# 2021 State of the States Brief:
## Part C Data System Capacity

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## Overview

High-quality state early intervention (IDEA Part C) data systems enable state staff to use data to improve their programs and results for children and families. The 2021 State of the States Survey data indicate that most early intervention (EI) programs had state data systems with essential child-level data elements, including child outcomes. However, data system capacity varied across lead agency type.

### Key findings

- Nearly all EI programs (94%) had data systems that contained data on children referred to, determined eligible by, and receiving services through EI programs (child-level data).
- Nearly all EI data systems (90%) collected and stored data on individual child outcomes at the child level.
- Three fourths (75%) of EI data systems contained all federally required components of an Individualized Family Service Plan (IFSP).
- More than half of EI programs (57%) had all child services data in their systems, and another 12% had more than 90% of service delivery data. All but one of the remaining programs were developing capacity in this area.

## About the Survey

Since 2013, the DaSy Center has tracked the status of early intervention and early childhood special education (IDEA Part C and Part B 619) data systems every 2 years to provide a national picture of the capacities of the systems, track how those capacities are changing over time, and understand states' technical assistance needs. In spring 2021, DaSy collected comprehensive information using an online survey developed in collaboration with the IDEA Infant and Toddler Coordinators Association for Part C programs and a parallel survey for Part B 619 programs.

Data reported in this brief come from survey responses of EI program staff in 55 of the 58 states, territories, and entities ("states"), although total counts varied by question (as few as 46). This includes staff in most of the 50 U.S. states, the District of Columbia, Puerto Rico, American Samoa, Guam, the Marshall Islands, the Northern Mariana Islands, the Virgin Islands, and the Bureau of Indian Education.

## About DaSy

The Center for IDEA Early Childhood Data Systems (DaSy) provides high-quality technical assistance to build the capacity of states to collect, report, analyze, and use data in IDEA's early childhood programs.

### Interested in learning more?

Visit the DaSy website to access the 2021 DaSy Data Systems (or State of the States) survey data, disaggregated by state/territory on the State of the States maps and aggregated across states in the State of the States data tables.

# Early Intervention (Part C) Lead Agencies[1]

Under IDEA, states may choose which agency leads the implementation of its EI program. The 51 respondents with Part C data systems were distributed across lead agencies as follows:

HHS: 22% (11)　　Health: 29% (15)　　Education: 20% (10)　　"Other": 29% (15)

States collect and store program data in a variety of configurations. Some states use multiple data systems, with some or all data siloed from the others: child, workforce, and fiscal data may be in different systems, for example. Other states have all data in a single data system. Unless otherwise noted, in this brief a "state data system" refers to the system that contains child records (child level data). We highlight when workforce and fiscal data are maintained in other systems.

# Program Data Availability and Variation

Most state EI data systems had essential features such as unique identifiers for children served, but there are meaningful differences among lead agencies (LAs). For example, 70% of EI programs led by education agencies used the same child identifier for Part C and Part B 619, compared with only 4% of EI programs led by health or health and human services (HHS) agencies. The sections below highlight other differences. The survey collected comprehensive data on the structure and capacities of state data systems, but it did not assess the completeness or quality of the data contained in these systems.
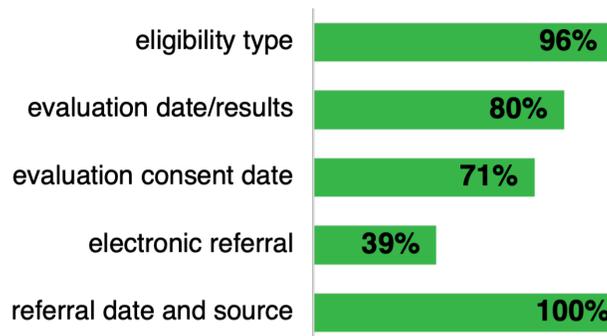
## Referral and Evaluation

All EI programs held child-level records for children currently receiving services. Only three programs—all in education-led agencies—lacked data for children who were referred but not eligible or were eligible but did not enroll.

Most data systems had data on key referral and evaluation activities in the child records. All programs had referral date and source in their records, and nearly all had the eligibility type.

Fewer than half of data systems supported electronic referrals. Systems maintained by education and "other" LAs (50%) were more likely to support electronic referral options than those maintained by health and HHS LAs (30%).
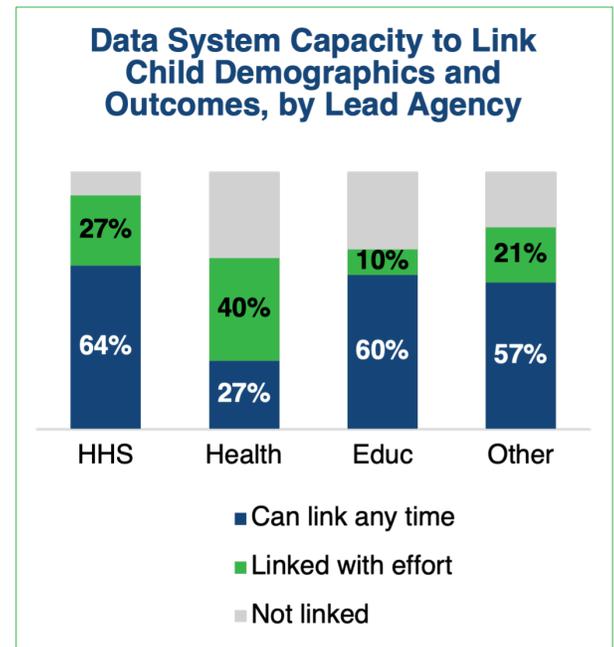
**Percentage of Progams With System Elements**

| Element | Percentage |
|---|---|
| eligibility type | 96% |
| evaluation date/results | 80% |
| evaluation consent date | 71% |
| electronic referral | 39% |
| referral date and source | 100% |

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[1] Percentages calculated from State of the States survey respondents in 2021. "Other" lead agencies include those not officially labeled as health and human services (HHS), health, or education agencies, such as agencies overseeing early childhood, economic improvement, and rehabilitation services.

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## Service Provision and Planning

The survey asked about 14 data elements related to child services: parental consent, details about authorized/planned services (e.g., type, term, setting, frequency), and details about delivered services (e.g., dates of delivery, length of service provision, and reason for delay to initiate services). More than half of EI programs (57%) had all child services data elements in their data systems. Most data systems maintained by health and education LAs (84%) had most or all of the 14 data elements compared with half of systems maintained by "other" LAs (50%).

Similarly, more than half of all state EI data systems contained five transition data elements (e.g., dates for notification, conference meeting plan completion, reasons for delay); the differences by LA were minor. A substantial proportion of state data systems had four of the five data elements, and 15% of EI programs were working toward incorporating all of them.

### Data System Capacity to Link Child Demographics and Outcomes, by Lead Agency



- **Can link any time**
- **Linked with effort**
- **Not linked**

## Child Outcomes

Most state data systems (90%) contained child outcomes for individual children (although only 70% when maintained by an "other" LA).

When asked whether their data systems could link child outcomes data to child demographic data "at any time," less than 30% of EI programs within health LAs said they could do so, compared with an average of 60% for all other types of LAs. Programs were nearly as likely to report being able to link outcomes to child services data, although it generally took additional effort.

## Workforce

More than half (58%) of EI programs had personally identifiable workforce data for those providing EI services in their state data systems (another 24% maintained the data elsewhere), although this varied substantially across LA type. Most programs (76%) had the ability to track provider discipline (i.e., service specialty) and licensing information, while fewer than one in five programs stored demographic information about their workforce members. Few states (18%) did not have personally identifiable workforce data in any data system.

### HHS and Education Lead Agencies Are Less Likely to Maintain Workforce Data in the Same System as Child Data



**HHS: 36%**   **Health: 73%**   **Education: 46%**   **"Other": 69%**
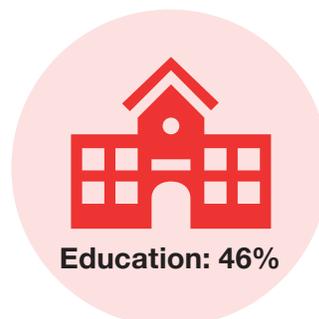
## Fiscal and Monitoring

The majority (60%) of EI programs maintained billing and claims data in their state data systems (distributed across lead agencies in a similar way to workforce data). However, only 45% of programs had workforce and fiscal data in the same data system. Two states reported having no access to workforce or fiscal data in any data system.

About half of programs (48%) had capacity to bill Medicaid for EI services through their state data systems. HHS and education LAs were more likely to have this capacity than health and other LAs (57% for HHS/education versus 40% for health and "other").

Most programs (88%) had local-level data for program monitoring or fiscal management (e.g., information to support contract management, use of funds monitoring) in one or more data systems.

## Plans and Priorities

Most EI programs (95%) had plans to enhance their state data systems, and 42% planned to develop a new data system in the near future. Half or more also reported wanting to enhance staff and family access to data, improve integration with fiscal and HHS data (including Medicaid), or add data elements. The highest priorities were to improve data use, data reporting, and the quality of child and family outcomes data.

## Summary of Findings

State data system features and functionality varied across EI programs in 2021. Nearly all programs could use their data systems to answer critical questions related to access to EI services and supports (including referrals and eligibility) as well as child outcomes. The complexity and comprehensiveness of systems varied meaningfully according to LA. Not all programs had access to fiscal and workforce data, limiting their capacity to address challenges in these areas. The unique characteristics of each program's data system highlight the continued need for individualized technical assistance to ensure EI personnel can utilize their data systems to analyze, report, and use high-quality data.

## Suggested Citation

### About Us

The DaSy Center is a national technical assistance center funded by the U.S. Department of Education, Office of Special Education Programs. The DaSy Center works with states to support IDEA early intervention and early childhood special education state programs in the development or enhancement of coordinated early childhood longitudinal data systems.

To learn more about the DaSy Center, visit the DaSy Center website at http://www.dasycenter.org/.

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