DaSy The Center for IDEA Early Childhood Data Systems

Maximizing the Potential of Data to Improve Child Find Systems

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SRI

2024 IMPROVING DATA, IMPROVING OUTCOMES CONFERENCE

Leading for Positive Impact

August 25–30, 2024

#IDIO2024

August 2024

Today's Proposed Agenda

- Introductions
- Child Find Overview
- Identifying Relevant Data
- Engaging Key Partners
- Disaggregating Data
- Analysis Plans

Who is In the Room?

Introduce yourself, including:

- Where you work and your role
- Your role in child find data collecting, reporting, analyzing, interpreting, etc.
- Burning questions re: child find

At the end of this workshop, you should be knowledgeable about strategies for:

- Identifying data that can provide insight into how your child find system is working
- Disaggregating data to answer questions about your child find system
- Engaging key partners, including families, local programs, LEAs, and others in analyzing and interpreting child find data
- Putting it all together in an analysis plan

Child Find Overview

What is "Child Find"?

- **Child find** is the system for identifying, screening, referring, evaluating, and tracking children who are potentially eligible for early intervention or early childhood special education.
  - Child find systems include all the people and practices involved in locating potentially eligible children and families.
  - Both Part C and Part B 619 contain explicit requirements for states to actively identify children and determine their eligibility for services.
- **Child find data**
  - It's more than the child count that's reported to OSEP!

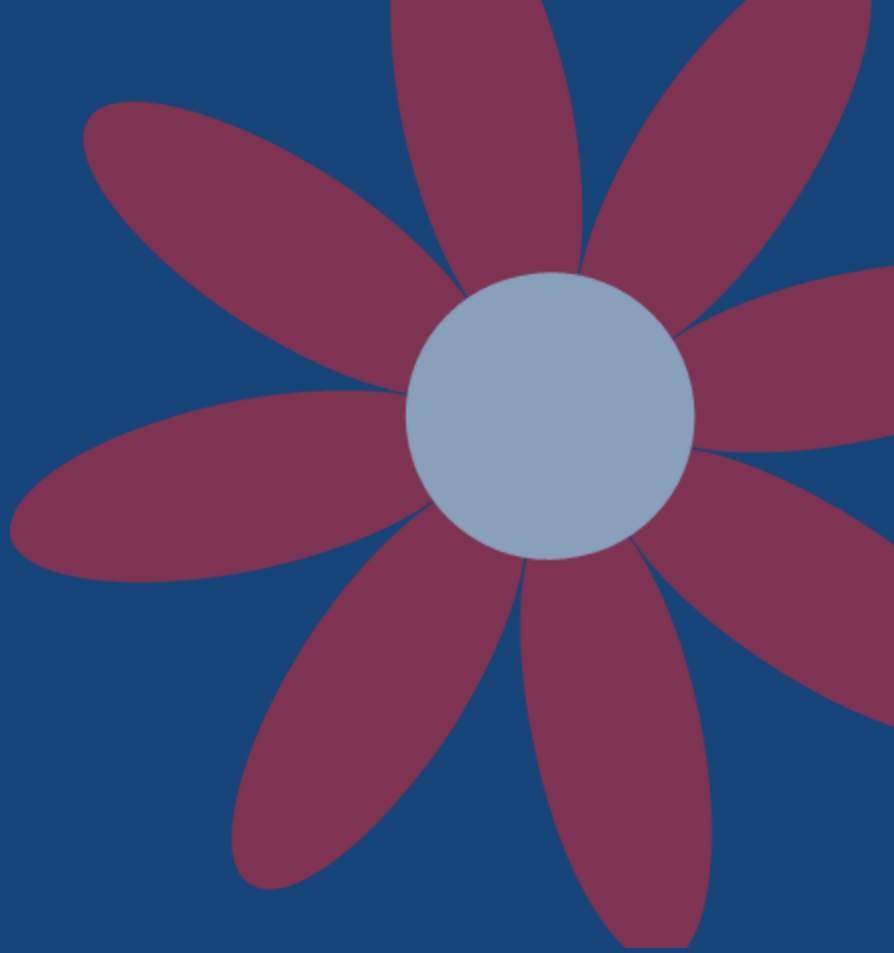
Critical Connections

- Part C and Part B 619 state agencies, local programs, and LEAs
- Parent centers and family-serving organizations
- Community agencies and programs serving underserved and at-risk populations
- Medical professionals (e.g., pediatricians, NICUs, health departments, EHDI)
- Childcare, Early Head Start, Head Start, PreK programs, Private or Charter Schools
- Tribal agencies
- Home visiting
- Child protection and child welfare programs, including foster care and CAPTA

Why Focus on Child Find Data?

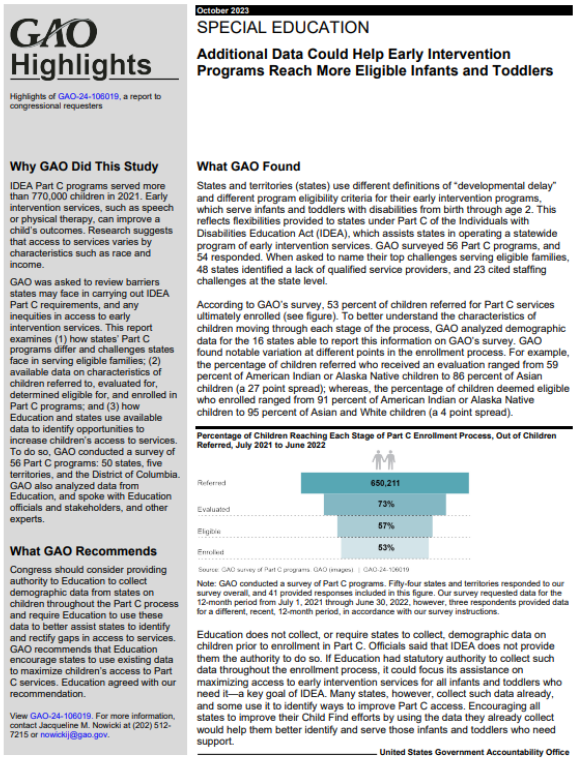
- Promote earlier identification
- Reach underserved communities
- Identify areas of ineffective / inequitable implementation of child find practices
- Contribute to program planning
- Improve outcomes

Identifying Data Relevant to Child Find



Important Context

- Child find systems are complex and include activities related to identification, location, screening, referral, evaluation, determination of eligibility, and enrollment; however, **the only data Part C programs report related to child find is on child count**.
- The 2023 GAO report highlighted the promise of additional data states may already collect for shining light on how child find systems are working.
- States vary widely in what data they collect at the state and local level and in how those data are structured.



GAO Highlights

Highlights of GAO-24-106019, a report to congressional requesters

October 2023

SPECIAL EDUCATION

Additional Data Could Help Early Intervention Programs Reach More Eligible Infants and Toddlers

Why GAO Did This Study

IDEA Part C programs served more than 770,000 children in 2021. Early intervention services, such as speech or physical therapy, can improve a child's outcomes. Research suggests that access to services varies by characteristics such as race and income.

GAO was asked to review barriers states may face in carrying out IDEA Part C requirements, and any inequities in access to early intervention services. This report examines (1) how states' Part C programs differ and challenges states face in serving eligible families; (2) available data on characteristics of children referred to, evaluated for, determined eligible for, and enrolled in Part C programs; and (3) how Education and states use available data to identify opportunities to increase children's access to services. To do so, GAO conducted a survey of 56 Part C programs: 50 states, five territories, and the District of Columbia. GAO also analyzed data from Education, and spoke with Education officials and stakeholders, and other experts.

What GAO Recommends

Congress should consider providing authority to Education to collect demographic data from states on children throughout the Part C process and require Education to use these data to better assist states to identify and rectify gaps in access to services. GAO recommends that Education encourage states to use existing data to maximize children's access to Part C services. Education agreed with our recommendation.

View GAO-24-106019. For more information, contact Jacqueline M. Nowicki at (202) 512-7215 or nowickij@gao.gov.

What GAO Found

States and territories (states) use different definitions of "developmental delay" and different program eligibility criteria for their early intervention programs, which serve infants and toddlers with disabilities from birth through age 2. This reflects flexibilities provided to states under Part C of the Individuals with Disabilities Education Act (IDEA), which assists states in operating a statewide program of early intervention services. GAO surveyed 56 Part C programs, and 54 responded. When asked to name their top challenges serving eligible families, 48 states identified a lack of qualified service providers, and 23 cited staffing challenges at the state level.

According to GAO's survey, 53 percent of children referred for Part C services ultimately enrolled (see figure). To better understand the characteristics of children moving through each stage of the process, GAO analyzed demographic data for the 16 states able to report this information on GAO's survey. GAO found notable variation at different points in the enrollment process. For example, the percentage of children referred who received an evaluation ranged from 59 percent of American Indian or Alaska Native children to 86 percent of Asian children (a 27 point spread); whereas, the percentage of children deemed eligible who enrolled ranged from 91 percent of American Indian or Alaska Native children to 95 percent of Asian and White children (a 4 point spread).

Percentage of Children Reaching Each Stage of Part C Enrollment Process, Out of Children Referred, July 2021 to June 2022

Source: GAO survey of Part C programs. GAO (images) | GAO-24-106019

Note: GAO conducted a survey of Part C programs. Fifty-four states and territories responded to our survey overall, and 41 provided responses included in this figure. Our survey requested data for the 12-month period from July 1, 2021 through June 30, 2022, however, three respondents provided data for a different, recent, 12-month period, in accordance with our survey instructions.

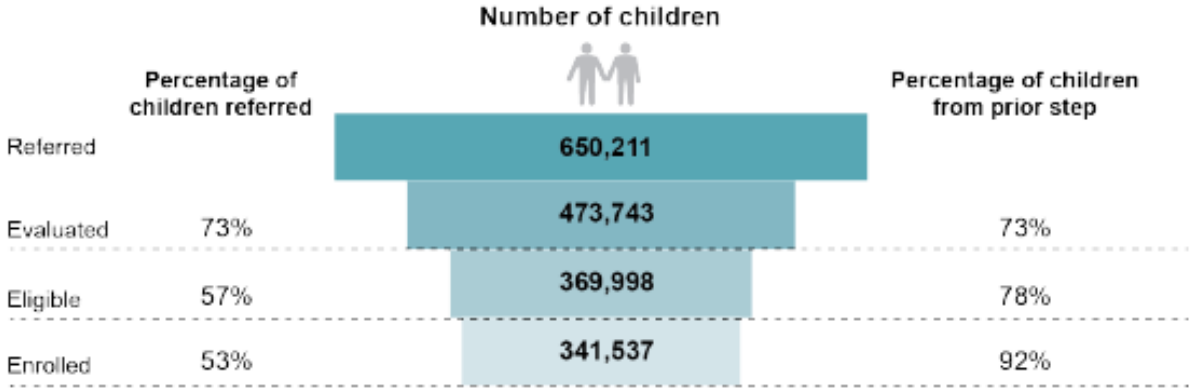
Education does not collect, or require states to collect, demographic data on children prior to enrollment in Part C. Officials said that IDEA does not provide them the authority to do so. If Education had statutory authority to collect such data throughout the enrollment process, it could focus its assistance on maximizing access to early intervention services for all infants and toddlers who need it—a key goal of IDEA. Many states, however, collect such data already, and some use it to identify ways to improve Part C access. Encouraging all states to improve their Child Find efforts by using the data they already collect would help them better identify and serve those infants and toddlers who need support.

United States Government Accountability Office

GAO Report

- Tasked with reviewing barriers states face carrying out IDEA requirements and any inequities in access to early intervention services.
- Surveyed Part C lead agencies and received responses from 54 States and territories
- Identified physicians and other primary health care providers as the most common referral source, followed by families
- Found variation in how children progress through the process from referral to evaluation to enrollment by race/ethnicity

Figure 6: Percentage of Children Reaching Each Stage of Part C Enrollment Process as Reported on GAO's Survey of Part C Programs, July 2021 through June 2022



GAO recommends, and Education agrees, states use existing data to maximize children's access to Part C services.

Digging deeper into pre-enrollment data can help programs examine equity in access to early intervention

- Can help identify potential disparities in access related to
  - Race and ethnicity
  - Geographic area
  - Primary household language
  - Age
  - Disability
  - Local program/LEA
  - Referral sources
  - …
- Comparisons to the general population may make it possible for you to also look at who may be missing from the program.
- Data on subgroups makes it possible to look at practices, policies, and structures that may contribute to inequities.

How might you want to dig into your child find data?

To understand who is being referred and when
- Over or under identification for certain populations (who is missing?)
- Identification at kindergarten entry vs. before

To understand referral outcomes
- By group (e.g., race/ethnicity, geographic location, housing or language status)
- By referral source (e.g., pediatricians, parents, childcare programs, social services, etc.)

To understand other aspects of the program
- Child outcomes
- Family outcomes
- Transition

Other ideas?

What types of data might be useful?

QUANTITATIVE DATA

- Data collected by Part C or Part B programs and entered into local or state data systems
- Population data/demographics
- Data collected and maintained by key partners

QUALITATIVE DATA

- Child Find system mapping (e.g., Child Find Self-Assessment)
- Family voice
- Feedback from key partners, including referral sources

Let's discuss:

What else? What data do you access related to child find?

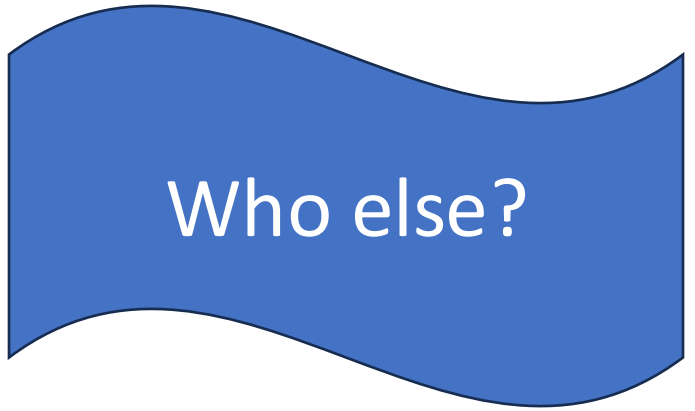
Engaging Key Partners in Child Find Improvement

Engaging key partners and families is critical to understanding what is really happening in your child find system

Including people with lived experiences (from all aspects of the child find process) can give you a more complete picture of what is working for whom, possible issues, and opportunities to address those issues.

Whom to Engage?

- Start with local programs and LEAs
- Engage with families who are key partners
- Tap the above groups to identify other partners, such as:
  - Physicians, hospitals, health department
  - Early care and education programs, including Early Head Start
  - Parent Centers
  - Departments of Social Services
  - Home visiting



Partner Engagement: Child Find Self-Assessment

Child Find Self-Assessment

BACKGROUND

- Voluntary self-assessment tool
- Developed by OSEP in collaboration with DaSy and ECTA
- Designed to be used in collaboration with key partners rather than by the program alone

SECTIONS

1. Regulatory requirements specific to child find
2. Child Find Best Practices
3. Technical Assistance and Resources
4. OSEP Policy Letters and Guidance

https://ectacenter.org/topics/earlyid/tools.asp

Part C Quick Start Guide

- Identify areas of need and challenges
- Guide points to the associated best practices as a starting place

Part C Child Find Self-Assessment: Quick Start Guide

Authors: Margaret Gillis, Kathryn Morrison, Anne Lucas, & Evelyn Shaw

January 26, 2021

Purpose

The **Part C Child Find Self-Assessment: Quick Start Guide** is designed to help state leaders consider common areas of need and challenges related to Child Find and determine which best practices in Section II of the Child Find Self-Assessment (CFSA) might best address those challenges. Ideally, state leaders would engage stakeholders to conduct an in-depth review of **all** best practices in Section II. However, this guide can help leaders with limited time identify high-leverage best practices to address their most pressing challenges as a starting point.

We recommend you start by completing Section I of the CFSA, documenting how your state is addressing the regulations and identifying areas of strength and need. Then use this guide to help you focus on high-leverage best practices as you complete Section II. If areas of need or challenges are not yet known, use the questions in this guide to examine your policies, practices, and data across the state.

Using the Quick Start Guide

To get started, read through the questions regarding common areas of need and challenges below, which organized by topic. Check "Yes", "No", or "Not Sure" to indicate whether your Part C system or program experiencing each area of need or challenge. Space is provided for notes under each topic area. For e need/challenge to which you indicated "Yes" or "Not Sure", view the list of corresponding best practic column. These are the best practices from Section II of the CFSA that are most relevant to the area need/challenge and most likely to impact it. You may wish to begin with these best practices; howe encourage you to complete Section II of the CFSA in its entirety.

Identifying Areas of Need or Challenges

To identify areas of need or challenges in your state, review the summary information fro where you documented strengths and areas of need for each topic in the regulations. In local data to examine patterns. Are policies and practices implemented consistently acr look different across regions of the state or for certain populations of children? Engag identifying areas of need and challenges in their programs and communities. The qu guide for examining your data and information from stakeholders. In addition, the P Tool can be used to examine referral, evaluation, and enrollment data.

Technical Assistance Support

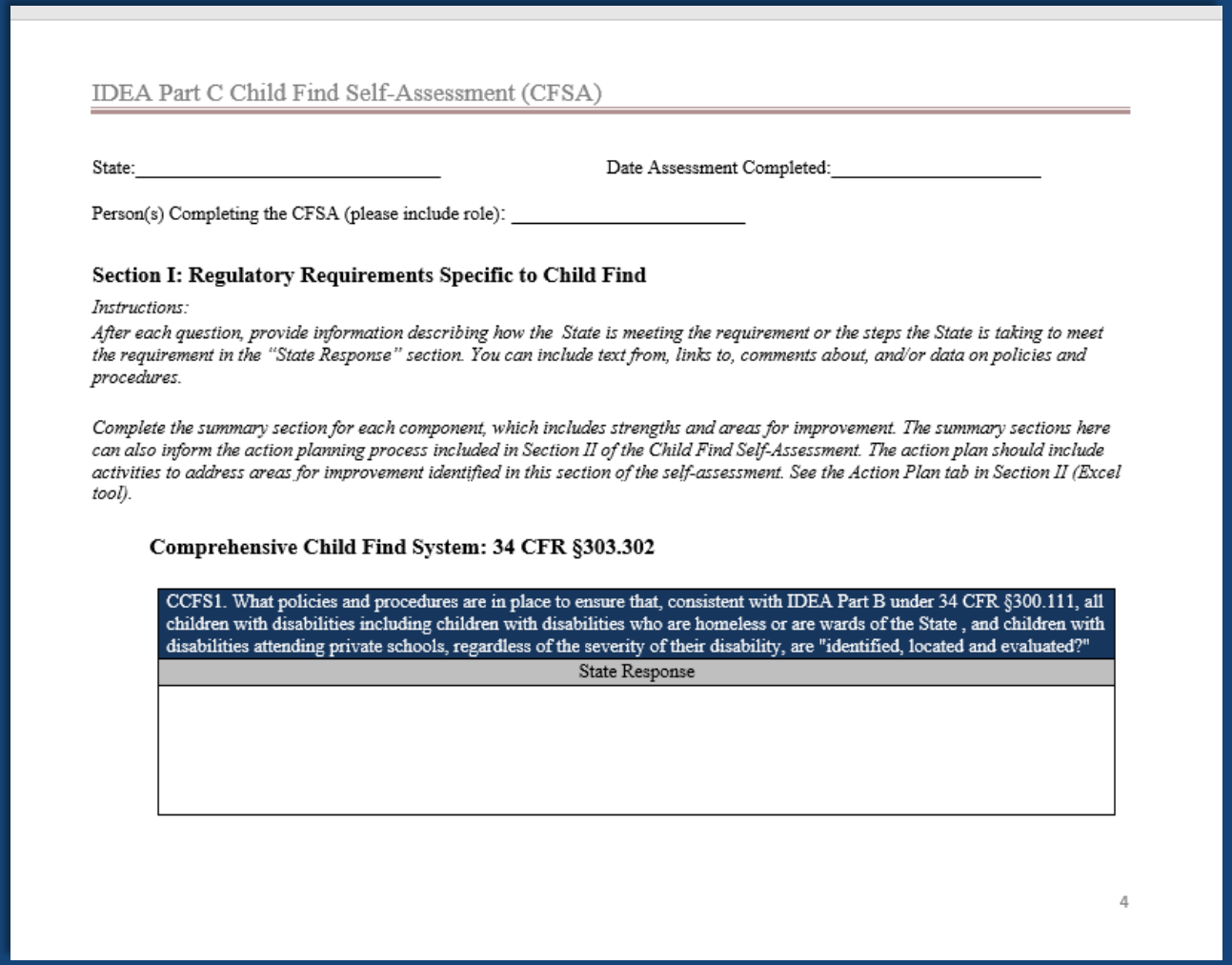
Technical assistance is available from the ECTA and DaSy Centers to support use request assistance, contact Evelyn Shaw (evelyn.shaw@unc.edu) or Margaret Gillis (ma

Common Areas of Need and Challenges and Associated Best Practices

	Yes	No	Not Sure	If yes, focus on Best Practices…
Referral				
Do we have a challenge getting referrals for children under age 1 (e.g., overall, from certain primary referral sources)?	☐	☐	☐	1d, 1e, 1f, 2a, 2b, 2c, 4d, 6b, 6c, 6g
Do we have a high proportion of referrals coming for children who are over age 2 or close to their third birthday?	☐	☐	☐	1c, 1d, 1e, 1f, 3d, 6a, 6b, 6f, 6g, 7c
Are there points in the year when an exceptionally high proportion of referrals are received?	☐	☐	☐	1e, 1f, 3c, 4b, 4c, 6a, 6b
Do we have difficulty tracking re-referrals when a child is previously found ineligible?	☐	☐	☐	3a, 3c, 3e, 4b
Do some referral sources refer a high percentage of children who are not eligible (e.g., do not understand eligibility requirements, not screening children prior to referral)?	☐	☐	☐	1a, 1b, 1e, 1f, 4b, 4c. 5a, 5b, 5d, 6f
Are there some primary referral sources[1] from which we do not get many referrals (e.g., potentially missing referrals)?	☐	☐	☐	1e, 1f, 2b, 6e
Are underserved populations referred inconsistently throughout the state?	☐	☐	☐	1a, 1b, 1c, 1d, 1e, 1f, 2a, 2b, 2c, 3c, 3d, 4b, 4c, 4d, 6a, 6b
Notes: Click or tap here to enter text.				
Screening				
Do we have difficulty conducting timely screenings and still meeting the 45-day timeline from referral to evaluation and initial IFSP meeting?	☐	☐	☐	3c, 4b, 6d, 6f, 6g, 6i, 6j
Do we have difficulty tracking the timeline of screenings?	☐	☐	☐	3c, 4b
Do our screening tools too often recommend evaluation for children who are not eligible?	☐	☐	☐	5a, 5b, 5d
Are our screening procedures inflexible? (e.g., not allowing for use of medical and other records to determine the need for evaluation)	☐	☐	☐	6f, 6 g, 6i
Notes: Click or tap here to enter text.				

[1] Primary referral sources include families, physicians, hospitals, child care programs, and social services agencies.

Section I: Regulatory Requirements Specific to Child Find



IDEA Part C Child Find Self-Assessment (CFSA)

State:_____ Date Assessment Completed:_____

Person(s) Completing the CFSA (please include role): _____

Section I: Regulatory Requirements Specific to Child Find

Instructions:

After each question, provide information describing how the State is meeting the requirement or the steps the State is taking to meet the requirement in the "State Response" section. You can include text from, links to, comments about, and/or data on policies and procedures.

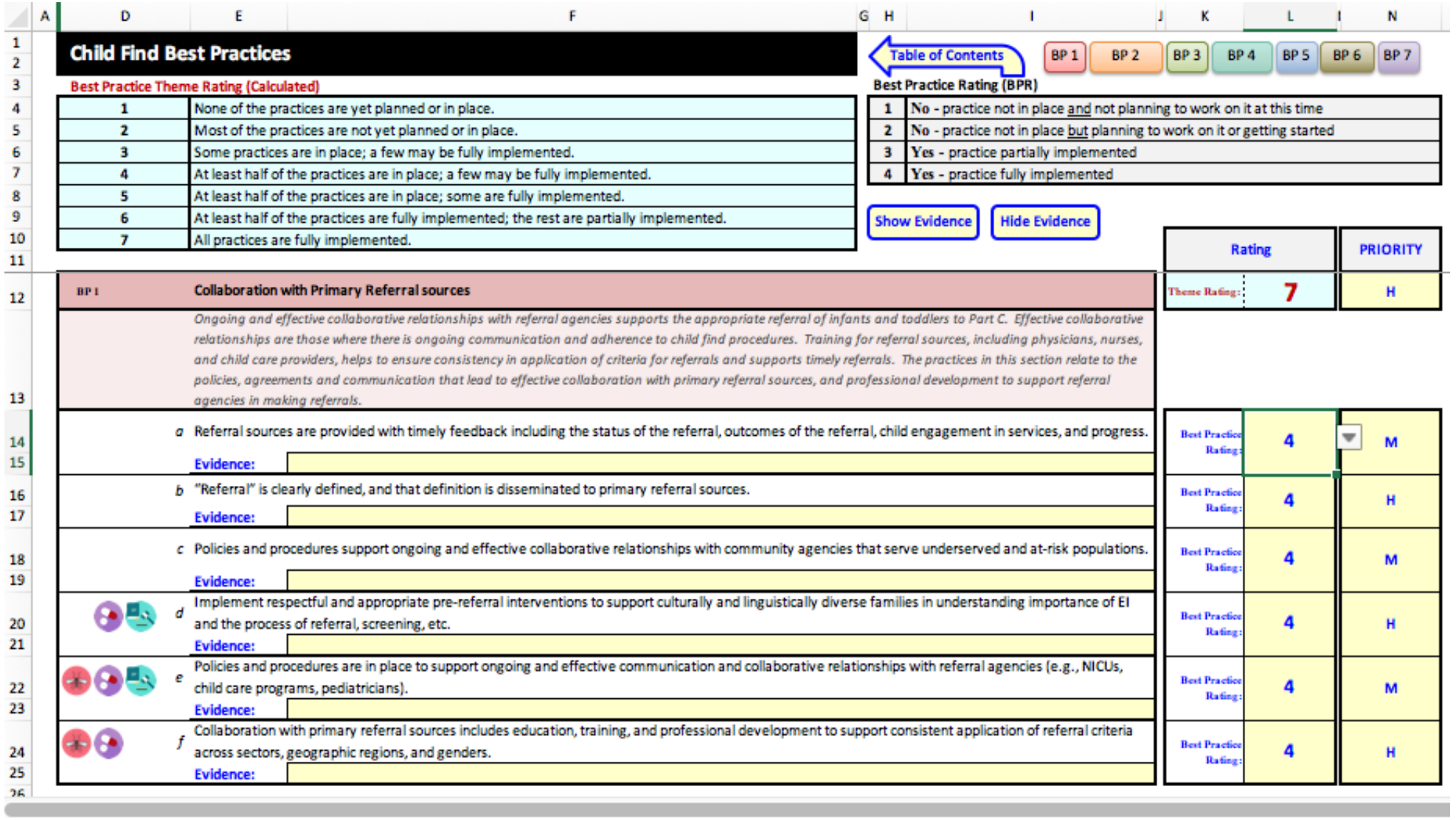
Complete the summary section for each component, which includes strengths and areas for improvement. The summary sections here can also inform the action planning process included in Section II of the Child Find Self-Assessment. The action plan should include activities to address areas for improvement identified in this section of the self-assessment. See the Action Plan tab in Section II (Excel tool).

Comprehensive Child Find System: 34 CFR §303.302

CCFS1. What policies and procedures are in place to ensure that, consistent with IDEA Part B under 34 CFR §300.111, all children with disabilities including children with disabilities who are homeless or are wards of the State , and children with disabilities attending private schools, regardless of the severity of their disability, are "identified, located and evaluated?"
State Response

4

Section II: Best Practice Excel Tool



Child Find Best Practices

Table of Contents | BP 1 | BP 2 | BP 3 | BP 4 | BP 5 | BP 6 | BP 7

Best Practice Theme Rating (Calculated)

1	None of the practices are yet planned or in place.
2	Most of the practices are not yet planned or in place.
3	Some practices are in place; a few may be fully implemented.
4	At least half of the practices are in place; a few may be fully implemented.
5	At least half of the practices are in place; some are fully implemented.
6	At least half of the practices are fully implemented; the rest are partially implemented.
7	All practices are fully implemented.

Best Practice Rating (BPR)

1	No - practice not in place and not planning to work on it at this time
2	No - practice not in place but planning to work on it or getting started
3	Yes - practice partially implemented
4	Yes - practice fully implemented

Show Evidence | Hide Evidence

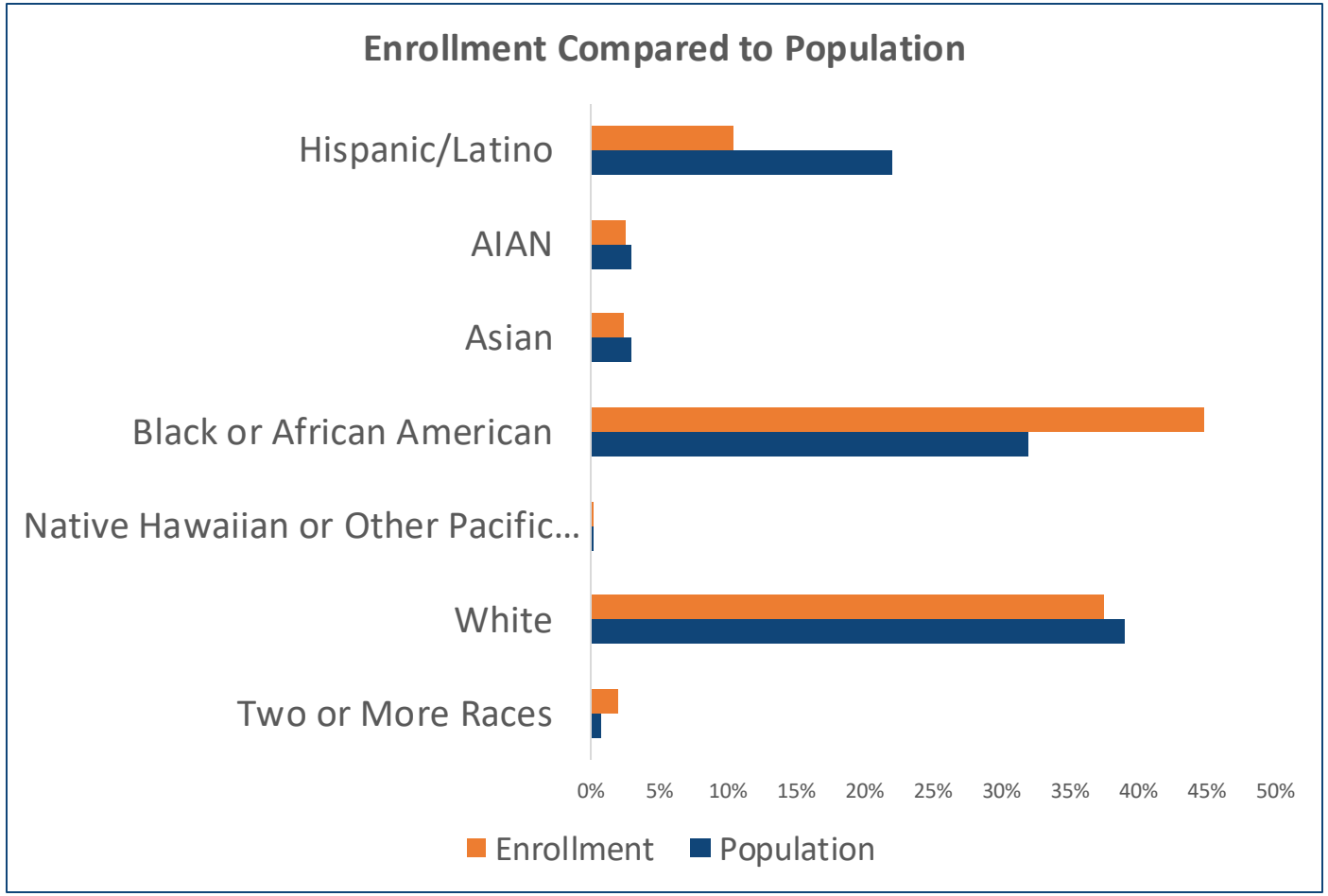
	Rating	PRIORITY
Theme Rating:	7	H

BP 1 Collaboration with Primary Referral sources

Ongoing and effective collaborative relationships with referral agencies supports the appropriate referral of infants and toddlers to Part C. Effective collaborative relationships are those where there is ongoing communication and adherence to child find procedures. Training for referral sources, including physicians, nurses, and child care providers, helps to ensure consistency in application of criteria for referrals and supports timely referrals. The practices in this section relate to the policies, agreements and communication that lead to effective collaboration with primary referral sources, and professional development to support referral agencies in making referrals.

		Best Practice Rating:	
a	Referral sources are provided with timely feedback including the status of the referral, outcomes of the referral, child engagement in services, and progress. Evidence:	4	M
b	"Referral" is clearly defined, and that definition is disseminated to primary referral sources. Evidence:	4	H
c	Policies and procedures support ongoing and effective collaborative relationships with community agencies that serve underserved and at-risk populations. Evidence:	4	M
d	Implement respectful and appropriate pre-referral interventions to support culturally and linguistically diverse families in understanding importance of EI and the process of referral, screening, etc. Evidence:	4	H
e	Policies and procedures are in place to support ongoing and effective communication and collaborative relationships with referral agencies (e.g., NICUs, child care programs, pediatricians). Evidence:	4	M
f	Collaboration with primary referral sources includes education, training, and professional development to support consistent application of referral criteria across sectors, geographic regions, and genders. Evidence:	4	H

Other ways to engage: enrollment data example



- Which partners would you engage for help interpreting the data?
- What questions would you ask partners in discussing these data?
- What Child Find practices might account for possible under-representation in enrollment of the Hispanic/Latino population?

Engaging key partners and families in looking at child find data:

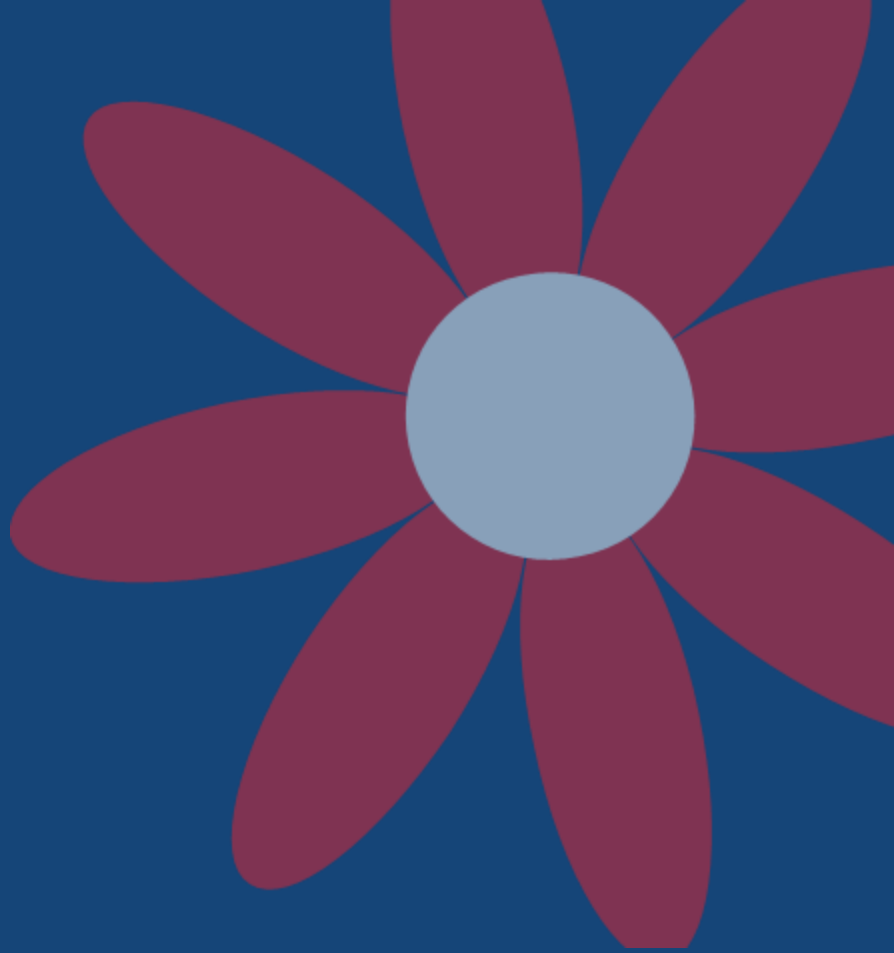
- Whom do you currently engage?
- How do you engage key partners in looking at child find data?
- What other ways do you want to engage key partners re: child find data?
- What data do you share with key partners?
- What other data do you wish you could share with key partners?

Share out and/or use the QR code to visit a Padlet and record your answers

Resources to Support Data Exploration

- Quantitative Exploration
  - Child Find Funnel Chart Tool
  - Meaningful Differences in Child Find Calculator
- Qualitative Exploration
  - Child Find Self-Assessment (Part C and Part B 619 versions available)
  - Local Contributing Factor Tool for SPP/APR Indicators including C4 and C5

Disaggregating Your Data



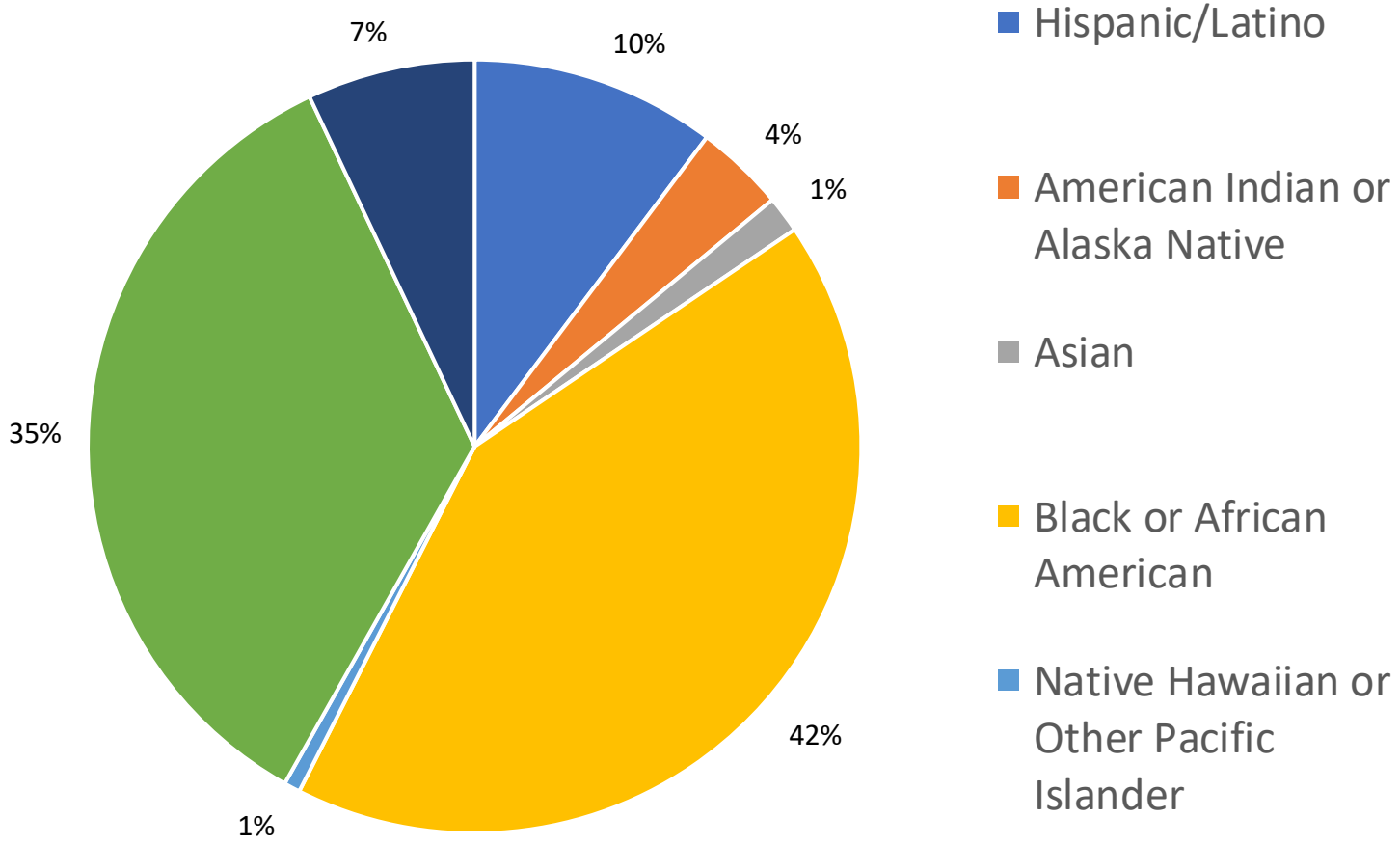
How to Disaggregate

To disaggregate, start by looking at a single variable, such as:

- Race/ethnicity
- Referral source
- Eligibility category
- Age at referral
- Geographic location
- Local program/LEA
- Home language
- Initial child outcomes rating
- Disability category
- Referral outcome or closure reason

Data Disaggregation Example
Children Referred by Race/Ethnicity

Race/Ethnicity	# Referred
Hispanic/Latino	952
American Indian or Alaska Native	347
Asian	142
Black or African American	3896
Native Hawaiian or Other Pacific Islander	63
White	3231
Two or More Races	652
Total	**9283**



How to Further Disaggregate

To further disaggregate, you might run cross tabulations of two variables:

- Race/ethnicity
- Referral source
- Eligibility category
- Age at referral
- Geographic location
- Local program/LEA
- Home language
- Initial child outcomes rating
- Disability category
- Referral outcome or closure reason

Data Disaggregation Example
Children Referred by Race/Ethnicity and Program

Race/Ethnicity	Program 1 Referrals	Program 2 Referrals	Program 3 Referrals	Program 4 Referrals	Program 5 Referrals	Total Referrals
Hispanic/Latino	324	219	32	257	120	952
American Indian or Alaska Native	135	65	87	42	18	347
Asian	18	4	10	21	89	142
Black or African American	2547	258	893	175	23	3896
Native Hawaiian or Other Pacific Islander	12	21	14	2	14	63
White	365	574	253	53	1986	3231
Two or More Races	125	36	173	257	61	652
Total Referrals	3526	1177	1462	807	2311	9283

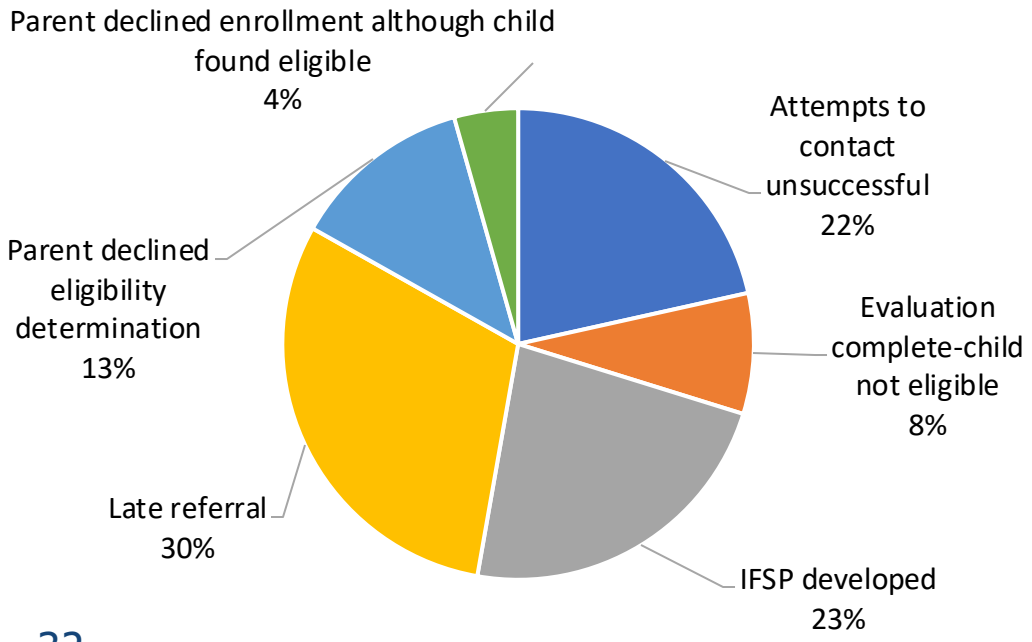
Data Disaggregation Example
Percent of Children Referred by Referral Source and Age

Referral Source	0-12 months	12-24 months	24-36 months
Physician	13%	26%	61%
Parent	5%	57%	38%
Early care and education	2%	24%	74%
Social services	36%	32%	32%
Therapy provider	18%	56%	26%
Community agency	26%	37%	37%
Hospital/NICU	45%	26%	29%

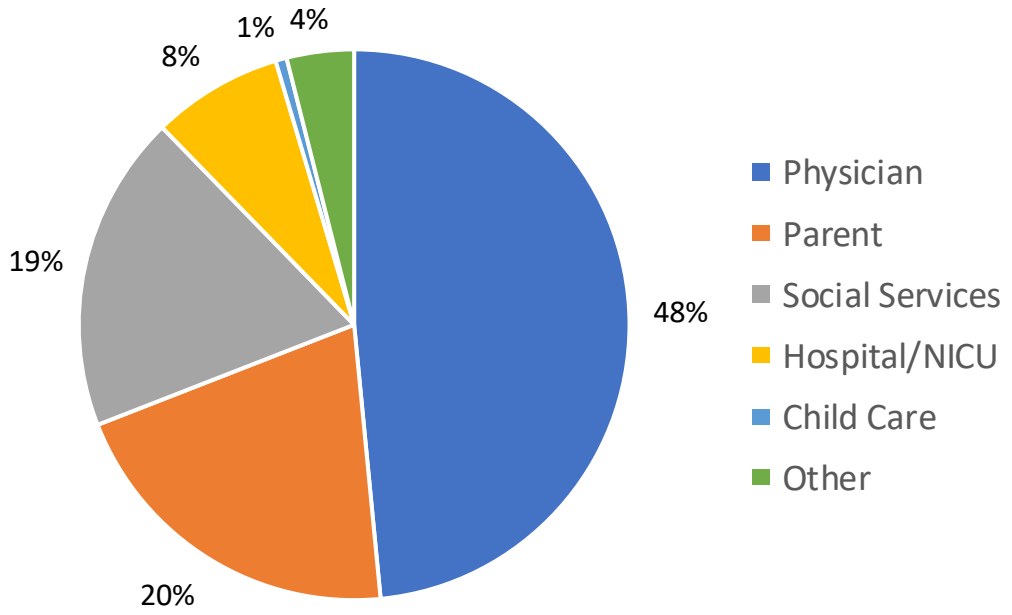
Referral Closure Reason By Referral Source

	Referral Source						
Referral Closure Reason	**Physician**	**Parent**	**Social Services**	**Hospital/NICU**	**Child Care**	**Other**	**Total by Closure Reason**
Attempts to contact unsuccessful	221	94	85	35	3	18	456
Evaluation complete-child not eligible	85	24	16	1	0	5	131
IFSP developed	236	135	32	24	0	8	435
Late referral	312	52	24	8	8	7	411
Parent declined eligibility determination	128	32	187	41	4	30	422
Parent declined enrollment although child found eligible	45	10	25	36	9	20	145
Total by Source	**1027**	**347**	**369**	**145**	**24**	**88**	**2000**

Referral outcomes for physician referrals



Percentage of "attempts to contact unsuccessful" attributed to each referral source



Working with the data set

- Before you start analyzing your data, you may want to create some new variables from information you already have.
- Examples include
  - Number of days between two dates
  - Numerical ranges within a continuous variable (e.g., 0-12 months, 13-24 months, 25-36 months)
  - Categorical variables based on other data (e.g., compliance with 45-day timeline based on the number of days between referral and IFSP)

Discussion

- What are your thoughts about this type of look into your data?
- How might you use this type of an approach?
- What have been your experiences in digging into data about referral sources?
  - What kinds of data have you explored?
  - How have you engaged key partners?
  - How has it gone?

Analysis Plan

Components, considerations, how to build and implement

An analysis plan provides a roadmap for how you will analyze your data, ensuring consistency over time and across people.

- **Analysis plan components**
  - Critical question(s)
  - Purpose
  - Analytic considerations for the question
  - Data set for the analysis
  - Data elements/variables for the analysis
  - Steps in conducting the analysis (including statistical methods to be used)
  - Table shells/sample output
  - Example data tables and visualizations

Critical questions and purpose

- **Critical question(s)**
  - The question you are trying to answer
  - You will need to outline an analysis plan for each question or set of questions.
- **Purpose**
  - The overall purpose of conducting the analysis
  - For example, to inform program planning or identify potential under-or over-representation

Critical Questions Related to Child Find

DaSy Critical Questions

1.B.2. How do children enter and move through the system?

- 3 sub-questions

DaSy Critical Questions for Equity

1.A.1. Are programs, processes, and procedures resulting in equal opportunity for receipt of EI/ECSE for children and families of all races and ethnicities?

- 8 sub-questions

1.B.2. Are the programs, processes, and procedures to enter the system working well for all children/families?

- 8 sub-questions

?

Do these capture all the questions you want to answer with your child find data?

What other questions do you have related to how your child find system is working?

Discussion Questions

- Look at the dataset we provided.
- Given the data elements available, what questions can you answer?
- Generate questions that you would like to build an analysis plan around. This could be critical questions or other questions.
- If you could add one more data element to the data set, what would it be, and what question would you ask?

Do you have the date you need?

- You may have questions for which you don't have data – what happens then?
- You may have to regroup and modify the questions you want to answer or figure out if you can get the data you need somehow.
  - This may include program data, comparison data, or some other type of data that is needed.
  - If you don't have it at the state level, consider whether it's housed at the local level.

Thinking about accessing additional data

- Consider
  - Data available at the state level and at the local level
  - Data from partners
  - Qualitative data
  - Data you may need to collect
  - Providing support to local programs to evaluate their child find systems

- Thinking about a child find question you may want to answer, what other data or information are needed to understand what is happening behind the data?

Wrapping Up

- What's one action you will take based on what we've discussed today?
- Other questions?
- Other comments?

- Get in touch!
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Thank you!

Be sure to fill out your session evaluation.
You might win a prize!

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