Early Intervention Education Program (EIEP) Scoping Paper

January 11, 2016

Management Audit Committee

Senator Bruce Burns, Chairman
Representative David Miller, Vice Chairman

Senator Floyd A. Esquibel
Senator Wayne Johnson
Senator David Kinskey
Senator Charles Scott

Representative Cathy Connolly
Representative Dan Kirkbride
Representative Thomas Lockhart
Representative Michael K. Madden
Representative Nathan Winters

Prepared by

Michael Swank, Program Evaluation Manager
Kathy Misener, Program Evaluator
Samantha Mills, Program Evaluator

Anthony Sara, Technical Assistance & Graphics

Notice of Auditing Standards: Scoping papers are not an auditing standards-based research product. Scoping papers are intended to provide the Management Audit Committee with a summary on a potential evaluation topic (including descriptions of basic agency, program, or procedural functions) on which to decide if a full program evaluation is required. This scoping paper was prepared with information obtained from the agency(ies) and staff listed. The information was not independently verified according to governmental auditing and evaluation standards.

If this topic moves forward to a full evaluation, the evaluation will be conducted as much as practicable according to generally accepted governmental auditing standards promulgated by the Comptroller General of the United States, as required by W.S. 28-8-107(e). Information contained in this paper, as well as all subsequent information gathered during the evaluation will be independently verified and reported according to the auditing standards.

Introduction

Beginning in November 2013, the Management Audit Committee (Committee) directed Legislative Service Office (LSO) Program Evaluation to conduct a stepped scoping review process of preschool services for children with developmental disabilities. This scoping paper is the culmination of those efforts, which included LSO and Wyoming Department of Health (Health) briefings at the July 28-30, 2014 and July 27-28, 2015 Committee meetings. The Committee used this approach due to pending or ongoing studies conducted through a collaborative effort between Health and the Wyoming Department of Education (Education).

At the latest meeting, the Committee requested a formal scoping paper on the Early Intervention and Education Program (EIEP or Program). Committee concerns include the State's compliance with federal financial maintenance of effort requirements, program funding and utilization levels, as well as summary results of the joint Health-Education studies, and supplemental information related to recent program implemented changes. Generally, the Committee is interested in the overall effectiveness of the Program, identification rates, and questions if Wyoming's high identification rates positively affect K-12 special education spending and outcomes.

Background

The Individuals with Disabilities Education Improvement Act, commonly referred to as IDEA, is a federal law that governs how states and public agencies provide early intervention, special education, and related services to eligible children with disabilities.

Part C

- Children ages birth through two
- Medical diagnosis with developmental delay
- Health is the lead agency

Part B

- Preschool children ages three through five
- Educational disability categories
- Education is the lead agency and Health administers the Program

Part C of the Act mandates that all children ages birth through two years, who are identified as having developmental delays, be served by a statewide early intervention system. Part B, Section 619[1] of the Act, mandates that all children ages three through five years who are identified and determined eligible for special education and related services receive a Free and Appropriate Public Education (FAPE). Both programs are operational in Wyoming, and are administered by Health. However, Education is the designated lead state agency for the Part B Program, and Health is designated as the lead state agency for the Part C Program. This administrative structure influences each agency's roles and responsibilities under the Act.

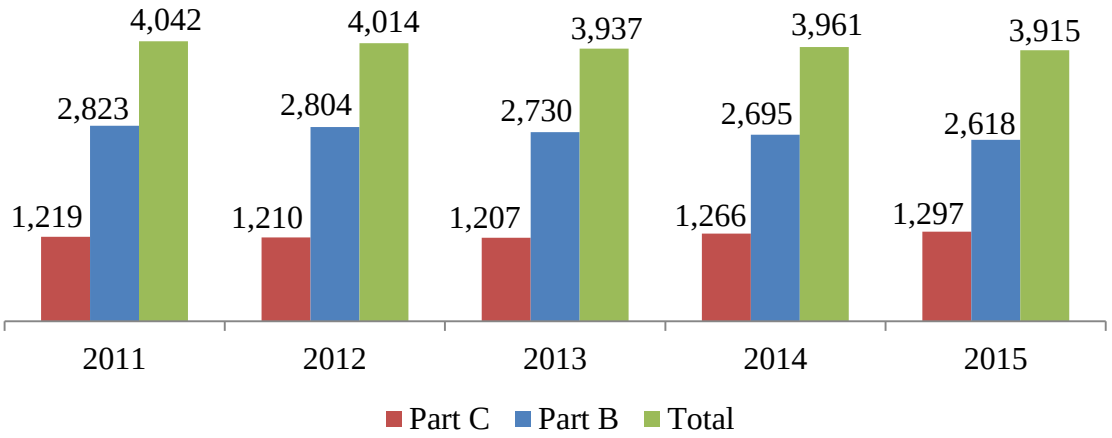
[1] Part B of the IDEA explains the requirements for children age three through twenty-one years, which include preschool services for children age three through five years and K-12 special education services provided by local school districts. Throughout this report, Part B refers to the preschool program unless otherwise specified.

Wyoming's Program

Part C and Part B are separate programs under IDEA, but are considered the same program under W.S. 21-2-701 through 21-2-706. This law defines how funding will be disbursed for early intervention or special education services for children age birth through five years. The Program was created to improve child outcomes by providing services to eligible children with developmental disabilities and/or delays. Under the Program, services are provided for qualifying children through independent regional providers. For each of the past five years, approximately 4,000 children in Wyoming received services through the Part C and Part B Programs.

Overall, there has been a slight decrease in the number of children served from 4,042 in 2011 to 3,915 in 2015. During this time, the number of children under the Part B Program decreased, while the number of children who under the Part C Program increased. Figure 1 depicts the number of children receiving services based on the statutorily required November 1st child counts provided by the regional providers.

Figure 1
Annual November 1st Count of Children Receiving Early Intervention Education Program Services



Source: Legislative Service Office analysis of information provided by Department of Health.

Program Oversight and Administration

Department of Education

As the lead state agency under Part B of the IDEA, Education is responsible for ensuring all federal rules and regulations are adhered to regarding the education of children identified as having an IDEA eligible disability. Under Part B, Education's responsibilities extend to any qualifying child ages three to twenty-

one, which includes Part B services for preschool children age three through five.

While Education has oversight authority over the Part B preschool program, Health oversees services provided under the program in accordance with statute. Education provides general supervision of Health to ensure all rules and regulations are met and must assess Health annually in the same manner as a school district or Local Education Agency (LEA), as required in Education's State Performance Plan.

Education has no direct role in administering either part of the preschool program. However, staff from Education provides some technical support and assistance to the regional providers related to collaborative statewide efforts by conducting and disseminating research on practices for early literacy and early numeracy.

In 2010, the US Office of Special Education Programs (OSEP) conducted a verification visit to assess Wyoming's compliance with Part B. As a result of this visit, OSEP issued a finding stating it had serious concerns with Education's exercise of general supervisory responsibility over Health. Following the assessment, Education took corrective action to address areas of non-compliance.

Department of Health

As the administering agency for both programs, Health is responsible for contracting with the regional providers in order to outline program deliverables and provide the per-child federal and state funding appropriated by the Legislature. For both programs, Health states it actively promotes best practice strategies to ensure services provided by all regional providers are in accordance with best practice techniques and methods to educate children with disabilities.

Health plays different roles related to each program in monitoring regional providers. As the lead state agency for Part C, Health must monitor the implementation of services delivered. On site monitoring of the regional providers is completed every three years on a rotating basis. Health also completes annual desk audits of the regional providers through review of data collected. If deficiencies are found through the desk audits, on-site monitoring of identified providers is completed as necessary.

For Part B, Health's duties are prescribed in a Memorandum of Understanding (MOU) with Education. The MOU dictates that Health conduct monitoring activities in accordance with Education's Continuous Improvement Focused Monitoring System (Monitoring System). Education's Monitoring System uses data to

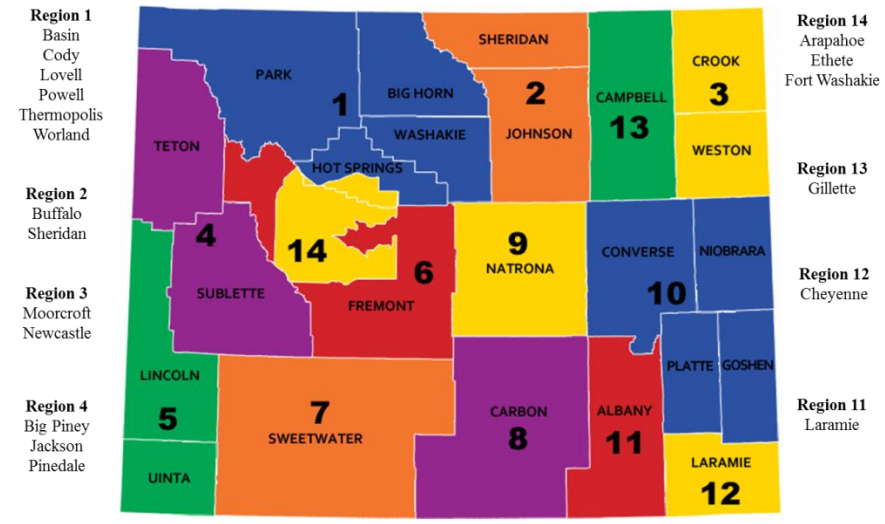
determine probable areas of non-compliance unique to each regional provider. Any identified areas of possible non-compliance become the focus for on-site visits. Currently, Health and Education jointly identify the regional providers selected for monitoring. However, Education is considering changing their selection process for monitoring visits to a rotational basis while still using the same process to determine probable areas of non-compliance.

According to officials at Health, Wyoming is one of sixteen states, including the District of Columbia that houses both Part C and Part B programs in the same agency. Combining the programs under an "Office of Early Learning" is a recent national trend. However, of the sixteen states mentioned, only Wyoming has combined Part C and Part B administration outside of its state education agency.

Regional Child Development Centers

Across Wyoming, qualifying children and their families may receive services under the Part C and Part B Programs through one of the fourteen regional Child Development Centers. Each regional center provides services for children and their families in a specific geographic area, including a single county or multiple counties. Several regional centers have multiple center locations, as illustrated in Figure 2.

Figure 2
Regional Child Development Centers and Facility Locations



Source: Legislative Service Office analysis of information available through Department of Health website.

Each regional center employs certified professionals to provide screening and services in the areas of special education, speech and language therapy, occupational therapy, and physical therapy. Through the screening process, if a child is determined to have a developmental disability and/or delay, services are provided in accordance with an Individual Family Service Plan (children birth through two years), or an Individual Education Plan (children three through five years). Services provided at the regional centers should be in accordance with federal and state guidelines, as well as best practice guidelines and professionally approved practices.

Advisory Councils

Federal code requires an advisory group be established for both Part C and Part B. The advisory groups are made up of individuals such as parents of students with disabilities, providers, program administrators, legislators, and individuals with disabilities.

The Wyoming Advisory Panel for Students with Disabilities is established for Part B to counsel the lead agency (Education) in areas related to children with disabilities ages three to twenty-one. The Early Intervention Council is established to satisfy requirements under Part C to provide counsel related to children with disabilities ages birth through two years. However, because the Part C and Part B are combined in Wyoming, the Early Intervention Council also serves as an advisor for children with disabilities ages three through five years.

The functions of the advisory groups are prescribed in federal code. For example, the requirements of the Early Intervention Council include performance responsibilities, such as the identification of sources of fiscal and other support services for early intervention service programs. The Early Intervention Council also advises the State on issues such as the transition of children receiving services to preschool and other appropriate services. The Early Intervention Council must also report annually to the Governor on the status of the programs.

Funding and Expenditures

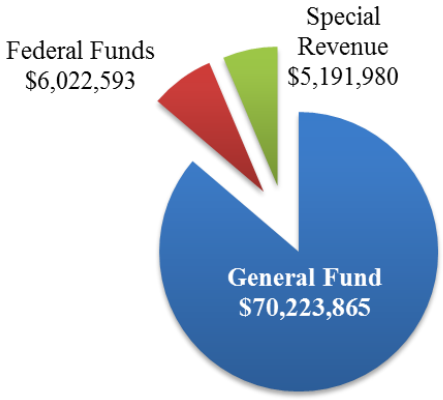
The biennial budget for the EIEP is approximately $81 million, and is provided through state and federal funds. A Trust and Agency account has also been established to collect hospital fees to provide hearing screenings to newborns.

Illustrated in Table 1 and Figure 3 are the anticipated standard expenditures and revenues listed in the 2017-2018 biennium budget request (without exception requests). As shown, most of the funding is provided for Grant and Aid Payments through the State's General Fund.

Table 1
BFY2017-18 Budget Request

Budget Series	Amount
Personal Services	$772,999
Support Services	$132,283
Restrictive Services (Cost Allocation)	$0
Data Services	$16,911
Space Rental	$52,500
Grants and Aid Payments	$80,058,745
Contractual Services	$405,000
Total	**$81,438,438**

Figure 3
BFY2017-18 Revenues by Source



Source: Legislative Service Office based on information provided in the 2017-2018 Biennium Budget Request.
Note: The Governor recommended for denial of an exception request of $954,601 in General Funds for Grant & Aid Payments.

Most of the funding is disbursed through block grant funding to the regional centers. However, a small portion of the funding supports two federal grants, and one trust and agency contract for the Early Hearing Detection and Intervention Information System, which was $911,249 in FY2015. Federal funding for these programs is granted through Health, and is used for statewide services, which includes purchasing equipment and delivering training to providers and regional preschool staff.

The funding amounts provided to the regional centers are based on enrollment numbers and the per child amount of $8,866 required under W.S. 21-2-706(b) and (d). For comparison, Wyoming school districts were reimbursed an average of $16,468[2] per student with a disability for school year 2013-2014.

Staffing Obligations

Both Health and Education have a small staff to administer their responsibilities for the Part C and Part B Programs. Within Health, the EIEP is administered by four employees, which include a Unit Manager, a Part B Coordinator, a Part C Coordinator, and a Contract and Data Manager. The EIEP Unit is under the leadership of the Developmental Disabilities Administrator, who reports to the Senior Administrator of the Behavioral Health Division.

Education also has a Part B Coordinator who works with the Health's coordinator, and a fiscal consultant who works primarily on allocating IDEA funds to the school districts and Health.

[2] For school year 2013-2014, 12,860 students were identified as special education in grades kindergarten through twelve and Wyoming school districts were reimbursed $211,784,155 for all allowable special education expenditures.

However, neither position within Education performs duties exclusive to the Part B preschool program. Both positions have a larger span of duties related to the administration of Part B services for students age three through five years and kindergarten to twenty-one years in local school districts.

Maintenance of Effort

Both IDEA programs have a Maintenance of Effort (MOE) requirement to ensure the level of state funding remains relatively constant from year to year.

The MOE requirements differ for each program. For Part B, Health must budget and expend at least the same amount budgeted and expended in the most recent prior fiscal year. For Part C, Health must make available the same amount of the state financial support for services from year to year, regardless of the amount actually expended. However, typically, the amount budgeted, or made available, is the same as the amount expended.

There are a few circumstances under which state funding can be reduced. The exception conditions for Part B include:

1. Voluntary departure, or departure for just cause, of special education or related services personnel;
2. A decrease in the enrollment of children with disabilities;
3. Termination of costly services for a particular child who no longer needs services, does not meet program eligibility, or leaves the jurisdiction;
4. Termination of costly expenditures for long-term purchases; or
5. Assumption of cost by the high cost fund operated by the State Education Agency.

Under Part C, there are only two conditions under which state funding can be reduced:

1. Decrease in the number of children who are eligible to received services; or
2. Unusually large amounts of funds expended for a long-term purpose such as the acquisition of equipment and construction of facilities.

Part B

- 93% state funding
- 7% federal funding

Part C

- 87% state funding
- 13% federal funding

While the state cannot decrease its funding under normal circumstance, the federal government can and has reduced its contributions in some years. Additionally, due to state budget cuts applied in State fiscal year (SFY) 2014, Health was at risk of being out of compliance with MOE requirements for both programs. To cover funding shortfalls, Health made internal funding transfers for SFY2014, and the Legislature approved additional appropriations for SFY2015 to maintain MOE compliance.

Table 2 identifies the state and federal expenditures for each program for the past two biennia. Based on SFY2016, state contributions are 93% of the funding for the Part B Program and 87% of the funding for the Part C Program.

Table 2
Expenditures[1] by Funding Source

Funding Source	SFY2013	SFY2014	SFY2015	SFY2016
Federal Contribution Part B	$2,011,055	$1,412,101	$2,195,948	$1,709,512
State Contribution Part B	$24,681,489	$24,015,465	$24,056,760	$23,336,005
Part B Total	$26,692,544	$25,427,566	$26,252,708	$25,045,517
Federal Contribution Part C	$1,809,709	$1,834,190	$1,971,920	$1,650,285
State Contribution Part C	$10,657,717	$10,631,813	$10,636,084	$11,479,772
Part C Total	$12,467,426	$12,466,003	$12,608,004	$13,130,057
Grand Total	**$39,159,970**	**$37,893,569**	**$38,860,712**	**$38,175,574**

Source: Legislative Service Office analysis of information provided by Department of Health.
[1]Includes expenditures for Grant and Aid Payments and Contractual Services and does not include expenditures for administration.

All of the federal Part C funds are provided directly to Health. However, the federal Part B funds are pass-through funds granted by Education to Health.

Identification Rates

As explained above, children are identified for services through a screening process conducted by regional centers' professional staff. Funding is then granted to the regional centers based on the number of children identified and receiving services.

Recently, Education and Health collaborated on separate contracted eligibility studies of the Part C and B Programs. These studies were conducted to assure the eligibility process appropriately identifies children in need of early intervention and special education services.

Study Results

In 2014, the joint study for the Part B Program was completed, and in 2015, the Part C study was completed. Both studies reviewed the following issues:

- Compared Wyoming's identification rate to the rate of other states;
- Determined if children who received preschool services also received services in the K-12 system;
- Determined if and when a child's disability category changed;

- Identified the measurement tools used to identify children for services; and,
- Measured the type and amount of services provided and received.

Excerpts from the Part B and Part C studies illustrating the national and regional identification rates are included in Appendix A and Appendix B. Summary results for each study are listed in Table 3.

Table 3
Summary Results of Part B and Part C Studies

Part B — Summary Results	Part C — Summary Results
▪ 13.5% of children aged 3 to 4 in Wyoming were receiving services	▪ 4.66% of children birth to 3 in Wyoming were receiving services
▪ Wyoming's identification rate is the highest in the nation. National average is 5.3%	▪ Wyoming's identification rate is the fourth highest in the nation. National average is 2.77%
▪ Percentage of identified students varied by region from 2% to 17%	▪ Identification rates varied by region from 2% to 9%
▪ 22% of a sample of children no longer needed services in K-12, and 13% had a different disability	▪ Between 50-58% of children received services under both Part C and Part B. Of the students enrolled in K-12, 62-78% received services if they also received Part B services and 4-18% received services in K-12 if they only received Part C services
▪ Regions used an average of 30 different norm-referenced assessments for three disability categories	▪ More consistency in the assessment tools used by providers when compared to Part B services.
▪ Each region varies in the number and type of services provided to children within each disability category	▪ Each region varies in the number and type of services provided to children within each disability category

Source: Legislative Service Office analysis of information provided by Department of Health.

Monitoring the Fidelity of the Assessment

Through on-site visits, Health monitors the fidelity of the assessment process. For the Part C Program, Health reviews evaluation protocol information, and interviews staff and administrators at the regional centers to ensure accuracy and appropriateness of the eligibility determination process. On occasion, Health will also contract with independent professionals to review if the assessments were interpreted appropriately.

For the Part B Program, Health monitors the fidelity of the assessment process by ensuring the regional providers use only approved assessments, and reviewing completed assessments for appropriate eligibility determination. Health references the thirteen eligibility categories as defined in Education's Chapter 7 rules and regulations to analyze assessment data from the regional providers.

Provider Compensation

W.S. 21-2-706(a)(i):

"Contractual payments to developmental preschool service providers shall be sufficient for the providers to provide adequate services for children age birth through five (5) years of age with developmental disabilities and delays, including compensation levels for early childhood special educators, occupational therapists, physical therapists and speech-language therapists that are competitive with local school district compensation levels for those categories;"

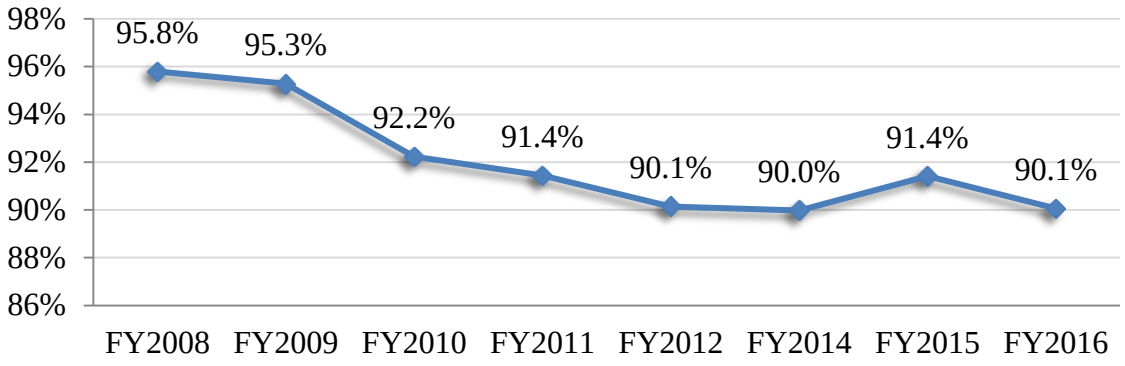
After the funding amounts are determined and distributed by Health to the regional providers, the regional providers determine how the funds will be expended. However, W.S. 21-2-706(a)(i) (see text at left) requires contractual payments, made by the State, are adequate to provide services for qualifying children and sufficient for obtaining and maintaining professional staff.

In order to ensure the expenditures for developmental preschool services are made pursuant to the statutory requirements, Health submits an exception budget request to reflect the most recent external cost adjustment enacted by the legislature for the K-12 education resources block grant funding model pursuant to W.S. 21-13-309(o) . Additionally, each year, Health is required to report to the Legislature whether compensation levels for early childhood educators and therapists are competitive with local school district salaries, and the effect of school district recalibration.

In the most recent report to the Legislature, dated October 1, 2015, Health reports that compensation disparities continue for the regional providers, and salaries for professionals are lower than the salaries for similar positions within the local school districts. In addition, it is noted that benefit packages for most regional providers are not comparable to those offered by the school districts.

A recent independent study was also conducted related to compensation levels of educators and therapists within the regional centers. The study results show an increasing trend in average salary disparity compared to positions in the local school districts. As illustrated in Figure 4, the average salary for the regional providers compared to the average salary of their counterparts in the local school districts decreased from 95.8% in FY2008 to 90.1% in FY2016. The average percentage difference varies based on the type of occupation, years of experience, and level of education. The FY2013 report was not completed.

Figure 4
Regional Provider Salaries Compared to local School Districts



Source: Legislative Service Office analysis of information provided by Department of Health.

While the current average salaries for regional providers are below the average salaries for all four comparable positions within the local school districts, salary disparities are not consistent between the regional providers. Based on the results of the study, the average salaries for most professionals within two regions are predominately higher than the salaries of their counterparts with in the local districts in the same area by as much of 20%. By comparison, the average salaries for one regional provider are between 10% and 28% below the average salaries at the local districts in their area. Additional information related to salary comparisons by professional designation type is included in Appendix C.

Recent Programmatic Changes

Since this topic was first approached by the Committee in November 2013, Health has implemented several changes to ensure the eligibility process appropriately identifies developmentally delayed children and those in need of early intervention and special education services.

In June 2014, Health notified all regional providers that it designated the use of fourteen State-approved screening assessments that must be used in the assessment protocol. The procedural requirement followed the Part B study results, and was enacted to ensure consistency amongst all regional providers. In addition to reducing the number of approved assessments, Health is also in the process of implementing a single tool to report child progress, which should be effective in January 2016.

In 2015, Health identified a discrepancy between federal and state requirements regarding how each entity counts the number of children related to funding distributions. State requirements allowed for a lower standard on the burden of proof used for

eligibility. Federal count requirements specify the Individualized Family Service Plan or Individualized Education Plan must be in place by November 1st, which is not an eligibility requirement under State regulations. Health is in the process of repealing its Chapter 13 rules and regulations, which are in conflict with federal count requirements. In May 2015, Health notified all regional providers of the federal requirements to be considered for the November 1, 2015 child counts. Health also conducted an EIEP conference in the summer of 2015 to provide best practice training to regional provider staff, which included information focused on the evaluation and eligibility requirements under federal requirements.

In addition to changes in monitoring efforts related the Part B program, Education will begin to provide data and training to the regional providers similar to what it provides to school districts. The data is provided in an effort to help the regional providers assess their results and how services are provided. Finally, the MOU between Education and Health is currently under review by both agencies to reflect updated program needs.

Measured Outcomes

National research shows the earlier children are identified and provided with early intervention and special education services the less likely it is they will need services in K-12. According to officials from Health, the Program goal is to narrow the gap between the number of children with developmental issues that need preschool services and the number of students that need special education services in K-12. In terms of measured outcomes that would demonstrate program success, officials from Health and Education are interested in how students exit IDEA programs and progress in the K-12 system. However, longitudinal study of children who received preschool services is limited because of a lack of a common identifier or other method to consistently track children's progress through each system.

According to officials from Health, beginning in 2013, children receiving Part B services were assigned a Wyoming Integrated Statewide Education Record Identifier (WISER ID). The WISER ID is a common identifier used by Education to track students across the K-12 system. In the future, longitudinal data for students who receive developmental preschool services will become enhanced as more information on student cohorts becomes available based on the earlier assignment of WISER IDs. Currently, children receiving services under the Part C program are not assigned a WISER ID.

In the Part B and Part C studies discussed above, the same challenges in longitudinal study of children existed. There are also some limitations in the data included in the studies related to the study of five year olds because those children may be served in preschool or kindergarten. Study of children transitioning between the Part C and Part B Programs is easier because the children are tracked within the same database. Future studies will have similar limitations.

Officials from Health and Education also expressed interest in measuring program success through kindergarten readiness assessment of children that received services. However, to date, efforts to efficiently and consistently measure kindergarten assessment results for children receiving services under Part B and Part C have been limited. According to Education, kindergarten assessment survey data may include information indicating if the student received preschool services related to IDEA programs.

Lastly, Health officials note epidemiological data related to the types and frequency of different disabilities is available, but caution measuring epidemiological rates for certain disabilities against identification rates could be problematic. Some students may be diagnosed with a disability that does not manifest into an educational disability, which requires program services. Therefore, there is not always a one-to-one relationship between disability occurrence and the need for EIEP services.

Potential Evaluation Questions

Should the Management Audit Committee wish to move forward with a full evaluation of the EIEP, the scope of the evaluation could include, but is not limited to, the areas of study listed below.

1. Identification rates — Further review could be conducted to evaluate:
    - The impact of the funding model on identification rates (i.e. assessment by professionals employed by the regional providers);
    - The impact of the eligible categories selected by the state of Wyoming on the identification rates (i.e. inclusion of developmental delays); and,
    - Potential factors contributing to the disparity of the identification between regions within Wyoming.
2. Compensation — Further review could be conducted related to compensation gaps between regional center professionals and their counterparts within the local school districts, and the variation of salaries between the regional providers.

3. Organizational structure — Further review could be conducted to identify the expected efficiencies and potential limitations in administering the program within the Department of Health or the Department of Education.
4. Measured outcomes — Further review could be conducted to measure the program's success. Potential example measured outcomes could include:
    - Review the number of students that received Part B services that did not need K-12 special education services;
    - Review pre-kindergarten assessment results for students that received Part B services compared with the same assessment results for non-Part B students, both for those that did and did not receive K-12 special education services; and,
    - Compare Wyoming expenditures on K-12 special education services to other states.

Appendix A

Part B Study — National Identification Rates

Table A.1
Pre-K Special Education Enrollment
Number and Percent of Three and Four-Year-Olds, by State, 2011-12

State	3-year-old		4-year-old		Total 3- and 4-year-old	
	Number Enrolled	% of State Population	Number Enrolled	% of State Population	Number Enrolled	% of State Population
Alabama	1,432	2.3%	2,503	4.0%	3,935	3.2%
Alaska	483	4.4%	716	6.6%	1,199	5.5%
Arizona	3,600	3.9%	5,617	6.0%	9,217	5.0%
Arkansas	3,285	8.2%	5,293	13.0%	8,578	10.6%
California	18,106	3.5%	25,813	5.0%	43,919	4.2%
Colorado	3,028	4.3%	4,454	6.3%	7,482	5.3%
Connecticut	2,127	5.2%	2,802	6.7%	4,929	6.0%
Delaware	552	4.9%	839	7.4%	1,391	6.1%
Florida	7,848	3.6%	13,159	6.0%	21,007	4.8%
Georgia	3,426	2.4%	5,135	3.6%	8,561	3.0%
Hawaii	685	3.9%	894	5.1%	1,579	4.5%
Idaho	795	3.2%	1,239	5.0%	2,034	4.1%
Illinois	8,830	5.3%	12,786	7.5%	21,616	6.4%
Indiana	4,585	5.2%	6,147	6.9%	10,732	6.1%
Iowa	1,634	4.0%	2,564	6.2%	4,198	5.1%
Kansas	2,602	6.3%	3,760	9.1%	6,362	7.7%
Kentucky	3,747	6.5%	6,301	11.0%	10,048	8.8%
Louisiana	2,368	3.7%	3,735	5.8%	6,103	4.7%
Maine	900	6.4%	1,402	9.8%	2,302	8.1%
Maryland	3,274	4.4%	4,514	6.1%	7,788	5.2%
Massachusetts	4,080	5.5%	5,836	7.8%	9,916	6.7%
Michigan	5,190	4.4%	6,891	5.7%	12,081	5.0%
Minnesota	3,458	4.8%	5,307	7.3%	8,765	6.0%
Mississippi	1,867	4.3%	3,407	7.7%	5,274	6.0%
Missouri	3,280	4.2%	5,864	7.5%	9,144	5.8%
Montana	321	2.6%	554	4.3%	875	3.4%
Nebraska	1,244	4.7%	1,870	7.0%	3,114	5.8%
Nevada	1,698	4.4%	2,776	7.3%	4,474	5.9%
New Hampshire	848	6.1%	1,145	7.9%	1,993	7.0%

State	3-year-old		4-year-old		Total 3- and 4-year-old	
	Number Enrolled	% of State Population	Number Enrolled	% of State Population	Number Enrolled	% of State Population
New Jersey	4,458	4.1%	6,225	5.6%	10,683	4.9%
New Mexico	1,680	5.6%	2,513	8.5%	4,193	7.0%
New York	19,950	8.6%	25,440	11.0%	45,390	9.8%
North Carolina	4,235	3.3%	6,369	4.9%	10,604	4.1%
North Dakota	413	4.6%	624	6.9%	1,037	5.8%
Ohio	5,797	4.0%	8,894	6.1%	14,691	5.0%
Oklahoma	1,457	2.7%	2,786	5.1%	4,243	3.9%
Oregon	2,710	5.6%	3,630	7.5%	6,340	6.5%
Pennsylvania	8,867	6.0%	12,498	8.4%	21,365	7.2%
Rhode Island	745	6.4%	1,048	9.1%	1,793	7.8%
South Carolina	2,160	3.5%	3,625	5.8%	5,785	4.7%
South Dakota	600	4.9%	915	7.5%	1,515	6.2%
Tennessee	2,444	2.9%	4,417	5.3%	6,861	4.1%
Texas	8,027	2.0%	14,315	3.6%	22,342	2.8%
Utah	2,346	4.4%	3,164	6.0%	5,510	5.2%
Vermont	510	7.9%	619	9.3%	1,129	8.6%
Virginia	3,748	3.6%	5,658	5.5%	9,406	4.5%
Washington	3,431	3.8%	4,950	5.5%	8,381	4.7%
West Virginia	1,011	4.7%	1,846	8.8%	2,857	6.7%
Wisconsin	3,546	4.9%	5,479	7.5%	9,025	6.2%
Wyoming	896	11.0%	1,311	16.0%	2,207	13.5%
50 States	**174,324**	**4.3%**	**259,649**	**6.3%**	**433,973**	**5.3%**

Source: Information provided by Department of Health.[3]

[3] Source: The National Institute for Early Education Research 2012 State Preschool Yearbook Report.
Data Source: U.S. Department of Education, Office of Special Education Programs, Data Accountability Center (DAC). IDEA Data, Part B, Child Count; U.S. Census Population Estimates, State Population Datasets (State by Age, Sex, Race, and Hispanic Origin – 6 Race Groups). Downloaded from: http://www.census.gov/popest/data/state/asrh/2011/index.html

Table A.2
Number and Percent of Children with Disabilities, by Wyoming Region

Region	Fall 2010		Fall 2011		Fall 2012	
	Number	Percent	Number	Percent	Number	Percent
1	388	14.85%	362	14.56%	381	16.58%
2	119	4.56%	100	4.02%	87	3.79%
3	82	3.14%	82	3.30%	89	3.87%
4	88	3.37%	59	2.37%	66	2.87%
5	199	7.62%	211	8.48%	195	8.49%
6	179	6.85%	182	7.32%	152	6.61%
7	260	9.95%	297	11.94%	315	13.71%
8	115	4.40%	94	3.78%	75	3.26%
9	291	11.14%	268	10.78%	238	10.36%
10	166	6.36%	168	6.76%	106	4.61%
11	110	4.21%	99	3.98%	83	3.61%
12	397	15.20%	338	13.59%	291	12.66%
13	173	6.62%	179	7.20%	176	7.66%
14	45	1.72%	48	1.93%	44	1.91%
State	**2,612**	**100.00%**	**2,487**	**100.00%**	**2,298**	**100.00%**

Source: Information provided by Department of Health.


STATE of WYOMING
LEGISLATURE
TM

Appendix B

Part C Study — National Identification Rates

Table B.1
Number and Percent of Children Birth to Age Three

Receiving Part C Services 2012-13State	Number	Percent
Alabama	Not Available	
Alaska	810	2.44%
Arizona	5,100	1.98%
Arkansas	3,130	2.72%
California	33,737	2.21%
Colorado	5,989	3.00%
Connecticut	4,410	3.90%
Delaware	918	2.71%
Florida	12,036	1.89%
Georgia	7,519	1.88%
Hawaii	1,846	3.42%
Idaho	1,878	2.78%
Illinois	19,247	3.96%
Indiana	9,232	3.65%
Iowa	3,502	3.03%
Kansas	4,296	3.54%
Kentucky	4,453	2.67%
Louisiana	4,013	2.13%
Maine	953	2.42%
Maryland	7,478	3.43%
Massachusetts	15,705	7.18%
Michigan	9,458	2.78%
Minnesota	5,027	2.44%
Mississippi	1,967	1.65%
Missouri	4,999	2.23%
Montana	667	1.86%
Nebraska	1,485	1.88%
Nevada	2,553	2.35%
New Hampshire	1,815	4.70%
New Jersey	10,066	3.22%
New Mexico	4,886	5.71%
New York	28,757	4.05%
North Carolina	10,206	2.79%
North Dakota	943	3.43%
Ohio	11,073	2.70%
Oklahoma	2,612	1.69%
Oregon	3,219	2.35%
Pennsylvania	19,030	4.44%
Rhode Island	1,977	6.08%
South Carolina	3,789	2.17%
South Dakota	1,071	3.05%
Tennessee	3,966	1.66%
Texas	22,642	1.96%
Utah	3,557	2.34%
Vermont	754	4.22%
Virginia	8,267	2.72%
Washington	5,814	2.20%
West Virginia	2,703	4.42%
Wisconsin	5,679	2.73%
Wyoming	**1,149**	**5.12%**
Nation	**333,982**	**2.77%**

Source: Information provided by Department of Health.[4]

[4] Source: U.S. Department of Education, Office of Special Education Programs, Data reported for IDEA 2012 Part B and Part C Child Count and 2011-12 Census

Table B.2
Number of Birth to Age Three Children Receiving Part C Services Divided by Birth to Age Three Population, By Region

Region	Fall 2013 Child Count	Census Birth to 3	% Receiving Part C Services
1	162	1,886	8.59%
2	65	1,441	4.51%
3	29	558	5.20%
4	33	1,244	2.65%
5	47	1,904	2.47%
6	91	1,886	4.83%
7	81	2,175	3.72%
8	30	692	4.34%
9	120	3,183	3.77%
10	46	1,285	3.58%
11	59	1,285	4.59%
12	254	4,024	6.31%
13	78	2,471	3.16%
14	25	1,388	1.80%
Wyoming	**1,120**	**24,034**	**4.66%**

Source: Information provided by Department of Health.

Appendix C

Compensation Study (excerpt)

Figure C.1
Average FY2016 Salary Paid by Job Classification, Education Level, and Experience Level, FY2015-2016

		Special Ed Teachers	Speech Therapists	Occupational Therapists	Physical Therapists
CDC	BA/1	40,550		42,211	43,009
District	BA/1	45,031		46,991	46,483
% Difference		-9.95%		-10.17%	-7.47%
CDC	BA/5	44,659		46,244	48,160
District	BA/5	47,915		49,974	49,383
% Difference		-6.80%		-7.46%	-2.48%
CDC	MA/1	46,228	47,369	46,629	48,934
District	MA/1	49,209	52,883	52,460	53,409
% Difference		-6.06%	-10.43%	-11.12%	-8.38%
CDC	MA/5	49,241	51,969	49,727	50,681
District	MA/5	52,347	56,229	55,220	56,127
% Difference		-5.93%	-7.58%	-9.95%	-9.70%

Source: Information Provided by Department of Health.[5]

[5] The percent difference reflects what percentage higher or lower the Child Development Center (CDC) salary is compared to the Wyoming school district salary. All salary schedules were extrapolated to reflect a 185-day school calendar.
Note: All districts provided information on the salary schedules of speech therapists, occupational therapists, and physical therapists; the average is based on only those from whom we received information


STATE of WYOMING
LEGISLATURE
™