

State Data Use Spotlight: Tennessee

Challenge: How can we use data to identify ways to improve our child find process and maximize early intervention services?

The Tennessee Department of Education (TDOE) discovered that infants and toddlers who were referred for Part C services and initially found ineligible for a full evaluation through screening were being re-referred and later found eligible for services at a high rate. This state spotlight presents the systematic evaluation process that TDOE's Tennessee Early Intervention System (TEIS) used to identify barriers and determine next steps of implementation.

State Context

Tennessee's Part C State-Identified Measurable Result (SIMR) focuses on increasing the percentage of infants and toddlers who demonstrate improved acquisition and use of knowledge and skills and who function within age expectation by the time they exit or turn 3 years old. The state's progress toward the SIMR is monitored by changes in (1) the percentage of children who substantially increase their rate of growth by the time they exit the program (i.e., developmental progress) and (2) the percentage of children who are functioning within age expectations by the time they exit the program (i.e., same developmental age as peers). Longitudinal data analysis for federal fiscal years (FFY) 2009–2013 revealed that the percentage of children exiting with age-level expectations was below the national average. As part of the State Systemic Improvement Plan (SSIP), TEIS aimed to identify potential reasons and potential solutions for low rates of children functioning within age expectations upon exiting programs.

Until FFY 2016, all children referred for Part C services in Tennessee participated in initial screening, unless the child was referred based on a documented medical condition, to determine if a full evaluation by the Part C staff was necessary. As a result of the initial screening process, a large number of children were determined

not to need a full evaluation. During SSIP Phase I data analysis, staff discovered that many of these children were later re-referred and found eligible (based on sampling, the re-referral rate was between 20% and 40%). Part C staff recognized that this was a serious problem due to the significant amount of intervention time that was lost; thus, early intervention services and child outcomes were not maximized.

Part C staff worked to identify potential reasons and solutions for the discrepancy in the percentage of children who were functioning within age expectations by the time they exited the program. Part C staff collected data in various formats to determine at what stage, and why, children were exiting the evaluation process. Feedback from parents indicated that the number of staff visits needed to determine eligibility status was too many and that after the first visit, many parents became disengaged and did not follow through to complete the evaluation. In addition, during regional forums stakeholders recurrently stated that the screening process was missing children and that the process was inconsistently identifying children who were likely to be eligible for services. Data analysis completed during Phase II of the SSIP reinforced the fact that screening processes were a potential barrier in the early intervention eligibility procedures; however, Tennessee sought a strategy to evaluate this hypothesis and gather initial data on the impact of the barrier.

Using Data to Evaluate the Hypothesis

Evaluation data and stakeholder input suggested that children and families in need of a full evaluation may not have been accurately identified at an early enough stage to maximize child outcomes. TEIS wanted to test this hypothesis through a modification of their child find process. For the purposes of data analysis, nine districts were divided into three groups based on their progress in implementing modified eligibility procedures as outlined here:

- *Control group:* No change to screening procedures, children bypassed screening only if they were referred with documentation of a qualifying medical condition.
- *Moderate group:* Select referrals bypassed screening and proceeded directly to evaluation, including referrals from medical professionals and some parents.
- *Evaluation group:* All children and families referred for full evaluation bypassed screening and proceeded directly to evaluation.

Impact of Strategies

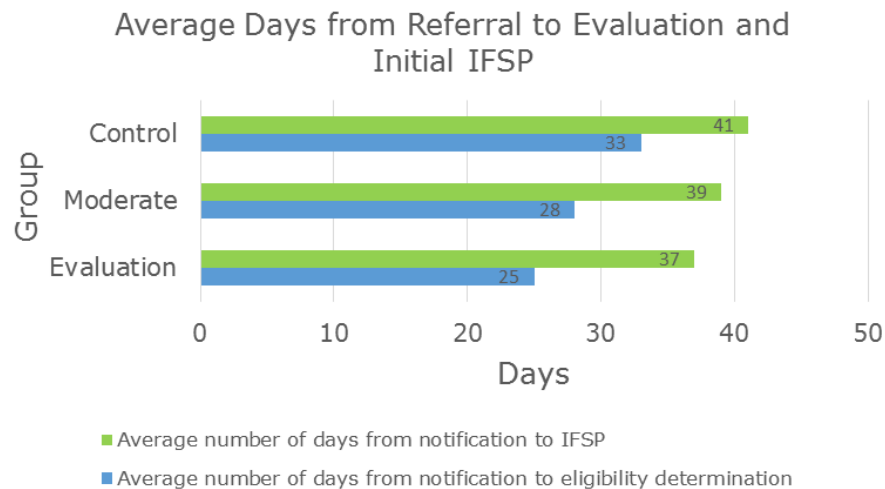
The data analysis compared data before and after modifying the child find processes to measure the impact of the changes. Data were collected prior to the SSIP in 2013, 2015, and 2016. Evidence suggests that when districts bypassed screening for select children, they saw an increase in the percentage of referrals found eligible for Part C services and a decrease in the percentage of referrals where eligibility was not determined because a full evaluation was not completed (see table).

Eligibility Groupings by Eligibility Determination Status: FFY 2013 to 2016

Eligibility Procedures Grouping	Eligible	Eligibility Not Determined ^a
Control Group	1% increase	6% decrease
Moderate Group	3% increase	17% decrease
Evaluation Group	11% increase	20% decrease

^a Eligibility not determined refers to children who did not receive an evaluation; therefore, eligibility could not be determined (e.g., families who declined to participate in a full evaluation, families who declined services, families with whom contact could not be made).

TEIS also saw a decrease in the number of days between initial referral and eligibility determination and Individual Family Service Plan (IFSP) development (see figure).



In summary, by allowing districts to bypass screening and conduct a full evaluation of all children referred for Part C services, Tennessee saw an increase in the percentage of the population served as evidenced by child count data. Bypassing screening also allowed for a more streamlined and efficient process to determine and access Part C services, thereby maximizing the services for families. TEIS plans to phase out screening and implement full evaluation of all referrals.

Considerations for States Facing Similar Challenges

- Have conversations with stakeholders about why data might look differently than expected.
- Work with stakeholders to develop a clear evaluation plan.
- Consider all of the steps in the process of data collection to identify how and when data can be used.
- Be prepared that data systems may not automate some data that are of interest and that staff may need to manually examine data.
- Conduct a capacity analysis to help prepare for changes in infrastructure due to changes in eligibility procedures.

Available Resources

- National Center for Systemic Improvement (NCSI), Technical Assistance State Facilitators (Find your state on the [map](#).)
- NCSI Data Use Team Technical Assistance Support (Contact: Kristin Ruedel at kruedel@air.org)
- The Center for IDEA Early Childhood Data Systems (DaSy) Data Visualization [Toolkit](#)
- The Early Childhood Technical Assistance Center (ECTA) Early Identification Topic [Page](#)
- *Leading by Convening: Rubrics to Assess and Shape Practice—[Stakeholder Engagement in Evaluation](#)*

About this resource: This resource was developed by members of the NCSI Data Use Service Area Team, including Kristin Ruedel (AIR), Gena Nelson (AIR), and Tessie Bailey (AIR), and in collaboration with Ardith Ferguson (WestEd), Tennessee Part C technical assistance facilitator, Cornelia Taylor (SRI), and Shannon Pargin, Strategic Planning Coordinator, TDOE, TEIS. The content was developed under cooperative agreement number #H326R140006 (NCSI) from the Office of Special Education Programs, U.S. Department of Education. Opinions expressed herein do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the federal government. Project Officers: Perry Williams and Shedah Hajghassemali.