the community.

The state uses records from the state's Family Support Plan Service Authorization (FSPSA) database to derive primary setting. Although these records are intended to document all services recommended in the family support plan, they 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. The state plans to review these data quarterly and is improving the quality of these records as part of the state's continuous improvement plan.

The state implemented a team-based service provider model to ensure as many families as possible receive services in natural environments. Some service providers are unwilling to participate in this delivery system, and the state believes they may be discouraging families from participating in Part C. The state believes this has resulted in a decrease in the total number of infants and toddlers served, as well as in the number of infants and toddlers served in the *program designed for children with developmental delay or disability* and *service provider location* categories.

The state attributes the decrease in the number of infants and toddlers reported in the *other settings* category to better data reporting. This category includes infants and toddlers with an unknown setting. The state provided technical assistance to service providers on improving data entry. The state believes this technical assistance resulted in a decrease in the number of infants and toddlers with an unknown setting.

Georgia—The infants and toddlers reported in the *other settings* category include infants and toddlers and families receiving early intervention services primarily in a health district office.

The state attributes the increase in the number of white (not Hispanic), Hispanic and black (not Hispanic) infants and toddlers served to improved statewide child find activities.

Guam—The increase in number of services provided in the *home* setting was attributed to the state’s emphasis on the importance of providing services in the child’s natural environment, which begins with the *home*. As referrals increased in 2004, the number of services provided in the *home* setting increased. Program policy allows the delivery of services in settings appropriate to the needs of the child and family, which might include a setting other than the *home*.

Hawaii—The infants and toddlers reported in the *other settings* category include infants and toddlers and families receiving early intervention services primarily in a community park.

There were decreases in the number of infants and toddlers receiving services in a *program for developmental delays*, a *program for typically developing children* and *service provider locations*. These decreases are due to an increased emphasis by the Hawaii Early Intervention system toward providing services in the *home* and moving away from center-based services. The following initiatives have been implemented:

- Statewide Part C training that is provided to all Part C providers emphasizes the purpose and rationale for *home*-based services.
- Contracted providers are paid for both travel time and mileage to provide *home*-based services.
- When quality assurance efforts identify a family receiving center-based services, the IFSPs are reviewed to ensure appropriate reasons are documented.
- Contracted programs have a performance objective that focuses on the percentage of infants and toddlers served at *home* and other natural environments.

Illinois—The state attributes the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* category and the increase in the number of infants and toddlers reported in the *service provider location* category to a change in definitions. While making the early intervention system *Health Insurance Portability and Accountability Act (HIPAA)* compliant, the wording of the definition for a *program designed for children with developmental delay or disabilities* was unintentionally altered. This alteration resulted in some services provided in a *program designed for children with developmental delay or disabilities* coded as services provided in a *service provider location*. The state believes that, overall, there has been little change in the number of services provided in non-natural environments.

The state attributes the increase in the number of infants and toddlers reported in the *program designed for typically developing children* category to encouragement by the early intervention program to increase the delivery of services in community settings.

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.

Indiana—The state attributes the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *program designed for children with developmental delay or disabilities* and *service provider location* categories to training service providers on the importance of serving infants and toddlers and families in their natural environments.

The infants and toddlers reported in the *other settings* category include infants and toddlers and families who received services at churches, community centers and restaurants.

The state attributes the decreases in the number of infants and toddlers reported in the *programs designed for children with developmental delay or disabilities* and *service provider location* categories to training service providers on the importance of delivering services in natural environments.

Kansas—There was a decrease in the *programs designed for typically developing children* setting. The change was attributed to a combination of large and urban infant-toddler networks that decreased the number of infants and toddlers served in daycare settings and increased the number of infants and toddlers served in the *home*.

There was an increase in the *home* setting and a decrease in the *service provider location* setting. The change was due to increases in the number of infants and toddlers identified statewide as Part C eligible and one network amending its *service provider location* practices and providing services to 69 infants and toddlers in the *home* or other natural environment settings.

There was a decrease in the number of American Indian and Alaska Natives served in all settings. There was no one network or reason for the decrease.

There was an increase in the number of Pacific Islanders served in all settings. The changes cannot be attributed to one network or reasons. No local network realized a net increase of more than five infants and toddlers.

There was an increase in the number of black infants and toddlers served in all settings. The change was attributed to one network experiencing an increase of 22 infants and toddlers (45 percent). This may have been due to the introduction of a collaborative newborn at-risk screening program, which led to increased identification in minority populations.

Kentucky—Kentucky’s data collection system includes only two types of service setting categories: *home/community-based* and *office/center-based*. Infants and toddlers in the *home/community-based* setting category are reported to OSEP in the *home* category and infants and toddlers in the *office/center-based* category are reported to OSEP in the *service provider location* category. In practice, some of the infants and toddlers 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*.

The state attributes the decrease in the number of infants and toddlers reported in the *service provider location* category to a decrease in the total child count and to its use of independent contractors, who are more likely to provide services in the *home*.

Louisiana—There was an increase in total settings, *programs for typically developing children* and *home* settings. There was a decrease in *programs for children with development delay* and *other settings*. The reason for these changes was that the state’s Part C Program, EarlySteps, developed training materials and instructions for use of a statewide IFSP document that included the provision of services in natural environments. EarlySteps provided training and technical assistance to service coordinators and IFSP teams on appropriate settings for the child based on the child’s needs.

Maine—The state attributes the increase in the number of infants and toddlers reported in the *programs designed for typically developing children* category and the decreases in the number of infants and toddlers reported in the *programs for children with developmental delay and disability* and *service provider location* categories to initiatives that started in 2003 that resulted in improved training programs for Child Development Services case managers and service providers. One of the initiatives related to the definitions of primary settings.

The state believes the decrease in the number of infants and toddlers reported in the *hospital* category is the result of normal fluctuation in a small population.

Maryland—The state attributes the increase in the number of infants and toddlers served in the *home* and in *programs for typically developing children* categories and the decrease in the number of infants and toddlers served in *programs designed for children with developmental delay or disabilities* category to the state Department of Education (MSDE) targeting the number of infants and toddlers served in natural environments in its state Improvement Plan, primarily through training and technical assistance. Maryland has required local infants and toddlers programs to increase the provision of services in the *home*, *programs for typically developing children* and other natural environments in local improvement plans.

The state attributes the increase in the number of Asian/Pacific Islander, black or Hispanic infants and toddlers served to an MSDE requirement that local infants and toddlers programs implement public awareness activities to ensure that they are reaching all potentially eligible infants and toddlers, especially typically underrepresented populations, and to track data to indicate progress. A combination of changing demographics, increased numbers of infants and toddlers served throughout the state and sustained efforts to reach underserved populations have resulted in an increase in the number of Asian/Pacific Islander, black and Hispanic infants and toddlers served.

For the 2005 data collection, Maryland continues to use 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 and Maryland's Part B program uses an October count date.

The children reported in the *other settings* category include infants and toddlers and families who received services at a parent's place of employment, a library and community centers.

Massachusetts—The state had a decrease in the percentage of infants and toddlers whose primary setting was a *program for children with developmental delay or disabilities*. This was a result of the continued movement into natural environment settings. Massachusetts also implemented a change in the service provision standards in January 2003. This resulted in EI programs cutting back services focused on infants and toddlers with developmental delay. The change implemented is fewer allowable hours per week for child group services. Child group services could include either a community-based child group service (must include both infants and toddlers enrolled in EI and infants and toddlers not enrolled in EI) or an EI-segregated child group service (all infants and toddlers in the group are enrolled in early intervention). The result was a shift into *home* visit services.

Michigan—The children reported in the *other settings* category include infants and toddlers and families receiving early intervention services primarily in playgroups, restaurants and other public places.

Michigan estimated race/ethnicity for 145 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

There was a decrease in the number of services provided in a *program for typically developing children* and an increase in the number of services provided in *other settings*. There has been an increased focus on serving infants and toddlers in their natural environment.

There were decreases in the number of services provided in a *service provider location* and a *program for children with developmental delay* setting. There was an increase in services provided in the *home*. These changes are attributed to districts within the state changing their service model and moving most of the infants and toddlers to a *home* setting. For the *service provider location*, two districts (of 57) accounted

for 69 percent of the infants and toddlers served in this setting. For *programs for children with developmental delay*, three districts accounted for 54 percent of the infants and toddlers in this setting.

Minnesota—Minnesota attributes the decrease in total setting, *program for developmental delay*, *program for typically developing children* and *service provider location* to the fact that prior to December 1, 2004, Minnesota reported infants and toddlers on December 1 based on their age as of September 1 of the reporting year. Minnesota's Part C child count was artificially inflated, and a significant number of infants and toddlers reported on December 1 were infants and toddlers who had turned 3 after September 1. Many of these 3-year-old infants and toddlers were served in center-based program options rather than in their *homes*.

Mississippi—In Mississippi, there has been an ongoing emphasis on providing services in natural settings. Training sessions, meetings and correspondence consistently emphasize the importance and rationale for providing services through normal routines and activities. Service provider contracts contain clauses requiring the individuals and agencies to provide early intervention services in natural settings.

There was a decrease in services provided in *programs for developmental delay*. The decrease was attributed to the drop in the number of noninclusive programs. The Mississippi Department of Mental Health, the largest public provider of early intervention services in Mississippi, decreased the number of center-based therapies while increasing the number of sessions offered in natural settings. This trend continues in Mississippi, as a result of closer interagency collaboration and training.

There was an increase in services provided in *programs for typically developing children* and the *home*. There was a decrease in the services provided in a *service provider location*. The changes were a result of contract provisions and the change in service delivery by the Department of Mental Health.

There was a decrease in services provided in *other settings*. This resulted from the removal of this option from the database, so eventually the number should drop to zero. Service coordinators must choose a setting. If it is outside the natural environment, they must tell where it is and why it was chosen.

Montana—The children reported in the *other settings* category include infants and toddlers and families receiving early intervention services primarily in the Gateway Treatment Facility, a Nurturing Center on the Blackfoot Indian Reservation and a restaurant. The Gateway Treatment Facility allows parents and infants and toddlers to live on-site while the parent receives treatment for addiction. The Nurturing Center on the Blackfoot Reservation is the Early Head Start Program.

The increase of American Indian/Alaska Native infants and toddlers was due to the enhanced relationship with the reservations through clearer collaborative agreements and ongoing public relationships.

Nevada—There were increases in the number of infants and toddlers served in all settings, *program for typically developing children* and at *home*. There were also increases in the number of black, Hispanic, white and Asian/Pacific Islander infants and toddlers served. Nevada attributes the increase in the total number of infants and toddlers 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 infants and toddlers.

There was a decrease in the *programs for developmental delay*. The decrease was attributed to the early intervention programs in Nevada continuing the shift to provide services in natural environments.

New Jersey—There were decreases in the *program for developmental delay* and *service provider* settings. The decreases can be attributed to a systemic review of all IFSP services that are provided in other than natural environments. The services with insufficient justification resulted in immediate technical assistance.

There was an increase in *residential* provider locations. The increase was due to a change in the population identified and referred from year to year.

There was a decrease in *other settings*. The decrease occurred based on a closer review of the data entered into the electronic database by the system. This resulted in the appropriate reporting of settings previously reported as *other*.

There was an increase in the number of American Indian/Alaska Native infants and toddlers served. The change was attributed to revisions in intake questions related to race/ethnicity and an expansion of race/ethnicity reporting categories. Data are now entered in an electronic data system and collapsed into the federal reporting categories by the lead agency.

New Mexico—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the change occurred.

New York—New York's Part C program serves infants and toddlers past their third birthday. On December 1, 2004, there were 1,050 infants and toddlers over age 3 enrolled in Part C. These infants and toddlers were not included in this count.

New York estimated race/ethnicity for 10,053 infants and toddlers (31 percent of its child count) who had an unknown race/ethnicity or multiple race/ethnicities. The state estimates race/ethnicity at the county level.

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

New York attributes the decrease in the number of infants and toddlers reported in the *programs designed for children with developmental delay or disabilities* to the overall decrease in the number of infants and toddlers participating in the Early Intervention Program. New York continues to monitor and provide technical assistance to municipalities to ensure that infants and toddlers receive services in settings that are most appropriate for their needs, including services in natural environments.

North Carolina—The *programs designed for typically developing children* category includes infants and toddlers who received services in Head Start.

There was an increase in the number of infants and toddlers reported in the *service provider location* category. The increase in the number of infants and toddlers reported is most likely explained by random fluctuations associated with categories with small numbers.

There was a decrease in the number of infants and toddlers reported in the *other* category. The decrease was attributed to a reporting error in 2003. In 2003, the *other* category was used for infants and toddlers for whom the primary service setting was missing. The issue was corrected for 2004 so that no missing data were reported, which eliminated the need for the *other* category.

There were increases in the number of American Indian/Alaska Native and Hispanic infants and toddlers receiving services. There was a decrease in the number of Asian/Pacific Islander infants and toddlers receiving services. The increase in the number of infants and toddlers receiving services is most likely explained by random fluctuations associated with categories with small numbers. Additionally, the reorganization of North Carolina's Part C program in 2004 decreased the number of agencies responsible for completing the Infant Toddler Data form, which increased the consistency in data reporting.

North Dakota—The children reported in the *other settings* category include infants and toddlers and families receiving early intervention services primarily in homeless shelters, safe homes, parents' place of employment and the Tribal Early Childhood Office. The Tribal Early Childhood Office monitors at-risk infants and toddlers living on reservations.

There was an increase in the all settings, *program for typically developing children* and *home* categories. The increase in the total settings area was due to an increase in the number of infants and toddlers served. Training to clarify data entry and the role of consultation with childcare providers also affected the *programs for typically developing children* and *home* settings.

Ohio—The state attributes the increase in the total number of infants and toddlers served to successful child find efforts. The state attributes the increase in the number of infants and toddlers reported in the *home* category and the decrease in the number of infants and toddlers reported in the *program for children with developmental delay or disabilities*, *service provider location* and *other settings* categories to training that focused on the importance of serving infants and toddlers in natural environments.

The state attributes the increase in the number of infants and toddlers reported in the *hospital (inpatient)* category to successful child find efforts, an increase in total number of infants and toddlers served and an increase in the number of infants and toddlers ages birth through 1 served. Many infants and toddlers ages birth through 1 receive the majority of early intervention services in the *home*.

The decrease in the *program for developmental delay*, *service provider location* and *other settings* were attributed to an increased focus on training and promoting services in a natural environment.

The increase in the number of infants and toddlers served at *home* was attributed to the state's stressing the importance of providing services in natural environments whenever possible.

Oklahoma—There was a decrease in the number of services provided in all settings, *program for typically developing children*, *service provider location* and *other settings*. These changes were due to the fact that Oklahoma has implemented a new *IDEA* Part C database. The new system allows the state to better track infants and toddlers who transfer between the 10 regions in Oklahoma. This has provided more accurate data.

Oregon—There was an overall increase in the number of infants and toddlers receiving Part C services in Oregon. The increase can be attributed to the overall population increase in Oregon and the focus on child find through Oregon's Special Education System Performance Review and Improvement (SPR&I) system of accountability. The SPR&I system focuses on procedural compliance and key performance indicators identified through federal and state regulations and previous state accountability findings. Early intervention programs with annual identification rates below the state target for infants and toddlers ages birth to age 3 receiving Part C services are required to gather and analyze additional data and develop and implement improvement plans for ensuring that all infants and toddlers with disabilities are identified. This type of reporting and improvement planning was implemented with all programs in 2003.

There were also increases in the infants and toddlers served in a *program for typically developing children* and *at home*. These increases can be attributed to Oregon's child find efforts and work on increasing settings in natural environment.

There was a decrease in the number of infants and toddlers served in the *service provider location* category. This decrease can be attributed to changes in service delivery model and errors in the special education child count coding in previous years. Two programs account for the majority of this decrease. One program decreased from 22 to 0, the other from 11 to 0.

There was an increase in the number of black, Hispanic and white infants and toddlers served. This increase is attributed to the fact that the SPR&I system provides a breakdown of infants and toddlers receiving Part C and Part B 619 services (Oregon has a birth to school age Early Intervention/Early Childhood Special Education (EI/ECSE) program) by race ethnicity in comparison to the ratio of the race ethnicity of all infants and toddlers in same geographic area. Since Oregon does not have data available on the race ethnicity of the general population of preschool infants and toddlers, the EI/ECSE data are compared to the race ethnicity of children in public school, kindergarten through third grade. These are the best comparison data available in Oregon. These data provide EI programs information to see where race ethnicity ratios differ from what could be expected. This encourages programs to focus child find efforts in areas that may have higher minority populations.

Another reason for the increase in black and Hispanic infants and toddlers is the fact that Oregon is seeing an overall rise in the proportion of minorities. Based on the U.S. Census estimates, the majority (single race) population in Oregon (white) dropped from 89.2 percent in 2000 to 87.8 percent in 2003.

Pennsylvania—The state attributes the increase in the number of infants and toddlers reported in the *programs for typically developing children* category and the decrease in the number of infants and toddlers reported in the *programs designed for children with developmental delay* category to ensuring that infants and toddlers receive their services in a natural environment and through their regular family routines and activities.

The state attributes the decrease in the total number of American Indian/Alaska Native infants and toddlers it served to a decrease in the number of American Indian/Alaska Native families living in the state. The state attributes the increase in the total number of Asian/Pacific Islander and Hispanic infants and toddlers it served to effective child find activities in the local county programs in identifying underrepresented groups.

Puerto Rico—There was an increase in the number of services provided in the *home* and in *programs for typically developing children*. The change was attributed to the fact that since 1999, Puerto Rico has had an increasing trend in providing early intervention services in natural environments, primarily in these two settings.

South Carolina—The infants and toddlers reported in the *other settings* category include infants and toddlers and families who received services at a family day care.

There was an increase in the number of services provided in *programs for typical developing children and the home settings*. There was a decrease in the number of services provided in the *service provider locations* category. These changes have occurred because the state has made a major effort to serve children in their natural environment.

There was an increase in the number of Hispanic children served due to the over all increase in the Hispanic population in South Carolina.

There was an increase in the number of white children served because of general child find efforts.

The settings data reported more children than were reported in the child count. This discrepancy was attributed to the state's contracting for a web-based data collection system: BabyTrac. There was a flaw in the report from the program that the contractor is currently working to correct.

South Dakota—There was an increase in the number of infants and toddlers who received services at *home*. The reason for this change was that South Dakota has grown in population about 2.7 percent in the last five years. The number of infants and toddlers in South Dakota's Part C program has increased from 614 in 2003 to 680 in 2004. In addition, that state has emphasized providing services in the *home* setting, which is an appropriate natural environment for infants and toddlers.

There was an increase in the number of Hispanic infants and toddlers served. The change was attributed to a large increase in Hispanics in Minnehaha County. According to Census data, the Hispanic population in Minnehaha County increased by 310 from 2003 to 2004.

Tennessee—Investigation of the data revealed one primary issue related to the increase in *service provider location* as a primary setting. One of the largest managed care organizations for the state's Medicaid Program (TennCare) implemented a policy that refused to pay for early intervention services provided in *home* settings unless the provider was designated as a home health agency. In several of the larger districts, there has been a decline in therapeutic providers for the Part C system as these providers have not chosen to seek the home health agency designation. As a result of this policy, there has been a decline in the availability of therapeutic service providers to *home* and other natural environment settings. Approximately 60 percent of the state's population of Part C eligible infants and toddlers are covered under the TennCare system.

Texas—The infants and toddlers reported in the *other settings* category include infants and toddlers and families who received services at parks, community centers, playgrounds and gymnasiums.

The slight increase in the number of infants and toddlers in the *other setting* could be the result of more infants and toddlers in day care settings and state emphasis (to local programs) on the importance of providing services in natural environments in addition to the *home*. This increase may also be related to the corresponding decrease in *program for children with developmental delay*. However, the slight decrease for this setting yields a significant change in percentage only because the total in the setting is very small (less than .3 percent of the total).

The increase in the number of black infants and toddlers in the settings data is a result of an increase in infants and toddlers served in the Houston area.

Utah—The state attributes the increase in the number of infants and toddlers reported in the settings *programs designed for children with developmental delay or disabilities* and *programs designed for typically developing children* to an increase in playgroup and family training groups offered in early intervention classrooms and community locations. While most infants and toddlers receive some early intervention services in the *home*, many toddlers, especially those over 24 months of age, receive additional services in early intervention classrooms or community locations. These groups offer parents the opportunity to network with and learn from others and for toddlers to interact with other toddlers. The state also attributes the increase in the number of infants and toddlers reported in the categories *programs designed children with developmental delay or disabilities* and *programs designed for typically developing children* to an increase in the number of toddlers over 24 months of age receiving early intervention services.

The state attributes the increase in the number of infants and toddlers reported in the *service provider location* category to better data reporting. Last year, the state believes it underreported infants and toddlers in this category. Even though the Part C data entry staff received training on the definitions of each setting category, there is still some confusion on the difference between *programs designed for children with developmental delay or disabilities* category, *programs designed for typically developing children* category and *service provider locations*.

The state attributes the decrease in the number of infants and toddlers reported in the *other settings* category to the effect of introducing parent fees in 2003. While parent fees resulted in many families declining IFSP services, other families choose instead to receive only service coordination, which required no fee. Families who received only service coordination in 2003 were reported in the *other settings* category. In 2004, no families received only service coordination and no families were reported in this category.

Vermont—The children reported in the *other settings* category include infants and toddlers and families receiving early intervention services primarily at school.

Virginia—The children reported in the *other settings* category include infants and toddlers and families receiving early intervention services primarily in a babysitter's home, grandparent's home, foster care and parents' place of employment.

These data include infants and toddlers receiving services through the public schools.

Virginia's 2004 settings count includes 1,076 infants and toddlers receiving services through Part B. These infants and toddlers, all of whom are under the age of 3, were served using local, not Part B, funds. Virginia had an increase in service to Asian/Pacific Islander and Hispanic infants and toddlers. The increase was due to Virginia's changing population demographics.

Virginia had decreases in the number of infants and toddlers reported in the *programs for developmental delays or disabilities* and *service provider location* categories. There were increases in the number of infants and toddlers reported in the *programs designed for typically developing children* and *other settings* categories. Virginia attributes these changes to their continued emphasis on individualizing Part C services and provision of services in natural environments.

The changes implemented by Virginia include technical assistance to local Part C systems and providers, as well as locality-specific trainings. Virginia has created the "Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places" technical assistance document. Increased adoption of the practices outlined in the document has resulted in Part C services being more appropriately individualized based on the specific priorities and needs of each child and family. The entire text of the document can be found at <http://www.infantva.org/documents/pr-SupportandServices.pdf>.

Virgin Islands—The children reported in the *other settings* category include infants and toddlers and families who received services at a park.

The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the change occurred.

The state had a greater number of children reported in one or more categories for these data than reported in their child count data. The state did not explain this discrepancy.

Washington—Washington did not report race/ethnicity for 381 infants and toddlers. Of the 93 infants and toddlers served in *programs for children with developmental delays or disabilities*, 58 were multiracial, 18 were other race and 17 did not provide race/ethnicity information.

The state attributes the increases in the number of infants and toddlers reported in the *programs designed for children with developmental delay or disabilities*, *programs designed for typically developing children*, *hospital* and *service provider location* categories and the decrease in the number of infants and toddlers reported in the *home* category, to training in September and October 2005 that included clarification on the federal definitions of the primary setting categories. The state included strategies to ensure that the primary service setting is correctly identified in its SPP.

The state attributes the decrease in the number of American/Indian and Asian/Pacific Islander and the increase in the number of Hispanic infants and toddlers served to changes in the birth through 3-year-old population of these racial/ethnic groups within the state. The state believes these changes are not statistically significant when compared to the birth through 3-year-old population.

West Virginia—The children reported in the *other settings* category include infants and toddlers and families who received services at community centers.

There were increases in the number of infants and toddlers served and in the number of infants and toddlers reported in the *programs designed for typically developing children* and *home* categories. These changes reflect the overall increase in number of eligible infants and toddlers.

West Virginia's *residential facility* setting is used primarily for infants and toddlers who are staying with their mothers in a Women's Correctional Facility in Greenbrier County.

Wyoming—The state attributes the increase in the total number of infants and toddlers receiving services and in the number of infants and toddlers reported in the *programs designed for typically developing children* and *service provider location* categories and a 100 percent decrease in the number of infants and toddlers reported in the *other settings* category to training on how to determine primary setting. This training included additional edits when reporting a child in the *other settings* category. Some infants and toddlers who had previously been reported in the *other settings* category are now reported in the *programs designed for typically developing children* and *service provider location* categories. The state also attributes the increase in the total number of infants and toddlers reported to an increase in its child count.

The state attributes the increase in the number of Hispanic and white infants and toddlers reported to an increase in the child count. The total number of infants and toddlers served is proportional to the number of Hispanic and white infants and toddlers served.

Table 6-5 and Table 6-11: Early Intervention Program Exiting, 2004-05

Alabama—The state attributes the increase in the number of infants and toddlers reported in the *Part B eligible* and *Part B eligibility not determined* categories to an increase in the child count, resulting in an increase in the number of infants and toddlers turning 3 during the exit period. Some of these infants and toddlers are *eligible for Part B* and some are determined *not eligible for Part B*.

Alaska—There were decreases in the total number of infants and toddlers who exited Part C, the number of infants and toddlers who were determined *Part B eligible* and the number of infants and toddlers who were determined *not Part B eligible*. These decreases were a result of the Alaska early intervention

program efforts to enroll infants and toddlers before their first birthday where possible. The state also made an effort to clear up discrepancies in enrollment eligibility criteria, especially for infants and toddlers enrolled based on clinical opinion. These two efforts have affected infants and toddlers exiting the program right after the changes were implemented because the infants and toddlers who did get enrolled would have had more significant needs and would be expected to remain enrolled longer.

The race/ethnicity of 13 exiting students was estimated for this report.

American Samoa—There was a decrease in the total number of infants and toddlers who exited Part C. The decrease was due to efforts over the past two years to rebuild the entire early intervention program. These efforts include the implementation of a database management system that allows for more reliable tracking of data such as changes of address, phone number and living situation. There were also major improvements in service coordination and service delivery that ensures that infants and toddlers are assessed and evaluated appropriately and are not exited prematurely if a need continues. Major improvements were also made in transition services to ensure that infants and toddlers remain in the program as long as they need to and transition to Part B and other services if necessary.

Arizona—There were increases in the total number of infants and toddlers who exited Part C, along with the number of infants and toddlers who completed an IFSP prior to reaching *maximum age*, were considered *Part B eligible, exited without a referral, moved out of state* and were *withdrawn by a parent*. These increases reflect the increases in Arizona's child count. In addition, focused monitoring and technical assistance efforts have resulted in improved reporting of these data by providers.

Arkansas—There was a decrease in the total number of infants and toddlers exiting, *Part B eligible, not eligible for Part B* and *exit with no referral* categories. There was also an increase in the number of infants and toddlers who were not determined *not eligible for Part B*. These changes were due to the lack of current information in Arkansas' Data System. All data needed were not entered into the data system due to the lack of staff. The lead agency is currently working toward ensuring that all data are collected and entered into the data system.

The state changed the exiting reporting period from December 2002-November 2003 to July 2004 to June 2005. The new data manager in 2005 determined that to use the fiscal year would ensure a more accurate report and show continuity with Part B. The instructions specified that states could decide which 12-year period could be used. This fiscal year will be used in the future.

California—The state attributes the increase in the number of infants and toddlers reported in the *moved out of state* category to an increase in the total number of families leaving the state. This trend was confirmed by the state's Department of Finance.

California estimated race/ethnicity for 4,143 infants and toddlers (13 percent of the total number of infants and toddlers exiting) who had an unknown race/ethnicity or multiple races/ethnicities. Of these 4,143 infants and toddlers, 34 were reported in the *deceased* category, 72 were reported in the *moved out of state* category, 622 were reported in the *completion of IFSP prior to reaching maximum age* category, 582 were reported in the *Part B eligibility not determined* category, 850 were reported in the *withdrawal by parent* category, 613 were reported in the *attempts to contact unsuccessful* category, 831 were reported in the *not eligible for Part B, exit to other program* category and 539 were reported in the *Part B eligible* category. All of these infants and toddlers received services through the state's Department of Developmental Services.

Colorado—The state attributes the increase in the total number of infants and toddlers exiting to better data reporting. The Colorado Department of Education identified data errors when reporting infants' and toddlers' exit reasons. As a result, it held a statewide training on how to record and use all of the exit categories appropriately. Because local data managers would sometimes forget to close a child's record in the database after a child exited Part C, this training reinforced the importance of closing a child's record when he or she exited Part C.

The state attributes the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to an increase in the number of infants and toddlers who are eligible for Part C due to low birth weight. Starting in the early 2000s, the state started serving more infants and toddlers with low birth weights from neonatal intensive care units. However, when these infants and toddlers reached age 3, many no longer had low birth weight. Infants and toddlers who were eligible for Part C due to low birth weight, but no longer had low birth weight at age 3 did not have Part B eligibility determination.

The Colorado School Finance Law allows infants and toddlers younger than age 3 to go to Part B programs if they qualify for preschool education services and will turn age 3 in fall of the school year. Districts receive half of the per pupil operating amount for a preschool placement for these infants and toddlers. The state believes fewer infants and toddlers younger than age 3 are qualifying for preschool education services and are therefore moving to other non-special education preschool programs, such as Head Start or the Colorado Preschool Program. The state attributes the increase in the number of infants and toddlers reported in the *not eligible for Part B, exit to other program* category to this shift.

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

The apparent decline in the number of infants and toddlers reported in the *withdrawal by parent* category compared with the number reported for 2003-04 is actually the result of a data anomaly caused by the introduction of parent fees. The introduction of parent fees resulted in a large number of families withdrawing from Part C in 2003-04. Fewer parents withdrew from Part C in 2004-05 because they knew about the parent fees when their child entered Part C. The number of infants and toddlers exiting in 2004-05 is comparable to the number of infants and toddlers exiting in 2002-03.

The apparent decline in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age* category compared with the number reported for 2003-04 is the result of fewer families deciding to exit Part C because they believed their child no longer required services. In 2003-04, the number of parents deciding their child did not need early intervention may have been related to the introduction of parent fees. If the IFSP team agrees that a child met his/her outcomes, the child is reported in the *completion of IFSP prior to reaching maximum age* category. If the IFSP team believes the child has not met his/her outcomes, the child is reported in the *withdrawal by parent* category.

Delaware—There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*. There was a decrease in the number of infants and toddlers who were determined *eligible for Part B*. These changes were attributed to the state's Interagency Coordinating Council Ad Hoc Committee reviewing both eligibility and exit criteria and developing guidelines to reinforce exit reasons. The committee emphasized the category *completion of IFSP prior to maximum age*. As a result, fewer infants and toddlers exited in the category of *Part B eligible*.

There was a decrease in the number of infants and toddlers who *exited to other programs*. There was an increase in the number of infants and toddlers who *exited without a referral*. These changes resulted from data entry staff turnover and data analyst vacancies. Analysts would closely review and verify these two categories, as well as the other categories, entered by data entry staff. The vacancies have been corrected;

however, the state is experiencing a delay in analyzing data entry and database monitoring. Data entry staff and a data entry analyst are taking all possible measures to be current with data. Additionally, the state is cross-training staff to minimize future delays in data entry and data monitoring.

District of Columbia—The District of Columbia had a decrease in the number of children who *exited to other programs*. The reason for the decrease is that families who have Medicaid funding are choosing to remain in the program past the age of 3 years. These families do eventually access Head Start, a Charter School or Part B (DCPS) but have not completed the process by age 3 years.

The District of Columbia had an increase in the number of children who were *withdrawn by their parents*. These changes are attributed to improvements to the Part C office child find, and the number of children served has increased over the past year. Another factor is that a large number of families participating in Part C services (68 percent) are Medicaid-funded families. Payment may also be a factor in families choosing to participate after eligibility for Part C is determined. The District of Columbia is a cost participation state, and families may have to pay some or all of their costs. The District of Columbia's office plans to analyze those cases where a parent refused services to determine to what degree cost of services was a factor.

The District of Columbia had an increase in the number of children in the *attempts to contact unsuccessful* category. The increase was due to the increases in the number of children served, which also means an increase in the number of families who may not respond after initial eligibility is determined. The District of Columbia also has a significant number of families who are homeless or experiencing some type of crisis. The District of Columbia believes that families are so well connected with other agencies and in services that they do not understand the need to be linked to our office. In some cases the Part C office may at times need to rely on the service provider to find a family or get a response from them.

The registration for Part B has a new process as of January 2006 in which the appointment includes registration, review of documents, identification of any additional information/assessment needed and eligibility determination in the same day. Recently, the IEP is developed if all information is present for Part B to complete the process. Families must access the Part B system for their child's file to be retrieved and activated after the transition conference.

The District of Columbia had a decrease in the number of *Part B eligible* children. This change is a reflection of the number of families who are either delaying Part B access or have chosen another option. Part B early childhood staff in the District of Columbia are made aware of all children who will be exiting the Part C system when children are 2 years of age or upon entry if over 2 years. A representative also participates in the IFSP transition conference when a child is 2.5 years old; however, Part B does not determine eligibility at that time. The current process in place through DCPS allows eligibility to be determined only if the family actually accesses Part B services. Families must give DCPS permission to evaluate and consider them for Part B services. This is done through the Part B registration process. If families do not access Part B in a timely manner, eligibility will not be determined by age 3 years. The majority of families either do not access Part B before age 3 years or choose another option altogether.

Approximately 200 children exit the Part C system each year. While well over 90 percent of eligible children have a transition conference; less than 50 percent actually access Part B for eligibility determination. Families who do not wish to access Part B usually inform the state of their decision during the transition conference. One of the forms completed is a "next steps" page where the family lets Part C know how they would like to proceed. At that time, families have the option to identify whether they intend or are considering Part B registration, Head Start or have other plans. Approximately 75 percent

(150) are looking at Head Start or have other plans. Other plans include remaining in the program they are currently attending.

The following are reasons for not accessing Part B:

- they have a space and want to stay in the early intervention program facility;
- they are participating in early Head Start and plan to continue into regular Head Start;
- they are utilizing a child care center, need extended day care and know that few Part B schools have before/after care available;
- they do not want their child in public school;
- they do not want a full day/5-day a week program;
- they have Medicaid, and Medicaid has agreed to continue to pay for therapy.

The following are other programs parents are choosing:

- Early intervention programs that also serve older children and receive funding through Medicaid;
- DC Public Charter Schools (about four serve 3-year-olds) (Part B develops the IEP);
- DC Charter Schools (serve as own LEA) (about three serve 3-year-olds) (each school completes eligibility and IEP);
- DCPS Head Start (families can choose the program wanted; over 60 classrooms throughout the DCPS system) (families may register with Part B as well, and therapy services are provided by Part B in the local elementary school if found eligible);
- Community-Based Head Start - DC has six agencies that provide services (over 50 classrooms throughout the city) (each program arranges for therapy through contracts or Medicaid);
- Private preschool programs (families with private insurance often use this option);
- Continuation in child care with use of Medicaid for therapy services.

The District of Columbia had an increase in the number of children in the *Part B eligibility not determined* category. These changes occurred because the majority of children exiting the Part C system either have not started the process for accessing Part B under the current guidelines put in place by Part B or have not completed the process by age 3 years. There are no written deadlines; however, if a family fails to access Part B prior to the third birthday or they contact Part B very close to the third birthday, they are subject to the 120-day timeline that Part B uses as a deadline to determine eligibility. Part B may develop the IEP but does not honor it unless the family accepts the recommended DCPS placement. Any child in a program outside of DCPS is considered to be in placement by the family. Many families may not complete the process by age 3 years but do access the Part B system and complete the process sometime before the fourth birthday or shortly thereafter. The state finds that nearly 50 percent of the children age out in Part B services within a year after their third birthday. Improvements made in this office regarding record keeping has enabled Part C to have more accurate data regarding status at age 3 years.

Florida—The data notes for Florida’s 2003-04 exiting data explained that its data included reporting errors. Infants and toddlers still receiving Part C services as of their third birthday, as well as those who exited Part C on their third birthday, were excluded from the exiting count. The state corrected this error for 2004-05. Infants and toddlers who exited Part C on their third birthday are reported according to their Part B eligibility status. All infants and toddlers still receiving Part C services as of their third birthday are reported as *eligible for Part B*. However, in reality, some of these infants and toddlers may be awaiting eligibility determination. The state’s database is unable to distinguish between these groups of infants and toddlers.

The state cross-walks its exit categories into the OSEP exit categories. Historically, infants and toddlers reported in the state category one-time evaluation have been cross-walked into the OSEP category *Part B eligibility not determined*. However, as of June 2005, the state stopped using the one-time evaluation category.

Georgia—Georgia estimated race/ethnicity for 358 infants and toddlers who had an unknown race/ethnicity or multiple race/ethnicities.

Due to a database problem, 46 infants and toddlers who exited Part C in 2004-05 have an unknown exit reason. The state proportionally distributed these 46 infants and toddlers into exit categories based on the distribution of infants and toddlers whose exit reasons were known.

The state attributes the increase in the number of infants and toddlers reported in the *Part B eligible* category and the decrease in the number of infants and toddlers reported in the *not eligible for Part B, exit with no referral* category to emphasis it placed on improving transition for families. First, it encouraged program managers to train service coordinators on ways to better improve families’ transitions, to follow up with them on the data they collect and to provide feedback on those data. Second, it added elements to its database to capture a child’s referral information from Part C, including public schools, community settings or *home*.

The state attributes the increase in the number of infants and toddlers reported in the *withdrawal by parent* and *attempts to contact unsuccessful* categories to the state’s nine months of experience working with infants and toddlers mandated for referral under *CAPTA*. The state believes that parents who are referred to early intervention by the Division of Family and Children’s Services (DFCS) are less likely to follow through and accept early intervention services.

Guam—There was a decrease in the number of infants and toddlers who were determined to be *Part B eligible*. The decrease resulted from the increase of cases under *moved out of state* and *attempts to contact unsuccessful*. The number of infants and toddlers who fell under these categories were of transition age and possibly eligible for Part B services.

There was an increase in the number of infants and toddlers who were *withdrawn by their parents*. Based on the program coordinator’s interview with service coordinators and review of cases under this category, services were discontinued by families because parents felt the child was developing appropriately and no longer required early intervention services. Service coordinators abided by the parent’s wishes and discontinued services as requested. However, families were informed that should there be any concerns with their child in the future, they could contact the program and the child’s name would be placed on the Monitor Program listing. The Monitor Program has service coordinators follow up with families regarding the child’s progress and families’ interest in possible services.

Hawaii—There was an increase in the total number of infants and toddlers exiting Part C. The overall increase in infants and toddlers exiting Hawaii Part C is due to the increases in the different exiting categories.

There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching the maximum age*. This change was attributed to the increased attention that all Part C programs in Hawaii have placed on timely IFSP completion.

There were decreases in the number of infants and toddlers who *exited to other programs* and *exited without a referral*. There was an increase in the number of infants and toddlers who *did not have Part B eligibility determined*. The changes in these categories are related to a misunderstanding in data categorization at Part C programs from 2002-04. Programs reporting data to the Part C data manager were incorrectly placing infants and toddlers who were *Part B eligibility not determined* into either *exit to other program* or *exit without a referral* categories. Due to an increased focus on training in 2002, 2003 and 2004, this reporting error continued to be corrected, and programs are now categorizing infants and toddlers accurately.

There was an increase in the number of infants and toddlers who moved out of state. The increase was due to the fact that the Hawaii Department of Health serves both civilian and military populations. There is a significant military population in Hawaii, and with the ongoing war effort in Iraq and Afghanistan, military families have been entering and leaving Hawaii more frequently than in previous years as military personnel are transferred to other U.S. military bases.

Illinois—The number of Asian/Pacific Islander infants and toddlers exiting Part C increased 0.6 percent from 2003-04 to 2004-05. The state is unsure of the reasons for this increase because Asian/Pacific Islanders only make up 2.5 percent of all active IFSPs. However, the state believes outreach efforts in areas with high concentrations of Asian/Pacific Islanders may have contributed to the increase.

The state attributes the increase in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age* category to the state's successful efforts in reaching younger infants and toddlers. Because the increase in the total number of infants and toddlers exiting in this category was larger than the increase among individual racial/ethnic groups, the state believes the change was experienced uniformly statewide.

The state is unsure of the reason for the 37 percent increase in the number of infants and toddlers for whom *Part B eligibility was not determined*. The state believes the increase may be the result of fiscal pressures on school districts. The increase in this category was more dramatic in some specific counties. The state Department of Education is working with the state's early intervention program to improve transition performance. The state is also unsure of the reason for the increase in the number of infants and toddlers reported in the *moved out of state* category. While the change in the number of infants and toddlers was small (90), the state believes a weak economy may have forced families to leave the state.

The state attributes the increase in the number of infants and toddlers reported in the *attempts to contact unsuccessful* category to an increase in the number of cases paid for by Medicaid. Families on Medicaid are more mobile than families not on Medicaid and are therefore more readily tracked. Black infants and toddlers and families were most likely to exit in the *attempts to contact unsuccessful* category. The state believes this may be due to a weak economy and higher Part C staff vacancies in areas with a high black population.

Indiana—The state attributes the 929 percent increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to a change in data reporting. The state’s data system has a new data element requiring service coordinators to report a child who was *determined eligible for Part B* but did not have an IEP in place by age 3 in this category. In some of these cases, a school may have determined the child is *eligible for Part B services*, but did not complete the IFSP, sometimes at the request of a parent. Westat provided technical assistance to the state, informing them that these infants and toddlers, if they have an IFSP in place, can be reported in the *Part B eligible* category. The state will consider reporting these infants and toddlers as *Part B eligible* in the future.

Iowa—The state attributes the increase in the number of infants and toddlers reported in the *withdrawal by parent* category and the decrease in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age* category to technical assistance. In the 2003-04 reporting period, some IFSP teams were unsure when to report a child in the *completion of IFSP* and *withdrawal by parent* categories. Technical assistance was provided and resulted in more accurate data for the 2004-05 reporting period.

Kansas—There was an increase in the number of infants and toddlers who *completed an IFSP prior to maximum age*. The change was attributed to the fact that the state served 7 percent more infants and toddlers in 2004 than 2003. This caused an increase in referrals for services.

There was a decrease in the number of infants and toddlers who *exited to other programs* because of data entry errors. These have occurred because of a change in the lead agency and network coordinator. The new staff had to be trained in data collection and entry procedures.

There was a decrease in the number of infants and toddlers who *exited without a referral*. The decrease occurred because a new data reporting system was implemented. The system guided networks in increasing referrals at exit.

There was a decrease in the number of students that who *withdrawn by their parent*. The decrease was due to some networks hiring staff to work directly with families on accessing services and improved record keeping with new information technology data system implementation.

There was an increase in the number of infants and toddlers who had *unsuccessful attempts to contact*. The change was attributed to an increase in the migrant population and an improved data reporting system.

There was a decrease in the number of infants and toddlers who *died*. This change was spread out in all but 10 of the 36 networks.

There was an increase in the number of infants and toddlers who *moved out of state* because of one network that borders Oklahoma that lost a major employer during this period.

Kentucky—In 2004, the state trained primary service coordinators to properly identify the status of infants and toddlers when they exit to the Central Billing and Information System (CBIS). The state credits better data reporting with the increase in the reported number of infants and toddlers in the exit categories *Part B eligible* and *not eligible for Part B, exit with no referral* and the decrease in the number of infants and toddlers reported in the exit categories *not eligible for Part B, exit to other programs* and *Part B eligibility not determined*.

The state attributes the increase in the number of infants and toddlers reported in the *withdrawal by a parent or guardian* category to a number of factors. First, families moved and did not leave a forwarding address. Second, families chose to stop receiving services early to avoid a family share payment, which requires parents to pay part of the cost of services once the child turns age 3. Third, some families who chose not to enroll their infants and toddlers into Part B chose another type of provider, such as home health providers, to administer services prior to the child's third birthday. Finally, some families felt their child no longer needed early intervention services.

Louisiana—In the 2004-05 exiting report, there were decreases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age, not eligible for Part B, exit to other program* and *not eligible for Part B, exit with no referral* categories. There were increases in the *Part B eligibility not determined* (2,482 percent), *moved out of state, withdrawn by their parent* and *attempts to contact unsuccessful* categories. These changes were due to a stricter adherence to EarlySteps transition policies and procedures.

The reporting period of the 2003-04 data was October 2003 to October 2004. The reporting period for the 2004-05 data was July 2004 to June 2005. There was a data entry error in the 2003-04 data collection. The state has since changed the reporting period for the 2003-04 data collection to July 2003-June 2004.

Maine—The state attributes part of the decrease in the number of infants and toddlers reported in the *moved out of state* category to the downsizing of a military installation in the area of at least one service site. The state believes the decrease in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age* category is the result of normal fluctuation in a small population.

Maryland—The state attributes the increase in the number of infants and toddlers who exited in the *completion of IFSP category* to its efforts on emphasizing early identification, program improvement efforts and best practices through continuous monitoring and training. Twenty of 24 local Infants and Toddlers Programs reported an increase of greater than 10 percent in the number of infants and toddlers who exited the program due to *completion of the IFSP prior to the maximum age*. The state believes these efforts, as well as addressing child and family needs through evidence-based practices, resulted in more infants and toddlers achieving their IFSP outcomes prior to age 3.

The state attributes the decrease in the number of infants and toddlers reported in the *not eligible for Part B, exit to other program* category to two jurisdictions now reporting some infants and toddlers in the *not eligible for Part B, exit with no referral category*. In the past, these jurisdictions reported more children in the *not eligible for Part B, exit to other program* category. The state revised its transition policies, and this change may have contributed to the decrease.

Massachusetts—The state attributes the decrease in the number of infants and toddlers age 3 and the increase in the number of infants and toddlers under age 3 reported in the *completion of IFSP prior to reaching maximum age* category to a change in eligibility criteria in July 2004. This change resulted in some Part C infants and toddlers becoming ineligible for early intervention. As a result, these infants and toddlers were required to exit Part C prior to their third birthday.

In previous years, the state did not report infants and toddlers in the *moved out of state* category. The state now reports infants and toddlers in this category because effective July 2004, Massachusetts now includes this as a discharge reason on each child's exit form. The state will continue to have this as an option on the exit form for future data collections.

The state attributes the decrease in the number of infants and toddlers reported in the *withdrawal by parent* category to the correction of a data reporting error. In the past, infants and toddlers who moved within state or exited with an unknown reason but reappeared in Part C before the end of the reporting period were reported in the *withdrawal by parent* category.

The state attributes the increase in the number of infants and toddlers reported in the *attempts to contact unsuccessful* category to the correction of a data reporting error. In prior years, the state proportionally distributed infants and toddlers with an unknown exit reason into each exit category based on the distribution of infants and toddlers with known exit reasons. This year, the state included 883 infants and toddlers under the age of 3 with an unknown exit reason in the *attempts to contact unsuccessful* category.

Michigan—There was an increase in the number of infants and toddlers in the *attempts to contact unsuccessful* category. The increase was attributed to the state not adequately tracking the exiting reasons for infants and toddlers under the age of 3. Currently the state is developing an improved monitoring data system. The new system is called the Michigan Continuous Improvement Monitoring System. As part of system plans, Michigan has implemented a data verification process.

The increase in the total number of infants and toddlers who exited Part C was due to a large increase in the number of infants and toddlers in the Part C system over the last year. The increase in child count was partly attributed to increased child find activities around the state.

The increase in the categories of *completion of IFSP prior to maximum age, exit to other programs* and *withdrawal by parent* all correspond with the rate of increase for the total number of infants and toddlers who exited Part C.

The *exit with no referral* category increased as result of better identification of existing services for students leaving Part C at age 3. Michigan has begun to identify/develop additional supports for those infants and toddlers not eligible for Section 619 of Part B of *IDEA*. The current administration has initiated the Great Start Early Childhood Investment Corporation to develop a system of care for young infants and toddlers in our state.

Michigan estimated race/ethnicity for 135 infants and toddlers who had an unknown race/ethnicity or multiple race/ethnicities.

Minnesota—Minnesota attributes the decrease in *Part B eligibility not determined* to the fact that prior to December 1, 2004, Minnesota reported infants and toddlers on December 1 based on their age as of September 1 of the reporting year. Minnesota's Part C child count was artificially inflated, and a significant number of infants and toddlers reported on December 1 were infants and toddlers who had turned 3 after September 1. Correcting reporting procedures has resulted in a more accurate though reduced number of infants and toddlers in the exit categories. This correction coincided with improved training around transition procedures.

Mississippi—There was an increase in the number of infants and toddlers who *completed an IFSP prior to reaching maximum age*. The increase was attributed to training on writing outcomes focused on obtaining measurable goals. Since the goals are clearly measurable, it is easier to determine whether infants/toddlers and their families met their goals and whether they had completed their IFSP or needed to continue services.

There was an increase in the number of infants and toddlers who were determined to be *Part B eligible*. There was a decrease in the number of infants and toddlers who were *not determined to be Part B eligible*. These changes are due to a transition project that is currently being implemented in the state. In

this project, the evaluation team includes assessment personnel from Parts B and C who determine eligibility for both Parts simultaneously. Implementation of the project is helping to increase the number of infants and toddlers ruled eligible and transitioning to Part B in a smooth and timely manner.

There was an increase in the number of infants and toddlers who *exited to other programs*. The increase occurred because Early Head Start and Head Start have increased the number of slots allocated to infants and toddlers with disabilities and/or developmental delays.

There was a decrease in the number of infants and toddlers who *exited Part C without a referral*. The decrease was attributed to more infants and toddlers completing their IFSP prior to age 3 or transition to other programs, including Part B.

There was an increase in the number of infants and toddlers who *moved out of state*. The increase was due to a data entry error. The data system was capturing the number of infants and toddlers who moved out of the health district in which they were served, not out of state. The data system has now been changed to indicate when infants and toddlers move out of state.

There was an increase in the number of infants and toddlers who were *withdrawn by a parent*. The state has checked with its 60 service coordinators, and they had one or two parents who withdrew their infants and toddlers each year for various reasons. Since the total numbers are so low (116 to 138), the difference of 22 infants and toddlers from 2003 to 2004 is less than one child/family for one-third of our coordinators. This was consistent across the state. It was impossible to identify a systemic issue or trend based on these small occurrences.

Missouri—Missouri attributes the decrease in the number of infants and toddlers who exited the Part C program from 2003 to 2004 to the recent improvements in finding and referring infants and toddlers eligible for the program at younger ages. The most significant decrease in the *Part B eligible* category is due to the shift toward earlier referrals of infants and toddlers. The decrease in the *Part B eligibility not determined* category was due to the shift in age at referral as well as improved transition practices. The decrease in the *withdrawal by parent or guardian* category was due to parents' being happier with the program and therefore not withdrawing their infants and toddlers.

Montana—The increase in infants and toddlers exiting corresponds with the increased number of infants and toddlers in services.

The increase in infants and toddlers *exiting Part C prior to maximum age* was attributed to an increase in the number of infants and toddlers who no longer qualified for Part C after the completion of the IFSP because of the increased number of referrals from CAPTA and premature births. After review of the IFSP and evaluation of whether the child has delays under the state's definition of 50 percent in one or 25 percent in two of the five areas of development, the child may no longer be eligible for services under Part C.

The increase of infants and toddlers who *did not have their Part B eligibility determined* was due to public school districts that did not complete the Child Study Team/IEP by the child's third birthday and parents choosing not to access school services.

Nebraska—There was an increase in the number of infants and toddlers who exited Part C. There were also increases in the number of infants and toddlers who *completed an IFSP prior to maximum age*, were *not determined to be Part B eligible* and were *withdrawn by parent*. There was a decrease in the number of infants and toddlers who were considered *Part B eligible*. These changes can be attributed to the state's being a birth mandate state with the same eligibility criteria for Part C and Part B; therefore, a child who

is eligible for Part C Services at age 3 is automatically eligible for Part B services. Some school districts are not accurately exiting students from Part C and entering them into Part B. The state will be cross-walking these data with The Nebraska Health and Human Services' Connect data submitted by early intervention services coordinators. A new data element is being added to the data collection process to alert school districts to correctly exit a child from Part C and enter him or her into Part B when the child reaches age 3. Training will emphasize this reporting concept.

Nevada—The decrease in infants and toddlers who *completed IFSP prior to maximum age* was attributed to a data entry error. Nevada discovered through data audits/data verification that the early intervention programs were incorrectly coding infants and toddlers exiting the system in this category during 2003-04. Technical assistance was provided to the early intervention programs to correct the data error in 2004-05.

There was an increase in the total number of infants and toddlers who exited Part C. There were also increases in the number of infants and toddlers who were *Part B eligible, Part B eligibility not determined, moved out of state* and *withdrawn by a parent*. These changes were due to the state's high transient rate and the increased funding received for the state's 2004-05 fiscal year. The funds enabled the state to increase the number of infants and toddlers being served.

New Hampshire—The number of infants and toddlers who *move out of state* is not under the control of the Part C program, although a change in the economy in one region of the state due to a change in the major industry of that region may be a contributing factor.

The increase in the number of infants and toddlers found eligible for special education by their third birthday may be due to the state's focus on improving early childhood transition. The focus has revolved around efforts to increase awareness of the regulations regarding early childhood transitions. The efforts include improvements to increase the number of infants and toddlers being identified as eligible prior to the third birthday.

It is unknown why the category *withdrawal by parent* has increased. This issue will be monitored to determine the reason and any need for intervention. Further followup has indicated that these infants and toddlers would not have been found eligible for Part B if they had remained with the program.

New Jersey—There was an increase in the number of infants and toddlers who were *withdrawn by a parent*. The change occurred because New Jersey implemented revised family cost participation policies and procedures that resulted in some families choosing to withdraw.

There was an increase in the number of infants and toddlers who had *unsuccessful attempts to contact*. The increase occurred because of the new fee-for-service system implemented in 2004. The grant contract system that had provided funding based on an average caseload and that encouraged the practice of maintaining infants and toddlers as active cases were no longer advantageous. The fee-for-service contract requires that services consented to in an IFSP are then authorized for billing and payment by the contracted early intervention program agencies at least every six months. Infants and toddlers are referred to a service coordinator if the early intervention agency is unable to contact the family and therefore unable to provide the service and receive payment. The service coordinator then attempts to contact the family and, if unsuccessful, reports the closed date and reason for entry into the electronic database.

New Mexico—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the change occurred.

New York—OSEP reporting guidelines instruct states to report infants and toddlers under the age of 3 with an unknown exit reason in the *attempts to contact unsuccessful* category. The guidelines also instruct states to report infants and toddlers over the age of 3 with an unknown exit reason in the *Part B eligibility not determined* category. However, the state reported 43 infants and toddlers under the age of 3 with an unknown exit reason in the *completion of IFSP prior to reaching maximum age* category and nine infants and toddlers over the age of 3 with an unknown exit reason in the *not eligible for Part B, exit with no referral* category. Westat informed New York it was not following the reporting guidelines and asked the state to resubmit these data.

New York's Part C program serves infants and toddlers past their third birthday. During the July 1, 2004, to June 1, 2005, reporting period, 6,709 infants and toddlers over the age of 3 enrolled in Part C. These infants and toddlers were not included in this count when they exited Part C.

New York estimated race/ethnicity for 9,325 infants and toddlers (31 percent of the total number of infants and toddlers exiting) who had an unknown race/ethnicity or multiple races/ethnicities. The state estimates race/ethnicity at the county level.

In 2004-05, the state continued to match the moved infants' and toddlers' records against the records of all infants and toddlers enrolled in early intervention in the entire state, as well as the records of any infants and toddlers who exited Part C during the program year. Of the 1,003 infants and toddlers who moved prior to completing Part C:

- Nearly one-half (446) were found to be enrolled in early intervention in another New York county. These infants and toddlers were not reported as exits.
- Just over one-half (525) of infants and toddlers under the age of 3 who were known to have moved within the state did not reenroll in early intervention somewhere else in the state. These infants and toddlers were reported in the *attempts to contact unsuccessful* category.
- A small proportion (32) of infants and toddlers over the age of 3 were known to have moved within the state did not reenroll in early intervention somewhere else in the state. These infants and toddlers were reported in the *Part B eligibility not determined* category.

The state's early intervention program requires infants and toddlers to be determined eligible for Part B services in order to receive Part C services past their third birthday. These infants and toddlers are reported in the *Part B eligible* category. In 2004-05, the state reported 7,741 infants and toddlers who reached their third birthday, but who continue to receive Part C services as *Part B eligible* until the parent decides when the child will transition. In New York, because all infants and toddlers are required to have eligibility determination by age 3, if a child is determined *eligible for Part B*, an IEP is developed with a start date for Part B preschool services. The parent decides when the child will transition to Part B and, depending on the child's birth date, the child can continue to receive Part C services until January 2 (for infants and toddlers born from September 1 through December 31) or September 1 (for infants and toddlers born January 1 through August 31).

New York attributes the increase in the number of infants and toddlers reported in the *not eligible for Part B, exit to other program* and *not eligible for Part B, exit with no referral* categories and the decrease in the number of infants and toddlers reported in the *Part B eligibility not determined* category to legislation that was enacted in 2003 and implemented in 2004. The legislation required that all infants and toddlers receive a determination for eligibility for preschool special education by their third birthday in order to remain in the early intervention program. If not eligible, the child's exit would be recorded in the *not eligible for Part B, exit to other program* and *not eligible for Part B, exit with no referral* categories.

The legislation resulted in an overall decrease of 3.97 percent in the number of infants and toddlers participating in the early intervention program during this reporting period. In turn, this overall decrease has influenced the data in the various categories reported in the federal tables. As a result of the overall decrease, the proportional changes in the various categories from last reporting period to this reporting period are actually not as large as represented.

North Carolina—North Carolina reported that infants and toddlers who did not meet eligibility criteria for Part C are reported in the exit category *completion of IFSP prior to reaching maximum age*. Infants and toddlers who transferred to another county were not included in the exit data.

The state also explained how it cross-walks its state-specific exit categories into OSEP's exit categories.

- The state's categories entered into preschool special education program, eligible for preschool program and family refused services are cross-walked into the OSEP exit category *Part B eligible*.
- The state's category not eligible for the preschool program is cross-walked into the OSEP exit category *eligible for Part B, exit to other programs*.
- The state's other exit reason category is cross-walked into the OSEP exit category *Part B eligibility not determined*.
- The state's categories moved, address unknown and moved out of state are cross-walked into the OSEP exit category *moved out of state*.
- The state's categories parent refused enrollment and parent discontinued participation are cross-walked into the OSEP exit category *withdrawal by parent*.
- The state's lost to follow-up category is cross-walked into the OSEP category *attempts to contact unsuccessful*.
- The state's aged out without a closure report category is cross-walked into the OSEP category *Part B eligibility not determined*.

If a child within the state moves to a county in a different early intervention service area, the child's record is closed out in the first county, and a new record is opened in the receiving county. The child is not reported to OSEP as an exit.

North Carolina submitted revised data for 1998 through 2003.

The July 2003 to June 2004 data are being resubmitted along with the previous four years of exit data. Using July 2003 to June 2004 as the first year of comparison, there were increases in the number of infants and toddlers reported in the total, *completion of IFSP prior to reaching maximum age*, *Part B eligibility not determined* and the *attempts to contact unsuccessful* categories. There was a decrease in the number of infants and toddlers reported in the *moved out of state* category. The increase in the total number of infants and toddlers who exited corresponds to the increase in the total number of infants and toddlers receiving services in North Carolina over the previous few years. The increase in the number of infants and toddlers reported in the *Part B eligibility not determined* and *attempts to contact unsuccessful* categories is partially due to better data reporting as a result of the system reorganization.

Ohio—The increase in the total number of infants and toddlers who exited Part C was due to an overall increase in the number of infants and toddlers served, along with more concerted efforts to work closely with the Ohio Department of Education on transition issues. These efforts allowed for an improved focus on directing infants and toddlers to the appropriate next steps upon exit.

An increase in infants and toddlers being *eligible for Part B* services was a result of an increase in the overall number of infants and toddlers served, as well as an enhanced working relationship with the Ohio Department of Education on transitioning infants and toddlers from Part C to Part B.

The increase in the *exit to other program, exit with no referral, deceased, moved out of state, withdrawal by parent* and *attempts to contact unsuccessful* categories was attributed to an increase in the total number of infants and toddlers served. This resulted in balanced increases across the exit reasons.

A decrease in the number of infants and toddlers in the *Part B eligibility not determined* category was due to a more accurate understanding and assignment in determining where infants and toddlers exit.

Oklahoma—In 2003-04, the state reported some infants and toddlers as exiting who did not have active IFSPs. In 2004-05, the state corrected this error and included only infants and toddlers with active IFSPs who exited during the 12-month reporting period.

There was an increase in the number of infants and toddlers who were *Part B eligible, moved out of state* and had *unsuccessful attempts to contact*. There was a decrease in the number of infants and toddlers who had *Part B eligibility not determined*. These changes were attributed to the implementation of a new *IDEA* Part C database. The new system gives the state the ability to report using the parameters provided. In 2003, the old database included infants and toddlers whose eligibility had not been determined. The current data collection included only infants and toddlers who were eligible for IFSP services.

Oregon—The infants and toddlers reported in the *Part B eligible* category include only those infants and toddlers determined to be eligible for Part B who entered the state's Part B Early Childhood Special Education Program. Any infants and toddlers determined to be *eligible for Part B* but who do not enroll in Part B are reported in the *deceased, moved out of state, withdrawal by parent* or *attempts to contact unsuccessful* categories, as appropriate.

There was a decrease in the total number of infants and toddlers who exited Part C and the number of infants and toddlers who were eligible for Part B. When the 2004 data are compared with data from 2002, the total number of exiting infants and toddlers did not show a significant difference. It appears that the increase in exited infants and toddlers in 2003 was an isolated increase. This isolated incident may have happened because of Oregon's relatively unique system of a single combined early intervention/early childhood special education program covering infants and toddlers from birth to age 5. The current data collection system requires that the state must fill the *Part B eligible* category by matching 3-year-olds who are receiving Part B services on the current census with the same infants and toddlers who were receiving Part C services as 2-year-olds in the previous census (a match would indicate a successful transition from Part C to Part B, i.e., the child must have been found *Part B eligible*). In the absence of a fixed student identification code, matches are based on the best available data. In the 2002-03 exit census, broader matching criteria were used, which resulted in a greater number of infants and toddlers being identified as successfully transitioning from Part C to Part B (probably resulting in some infants and toddlers being incorrectly identified as *Part B eligible*). In the 2003-04 count, Oregon required a more exact match, probably resulting in some undercount of the *Part B eligible* category. (Infants and toddlers missed in the matching process would not show up as exited in any category.)

There was an increase in the number of infants and toddlers who exited Part C to other programs. The increase in this category can be attributed to a statewide effort to increase the number of referrals for infants and toddlers who are *not Part B eligible*. Oregon's Special Education System Performance Review and Improvement (SPR&I) system of accountability focuses on procedural compliance, including early intervention transition standards aligned with federal and state regulations. Early intervention programs with noncompliance issues related to planning for a child's exit to a non-special education program when the child does not qualify for Part B services were required to develop and implement improvement plans to ensure that exiting infants and toddlers had a transition plan to the next early childhood setting. The increase can also be attributed to one submitting agency. This agency changed databases during this time. The old database output (2003 data) was incompatible with the new file format from the Oregon Department of Education. A number of conversions had to be made to the data before the final submission of the 2004 data. Not all of the codes transferred correctly.

There was a decrease in the number of infants and toddlers who *exited Part C without a referral*. The decrease in this category can be attributed to a statewide effort to increase the number of referrals for infants and toddlers who are *not Part B eligible*. There does not seem to be a pattern in the way the changes occurred. No single program showed a change of 10 or more infants and toddlers between the years.

There was a decrease in the number of infants and toddlers who *moved out of state*. When the 2004 data are compared with data from 2002, the number of exiting infants and toddlers who *moved out of state* did not show a significant difference. It appears that the increase in exited infants and toddlers in 2003 was an isolated increase. There does not seem to be a pattern in the way the changes occurred. No single program showed a change of 10 or more infants and toddlers between the years.

There was an increase in the number of infants and toddlers who were *withdrawn by a parent*. When the 2004 data are compared with data from 2002, the total number of exiting infants and toddlers who were *withdrawn by a parent* did not show a significant difference. It appears that the increase in exited infants and toddlers in 2003 was an isolated increase. There does not seem to be a pattern in the way the changes occurred. Only 10 programs showed a slight increase of a few infants and toddlers each and seven programs reported the same or fewer infants and toddlers from the previous year.

There was a decrease in the number of infants and toddlers who had *unsuccessful attempts to contact*. When the 2004 data are compared with data from 2002, the number of exiting infants and toddlers who could not be contacted did not show a significant difference. It appears that the increase in exited infants and toddlers in 2003 was an isolated increase. This isolated incident occurred because of one lead agency that changed one large program in 2003. The new agency had difficulty tracking infants and toddlers in 2003 because the previous agency was reluctant to share child records with the new agency. This was not an issue in the 2004 data collection of exit data.

Pennsylvania—The state attributes stricter transition planning requirements with increasing the total number of infants and toddlers who exited and the number of infants and toddlers reported in the exit categories *completion of IFSP prior to reaching maximum age, Part B eligibility not determined, deceased, moved out of state, withdrawal by parent and unable to contact*.

Puerto Rico—The increase in the number of infants and toddlers reported in *Part C eligibility not determined* is explained by the challenges related to the implementation of transition policy and procedures included in the 2003 interagency agreement between the Department of Education and the Department of Health:

- New procedures for the timely development of transition plans under the new interagency agreement were not implemented.
- Personnel from both departments were struggling between the old and the new procedures for the development of transition plans for infants and toddlers transitioning to Part B services.
- Several educational regions were requiring that the child be “registered” at the Department of Education before the transition plan meeting activities (old procedures).

Early intervention service coordinators were experiencing resistance from Department of Education personnel when trying to implement the new procedures.

The increase in the number of infants and toddlers who *completed an IFSP prior to the maximum age* was attributed to two factors. The first one is that there was an increase in the total number of infants and toddlers served (26 percent more than in 2003) of which 67 percent were in the 2 through 3 age group. The main reason for referrals to early intervention services in this age group is speech and language delay. Many of these infants and toddlers have minimal delay and therefore achieve established outcomes quickly. The second reason is that almost 100 percent of the infants and toddlers are served in natural environments where services are integrated to the family’s, infant’s or toddler’s daily routines, which may contribute to earlier achievement of outcomes.

The decrease in the number of infants and toddlers who *exited Part C without a referral* was attributed to one of the seven regional Pediatric Centers. The center accounted for the majority of the infants and toddlers who were *not eligible for Part B* and *exited Part C without referral*. Families had received orientation from Head Start and Child Care Centers as other options for their infants and toddlers in case they were deemed not eligible for Part B. Instructions were given to these Centers to provide the referral to parents of all infants and toddlers not eligible to Part B along with the developmental status of the child and recommendations for service (s) if any.

Rhode Island—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.

South Carolina—There were increases in the *total number of children that exited Part C, completed an IFSP prior to maximum age, were Part B eligible and exited to other programs*. These changes were due to an overall increase in children served.

There was a decrease in the number of *parental withdrawal from Part C*. The decrease was attributed to the state’s putting more efforts into the transition process.

There was an increase in the number of children who did *not have their eligibility determined*. The increase was a result of a more accurate recording of children transitioning who were not determined eligible so were not counted as *Part B eligible* because the state did not have all the information at the time.

South Dakota—The total number of infants and toddlers who exited and were *eligible for Part B* increased because there was a jump of 8.07 percent in the number of infants and toddlers served in South Dakota’s Part C program. Most of the infants and toddlers served are 2- to 3-year-olds. Therefore the number exiting is greater than the increase in infants and toddlers served.

There was an increase in the number of infants and toddlers who *exited to other programs*. The change was attributed to the state's Part C program having a 21.43 percent increase in other programs, which may include Head Start. The increase in these programs may have occurred because the infants and toddlers did not meet the criteria for Part B under the existing Part B eligibility guidelines. There has also been an increase of preschool slots statewide due to the governor's preschool initiative in his 2010 E program.

There was an increase in the number of infants and toddlers who were *not determined to be Part B eligible*. A study was completed in January of 2006 by the 619 coordinator to determine the significant shift in *Part B eligibility not determined*. A survey was sent to these school districts to request explanations. The results were that a majority of the respondents indicated that parents did not sign consent or parent refused services. The Department will continue to track this category for trends to determine if this is an anomaly to this reporting year.

There was an increase in the number of infants and toddlers who *moved out of state*. The increase may have occurred because South Dakota historically has low wages, which may cause people to look elsewhere for better opportunities.

Tennessee—Tennessee changed its 12-month reporting period for 2004-05. OSEP gave it permission to use July 1 to June 30 for this data collection and future data collections. In prior data collections, the state used December to November for the 12-month reporting period.

There were decreases in seven of the 10 exiting categories. These categories included the total, *completion of IFSP prior to maximum age, Part B eligible, exit to other program, exit with no referral, moved out of state and withdrawal by parent*. These decreases occurred because of two major changes in the way Tennessee collected exiting data for 2004-05.

The first reason was the change in the data collection period, which may have missed some infants and toddlers who would have been reported under the former timeframe. The reason for switching the reporting period for these data was to ensure that exiting data were submitted to OSEP by November. The former timeframe did not allow the submission of exiting data by November.

The second reason for the decreases was that the state stopped collecting exiting data from all providers that serve Part C eligible infants and toddlers. Instead it collected data only from agencies that designate service coordination because it is the responsibility of these agencies to ensure procedures around transition.

Texas—The number of families who withdrew from services has decreased because of the initiation of the state's family cost share system, which began in the previous year. The sliding fee schedule was also reduced, which contributed to the decrease in *withdrawals*. The number of infants and toddlers who *exited to other programs* decreased because providers report that there is a reduction in the availability of other services and programs at the local level. The decrease in the number of *deceased* and *moved out of state* and the increase in *unsuccessful contacts* are relatively small numbers and appear to be normal year-to-year fluctuation.

Utah—The state attributes the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category and the decrease in the number of infants and toddlers reported in the *Part B eligible* category to a correction of data reporting. In 2003, some infants and toddlers were incorrectly reported as *Part B eligible*. These infants and toddlers are now reported in the *Part B eligibility not determined* category.

The state attributes the decrease in the number of infants and toddlers reported in the *withdrawal by parent* category and the increase in the number of infants and toddlers reported in the *Part B eligibility not determined* category to technical assistance the state provided to two Part C programs. In 2003, two programs reported infants and toddlers in the *withdrawal by parent* category if the family opted not to have eligibility determination completed. In 2004, the state reported these infants and toddlers in the *Part B eligibility not determined* category.

Vermont—There was an increase in the total number of infants and toddlers exiting Part C. The increase occurred because the age of entry into the Part C program was older between December 2, 2003-December 1, 2004 than in the prior year.

There was an increase in the number of infants and toddlers who *completed an IFSP prior to maximum age*. The increase was due to the fact that the base figure was low. As a result, the percentage increase is high only when valuing the number in that category. The total number of infants and toddlers exiting prior to age 3 is 76 in 2004 compared to 54 in 2003—an increase of 22 of 628 or .04 percent

There was an increase in the number of infants and toddlers who were *Part B eligible and exited to other programs*. The changes reflect the increase in the total number of exits between 2003 and 2004.

Virginia—Virginia had an increase in the total number of infants and toddlers exiting. There were also increases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age*, *Part B eligible*, *Part B eligibility not determined*, *moved out of state* and *withdrawal by parent* categories. The state attributes these changes to the overall increase in the number of infants and toddlers served. The increase in the number of infants and toddlers was even greater for the annualized child count. Additionally, in 2002 Virginia had a significantly higher birth to age 1 population in the system. These infants and toddlers are now exiting the program in all categories.

Virgin Islands—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the change occurred.

Washington—Washington did not report race/ethnicity for 354 infants and toddlers. Of these infants and toddlers, 35 exited in the *completion of IFSP prior to reaching maximum age* category; 182 exited in the *Part B eligible* category; 20 exited in the *not eligible for Part B, exit to other program* category; 15 exited in the *not eligible for Part B, exit with no referral* category; 32 exited in the *Part B eligibility not determined* category; two exited in the *deceased* category; 15 exited in the *moved out of state* category; 16 exited in the *withdrawal by parent* category; and 37 exited in the *attempts to contact unsuccessful* category.

The state attributes the increase in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age* and *not Part B eligible, exit to other program* categories to an increase in the number of infants and toddlers who leave early intervention services because they no longer need services or are not eligible for Part B.

West Virginia—The *withdrawal by parent* category includes infants and toddlers whose parents declined further IFSP services, infants and toddlers whose parents were dissatisfied with IFSP services and infants and toddlers who had no exit reason. In some cases, when a parent declined further IFSP services, the family and IFSP team felt that the child and family no longer needed early intervention services.

The *Part B eligibility not determined* category includes 24 infants and toddlers whose family requested a referral not be made, 64 infants and toddlers whose parent did not consent to transition planning, 46 infants and toddlers who were referred to Part B and were awaiting eligibility determination and 154 infants and toddlers who had no exit reason.

There were increases in the total number of infants and toddlers exiting, as well as in the number of infants and toddlers exiting in the *Part B eligible; not eligible for Part B, exit to other program; not eligible for Part B, exit with no referral; Part B eligibility not determined* (129 percent); *moved out of state* and *withdrawal by parent* categories. There were decreases in the number of infants and toddlers reported in the *completion of IFSP prior to reaching maximum age* and *attempts to contact unsuccessful* categories. A portion of the increased numbers across categories is due to the increased number of infants and toddlers being served.

The increase in the *Part B eligibility not determined* category was due to the following reasons: 46 infants and toddlers in this category were identified as referral made, awaiting eligibility; 88 families declined transition planning; 154 did not have further reasons documented. Part C and Part B are pursuing strategies to confirm the status of infants and toddlers who exit the Part C system at 3 years of age. Confidentiality requirements restrict confirmation to only those families who give permission for sharing the data.

The increase in the *withdrawal by parent* category was due to the following reasons: 185 infants and toddlers were further identified as parent declined further IFSP service. Some of these may have been due to the child's achieving IFSP outcomes and no longer needing services. The completion of the West Virginia Birth to Three redesign has resulted in several new service coordinators. Technical assistance is being provided to ensure consistency in documentation of exit reasons.

There was a discrepancy in the 12-month exiting reporting period. This year, the state used January 2004-December 2004, and last year it used December 2002-December 2003. The reporting period was January 1, 2003, to December 31, 2004. The year before, the reporting period was January 1, 2003, to December 31, 2003—the state labeled the 2003 data incorrectly.

Wisconsin—The *Part B eligibility not determined* category includes 66 families who did not consent to transition planning. The *completion of IFSP prior to reaching maximum age* category includes 37 infants and toddlers who reached age 3, met their IFSP goals and no longer had delays.

An increase in the *attempts to contact unsuccessful* category was due to the fact that children who exit prior to age 3 for other reasons are included in this category.

The state cannot explain why there was an increase in the number of children who *did not have eligibility determined for Part B*. The state has already calculated the numbers for 2005-06, and they have dropped from 561 to 487 children. The state believes that the increase during the 2004-05 reporting period was due to natural variation.

Wyoming—There was an increase in the total number of infants and toddlers who exited Part C, *completed an IFSP prior to maximum age* (120 percent), were *Part B eligible* or *moved out of state* and *attempts to contact were unsuccessful* (290 percent). These changes resulted from the child count consistently increasing over recent years.

Tables 6-6 Through 6-9 and Table 6-12: Early Intervention Services, 2004

Alaska—The state had significant year to year changes in eight of the 17 service categories. These changes are related to the variations that occurred within the child count.

American Samoa—There was an increase in *physical therapy* and *special instruction* services. These changes were due to a significant increase in the total infants and toddlers served, which was a result of efforts over the past two years to rebuild the entire early intervention program. These efforts include major improvements in child find as well as the assessment and evaluation of infants and toddlers. These improvements have resulted in a significant increase in the number of infants and toddlers served as well as the territory's ability to provide the appropriate services. It has also improved the ability to collect and manage the data.

Arizona—Arizona's *other services* category includes services provided by play groups.

There was a decrease in the number of children who received *family training, counseling and home visits*. There were increases in the number of children who received *medical services, nursing services, nutrition services* and *social work services*. These changes are attributed to the loss of staff in each of the disciplines.

There was a decrease in the number of children who received *respite care*. This drop in services was a result of a clarification regarding the proper use of the service. Arizona Early Intervention Program (AZEIP) sent out a memorandum, dated September 30, 2003, to its local program coordinators, management teams, AZEIP Participating State Agency's personnel and contractors titled "Clarification of Respite in Early Intervention Services." This memorandum states that the OSEP letter clarified that "the term "respite" as used in that note is not intended to mean "relieve" or "rest" but rather a child care-type service provided to enable parent(s) to participate or receive other early intervention services in order to meet the outcomes on a child's IFSP." AZEIP's implementation of that OSEP Policy Clarification changed the use of *respite services* in the following years.

There was a decrease in the number of children who received *assistive technology services/devices and other early intervention services*. These changes were due to the collaboration with the state's agencies to educate on the proper coding procedures.

The decrease in *transportation services* was a result of providing more services in the natural environment, reducing the need for transportation services.

Arkansas—There was a decrease in the number of infants and toddlers reported as receiving *audiology services, family training, counseling and home visits*. These data have been captured to satisfy the Medicaid requirements but not early intervention. The state acknowledges the need to simplify documentation for early intervention data collection purposes and is currently working toward this goal.

There were increases in the number of infants and toddlers receiving *health services, nutrition services, occupational therapy, physical therapy, psychological services, social work, special instruction, speech language pathology, transportation and vision services*.

Among Hispanic infants and toddlers, there were increases in children receiving *medical services, nutrition services, physical therapy, special instruction, speech language pathology and transportation*.

Among white infants and toddlers, there was a decrease in children receiving *audiology and family training, counseling and home visits*. There were increases in the number of infants and toddlers receiving *nutrition, occupational therapy, physical therapy, psychological services, social work services, special instruction, speech language pathology, transportation and vision services*.

These changes are attributed to the fact that during the 2002-04 years, the lead agency implemented a procedure to improve the quality of the IFSP development to include all services listed on the IFSP. This has improved the data collection process.

The Department of Developmental Services (DDS) has also incorporated Children's Medical Services (CMS) as a part of the program. The state staffs of CMS serve as case managers and are also nurses, thereby improving collaboration of health services and resources for early intervention and identifying additional needs in the service areas that are medically related. DDS, as a result of this move, has better collaborated with other Divisions and their initiatives, such as Early Periodic/Screening Diagnosis and Treatment (EPSDT), which is Medicaid based, and Healthy Arkansas Initiatives-Child Nutrition and the WIC Program through the Arkansas Department of Health, which is currently a part of the Department of Health and Human Services.

In addition to the above, a campaign for public awareness, Child Find, which affects the referral process has been emphasized and used in other state programs, such as Early Child Care Centers and other state programs.

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 diapers, nutritional supplements and vouchers.

Because California's 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. California has no accurate way of determining the services paid for and provided via generic agencies (not federal Early Start funds) to the infants and toddlers in the Early Start Program. The services data reported to OSEP are an undercount of the actual total services provided because they include only those services purchased by the DDS or CDE using federal Early Start and state General Fund Early Start monies. They do not include services from generic sources, private insurance or the Departments of Alcohol and Drugs, Social Services, Mental Health or Health Services (including California Child Services (CCS)).

The state attributes the decrease in the number of infants and toddlers reported as receiving *other services* to a change in data reporting. The Medi-Cal rate exceptions for specialized therapies are not reported in the specialized therapy category (*occupational therapy, physical therapy*). In the past, the state reported these services in the *other services* category.

The state attributes the increase in the number of infants and toddlers reported as receiving *psychological services* to its continued best practices training initiative related to Autistic Spectrum Disorders.

The state attributes the decrease in the number of infants and toddlers reported as receiving *assistive technology services and devices* to the state's changing racial/ethnic composition. Because white (not Hispanic) infants and toddlers are historically most likely to receive this service, as the white (not Hispanic) population decreases, so does the number of infants and toddlers reported as receiving *assistive technology services/devices*.

The state attributes the decrease in the number of infants and toddlers reported as receiving *vision and audiology services* to fewer low incidence disabilities. These services are purchased by CDE and are disproportionately provided to infants and toddlers with low incidence disabilities; however, access to immunizations has made some of these conditions rare. The state also attributes the decrease in the number of infants and toddlers reported as receiving *audiology services* to an expansion of its Newborn Hearing Screening Program, which is a generic source and not reported in these data.

The CDE provides virtually all *social work and family training, counseling and home visits* services. The decreases in the number of infants and toddlers reported as receiving these services parallels the increase in the number of infants and toddlers reported as receiving *psychological services*.

The state attributes the decrease in the number of infants and toddlers reported as receiving *medical services* to a change in who pays for these services. The state streamlined its Healthy Infants and Children's program and now, schools and regional centers are paying for some of the costs for medical services. These are generic sources and are not reported in these data.

The state attributes the decrease in the number of infants and toddlers reported as receiving *respite care* to payments for this service not being authorized. *Respite care* frequently appears on IFSPs as a non-required service, and the state is authorizing fewer payments for these services.

California estimated race/ethnicity for 3,282 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities. Because this data collection is a duplicated count, the sum of the number of infants and toddlers who had a race/ethnicity estimated in each service category does not equal the total number of infants and toddlers for whom race/ethnicity was estimated. All of these infants and toddlers received services through the DDS.

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

The state attributes the decrease in the number of infants and toddlers reported as receiving *family training, counseling and home visits* to budget cuts experienced by the state's mental health system. This system typically provides *family training, counseling and home visits*. The state also believes there is confusion among service providers on what constitutes a home visit and is currently training service providers on when to report a home visit to correct the problem.

The state attributes the increase in the number of infants and toddlers reported as receiving *assistive technology services, audiology, nutrition services, occupational therapy, physical therapy and speech language pathology* to the state's better addressing the needs of its infants and toddlers using transdisciplinary service models. As a result of these models, providers are more involved with infants and toddlers and gain knowledge on appropriate service delivery.

Connecticut—There was an increase in *assistive technology services/devices* for white infants and toddlers. Connecticut clarified to its providers that all *assistive technology services and devices* must be listed as an IFSP service and entered into the data system, even if those devices are low-cost, low-tech items. Previously, providers had only been listing and entering devices for which they were requesting state reimbursement. This caused an overall reported increase in the numbers of infants and toddlers receiving *assistive technology services/devices* from 411 to 630. While the number of white infants and toddlers receiving *assistive technology devices/services* increased significantly from December 1, 2003, white infants and toddlers, as a percentage of all infants and toddlers receiving *assistive technology services or devices*, actually decreased from 72 percent on December 1, 2003, to 70 percent on December 1, 2004.

Delaware—Delaware’s other services category includes developmental assessments. There was a decrease in *family training, counseling and home visits; nursing services; nutrition services; physical therapy; social work services; vision services; and other early intervention services*. These decreases are attributed to data entry errors. The numbers in the service categories have not decreased because of a decrease in the services available, but as a result of a delay in data entry. The delay in data entry resulted from data entry staff turnover and data analyst vacancies. The vacancies have been corrected; however, the state is experiencing a delay in analyzing data entry and database monitoring. Data entry staff and a data entry analyst are taking all possible measures to be current with data. Additionally, the state is cross-training staff to minimize future delays in data entry and data monitoring.

District of Columbia—There was a decrease in the number of infants and toddlers served in *family training, counseling and home visits; medical services; nursing services; occupational therapy; physical therapy; psychological services; speech language pathology; and transportation services*. The District of Columbia attributes these changes to the Part C office having difficulty with accurate reporting due to the lack of a reliable database. Recognizing this ongoing problem, the state has performed a child validation review and count. The state audited all of its records to ensure an accurate account of the infants and toddlers in the system.

Florida—Florida’s *other services* category includes providing general equipment and services provided by Head Start. General equipment includes supplies, materials and medical equipment such as prosthetics, orthotics and tracheotomy tubes.

The state uses Family Support Plan Service Authorization (FSPSA) records as its data source rather than records of services delivered and paid for by Part C. The state plans to review these data quarterly and is focusing on improving the quality of these records as part of the state’s continuous improvement plan.

The state attributes the decreases in the number of infants and toddlers reported as receiving *medical and health services* to better data reporting. In the past, the state included non-early intervention services in these categories.

Georgia—Georgia’s *other services* category includes applied behavioral analysis.

Georgia had significant year-to-year changes in 14 of the 17 service categories. The state is uncertain of the reason for these changes, but believes its shift toward a primary coach model of early intervention service delivery may have affected these data. In this model, the multidisciplinary team consists of professional staff, but services are provided through an individual professional or primary coach who, along with the family, has access to the entire multidisciplinary team. Under this model, infants and toddlers may not necessarily be receiving more services, but they do have access to a full complement of professionals who frequently discuss the child’s issues and come together more often to discuss each child.

The state attributes the decrease in the number of infants and toddlers reported as receiving *transportation services* to an increase in the number of services that are available to families in their own settings, resulting in less need for families to travel to services.

Guam—The increase in the number of *audiology services* provided was a result of a major state and national effort to implement newborn hearing screening programs, The University of Guam, Guam Early Hearing Detection and Intervention (GEHDI) Project established in 2002. The program went into full force in 2004. The increase in referrals from GEHDI resulted in the need to assist in the identification of infants and toddlers with auditory impairment.

There was an increase in number for *family training, counseling and home visit services*. The increase was attributed to services during the home sessions emphasizing the importance of assisting the family in understanding the needs of the child and enhancing the child's development. The data for the number of services provided in the *home* setting should reflect the data for *family training and home visit services*.

Hawaii—The decrease in *assistive technology services/devices* was due to fewer requests for those services. The fewer requests have resulted from assistive technology staff providing extensive training to early intervention providers. The move toward training instead of direct services was driven by the dramatic increased travel costs to neighbor islands. Followup is carried out increasingly by program staff instead of assistive technology staff.

The increase in *audiology services* was due to a strengthened relationship between the Hawaii Early Intervention Section and pediatricians, the Newborn Hearing Screening Program and local audiological programs at hospitals to identify more infants and toddlers with hearing loss.

There were increases in *occupational therapy, physical therapy and speech language pathology services*. These changes were attributed to the increased provision of Comprehensive Developmental Evaluations (CDEs) to infants and toddlers referred for early intervention services. The new provision has helped Hawaii move away from evaluating infants and toddlers only on the specific areas of concern and, instead, evaluate all of their areas of development.

The increase in *transportation services* was due to the increase in the number of taxis provided for families to come to CDE appointments when the family would prefer that services not be done in the home. The increased use in taxis resulted from a pilot program in 2004. The program at Kapiolani Medical Center provided CDE's for infants and toddlers but only in the hospital setting. The taxi service was used so that CDE's would meet timelines.

Illinois—Illinois estimated race/ethnicity for 3.7 percent of infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

The state attributes the increase in the number of infants and toddlers reported as receiving *assistive technology services/devices* to increased understanding of the value of these services as well as to an increase in the availability of assistive equipment.

The state attributes the increase in the number of infants and toddlers reported as receiving *family training, counseling and home visits* to an increase in the Hispanic caseload. This category includes translation-related services, and Hispanics are more likely than other races/ethnicities to receive this service. The increase in the Hispanic population is proportionately similar to the increase in the number of infants and toddlers reported in the *family training, counseling and home visits* category.

The state believes the increases in the number of infants and toddlers reported as receiving *occupational therapy, physical therapy, special instruction and speech language pathology* is the result of an increase in the total number of infants and toddlers receiving services.

The state attributes the increase in the number of infants and toddlers reported as receiving *nutrition services* to an increased understanding on the importance of these services. The state attributes the increase in the number of infants and toddlers reported as receiving *psychological services* to the statewide implementation of a social-emotional consultation program during the 2005 fiscal year.

Indiana—The state attributes the increase in number of infants and toddlers reported as receiving *occupational therapy, physical therapy* and *special instruction* to an increase in the number of infants and toddlers diagnosed with pervasive developmental delays (PDD) and sensory processing issues. These infants and toddlers are more likely to use these services. The state believes it has been able to diagnose more infants and toddlers with PDD and sensory processing issues due to emphasizing the importance of these diagnoses to service providers when they conduct evaluations.

Kansas—The state’s Part C Infant Toddler database was developed and implemented in 2003 and 2004. A review of service definitions and data entry was provided throughout these two years. Through paper and database comparisons, reporting errors were discovered and noted in some service areas. The data received in 2004 are more representative of services provided and more accurate. The change in the collection system is reflected in the differences in data tables between the two years.

The decrease in *audiology services* was attributed to a decrease of 135 infants and toddlers in Johnson County (Kansas City). The state’s Newborn Hearing Screening program trained the Johnson County Early Head Start to assist in identifying a need for hearing services.

There was an increase in *respite care* services because of one network’s emphasis on the newly created newborn at-risk identification screening program.

There was a decrease in *social work services* because one network decreased by 56 infants and toddlers, which was an 88 percent decrease after a shift in service delivery from a hospital setting to community-based settings.

The decrease in *medical services* was due to the decreases in services provided to all racial/ethnic categories. These changes occurred because the state’s networks indicated that, through the AAP’s emphasis on the importance of developmental evaluation in a physician’s education and practice and the networks’ collaboration with their local physicians, the number of infants and toddlers with medical evaluations and diagnoses before referral to the network has increased, thus there is less need for referral to a physician for this purpose. Another reason is that the networks that had significant changes in *medical services* also had an 8 percent decrease in the number of infants and toddlers served between 2003 and 2004.

There was an increase in *physical therapy services* because one network had a large increase. The increase occurred because the number of referrals increased from referral sources such as NICUs and physicians.

There was a decrease in *other early intervention services* because some activities listed in the past under this category should have been counted under other service areas. They have been moved to the appropriate service category.

There was an increase in the number of black infants and toddlers who received *family training, counseling and home visitation, nutrition* and *transportation services*. These changes occurred because of an 11 percent increase in the black population. One of the main increases occurred in a network that saw an increase in the number of black infants and toddlers served after the development of a community at-risk identification program.

There was an increase in the number of black infants and toddlers who received *respite care services* because one network has created a newborn at-risk identification screening program. This one network made up the entire 85 percent increase.

There was an increase in the number of black infants and toddlers who received *special instruction* because nine of 36 networks had changes in their child count. The network with the largest increase attributed it to the creation of the newborn at-risk identification screening program.

There was an increase in the number of Asian/Pacific Islanders who received *occupational therapy services*. The change was attributed to a statewide increase of 10 percent in Asian and 10 percent in Pacific Islander populations in Kansas. There was also an 8 percent increase in number of Asian/Pacific Islander infants and toddlers served in infant toddler services.

There was a decrease in the number of Asian/Pacific Islanders who received *audiology services*. The decrease was due to changes in *audiology services* provided in seven of the 36 networks. The change occurred because there was a decrease of 135 infants and toddlers in Johnson County (Kansas City). The state's Newborn Hearing Screening program trained the Johnson County Early Head Start to assist in identifying a need for hearing services.

There was a decrease in *vision services* provided to white infants and toddlers. The decrease was attributed to data entry errors. These were discovered through the implementation of a new data system and subsequent training. Some networks were counting vision screening in the vision category. One network also had an 8 percent decrease in the number of white infants and toddlers served in 2004.

There was a decrease in the number of white infants and toddlers who were provided with *other services*. The decrease was due to data entry errors. In 2003, a number of networks reported positions and other agencies under *other services* rather than actual services. Since then, the state has notified and trained the networks to let them know that these were incorrect designations for *other services*.

There was a decrease in the number of white infants and toddlers who received *audiology services*. The change was attributed to the entire state seeing a decrease in *audiology services* by 150 infants and toddlers. One hundred and thirty-five of these infants and toddlers can be tracked to Johnson County (Kansas City). At that time, Kansas' Newborn Hearing Screening program trained the Johnson County Early Head Start to assist in identifying a need for hearing services.

There was a decrease in *medical services* provided to white infants and toddlers. The change was due to two networks having significant decreases in their white population.

There was an increase in the number of white infants and toddlers who received *physical therapy*. There was a statewide increase of 13.45 percent. The change was due to one network having a decrease of 56 infants and toddlers. This was an 88 percent decrease after a shift in service delivery from a *hospital* setting to community-based settings.

There was an increase in the number of Hispanic infants and toddlers who received *nursing services*. This was attributed to two networks having a significant increase in their Hispanic population.

Kansas' *other services* category includes translation and interpretation.

Kentucky—The state attributes decreases in nearly all service categories to a new state policy. To reduce the number of unnecessary services listed on an IFSP, on July 1, 2004, the state implemented regulations limiting the number of services that could be listed on the IFSP. If infants and toddlers required additional services, the IFSP team requested a record review. The state also attributes the decreases in nearly all service categories to training service providers on the consultative model of service delivery, which stresses the training of caregivers to implement strategies and activities into the daily routines of the family to increase the amount of early intervention services the child receives.

Louisiana—Louisiana’s *other services* category includes services provided by bilingual and sign language interpreters.

There was an increase in nine of the 17 service categories. These increases were a result of Louisiana’s comprehensive child find and public awareness efforts. More infants and toddlers were identified and eligible, resulting in increases in services across all races/ethnicities.

Maine—The state believes the increase in the number of infants and toddlers reported as receiving *nursing services* is the result of normal fluctuation in a small population.

Maryland—The state attributes the increase in the number of infants and toddlers reported as receiving *assistive technology, nursing services, physical therapy, psychological services, social work* and *special instruction* to a 12 percent increase in the child count. The IFSP process is individualized to meet each child’s needs, and the state believes these increases reflect the needs of the infants and toddlers.

The state attributes the decrease in the number of infants and toddlers reported as receiving *health services, nutrition services* and *transportation* to an IFSP process. The state believes these decreases reflect the needs of the infants and toddlers served. The state partly attributes the decrease in the number of infants and toddlers reported as receiving *transportation services* to an increase in the number of infants and toddlers receiving services primarily in the home, reducing the need to travel for services.

The state attributes racial/ethnic differences in the receipt of services to its IFSP process and believes the differences reflect the services each child needs.

For the 2005 data collection, Maryland continues to use 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 and Maryland’s Part B program uses an October count date.

Maryland’s *other services* category includes interpretation and behavior modification.

Massachusetts—The state attributes the decrease in the number of infants and toddlers reported as receiving *assistive technology services/devices* to a change in the way the state gathers its data. Previously, the state reported the number of infants and toddlers using an *assistive technology device*. Effective July 2004, the state required that each IFSP specify whether a child is receiving *assistive technology services* as part of the child’s service plan. Following OSEP’s instructions, infants and toddlers who use an *assistive technology device*, but don’t receive *assistive technology services*, are no longer reported.

The state attributes the increase in the number of infants and toddlers reported as receiving *special instruction* to an increased public awareness of autism, which was the result of nationwide media presentations during National Autism Awareness month in February 2005. The state reports specialty services for autistic infants and toddlers as *special instruction*. The state also attributes the increase in the number of infants and toddlers reported as receiving *special instruction* to statewide trainings provided to early intervention clinicians on identifying early signs of autism.

Michigan—Michigan’s *other services* category includes services provided by informal supports, playgroups, Ages and Stages and other evaluations. 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.

There were decreases in the number of infants and toddlers who received *audiology services*. There was an increase in the number of infants and toddlers who received *family training, counseling and home visits; health services; physical therapy; and respite care*. Michigan cannot provide an explanation for these significant year-to-year changes and plans on conducting further investigation.

There was an increase in black infants and toddlers and a decrease in the number of Hispanic infants and toddlers served. The state needs to further examine why the number of Hispanic infants and toddlers served decreased.

Minnesota—Minnesota attributes the increase in all services categories to the data being collected for the first time from IFSPs. December 1, 2004, was the first time that data were drawn from IFSPs and tied to individual infants and toddlers. Prior to 2004, local ICCs reported service data in an aggregate form. The data for 2004 represent information that is substantially more accurate. For the first time, the state has the ability to report the data by race/ethnicity.

Mississippi—There was a decrease in the number of *audiology services* provided. *Audiology services* have decreased because the service coordinators may not be coordinating as many of these services.

There was a decrease in the number of *family training, counseling and home visits*. The decrease was due to coding within the data system. The data system lists the provider type versus the service type.

There was an increase in *occupational therapy* services. The increase can be attributed to more occupational therapists becoming available in the state's early intervention system.

There was a decrease in the amount of *social work services*. The decrease was due to the fact that many of the service coordinators are social workers. The *social work services* are a part of service coordination and may not be counted as a separate service.

There was an increase in *special instruction*. The increase occurred because of training to the service coordinators. The training brought out that special instructors can serve baBIAs and families with diverse needs. In the past, special instructors were only assigned to a family if cognitive delays were identified on the evaluation instrument.

There was an increase in *speech language pathology* services. The increase can be attributed to more speech language pathologists becoming available in the state's early intervention system.

The decrease in *other early intervention services* occurred because the state no longer uses this category in its data system. It now asks for an explanation of "other" and assigns those services to a specific category.

Missouri—Missouri's *other services* category includes services by an interpreter.

The state attributes the decrease in the number of infants and toddlers receiving *assistive technology services* to improvements in the availability of information needed to make appropriate decisions about assistive technology purchases.

Montana—Montana's *other services* category includes massage therapy, vision therapy, evaluation/assessment services, therapeutic horseback riding, kindermusic, swimming, high-risk infant screening and travel assistance for medical and therapy care. This category also includes services provided by family support specialists, Early Head Start, toddler groups, spina bifida clinics, NICU follow-up clinic, AWARE, cranial facial clinics, a genetics clinic, a preschool for hearing impaired infants and toddlers,

services provided by deaf blind educators in the Office of Public Instruction and MONTECH. AWARE provides development delay and mental health services and MONTECH provides adaptive equipment through the University of Montana.

Montana attributes the decrease in the number of infants and toddlers receiving *health services* to redistribution of infants and toddlers into the other service areas and to closer adherence to the definition of *health services*.

Montana attributes the increase in the number of infants and toddlers receiving *nursing services* to serving more infants and toddlers who were medically fragile and more families utilizing Public Health Services.

Montana attributes the increase in the number of infants and toddlers receiving *occupational therapy services* to an increase in the total number of infants and toddlers being served in Part C and serving more infants and toddlers with sensory issues.

Montana attributes the increase in the number of infants and toddlers receiving *physical therapy services* to an increase in the total number of infants and toddlers being served in Part C and serving more infants and toddlers who need feeding instructions.

Montana attributes the decreases in *psychological services* to a decrease in the number of Part C infants and toddlers needing emotional and developmental evaluations. In addition, families may not have requested those services due to their lack of availability in their geographical locations. Families were made aware of the closest services, but often chose not to utilize them.

Montana attributes the decrease in *respite services* to the increase in the number of infants and toddlers being served in Part C and wanted to ensure that the entitled services were met first. *Respite* was provided based upon extenuating needs, e.g., surgery of a parent, death in the family.

Montana attributes the decrease in *social work services* to an error in entering data and entering items under a different service category.

Montana attributes the increase in *transportation* to serving more families in rural areas.

Montana attributes the increase in *vision services* to an increase of infants and toddlers who need follow up for vision due to premature birth or other established conditions.

Montana attributes the increase in the number of infants and toddlers receiving *other early intervention services* to an increase in the total number of infants and toddlers being served in Part C.

Montana attributes the decrease in *audiology services* to infants and toddlers being screened before they enter services.

Montana attributes the decrease in *health services* to a closer adherence to the definition of the service and families utilizing Public Health Services.

Montana attributes the increase in *nursing services* to redistributing infants and toddlers into the other service areas and to the closer adherence to the definition.

Montana attributes an increase in *nutrition* and *speech language pathology services* to the increase in the number of infants and toddlers being served in Part C and more infants and toddlers being served who are medically fragile.

Montana attributes the decrease in *special instructions services* to removing Family Support Specialists (FSS) from special instructions and placing them under the *other* category.

Montana attributes the increase in *medical* and *occupational therapy services* to an increase in referrals from the reservation, along with an increase in NICU and medically related referrals.

Nebraska—There was an increase in the number of infants and toddlers who received *assistive technology services/devices*, *occupational therapy* and *physical therapy*. These changes were attributed to the increase in the number of infants and toddlers served. It is also affected by an increase in the complexity of the needs that require specialized therapies.

There was a decrease in *transportation services*. The decrease was due to the state's providing technical assistance on the provision of services in natural environments. Services in natural environments require fewer *transportation services*.

There was an increase in *occupational* and *physical therapy services* with black infants and toddlers. These changes can be attributed to an increase in the number of infants and toddlers served. It is also due to the increasing complexity of needs that require specialized therapies.

There was an increase in the number of white infants and toddlers receiving *assistive technology services/devices*, *occupational therapy* and *physical therapy*. These changes can be attributed to an increase in the number of infants and toddlers served. It is also due to the increasing complexity of needs that require specialized therapies.

Nevada—Nevada's *other services* category includes intensive behavioral services.

There were increases in the total number of infants and toddlers and white infants and toddlers receiving *assistive technology services/devices*; *audiology*; *family training, counseling and home visits*; *nutrition services*; *occupational therapy*; *physical therapy*; *special instruction*; *speech language pathology* and *vision services*. There were also increases in the number of Asian/Pacific Islander, black and Hispanic infants and toddlers who received *family training, counseling and home visits*; *special instruction*; and *speech language pathology services*. Black and Hispanic infants and toddlers also had an increase in *physical therapy services*. Hispanic infants and toddlers had an increase in *nutrition* and *occupational therapy services*. These increases were attributed to the increase in the total number of infants and toddlers receiving Part C services. The increase occurred because of 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 infants and toddlers.

There was a decrease in the total number of infants and toddlers and all race/ethnicity groups that received *other early intervention services*. The decrease was due to the state's receiving technical assistance from OSEP, which advised the state not to report service coordination as a service.

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

There was a decrease in *respite care* services. The decrease can be attributed to the large decrease in the Hispanic population (98 percent). New Hampshire acknowledges that it needs to investigate why so many Hispanic families received *respite care* in 2003 (42) compared to other race/ethnicity groups. This will help to understand why there was such a sharp decrease. Currently, there is not a clear answer to this problem. There are only one or two regions in the state that have large Hispanic communities. New Hampshire posited that it could be an error in entering the race/ethnicity data.

There was an overall decrease in the number of students receiving *other early intervention services*. These services included Developmental Services' Family Support Program and transdisciplinary services. Transdisciplinary service is used as a method of providing services, as opposed to a specific service. The decrease resulted from the inclusion of services from the Family Support Program in addition to the support families receive routinely through *early intervention services* and transdisciplinary services.

New Jersey—There was a decrease in *assistive technology services/devices*. The change was due to a data reporting issue. *Assistive technology* is often provided through other service types and recorded as such. It is often written as a strategy incorporated into the service type, for example, a speech language pathologist who is using an alternative communication system with the child and family when providing speech and language services.

There was an increase in *family training, counseling and home visits*. The increase was due to a change to a fee-for-service contract that provides payment based on services delivered in accordance with the IFSP and has encouraged IFSP teams to consider and include family training. Under the contract system, all services provided were bundled under an average cost per child.

The decrease in *nursing services* was due to technical assistance that ensured appropriate identification of the service provided. It was determined that the discipline and not the service provided was driving how the service was reported. It was made clear that a nurse providing special instruction or family training was not to be reported as a *nursing service*.

The decrease in *social work services* was attributed to technical assistance in ensuring appropriate identification of the service provided. It was determined that the discipline and not the service provided was driving how the service was reported. Social workers are often providing family training and counseling services.

The decrease in *vision services* (98 percent) was due to a data reporting issue. *Vision services* are often provided in consultation with other service types and recorded as such. It is often written as a strategy incorporated into the service type.

There was a decrease in the number of Asian/Pacific Islander infants and toddlers who received *occupational therapy*. The increase may be attributed to changes in the service needs identified as the population changes from year to year. New Jersey is also concerned that new agencies and practitioners may not readily accept and implement the philosophy of early intervention resulting in an increase in therapy-specific services.

There was a decrease in the number of black infants and toddlers who received *occupational therapy, physical therapy, social work services, special instruction, speech pathology* and *vision services*. The changes are directly related to a decrease in the number of black infants and toddlers in the child count.

There was an increase in the number of Hispanic infants and toddlers who received *family training, counseling and home visits; physical therapy; and speech language pathology*. The changes are directly related to an increase in the number of infants and toddlers in the child count.

There was a decrease in the number of white infants and toddlers who received *assistive technology services/devices* and *vision services*. These changes were attributed to a data reporting issue. *Assistive technology* and *vision services* are often provided through other service types and recorded as such.

New Mexico—*Other early intervention services* decreased to zero. This occurred because up until this reporting period, New Mexico had always reported service coordination under *other early intervention services*, as a few other states had also done. OSEP has made it clear that service coordination should not be counted, and as a result, the number of *other early intervention services* has dropped to zero this year.

New York—New York's Part C program serves infants and toddlers past their third birthday. On December 1, 2004, there were 1,050 infants and toddlers over age 3 enrolled in Part C. The services received by these infants and toddlers were not included in this count.

New York estimated race/ethnicity for 10,053 infants and toddlers (31 percent of its child count) who had an unknown race/ethnicity or multiple races/ethnicities. The state estimates race/ethnicity at the county level.

New York attributes the decrease in *audiology* and *respite services* to the overall decrease in the numbers of infants and toddlers participating in the early intervention program during this reporting period.

Specifically regarding the decrease in *audiology*, one municipality in particular appears to be contributing to this decrease. New York intends to follow up with the municipality and identify the hospitals involved in newborn hearing screening to ensure infants and toddlers are appropriately referred to the early intervention program.

New York attributes the decrease in *respite services* to the fact that it has been working with a number of municipalities and one large municipality in particular, to ensure they are applying state *respite* guidelines correctly and consistently. New York expected to see a decrease when the guidelines were appropriately applied.

North Carolina—The state's early intervention database reports data on special instruction received in the home and in a center-based setting. Both of these are reported in the *special instruction* service category.

There was an increase in the number of infants and toddlers reported as receiving *psychological services*. There were decreases in the number of infants and toddlers reported as receiving *family training, counseling and home visits; health services; medical services; nursing services; nutrition services; respite care; social work services; special instruction; transportation; vision services* and *other services* (100 percent). There were also some changes along racial/ethnic lines:

- Among Asian/Pacific Islander infants and toddlers, there was a decrease in the number reported as receiving *special instruction* and *other early intervention services* (100 percent).
- Among black infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *family training, counseling and home visits; health services; medical services; nutrition services; occupational therapy; respite care, social work services; special instruction; transportation; vision services* and *other early intervention services* (100 percent). There was an increase in the number of infants and toddlers reported as receiving *audiology services*.
- Among Hispanic infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *family training, counseling and home visits; medical services; transportation* and *other early intervention services* (100 percent). There were increases in the number of infants and toddlers reported as receiving *audiology, occupational and physical therapy* and *speech language pathology*.

- Among white infants and toddlers, there were decreases in the number reported as receiving *family training, counseling and home visits; health services; medical services; nursing services; physical therapy; respite care; social work services; special instruction; transportation; vision services and other early intervention services* (100 percent). There was an increase in the number of infants and toddlers reported as receiving *psychological and health services*.
- Among American Indian/Alaska Native infants and toddlers, there was a decrease in the number reported as receiving *other early intervention services* (100 percent).

These changes are attributed to the data reported in the *family training, counseling and home visits and other support* category being refined from previous years to include only those services provided by social workers, psychologists and other qualified personnel as defined by the federal regulations. Previous years' data included these services provided by personnel other than those in the federal regulations. This change makes North Carolina consistent with the federal regulations. Also, in past years, North Carolina reported any other service identified for a child, including non-early intervention services, in the *other early intervention services* category. North Carolina has not defined any other services as early intervention services and therefore is reporting zero for this category, which means that non-early intervention services are no longer reported in the table.

North Dakota—There were significant increases in the year-to-year changes for 13 of the 17 service categories. These changes were due to an intensive training program that focused on the requirement to record all supports the family receives. The training was initiated because not all service coordinators or infant development primary coach/home visitors were recording consultative services.

Ohio—There was a decrease in the number of infants and toddlers receiving *assistive technology services/ devices*. The decrease was attributed to the redefinition of assistive technology that now matches the OSEP definition. The state's data dictionary was updated with the definition and distributed to all county-level project directors. This led to a better understanding of these services.

The state attributes the decrease in the number of infants and toddlers reported as receiving *nursing services* to a partnership with the Bureau for Children with Medical Handicaps, which resulted in many *nursing services* reclassified as service coordination.

The state attributes the decrease in the number of infants and toddlers reported as receiving *respite care* to the data reporting of one large, urban county. This county had a contract for *respite care* which ended prior to this count date.

The state attributes the decrease in the number of infants and toddlers reported as receiving *transportation services* to a partnership with the Ohio Department of Job and Family Services. This partnership allowed Medicaid-eligible infants and toddlers to use transportation covered by Medicaid, resulting in fewer infants and toddlers having *transportation services* on their IFSPs.

The state attributes the increase in the number of infants and toddlers reported as receiving *health, nutrition and medical services* to a partnership with the Bureau for Children with Medical Handicaps that resulted in the Part C program working with medical homes, which often provide these services.

The state attributes the increase in the number of infants and toddlers reported as receiving *vision services* to the availability of a new vision screening tool, which led to fewer infants and toddlers being identified as requiring these services.

A decrease in the number of infants and toddlers receiving *audiology services* was due to the full implementation of the Universal Newborn Hearing Screening program in the last half of 2004.

The increase in the Asian/Pacific Islander, black, Hispanic and white exiting categories was due to an increase in the overall number of infants and toddlers served.

Infants and toddlers who are from Somalia are reported in the black race/ethnicity category.

Ohio's *other services* category includes child care, Children's Protective Services, clothing, dental and orthodontic services, drug and alcohol counseling, educational services, financial services, genetic counseling, housing services, legal services, music therapy, recreational and social services, rehabilitation services and temporary shelter.

Oklahoma—Oklahoma's *other services* category includes services provided by psychological assistants.

The *family training, counseling, home visits and other support* category includes family therapy and services provided by a child guidance specialist. The *health services* category includes services provided by pediatricians and other physicians. The *social work services* category may include services provided by a resource coordinator. The *special instruction* category includes child development services. The *vision services* category includes services provided by orientation and mobility specialists.

In 2003 and 2004, the state did not report any infants and toddlers as receiving *audiology services*. However, all infants and toddlers who fail a hearing screening are referred to an audiologist for evaluation. Currently, this service is not collected on the IFSP. The state plans to collect these data in the future. In 2004, the state also did not report any infants and toddlers as receiving *transportation services*. While Oklahoma's early intervention program does provide this service, it is not collected on the IFSP. The state plans to collect these data in the future.

Oregon—The increase in *audiology services* is accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. There were small increases in *audiology services* (1 to 10 infants and toddlers) across a number of agencies.

There was a decrease in *nursing services*. The decrease was due to one large agency's data. This agency found that some infants and toddlers were receiving *nursing services* from both the EI/ECSE program and another community-based program. In 2004, the agency worked to ensure that infants and toddlers needing *nursing services* received the services from only one program (from the community-based source or the EI/ECSE agency).

There was a decrease in *nutrition services*. The change was attributed to small decreases in the numbers of infants and toddlers receiving *nutrition services* in several agencies. One of these agencies changed how it was coding feeding services—from the *nutrition services* code to the *nursing or occupational therapy services* code.

The increase in *psychological services* is accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. The largest program in the state grew by a total of 88 infants and toddlers from 2003 to 2004. Eleven additional infants and toddlers in their program received *psychological services* in 2004.

There was an increase in *social work services*. The change was attributed to one large agency that showed a large increase in infants and toddlers receiving *social work services*. This agency reported that all infants and toddlers receiving early intervention service coordination also received *social work services*.

There was also an overall increase in infants and toddlers receiving *early intervention services* in this agency.

There was an increase in *special instruction services*. The change was due to four agencies. One agency also made a change in how it reported services. In 2004, all (276) infants and toddlers in the program were reported as receiving *special instruction services*, an increase from 23 infants and toddlers reported the previous year.

The increase in *transportation services* is accounted for by an overall increase in the number of infants and toddlers receiving Part C services in Oregon. Two of the largest agencies showed the most increase in infants and toddlers receiving this service.

There was a decrease in *vision services*. No one agency accounts for the decrease. Seventeen fewer infants and toddlers received *vision services* from 2003 to 2004. This decrease was reported across eight agencies. The change appears to be due to chance.

The decrease in *other early intervention services* is accounted for by two of the agencies that reported the largest increases in the *special instruction* category of *early intervention services*. The same two programs showed the largest decreases in *other early intervention services* from 2003 to 2004. It appears that these programs shifted coding from the *other services* to the *special instruction* coding category in 2004. Another agency reported that it was switching databases during this time, and the old database output was incompatible with the new file format from ODE. A number of conversions had to be made to the data before the final submission of the 2004 SECC data. Not all of the codes (including those for *other services*) transferred correctly.

There was an increase in *special instruction services* for Asian, Hispanic and white infants and toddlers. The increase was due to one agency reporting a large number of infants and toddlers receiving *special instruction services*. This agency reported almost all (250/276) infants and toddlers in the program as receiving *special instruction services*.

There was an increase in the number of black infants and toddlers who received *speech pathology services*. The increase was attributed to one large agency. This agency reported an increase of 135 black infants and toddlers receiving Part C services in its program in 2004. Four other agencies also reported increases in *speech language pathology services* for black infants and toddlers but to a lesser degree than the large agency. These programs also had increases of black infants and toddlers in their programs in 2004.

There was an increase in Hispanic infants and toddlers who received *social work services*. A large number of Hispanic infants and toddlers reported at one agency accounted for the increase in services.

There was an increase in Hispanic infants and toddlers who received *transportation services*. A large number of Hispanic infants and toddlers reported at one agency accounted for the increase in services.

There was a decrease in the use of *other early intervention services* for Hispanic infants and toddlers. Oregon cannot provide an explanation for the decrease in services.

The increase in *audiology services* for white infants and toddlers is accounted for by small increases across a number of agencies. In 2004, there was an overall increase in the number of infants and toddlers receiving Part C services in Oregon, with the majority reported as white.

There was a decrease in the number of white infants and toddlers who received *nursing services*. One agency had significant decreases in the number of white infants and toddlers served. This accounted for the decrease in services.

There was a decrease in the number of white infants and toddlers who received *nutrition services*. One agency had significant decreases in the number of white infants and toddlers served. This accounted for the decrease in services.

The increase in *transportation services* for white infants and toddlers is accounted for by increases of this service in two large agencies. In 2004, there was an overall increase in the number of infants and toddlers receiving Part C services in Oregon, with the majority reported as white.

The decrease in *vision services* for white infants and toddlers is accounted for by small decreases across a number of agencies.

Oregon's *other services* category includes augmentative communication, autism-related services, behavior consultations, interpretation, sign language services, transition services, English as a Second Language/migrant services and services provided by instructional assistants.

Pennsylvania—There was a decrease in the number of infants and toddlers reported as receiving *social work services* and an increase in the number of infants and toddlers reported as receiving *nutrition services*. There were also some changes along racial/ethnic lines:

- There were increases in the number of Asian/Pacific Islander infants and toddlers reported as receiving *occupational therapy, special instruction* and *speech language pathology*.
- There were decreases in the number of black infants and toddlers reported as receiving *assistive technology services* and increases in the number of black infants and toddlers reported as receiving *nutrition services* and *special instruction*.
- There was an increase in the number of Hispanic infants and toddlers reported as receiving *special instruction*.
- There were decreases in the number of white infants and toddlers reported as receiving *social work services* and *vision services*. There were increases in the number of white infants and toddlers reported as receiving *audiology; family training, counseling and home visits* and *nutrition services*.

The changes noted in these areas would be driven by the individualized needs identified through the evaluation process and the IFSP.

Puerto Rico—The increase in *audiology services* is explained by a monitoring finding. *Audiology services* were included among the strategies and activities identified for outcomes expected to be achieved by the child and the family, but were not included as a service in the IFSP *early intervention services* section. As a result, not all *audiology services* provided were included in the data collection. In addition, there was an increase in the FTE of audiologists during 2003-04, making the services more accessible.

The increase in *special instruction services* is explained by a policy change. *Special instruction* must be specified in an IFSP whenever the *early intervention services* include providing families with information, skills and support related to enhancing the skill development and/or working with the child to enhance the child development.

Rhode Island—Rhode Island estimated race/ethnicity for 451 infants and toddlers who had an unknown race/ethnicity or multiple races/ethnicities.

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

All infants and toddlers also received service coordination, but this service was not reported in these data.

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

There was a decrease in *audiology* and *vision services*. There was an increase in *special instruction services*. These changes were due to normal increases in the service categories that come with serving more children.

The increase in *other early intervention services* is attributed to an increase in Spanish interpreters to serve the increased Hispanic population.

South Dakota—There was an increase in the use of *assistive technology services and devices*. The change reflects the increase in the number of infants and toddlers being served, increased awareness of appropriate devices and the children's specific needs based on the decisions of the local IFSP team.

There was an increase in the use of *special instruction*. The increase was attributed to more *special instruction* educators in rural areas than speech therapists therefore local IFSP teams addressed expressive and receptive issues through *special instruction*.

There was an increase in the number of Hispanic infants and toddlers who receive *physical therapy* (150 percent). The increase in Hispanic infants and toddlers overall would support an increase in *physical therapy services*.

The number of white infants and toddlers who received *assistive technology services and devices* increased because IFSP teams have been more aware of appropriate services relating to *assistive technology and devices*. The increase in child count and the majority of infants and toddlers being white infants and toddlers, it is expected that *assistive technology services and devices* for white infants and toddlers would increase as well.

There was an increase in *special instruction* for American Indian/Alaska Native infants and toddlers. There are two reasons for the increase in *special instruction services*. The first reason is that the majority of Native American infants and toddlers live in rural areas. There are more *special instruction* educators in rural areas than speech therapists; therefore, local IFSP teams address expressive and receptive issues through *special instruction*. The second reason was that there was an increase in the Native American population from 2003 to 2004 of 37.7 percent.

Tennessee—Tennessee's *other services* category includes interpretation, translation, feeding therapy and music therapy.

Texas—Texas' *other services* category includes behavioral intervention and music therapy

The increase in the number of infants and toddlers with *audiology* and *vision services* is the result of efforts to better identify infants and toddlers with these needs and better community and agency coordination. The increase in *assistive technology* is due to efforts to improve documentation of these needs. The increase in *respite services* is the result of local efforts to identify additional *respite* resources.

Almost all of the other large changes are the result of natural fluctuation in the types of infants and toddlers served on any given day and resulting large changes in percentages for low-frequency services.

Utah—The state attributes the increase in the number of infants and toddlers reported as receiving *transportation services* to a data reporting error. The state believes these data were underreported in 2003 and is working to ensure these data are reported accurately.

The state attributes the increase in the number of Hispanic infants and toddlers reported as receiving *family training, counseling and home visits; special instruction; transportation and vision services* to an increase in the total number of Hispanics in the state.

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

The decrease in *audiology services* was due to the drop in the number of active infants and toddlers from 2003 to 2004.

The increase in *family training, counseling and home visits* was attributed to an increase in efforts to use family training visits that are offered through other services.

The increase in *health services* was mainly due to the infants and toddlers and their IFSP team needing consultation from physicians.

The increase in *medical services* was due to a rise in the number of infants and toddlers who were referred for and received medical/diagnostic evaluations, many of which were related to Autism Spectrum Disorder.

The decrease in *occupational therapy* and *physical therapy services* was attributed to the overall drop in the number of active infants and toddlers from 2003 to 2004.

The decrease in *respite care services* was due to a narrowing of the definition. *Respite care services* were redefined to reflect the OSEP definition. *Respite care services* now allow only for parents to support themselves around their child’s delay or disability with support groups, educational forums or even to take part in their child’s therapy session so that they can continue working between those sessions. Before this definition, *respite care services* had been used as a payer of last resort as a chance for the parents to have a “break” from the care of their child.

The changes in the number of white infants and toddlers served correspond with the changes of the total number of infants and toddlers served in each service. These numbers are compatible because 92 percent of the infants and toddlers served under Part C in Vermont are white.

Virginia—Virginia had an increase in the number of infants and toddlers reported as receiving *social work services*. There were decreases in the number of infants and toddlers reported as receiving *occupational therapy, transportation, vision services* and *other early intervention services*. There were also some changes along racial/ethnic lines: Among black infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *occupational* and *physical therapy, speech language pathology* and *other services*. Among Hispanic infants and toddlers, there was a decrease in the number of infants and toddlers reported as receiving *occupational therapy* and an increase in the number of infants and toddlers reported as receiving *physical therapy*. Among white infants and toddlers, there were decreases in the number reported as receiving *occupational therapy* and *other services*. There were increases in the number of white infants and toddlers reported as receiving *assistive technology* and *social*

work services. Virginia attributed all of these changes to the state's continued emphasis on individualizing Part C services in natural environments based on the specific priorities and needs of the child and family.

The changes implemented by Virginia include technical assistance to local Part C systems and providers, as well as locality-specific trainings. Virginia has created the "Individualized Part C Early Intervention Supports and Services in Everyday Routines, Activities and Places" technical assistance document. Because of the increased adoption of the practices outlined in the document, Part C services have been more appropriately individualized based on the specific priorities and needs of each child and family. The entire text of the document can be found at <http://www.infantva.org/documents/pr-SupportandServices.pdf>.

Virgin Islands—The state had year-to-year numeric changes greater than 10 and more than 10 percent in one or more categories for these data. The state did not provide a data note explaining why the change occurred.

Washington—Washington did not report race/ethnicity for 16 infants and toddlers receiving *assistive technology services*; 18 infants and toddlers receiving *audiology services*; 92 infants and toddlers receiving *family training, counseling and home visits*; 22 infants and toddlers receiving *health services*; 15 infants and toddlers receiving *medical services*; 29 infants and toddlers receiving *nursing services*; 40 infants and toddlers receiving *nutrition services*; 152 infants and toddlers receiving *occupational therapy*; 139 infants and toddlers receiving *physical therapy*; 19 receiving *social work services*; 240 infants and toddlers receiving *special instruction*; 207 infants and toddlers receiving *speech and language pathology*; 21 infants and toddlers receiving *transportation services*; and 14 infants and toddlers receiving *vision services*.

There were flagged changes in 14 of the 17 services categories. The state suggested that the services are individualized and should not be consistent from year to year. The state also expects to see differences. The data may show general trends and patterns from year to year. The state also attributes these flags to changes in the overall child count. A total of 232 more infants and toddlers received early intervention services based on the December 1 counts.

West Virginia—West Virginia's *other services* category includes interpretation.

There were increases in the number of infants and toddlers reported as receiving *assistive technology*; *audiology*; *family training, counseling and home visits*; *nursing services* (306 percent); *nutrition services*; *physical therapy*; *psychological services*; *social work* (316 percent); and *speech language pathology*. There was a decrease in the number of infants and toddlers reported as receiving *medical services*. There were also some changes along racial/ethnic lines:

- Among black infants and toddlers, there were decreases in the number of infants and toddlers reported as receiving *occupational therapy* and *special instruction*.
- Among white infants and toddlers, there were increases in the number reported as receiving *assistive technology*; *audiology*; *family training, counseling and home visits*; *nursing services* (306 percent); *nutrition services*; *physical therapy*; *psychological services*; *social work* (295 percent); and *speech language pathology*. There was a decrease in the number of infants and toddlers reported as receiving *medical services*.

These changes are a result of the individualized needs of eligible infants and toddlers. The West Virginia Birth to Three system redesign was fully implemented in 2003, allowing for the enrollment and availability of increased numbers of service providers to meet the individual needs of eligible infants and

toddlers and families. The decrease of black infants and toddlers reflects the overall child count of infants and toddlers declining by 12 infants and toddlers. The changes with white infants and toddlers reflect the overall year to year changes.

Wyoming—There was an increase in the number of infants and toddlers who received *occupational therapy, physical therapy, social work services* (300 percent), *special instruction* and *speech language pathology services*. There was a decrease in the number of infants and toddlers who received *other intervention services* (100 percent). These increases can largely be explained by the increasing child count over the 2003-04 period. The *social work services* increases began with a small base and hence, the 300 percent increase represented a small count increase. This increase in *social work services* was largely based on the 240 percent increase in Native American infants and toddlers served. The increase has been the result of a focus on improving social services to local residents and a short-term staffing problem. The decrease in *other early intervention services* is a result of improved data cleansing and improved training with center staff.