

Part C State Performance Plan (SPP) for 2005-2012

Overview of the Revisions to the Delaware Part C State Performance Plan (SPP) 2005 - 2012: Revised for February 1, 2012 submission

The Birth to Three Early Intervention System originally submitted Delaware's Part C SPP for 2005 – 2010 in March 2006 and it was approved by the US Office of Special Education Programs.

Revisions are submitted annually to reflect updates on improvement activities and timelines. Delaware is resubmitting the SPP with revisions to these activities and respective timelines. In addition, targets and improvement activities have been extended to 2012. Justifications for revisions and improvement activities have included stakeholder input.

The ICC and the ICC Executive Committee are the primary stakeholders for the Birth to Three Early Intervention System and review and provide input for both the APR and revisions made to the SPP. The ICC has reached consensus on the targets, activities, timelines, and resources. The revised SPP was finalized for submission to OSEP based on input from the members of ICC. The discussion and consensus on DE Part C targets and improvement activities through 2012 occurred at the July 2011, October 2011, and January 2012 ICC statewide meetings. In addition, ICC has numerous committees that give valuable stakeholder input. These committees, and the Birth to Three Early Intervention System committees, are identified throughout the SPP and APR, and provide valuable ongoing input and evaluation for improvement activities.

Changes relating to new Part C regulations are noted in [blue](#).

[Indicator 7 – Timely Initial IFSP meetings](#) has a new improvement strategy since the new Part C regulations require that a multidisciplinary team be at the IFSP meetings. Birth to Three Monitoring team will review and revise its procedures as needed to modify chart audit monitoring data to collect whether two different disciplines participate at the meetings as required.

[Indicator 8a – Transition Planning Notification](#) has a new improvement strategy since the new Part C regulations added a timeline. While this practice has been in place, Birth to Three, in conjunction with the Child Development Watch (CDW)/Department of Education (DOE) Work Group, will add this requirement to the new Transition Agreement to assure transition plan in each IFSP includes steps and services and is completed between 9 months and 90 days before age three as part of the transition process.

[Indicator 8b – Notification](#) has two new improvement strategies since the new Part C regulations added a timeline. CDW/DOE liaison staff will send notification on all potentially eligible Part B children monthly instead of three times a year. This change will assure that notification occurs for all children who are potentially eligible no fewer than 90 days before age three. While Delaware has not changed the definition of children who are potentially eligible for Part B, it will be included in the new Transition Agreement.

[Indicator 10 – Written Complaints](#) has a new improvement strategy since the new Part C regulations now permit parties to agree to extend the 60 day timeline to engage in mediation. Birth to Three will revise procedures and family handouts to match the new regulations regarding the option for hearing officers to expend the timeline to participate in mediation.

[Indicator 11 – Due Process Hearing Requests](#) has a new improvement strategy since the new Part C regulations now permit hearing officers to agree to extend the applicable timelines. Birth to Three will revise its procedures and related documents to match the new regulations regarding the option for hearing officers to extend the timeline for a due process hearing.

Delaware's SPP and Annual Performance Reports are posted to the DHSS website at:

<http://www.dhss.delaware.gov/dms/epqc/birth3/directry.html>

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1 Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. (20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

Overview of Issue/Description of System or Process:

State monitoring developed baseline data in 2003 on whether all services on the IFSP were started and whether they were started within a timely manner. Timely manner was further clarified to be a *state recommended guideline*. The State's guideline for timely manner is that services start within 30 days from referral to EI providers, or documentation to explain why a service was not started within this time period. Referred for service is defined as date referred for service with parent consent as indicated on the IFSP. IFSP service initiation date is date a service starts.

Technical assistance was provided to service coordinators, data entry staff, and early intervention service providers on the state guideline of thirty days, as well as the need for documentation if services are not initiated within that time frame.

An additional field was added to ISIS (Integrated Services Information System, Delaware's early intervention database) to capture the service referral date. This became a required field for data entry and is also included on the IFSP service page. This has enabled the Assistant Part C Coordinator and local data managers to generate reports from ISIS that list all services included on each IFSP. The report not only provides information on the actual number of days from referral to service initiation, but also identifies the service coordinator, early intervention provider, and county. This information helps Delaware determine if any delay is specific to individual staff persons, provider agencies, or county. County detail provides an extra measure indicating if services are available in all geographic areas of the state. Data collected from this report ensure that the methods for correction are specific to the cause. After analysis of preliminary data, it was determined that additional technical assistance was necessary to ensure that the correct referral date was being entered into the database.

Identifying this need for additional assistance, the Birth to Three Monitoring Team continues to review the status of timeliness and availability of early intervention services through chart review during annual statewide monitoring and through the data provided by the Family Survey.

The Family Survey, conducted every other year by the University of Delaware—Center for Disabilities Studies, also serves as a barometer for service availability by including the following questions and statements:

- *I am more able to get my child the services that he/she needs.*
- *Would additional services, information, and/or assistance help you better care for your child?*
- *We are getting the services listed on the IFSP.*
- *I am satisfied with the services my child and family are receiving.*

A high percentage of families in 2004 responded that they were getting the services listed on the IFSP (97.3%) and that 93.2% of respondents indicated that families were satisfied with the services their child and family is

receiving. A few families mentioned in the comments that they would like more information and services on speech development for their child.

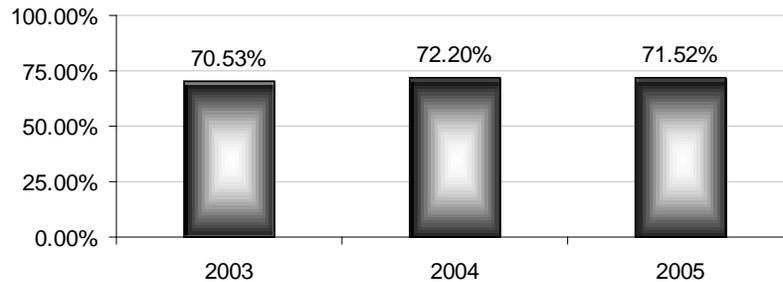
In addition to chart monitoring and the Family Survey, Birth to Three has in place Delaware Personnel Standards and Guidelines Matrix. This Matrix is part of the CDW standards and is a part of early intervention provider contracts. In this way the state assures that the highest level of academic degree and/or recognized comparable qualifications is maintained. Furthermore, training offered both by the Birth to Three office and DOE provide continuing education credits in the various disciplines whenever possible in order to assist staff to maintain licensing at the same time as updating staff in basic components of early intervention and recommended practice. The most recent example of this was the August 2004 training concerning Coaching.

Birth to Three maintains a committee focusing on comprehensive system of personnel development (CSPD). CSPD is a joint committee with DOE through the Partners Council for Children with Disabilities (PCCD), primarily because personnel development is a big challenge for a small state, and joint efforts are far more effective. The CSPD subcommittee's work to address personnel shortages during the past year included:

- reviewing current personnel needs data for special educators and related service providers
- identifying challenges to a comprehensive system of personnel development in the areas of recruitment, preparation, and retention
- identifying strategies that are already in place to overcome the barriers
- reviewing the literature to choose possible new research-based strategies to overcome these challenges
- writing a strategic plan for addressing these priorities, including timeline for implementation, persons responsible and resources needs

State monitoring indicates that speech language services are the service documented as most often started outside of Delaware's state guidelines due to shortages in personnel. Three statewide initiatives have been started in order to address shortages in speech language services and other therapy services. These initiatives are:

- Expand the Delaware's Speech Language Incentive Loan Program as of June 2004 to include students who agree to work with early intervention providers as well as with local school districts. Students are entitled to awards and qualifying employment for service repayment of their scholarship. This has been widely promoted among early intervention providers to attract speech language pathologists. The next step is to promote this among master's level graduate programs in the surrounding areas.
- Implement the Delaware Guidelines for Young Children with Communication Delays approved as a pilot by ICC in April 2004 and initiated statewide in July 2004. Children with only expressive language delays will participate in Enhanced Watch and See (EWS) and not be Part C eligible. EWS offers support for these children by an EWS Coordinator who is an early childhood educator. New contract funds are available to support EWS, and consultative services by speech language pathologists (SLP) are offered as needed. Children in EWS are tracked and monitored, and families are offered monthly contacts regarding language stimulation resources. Direct speech language pathology services are not offered, thereby decreasing the demand on existing SLPs.
- Birth to Three collaborated with DOE and CSPD on a DOE grant in 2005 from the National Center for Special Education and Related Service. Training was offered on recruitment and retention of a diverse and qualified work force. The early intervention team focused their work on early intervention speech language pathologists.

Baseline Data for FFY 2004 (2004-2005):**Figure 1-1 Children receiving services within thirty-day state guideline****Infants and Toddlers with IFSPs who received early intervention services within 30 days of referral to service provider**

Source: Annual Statewide Monitoring

Discussion of Baseline Data:

2005 monitoring data indicated that 71.52% of infants and toddlers received their early intervention services included on IFSPs within the state recommended guideline of 30 days from the point of referral to the initial visit. The service referral date is a new field since 2003 on the IFSP and in ISIS, and there is a need for continued training in order to have accurate and consistent data. Data integrity reports are in place to verify the accuracy of the data for 2006 state monitoring results. (See Indicator 9 for further explanation of sampling methods for chart audit reviews.)

State recommended guidelines have recently been developed to quantify timely delivery of service as 30 days from referral as indicated on IFSP to start of service or justification relating to the needs of the child and family is provided to explain why a service was not started within that time period. This new state guideline has been shared through correspondence with the CDW programs and with all early intervention providers. Follow up technical assistance has been provided. More guidance is needed in the form of technical assistance memos and incorporation into CDW standards.

Baseline data from monitoring indicates that 118 of 165 infants and toddlers had all services on the IFSP started within the state guidelines. Forty-seven infants and toddlers had a service started beyond the thirty days. Of these, twenty-nine were due to a service being unavailable, primarily speech-language pathology. Two of the forty-seven were due to reasons regarding communication issues with service providers. The remaining charts were not clearly documented.

Technical assistance is now in place and the 2005-2006 data is expected to better capture the actual number of days when services are started beyond the thirty day timeline and to assure that reasons for extending beyond the state guideline are clearly documented in order to analyze this data both at the local and state levels.

Early Intervention providers face a challenge in recruiting and retaining staff. As Delaware focuses on increasing service provision in natural environments (see Indicator 2), current providers have greater demands on their time to serve Part C eligible children in a timely manner and also in natural environments. Birth to Three has recruited four new provider agencies in 2005. Two of these providers provide targeted services to the rural areas of the state.

The primary documented reason why an IFSP service is not started within the state recommended guideline is lack of available speech language services. Birth to Three has taken steps to address capacity to increase speech language pathologists in 2004, but Delaware competes with neighboring states in recruitment and retention, and early intervention providers compete with local school districts who offer more compensation for a shorter work year.

The new CSPD initiatives relating to early intervention were just started in 2004 and require more time to see results from these efforts. A new committee was formed in spring 2005 with legislative membership to address the shortages in speech language pathologists. In addition to promoting the Speech Language Incentive Loan Program and the EWS program, there is an effort underway to work with higher education to start a master's level SLP graduate program. This is a large and expensive endeavor and may take some time to explore. Furthermore, this new committee is working more closely with the Delaware Speech, Language and Hearing Association to discuss the benefits of considering an SLP assistant program in Delaware.

EWS is a program that was implemented in July 2004. While there have been relatively few children considered for EWS because of expressive language delays only (most children referred to early intervention demonstrate other delays), EWS program continues to expand and offer monthly phone contacts, parent administered assessments, and an ongoing exchange with families of language enhancement resources and activities. Preliminary evaluation of the EWS program indicates that the program is being effectively implemented and the range and variety of EWS materials are well received by families. Furthermore, EWS coordinates with the work of DOE's State Implementation Grant in Early Literacy. Parent information sessions are available to families in EWS, and a list of child care providers with staff who complete some of the early literacy training modules are shared with CDW service coordinators, early intervention providers and EWS Coordinators. The master's level early literacy training is also promoted with all CDW and early intervention providers.

In the family survey families requested more information about promoting speech-language development in their children. In 2005, one speech language pathologist under contract received Hanen training to offer family training to families of children in Kent and Sussex Counties with an identified communication delay. Eighteen families have received training to increase their child's expressive language. Plans are underway to offer Hanen training to any early intervention providers and to help support and expand this opportunity to families throughout the state. Hanen training with families will promote families as an early intervention partner in promoting language with their children and may better utilize SLPs as a resource within the Birth to Three Early Intervention System.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.
2006 (2006-2007)	100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.
2007 (2007-2008)	100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.
2008 (2008-2009)	100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.
2009 (2009-2010)	100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.
2010 (2010-2011)	100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.
2011 (2011-2012)	100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.
2012 (2012-2013)	100% of infants and toddlers with IFSPs in the Birth to Three Early Intervention System will receive the early intervention services on their IFSPs in a timely manner according to the recommended state guideline.

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had much stakeholder input, including the DE ICC, the ICC provider group, CDW leadership Teams, Family to Family Health Center, and CDW staff. Justification for these improvement activities are based on qualitative data from these stakeholders, data reported in DE Part C APR, and regional data tracking timely delivery of services. The ARRA funded projects increased timely delivery of services, and most of these projects have been continued with support from federal and state funding.

Improvement Activities	Timelines	Resources
Maintain contracts for one SLP with CDW Northern Health Services, Early Childhood Educators in both CDW programs, and psychology /licensed clinical social work services in both CDW programs to reduce delays in start of services.	October 2009 – Sept. 2013	CDW Leadership Team; Part C Coordinator (ARRA, state and federal funded)
Maintain and expand contracts to provide interim intervention when insufficient capacity from current early intervention contract providers in the community.	October 2011 – Sept. 2013	Part C Coordinator; CDW Leadership team; DMS Budget Unit, ICC Executive Committee
Secure new community contracts for early childhood education and speech language pathology services. The most significant improvement activity for reducing delays in service initiation is increasing service capacity.	Feb. 2011 – Dec. 2012	Quality Management Coordinator, working with DE Div of Medicaid
Incorporate early literacy competencies in order to increase quality practices and skills. The goal is to maximize utilization of early childhood and speech/language resources for supporting early literacy skills for Part C eligible children.	June 2012	Part C Coordinator; Birth to Three Training Administrator; Part B/619 Coordinator; University of DE, DE Institute for Excellence in Early Childhood (DIEEC)
Continue to offer Hanen groups in each county and secure personnel and funding to support long term implementation.	March 2013	Part C Coordinator; Birth to Three Training Administrator; Part B/619 Coordinator; University of DE, DIEEC
Develop recommended program quality indicators that evaluate quality services as well as timeliness of services. Integrate into new case management data base.	June 2012	Part C Coordinator; Birth to Three Training Administrator; Part B/619 Coordinator; University of DE, DIEEC
Utilize monthly ISIS service referral reports to correct identified non compliance based on follow up with Family Service Coordinators and their supervisors when services are not initiated within timelines. Monitor for compliance and progress.	June 2011 – Sept. 2012	Assistant Part C Coordinator; Regional Data Managers; CDW Clinic Managers and Supervisors; Quality Management Coordinator
Develop capability within new case management system to track timelines, inclusive of services start date, reasons for delays, and monitoring reports when corrections occur. This will allow real time data on timely delivery of services.	June 2012 - Sept. 2013	Assistant Part C Coordinator; Regional Data Managers; CDW Clinic Managers and Supervisors; Quality Management Coordinator
Explore access for early intervention providers to enter directly service start dates into the new case management system	June 2012 – Sept. 2013	ISIS – 360 data group and ICC Early Intervention Provider agency group
Review Monthly tracking and follow up with early intervention providers on timely start of services using new tracking log. Share results with provider agencies and CDW on a monthly basis, and provide technical assistance and sanctions as required. Develop incentives for improvements in communication and teaming among CDW service coordinators and early intervention providers.	October 2010 – Dec. 2012	QM Coordinator; CDW Clinic Managers; DPH/DMS/DDDS Leadership Group; ICC EI Provider agency group

Indicator 2 Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.. (20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Overview of Issue/Description of System or Process:

There are several ongoing major initiatives in Delaware to increase quality services in natural environments. Birth to Three developed Natural Environments Guidelines in 1998, and training on natural environments occurs with all new staff and periodically in more targeted workshops. In 2003, through the work of a subcommittee of Building Capacity in Natural Environments (BCNE), the Natural Environments Guidelines were revised and shared for public input. Most recently, these guidelines were incorporated in the 2004 CDW Policy Manual and will soon be added to the CDW Family Guide.

Birth to Three revised its on site monitoring questions in 2004 and its family and provider surveys to document ways that the IFSP team identifies and promotes learning opportunities within natural environments. When services are not provided in natural environments, there has been an increase in documentation provided in the charts. Training in August 2004 regarding Coaching in Early Intervention and follow up regional meetings have offered ways for service coordinators and early intervention providers to discuss how to better identify and support child and family routines as a part of the child's outcomes on the IFSP.

BCNE is actively working with Part C and others to offer training and consultation services to child care providers in order to promote inclusive settings. BCNE coordinates with such initiatives as Child Care Health Consultants, Easter Seal's Pathways to Independence grant, and training opportunities throughout the state targeted to child care providers to promote inclusive child care. BCNE has developed a display and a series of workshops to offer as part of child care training. BCNE is also working with Birth to Three to update the *User's Guide to the Growing Together Portfolio* designed for Early Care and Education Providers, a resource for child care providers. New sections will include materials and resources that promote inclusive child care.

Delaware New Scripts works to promote families as change agents to enhance the early intervention experience for children and families. The coordinator of New Scripts is a member of BCNE. As part of her work, New Scripts parents are beginning to be co-trainers for professional development coursework for child care providers.

Birth to Three is partnering with DOE and Parents as Teachers to offer mini grants to support inclusive Stay and Play groups in all three counties. A statewide group is meeting quarterly to develop an evaluation that looks at components of what is needed in order to promote inclusion within these structured community play groups.

Birth to Three, DOE, Office of Child Care Licensing, and Family and Workplace Connection have supported and co-facilitated the development of Early Learning Foundations for Infants, Toddlers and their Families to promote quality in early care and education programs. The next step is to develop training and curriculum modules for professional development based on the Infant Toddler Learning Foundations through a grant opportunity.

Based on the 2002 Delaware Early Care and Education Baseline Quality Study, the Delaware Early Care and Education Council, with support from ICC, has taken a lead in promoting quality child care. This study indicated that quality in infant child care is mediocre to poor. Of the total programs included in the analysis, only 23.4% had children with disabilities enrolled and collaborated to provide services. The Early Childhood Comprehensive Systems (ECCS) grant family survey also made recommendations regarding increasing the

supply of high-quality child care and pre-schools in Delaware based on the 2005 *Findings and Recommendations Delaware Early Childhood Focus Group Study*. Furthermore, recent results from Project InSite and Project Create indicated that training and onsite consultation are needed in order to improve quality child care. *The Delaware Early Care and Education 2005 Report to the Interagency Resource Management Committee* has recommended that the highest priority for implementation is to improve quality through a tiered reimbursement system and increases in purchase of care reimbursement rates. Birth to Three is also participating in planning a work force study to document where improvements are necessary to increase the supply of quality early care and education professionals.

Baseline Data for FFY 2004 (2004-2005):

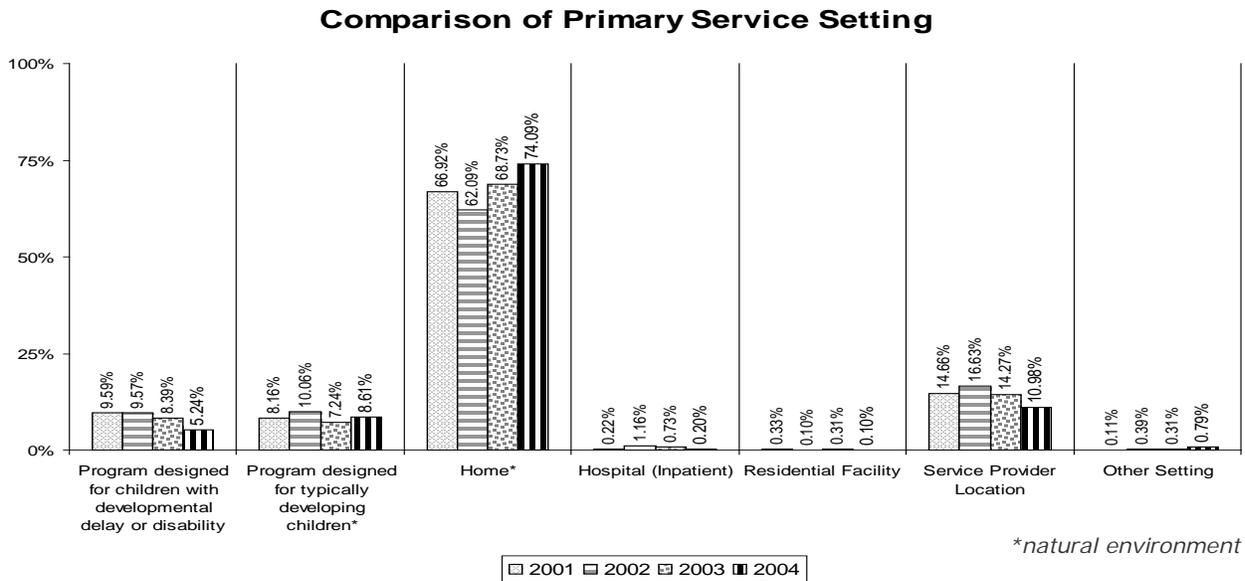
Figure 2-1 Annual Child Count Primary Service Location (Table 2)

Service Location	2003	2004
Program designed for children with developmental delay or disability	80	55
Program designed for typically developing children*	69	87
Home*	655	749
Hospital (Inpatient)	7	2
Residential Facility	3	1
Service Provider Location	136	111
Other Setting	3	9
Total	953	1011

Source: Annual Child Count

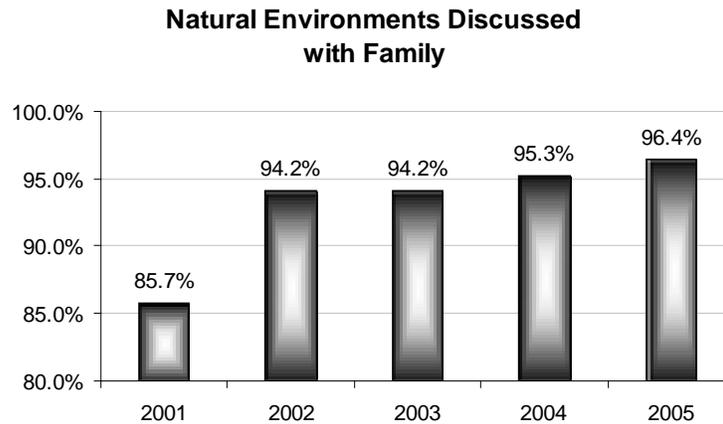
*natural environment

Figure 2-2 Primary Service Settings



Source: Annual Child Count

Figure 2-3 Discussions of Natural Environments with Families



Source: Annual Statewide Monitoring

Discussion of Baseline Data:

Annual child count data indicated that in December 2003, 76% of children were receiving their primary service in their home or in a program designed for typically developing peers, such as child care. Annual Child Count data prepared for December 2004 indicate that this percentage has increased to 83%. Based on this initial data, the target for 2011 is to have 90% of children will receive their primary service in natural environments.

2005 State monitoring data indicated that 91% of the IFSPs included services that were provided in natural environments or documentation existed for justification based on the child's needs to be met in a setting not considered a natural environment. Monitoring indicates that justifications for services not in the natural environment by the IFSP team often include children who are medically fragile and those children in need of highly structured environments. Documentation will continue to track the movement of services to natural environments based on the needs of children.

A high percentage of IFSP teams are discussing natural environments and 96.4% of IFSPs monitored indicate that families are identifying natural environments. 91% of charts reviewed in 2005 include evidence of strategies that families can use to promote child's development. This is a positive trend to have families a part of discussions throughout the IFSP process and families continuing to report that service coordinators and providers are sharing strategies to use at home and other places where their child spends time.

The 2004 Family Survey indicated that 96.7% of families indicated that Child Development Watch gave them information that they can use on a daily basis with their child. This increased from the 2002 Family Survey from 93.5%.

This positive trend can be a result of many training efforts including coaching, follow-up from statewide monitoring, and PIWI (Parents Interacting With Infants) training, provided by Partners In Excellence (PIE). The PIWI model is a framework founded on the relationship-based, family centered, developmental perspective of early intervention. PIWI believes that parent-child relationships are critical foundations for early development. Participants included home childcare providers, Early Head Start, Parents As Teachers, home visitors, family service coordinators, and early intervention providers.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	83.2% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2006 (2006-2007)	83.4% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2007 (2007-2008)	84% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2008 (2008-2009)	86% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2009 (2009-2010)	88% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2010 (2010-2011)	90% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2011 (2011-2012)	90% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.
2012 (2012-2013)	90% percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had much stakeholder input, including the DE ICC, the ICC provider group, CDW leadership Teams, Expanding Inclusive Early Intervention Opportunities (EIEIO) committee, and CDW staff. Justification for these improvement activities are based on qualitative data from these stakeholders, data reported in DE Part C APR, and regional data tracking services in natural environments.

Improvement Activities	Timelines	Resources
State monitoring will continue to track whether all services are provided in natural environments, describe justifications why children are not receiving services in natural environments, and track the movement of services to natural environments.	Spring 2012	Birth to Three Monitoring team
Online service coordinator training modules will be developed. Training on the Statewide IFSP will be provided in order to promote family directed information regarding natural learning opportunities and functional goals.	Fall 2011-2012	Birth to Three Training Administrator; Part C Coordinator; Child Development Watch Clinic Managers; Birth to Three Trainer Educators/Family Support Specialists
Distribute <i>Growing Together User's Guide for Early Care and Education, Inclusion Brochure & Delaware MAPS to Inclusion</i>	Fall 2011 - Spring 2012	University of Delaware Center for Disability Studies, Birth to Three, Expanding Inclusive Early Intervention Opportunities (EIEIO) Committee
Data collected in ISIS regarding provision of early intervention services in natural environments will continue to be reviewed for accuracy.	Fall 2012	ISIS Maintenance Committee; Assistant Part C Coordinator
Promote Inclusion Credential for early childhood providers	Fall 2011-Fall 2012	Birth to Three Training Administrator, EIEIO Committee, Delaware Institute for Excellence in Early Childhood
Families will continue to be asked for their input concerning how early intervention helps with and fits into family routines.	Summer 2012 (See Indicator 4)	Family Survey, OPEC, University of Delaware–Center for Disabilities Studies
Partner with the Delaware Institute for Excellence in Early Childhood and the Delaware Department of Education to increase the range and quality of training opportunities focusing on inclusion and natural learning opportunities.	Spring 2012 – Fall 2013	Birth to Three; EIEIO Committee; Delaware Department of Education; Delaware Institute for Excellence in Early Childhood & and DE Stars for Early Success, University of Delaware

Monitoring Priority: Early Intervention Services In Natural Environments
Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);**
- B. Acquisition and use of knowledge and skills (including early language/communication; and**
- C. Use of appropriate behaviors to meet their needs.**

(20 U.S.C. 1416(a)(3)(A) and 1442)

Measurement:

Progress Categories for A, B, and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)].
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1: Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2: Percent of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a)+(b)+(c)+(d)+(e)] times 100.

Overview of Issue/Description of System or Process:

Birth to Three was a part of a General Supervision Enhancement Grant and planning occurred with DOE on how to collect, rate and report on these child outcomes from a combination of ongoing progress monitoring, parent and early intervention professional observations, interviews and assessments, and multidisciplinary initial evaluations and reevaluations. In September 2004, the Child Outcomes Workgroup was established to institute the child outcomes accountability system in Delaware. The system was designed to align with Delaware's Infant Toddler Early Learning Foundations.

Birth to Three and DOE engaged in a pilot outcome measurement system from Fall 2005 – Summer 2006. Ninety Part C eligible children were initially included in the pilot and represented children receiving services across delivery options; a mix of children with different disabling conditions including children with mild involvement, children with moderate involvement and children with multiple disabilities. Low incidence populations were also

targeted to ensure inclusion of all possible assessment scenarios. Several assessment measures that cross ages (0-5 years) and several measures that were appropriate for children ages birth to 36 months were included in the pilot. The Child Outcome Summary Form (COSF), developed by the Early Childhood Outcomes Center, was piloted on a smaller sample.

Data from the pilot was reviewed in May 2006 to determine which measures would be used statewide. The intent was to have a menu of assessments available for use, and to allow for some assessments that may be more specialized for certain disabling conditions. As the final part of the pilot project, professionals received statewide, regional and local professional development opportunities in August and September 2006.

Policies and Procedures:

Based on the pilot, the Child Outcomes Work Group and Birth to Three developed the following plan:

Observations of each child will be made in his/her natural environment, such as home, child care, Early Head Start, etc. Observations may be conducted by a primary service provider such as an early childhood educator, early intervention therapist, or other involved professionals. Progress monitoring will also include interviews with parents and early care and education professionals. The focus is to ensure the information from on-going progress monitoring will be useful for intervention planning.

The Child Outcome Summary Form (COSF) is the tool used to report child outcome ratings. Outcomes data are expected on all children who have at least six consecutive months of early intervention services.

Service Coordinators are responsible for assuring that child outcomes are collected for each of these children on their caseload. Initial outcome data for each child are generally expected within two months from start of service. Although the OSEP reporting categories include only initial and exit ratings, Delaware has chosen to submit annual COSFs on each child.

Delaware Building Blocks Guidelines for Infants and Toddlers outlines requirements for the early childhood outcomes. This has been shared with the regional CDW programs, CDW leadership teams, each early intervention provider agency, at regional early intervention provider meetings, and at ICC. This is available on the Birth to Three and DOE web sites and is periodically updated, including a document of frequently asked questions.

Technical Assistance/Professional Development:

In conjunction with DOE, Birth to Three supports professional development opportunities to learn specific measurement tools, increase knowledge of best professional practices of assessment for early intervention, and incorporate early childhood assessments skills as part of professional development within the birth to five early childhood system.

In May 2009, Delaware was selected as an ECO Framework Partner State. This selection was in response to an application that was jointly submitted by Part C and Part B/619 Program. This two-year technical assistance grant focuses on developing and refining outcomes measurements. ECO intends to work with an alliance of Delaware and six other states (California, Colorado, Maine, Minnesota, New York, and Ohio) to create a blueprint for state systems development that will include a comprehensive measurement system and an identification of existing and potential system components. Delaware has participated in several conference calls, and a day of professional development, held in coordination with ECO staff, is planned for May 2010.

In addition to the Frameworks Grant, Delaware has routinely participated in national conference calls, webinars, and the annual Child and Family Outcomes Conferences in Baltimore, Maryland in August 2008 and in Bethesda, Maryland in June 2009.

Data Collection and Verification:

Early intervention providers and assessors within Child Development Watch submit COSFs for each child who became Part C eligible after September 1, 2006. Staff at Child Development Watch enters COSF ratings into a module in ISIS. This module incorporates the COSF calculator, designed by the Early Childhood Outcomes Center.

This calculates the OSEP reporting categories based on the entry and exit ratings entered into ISIS. These reporting categories are submitted in Delaware's Annual Progress Report (see Figure 3.1, below). In addition, the calculator serves as an aid in detecting impossible rating combinations. Impossible rating combinations are reviewed and reported to the regional Management Analysts for correction. OSEP reporting categories, provider specific, and tool specific reports reviewing entry and exit data are routinely generated. These reports are analyzed by the Assistant Part C Coordinator. Anomalies and missing data are reported to regional Management Analysts for follow up and correction.

Monitoring:

Delaware has several processes in place to monitor the quality of data. As the number of children reported in this indicator continues to increase, the ISIS child outcome module will allow Delaware to compare outcome data across assessment tools and across early intervention providers. Reports are generated to analyze child outcomes by subgroups such as locality, age of entry, demographics, etc. This data will allow us to monitor the quality of the process and validity of the information at least from the perspective of consistency and sensible patterns.

The COSF is used to determine ratings across multiple sources, including basing the COSF rating on at least one assessment tool that is part of the child's ongoing assessments within early intervention. The COSF ratings per outcome have been linked by a formula to the overall scores on some of the assessment tools, thereby allowing for ways to monitor the reliability of COSF ratings across providers and across assessment tools. Several of the approved assessment tools for infants & toddlers are also approved across the birth to five year old age range. For the Carolina Curriculum, the same formula is also being used to convert scoring on the Carolina Curriculum to an initial COSF rating per outcome. Currently the preschool programs are comparing COSF rating generated by the team to those generated from the scoring formula. This information will be reviewed when complete and revisions to the processes made as needed.

Through participation in the Frameworks Grant, Delaware hopes to develop an effective mechanism to monitor not only the reliability and validity of the child outcomes data, but the quality of the ratings as well. In addition, monitoring procedures are being revised to include strategies to examine outcome rating activities across programs. Birth to Three will continue to work with CDW and early intervention providers to carefully examine outcome data and use this information for local program reform where necessary. The Assistant Part C Coordinator reviews child outcomes data and contacts regional Management Analysts when anomalies, missing data, and/or impossible rating combinations are identified.

Public Reporting of Child Outcomes Data:

Child outcomes data are reported in Annual Performance Reports and the State Performance. Contents from each of these documents have been shared with stakeholders at ICC meetings and also at Child Development Watch Staff meetings. In addition, "Building Blocks Guidelines" and "Infant Toddler Early Learning Foundations: A Curriculum Framework" are available in hardcopy from the Birth to Three office and also posted on the Birth to Three website: <http://dhss.delaware.gov/dhss/dms/birth3pubs.html>

Figure 3-1 OSEP Progress Data for Infants and Toddlers Exiting 2008-2009

	A. Positive social-emotional skills (including social relationships)		B. Acquisition and use of knowledge and skills (including early language/communication and early literacy)		C. Use of appropriate behaviors to meet their needs	
	Number of Children	% of Children	Number of Children	% of Children	Number of Children	% of Children
a. Percent of infants and toddlers who did not improve functioning	4	1.69%	2	0.85%	6	2.54%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	83	35.17%	94	39.83%	85	36.02%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	34	14.41%	42	17.80%	33	13.98%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	42	17.80%	48	20.34%	60	25.42%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	73	30.93%	50	21.19%	52	22.03%
Total	N=236	100%	N=236	100%	N=236	100%

Source: ISIS

Delaware reports 236 children who became Part C eligible after September 1, 2006, exited within FFY08, and had at least six months of early intervention services prior to exit. All of these children have at least two data points. Child outcome progress data for FY08 are included in Figure 3-1, above.

Baseline Data for Infants and Toddlers Exiting 2008-2009—Summary Statements for Each of the Three Outcomes:

A) Positive social-emotional skills (including social relationships):

	Outcome A				
	a	b	c	d	e
FFY08	4	83	34	42	73

Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent that substantially increased their rate of growth by the time they exit the program $(((c)+(d)) / ((a)+(b)+(c)+(d))) \times 100 = \%$

$$(34+42)/(4+83+34+42) = 76/163 = .4663 \times 100 = \mathbf{46.63\%}$$

Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) \times 100 = \%$

$$(42+73)/(4+83+34+42+73) = 115/236 = .4873 \times 100 = \mathbf{48.73\%}$$

B) Acquisition and use of knowledge and skills (including early language/communication and early literacy)

	Outcome B				
	a	b	c	d	e
FFY08	2	94	42	48	50

Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent who substantially increased their rate of growth by the time they exit the program $(((c)+(d)) / ((a)+(b)+(c)+(d))) \times 100 = \%$

$$(42+48)/(2+94+42+48) = 90/186 = .4839 \times 100 = \mathbf{48.39\%}$$

Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) \times 100 = \%$

$$(48+50)/(2+94+42+48+50) = 98/236 = .4153 \times 100 = \mathbf{41.53\%}$$

C) Use of appropriate behaviors to meet their needs

	Outcome C				
	a	b	c	d	e
FFY08	6	85	33	60	52

Summary Statement 1: Of those children who entered the program below age expectations in each outcome area, the percent who substantially increased their rate of growth by the time they exit the program $(((c)+(d)) / ((a)+(b)+(c)+(d))) \times 100 = \%$

$$(33+60) / (6+85+33+60) = 93/184 = .5054 \times 100 = \mathbf{50.54\%}$$

Summary Statement 2: The percent of children who are functioning within age expectations by the time they exit the program $(((d)+(e)) / ((a)+(b)+(c)+(d)+(e))) \times 100 = \%$

$$(60+52) / (6+85+33+60+52) = 112/236 = .4746 \times 100 = \mathbf{47.46\%}$$

Discussion of Baseline Data:

Before Delaware could begin to discuss setting targets for child outcomes with the ICC Executive Committee, Birth to Three compiled all available child outcomes data to be able to provide a clear understanding as to what the summary statements calculated. Providing a graphical representation of the data promoted a better understanding as to how the calculations compared from FFY07 to FFY08 (see Figure 3-2). This is also how Birth to Three will provide data to Child Development Watch, early intervention providers and other stakeholders in the future.

In reviewing the OSEP reporting categories (see Figure 3-1), it became evident that again Delaware was going to report a high percentage (Outcome A: 35.17%, Outcome B: 39.83%, Outcome C: 36.02%) of “children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers”, also referred to as OSEP Reporting Category ‘b’. This was directly impacting the Summary Statement calculations.

As a result of numerous discussions with other states and technical assistance received from the Early Childhood Outcomes Center, conferences, webinars, and conference calls, Birth to Three realized that Delaware reported a high percentage of children being reported in this category. Birth to Three acknowledged that further monitoring

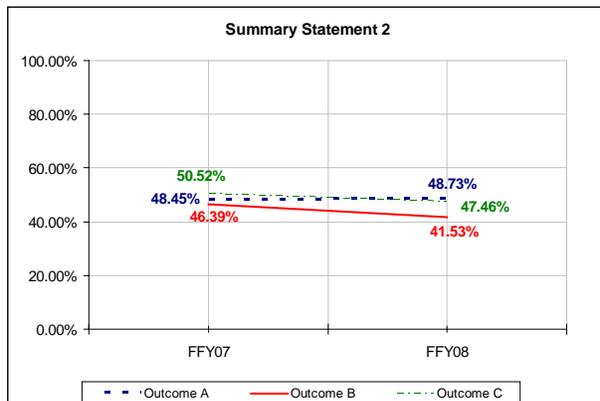
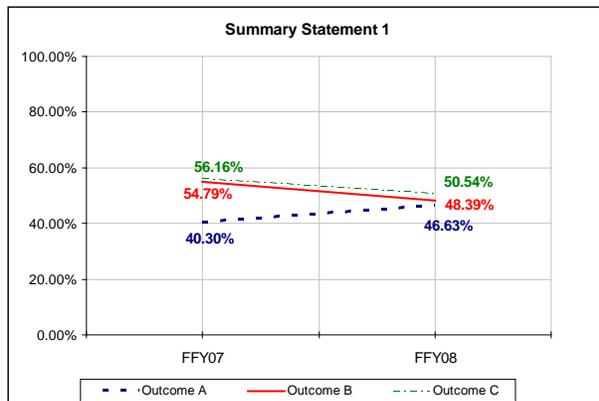
needed to be done to appropriately determine the root cause of the disproportionate percentage of children being reported in OSEP Category 'b'.

Initial review did not indicate that the child outcomes process was excluding any children, nor did it indicate that any assessor or early intervention provider was not submitting COSF scores. Data analysis and professional development activities planned for FFY09 will hopefully enable Delaware to identify the root cause. Once the cause is identified, changes in policies and procedures may be required. Any changes will require staff training and revised technical assistance.

Until such cause is identified, Birth to Three and the ICC Executive Committee caution against setting targets higher than the lowest Summary Statement calculation. Reviewing the data, Summary Statement 2 for Outcome 2 was calculated for FFY08 as 41.53%, a decrease from 46.39% reported in FFY07. Considering this decrease and potential changes in process resulted in proposing all six targets at 40% for FFY09.

Figure 3-2 COSF Year to Year Analysis

	Outcome A					Outcome B					Outcome C				
	a	b	c	d	e	a	b	c	d	e	a	b	c	d	e
FFY07	1	39	10	17	30	1	32	19	21	24	1	31	16	25	24
FFY08	4	83	34	42	73	2	94	42	48	50	6	85	33	60	52



Summary Statement 1			(c+d)/(a+b+c+d)
	Outcome1	Outcome2	Outcome3
FFY07	40.30%	54.79%	56.16%
FFY08	46.63%	48.39%	50.54%

Summary Statement 2			(d+e)/(a+b+c+d+e)
	Outcome1	Outcome2	Outcome3
FFY07	48.45%	46.39%	50.52%
FFY08	48.73%	41.53%	47.46%

Source: ISIS

Improvement Activities/Timelines/Resources for FFY08 (July 1, 2008-June 30, 2009)

Targets for the '09-'10 year and the '10-'11 year were based on review of summary statements from FFY07 and FFY08 and recommended by the Interagency Coordinating Council. The decision was made to set the targets lower than the baseline as Delaware is carefully reviewing the validity, reliability and quality of the data to ensure that future targets will be attainable. The ICC voted at its October 2010 meeting to keep the targets for FFY 2010 the same as for FFY2009. As Delaware continues to improve reliability and validity of its child outcome data, these targets will be reviewed with ICC and discussions will focus on revisions of target to be different than the FFY2008 baseline data.

As part of the Frameworks Grant, Delaware and ECO will be closely reviewing data and current policies and procedures. Once the data is analyzed, as discussed under "Discussion of Baseline Data," Delaware will review the targets and make revisions as necessary. However, at this time, Delaware remains unsure of the effects that potential system changes will have on future data, and as a result, the following targets are being submitted:

FFY	Measurable and Rigorous Target		
2005 (2005-2006)	No targets were set for these years as this became a new indicator in 2007		
2006 (2006-2007)			
2007 (2007-2008)			
2008 (2008-2009)			
2009 (2009-2010)		Indicator 3a	'09-'10 Target
		Summary Statement 1	40.00%
		Summary Statement 2	40.00%
		Indicator 3b	'09-'10 Target
		Summary Statement 1	40.00%
		Summary Statement 2	40.00%
		Indicator 3c	'09-'10 Target
		Summary Statement 1	40.00%
		Summary Statement 2	40.00%
2010 (2010-2011)		Indicator 3a	'10-'11 Target
		Summary Statement 1	40.00%
		Summary Statement 2	40.00%
		Indicator 3b	'10-'11 Target
		Summary Statement 1	40.00%
		Summary Statement 2	40.00%
		Indicator 3c	'10-'11 Target
		Summary Statement 1	40.00%
		Summary Statement 2	40.00%

2011 (2011-2012)	Indicator 3a	'11-'12 Target	
		Summary Statement 1	46.63%
		Summary Statement 2	48.73%
	Indicator 3b	'11-'12 Target	
		Summary Statement 1	48.39%
		Summary Statement 2	41.53%
	Indicator 3c	'11-'12 Target	
		Summary Statement 1	50.54%
		Summary Statement 2	47.46%

2012 (2012-2013)	Indicator 3a	'12-'13 Target	
		Summary Statement 1	46.63%
		Summary Statement 2	48.73%
	Indicator 3b	'12-'13 Target	
		Summary Statement 1	48.39%
		Summary Statement 2	41.53%
	Indicator 3c	'12-'13 Target	
		Summary Statement 1	50.54%
		Summary Statement 2	47.46%

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had much stakeholder input, including the DE ICC, DE Ongoing Program Evaluation Committee, and ECO, as DE is a state member of the Partnership Framework grant, and the CDW outcome liaisons. DE ICC voted on October 2010 to set targets for FFY09 and FFY10 at the original targets of 40% across all three outcomes. Justification is that DE continues to work on improving confidence in the data through reliability and pattern checking analysis. These improvement activities result in qualitative and quantitative child outcome data. Targets for FFY11 and FFY12 will be discussed and decided by ICC.

Improvement Activities	Timelines	Resources
Participate in listservs, conference calls and trainings offered by the ECO Center focused on child outcomes and/or the effective use of the COSF.	July 2011- June 2012	Birth to Three, OPEC, IDEA/619; CDW Leadership Teams, DE Early Intervention Providers
Collect and review child outcome progress data for reporting. Analyze and share results with CDW assessors and early intervention providers to discuss issues in conducting assessments, reporting results, and reviewing ratings on COSF.	January – Dec. 2012	Birth to Three, CDW Assessors, Leadership Team, Early Intervention Providers, ECO
Identify approaches for including data analysis and pattern checking into the ongoing system and begin the process to make these activities sustainable. Distribute reports to CDW Management Teams, providers, and stakeholders.	July 2010 – June 2012	Birth to Three Assistant Part C Coordinator; Birth to Three Quality Management Coordinator; Regional Data Management Analysts
Analyze data by number of children who exited the CDW programs after six months of services to assist with the monitoring of missing child outcome data.	Jan. - Dec. 2012	Birth to Three Assistant Part C Coordinator; Birth to Three Quality Management Coordinator; Regional Data Management Analysts

Analyze data by subgroups (locality, disability, length of time in program, etc.) to look for patterns and variations.	January – Dec. 2012	Part C Coordinator; Assistant Part C Coordinator; Early Childhood Outcomes Center
Revise and update <i>Delaware Building Blocks Guidelines for Infants and Toddlers</i> to align with Part B /619 Guide.	January –Dec. 2012	Share in the Part B/619 contract with ECO; CDW assessors; CDW Child outcomes liaison & Leadership Team; Early Intervention Providers
Co-sponsor training across Part C and Part B /619 programs around teaming, team discussions and parent involvement in the COSF rating process.	July 2010 - June 2012	Birth to Three Staff; Part B /619 staff; ECO Center Staff
As an ECO Frameworks Partner State, review current policies and procedures and implement change/refine as necessary based on the <i>Scale for Assessing State Implementation of a Child Outcomes measurement System</i> .	January 2011 – June 2013	Birth to Three Staff; ECO Center Staff
Share 2010 child outcome data with ICC, and discuss revisions of target for FFY11 and FFY12 based on validity and reliability data analysis. Consider FFY2008 baseline data as the target for FFY2011 APR.	January – Dec. 2012	ICC, DE Part C Coordinator; Part B /619 Coordinator
Add assessment tools such as Teaching Strategies Gold to the approved assessment used to determine COSF. Teaching Strategy Gold is used in DE with some of the LEAs and Head Start, and has been aligned with child outcomes.	January – Dec. 2012	Birth to Three Staff; Part B /619 staff; CDW assessors and EI providers
Train staff across Part C and part B/619 to use the revised Early Learning foundations alignment in determining Child Outcomes Summary ratings to improve quality practices for assessment.	January – Sept. 2013	Birth to Three Staff; Part B /619 staff; CDW assessors and EI providers

Indicator 4 Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn. (20 USC 1416(a)(3)(A) and 1442)

Data Source: State selected data source. State must clarify the data source in the State Performance Plan.

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Overview of Issue/Description of System or Process:

In 2006, the survey tool that has been used since 1990 to assess the experience of families who have children who participate in Child Development Watch; the state's early intervention program for children with disabilities; was adjusted to also assess for the three outcomes required to be addressed in the Federal Report on the state's activities.

In 1990, the Interagency Resource Management Committee (IRMC); a committee of Department Secretaries from the state's Department of Education, Health and Social Services, and Children, Youth and their Families, the Budget Office and Controller General's Office; sponsored a study of the early intervention system in Delaware with the purpose of developing recommended program evaluation practices for statewide early intervention programs. The *Family Survey* was designed and tested in 1996. In the pilot study, the construct validity of the survey was confirmed by the results and modifications to the instrument were made based on the feedback from the families and from analyses of the survey items.

Since 1996, the survey has been used five times to evaluate the experience of families receiving Birth to Three Early Intervention System's early intervention services. The University of Delaware, Center for Disabilities Studies, has been the contractor for the Family Survey to develop, revise, administer, analyze results, and complete written reports and presentations to key stakeholders. Follow up on targeted issues has been conducted through Family Focus Groups in 2001 and 2004, with representation in all three counties and with families who are Spanish speaking.

Survey results are annually shared with the regional Child Development Watch staff, the statewide ICC, and as part of the IRMC Annual Report. The IRMC Annual Report is also shared with the Joint Finance Budget Committee of the Delaware Legislature. Birth to Three Early Intervention System will continue to report to these stakeholders on results from the six family clusters: overall satisfaction; perceptions of change in self/family; perceptions of child's change; positive family program relations; decision making opportunities; accessibility and receptiveness; and perceptions of quality of life. One of the clusters, "Families' Perceptions of children's change" is also a state agency performance measure that is reported annually to the Department of Health and Social Services and to the Budget Office.

Throughout the use of the *Family Survey*, there have been many modifications, including the most recent adaptation to measure the defined Federal Outcomes. The Ongoing Program Evaluation Committee (OPEC) for the Birth to Three Early Intervention System made decisions to continue to use the *Family Survey* as the method to collect the information from families, to incorporate questions that would address the three Federal Outcomes, and to use a six-point Likert scale for the responses.

In order to assure a representative sample of the families being served by Child Development Watch, OPEC did support a pilot study of a revised *Family Survey* and testing of two different methodologies for administering the survey. One method was to have the survey distributed to families by service coordinators and the other was to conduct a telephone interview with families. As a result of the pilot study, it was determined that a greater diversity of families could be cost effectively reached by a telephone survey rather than by having service coordinators distribute the survey tool to families. Thus, the survey has also changed from a mail survey format that has been used until 2004 to the telephone interview that was used in 2006.

In the 2006 *Family Survey*, questions were identified to measure each of the Federal Outcomes. Some questions were very similar to the questions proposed by the National Center for Special Education Accountability Monitoring (NCSEAM). Some were new questions added to the survey, some questions have been used since the administration of the first *Family Survey*. Following the pilot survey, an Alpha reliability coefficient was used to determine the strength of the questions being used to measure the cluster concept.

Statewide chart audit monitoring continues to report on evidence of family centered practices within the early intervention program. State monitoring reports on documentation of child and family strengths and needs in the IFSP, indication that family assessments occur to identify families' unique strengths and needs, evidence that family rights are distributed, and evidence that activities used to meet identified concerns are integrated into the child's family daily routine.

Family centered practices are a part of the entire early intervention program and system. Family information is available in Spanish. Family-centered practices are explained and outlined in the Family Guide to CDW, a booklet distributed to all families evaluated for early intervention; in CDW standards; in the 2004 CDW Policy Manual; and in all training offered to new and current staff. A family rights booklet, available in Spanish and Creole, and other languages as needed, is explained and distributed when families consent to participate in CDW and is offered to families at every annual IFSP meeting. Birth to Three employs two part-time family support specialists to act as liaisons to CDW service coordinators on family support issues, and to offer various family support activities such as Family Forums and parenting classes in each region. Staff, parents and the family support specialists have most recently updated the Family Guide to expand family centered practices into this document. Since 2000, families are members of Birth to Three and CDW committees, participate in clinical issues and staff meetings, participate on the hiring panel for new CDW staff, and review CDW brochures, policies and procedures. Families learn of these opportunities through the CDW Family Newsletter, and through New Scripts, a group that supports families to co-facilitate in-service and pre-service teaching and training. ICC also supports families to participate in Partner's in Policymaking, a parent advocacy training sponsored by the Developmental Disabilities Planning Council. Birth to Three supports these various ways of family participation in early intervention through family stipends. Having families participate in many different aspects of early intervention helps to assure family centered practices are implemented and maintained.

Training is offered to all CDW staff through the state diversity training classes, and CDW staff offers ongoing training in diverse cultures, minority health issues, and needs of families through the Division of Public Health, in-house expertise, and other groups who have expertise in home visiting. Interpreters are available to assist CDW staff in evaluations and IFSP meetings. The Birth to Three office periodically updates an Interpreter Issues Report that is readily available to the community.

Baseline Data for FFY 2005:

Baseline data for the new telephone interview methodology support the use of a telephone interview for the following family surveys. The new Federal Outcomes indicated that Child Development Watch has helped families:

- A. Know their rights.
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

Figure 4-1 Family Outcome Indicators

Cluster/Subscale:	2006 Results					
	Very Strongly Agree	Strongly Agree	Agree	Disagree	Strongly Disagree	Very Strongly Disagree
Federal Outcome 1: Families Know Rights	14.9%	30.4%	45.8%	7.3%	0.9%	0.7%
Federal Outcome 2: Families Effectively Communicate Children's Needs	12.4%	42.0%	40.7%	4.0%	0.4%	0.5%
Federal Outcome 3: Families Help Children Develop and Learn	15.2%	38.1%	40.1%	3.7%	2.2%	0.6%

Source: 2006 Family Survey

Discussion of Baseline Data:

To measure the Federal Outcomes, Federal Outcome 1: "Families Know Their Rights" included four questions, two of which were new to the 2006 Family Survey and two of which were also asked in the 2004 Family Survey. The Alpha reliability coefficient, .846, indicates that this set of questions is a reliable measure of this outcome. Federal Outcome 2: "Families Effectively Communicate Their Children's Needs" included five questions, all of which were new to the 2006 Family Survey. The Alpha reliability coefficient, .715, indicates that this set of questions is a reliable measure of this outcome. Federal Outcome 3: "Families Help Their Children Develop and Learn" included four items, two of which were new to the 2006 Family Survey and two of which were also asked in the 2004 Family Survey. The Alpha reliability coefficient, .808, indicates that this set of questions is a reliable measure of this outcome.

There was much discussion with members of OPEC, University of DE's Center for Disabilities Studies, and through conference calls and workshops offered by NCSEAM as to where to set the baseline. Delaware has decided to set the actual baseline for those families who indicated they strongly agree or very strongly agree. According to the 2006 Family Survey, 45.3% of families report that they understand their rights (14.9% "very strongly agree," 30.4% "strongly agree"); 54.4% of families report that they effectively communicate their children's needs (12.4% "very strongly agree," 42.0% "strongly agree,"); and 53.3% of families report that they help their children develop and learn (15.2% "very strongly agree," 38.1% "strongly agree").

If the baseline included those families who indicate that they agree, strongly agree and very strongly agree, then the 2006 Family Survey results would report that 91.1% of families report that they understand their rights (14.9% "very strongly agree," 30.4% "strongly agree," and 45.8% "agree"); 95.1% of families report that they effectively communicate their children's needs (12.4% "very strongly agree," 42.0% "strongly agree," and 40.7% "agree"); and 93.4% of families report that they help their children develop and learn (15.2% "very strongly agree," 38.1% "strongly agree," and 40.1% "agree").

Sampling for the Ongoing Family Survey: Telephone interviews were used to collect information regarding the Family Outcomes. From all the families who have received Child Development Watch services for 6 months or more, families were divided into the cells of this sampling matrix:

North		South	
African-American	Less than 24 months old	African-American	Less than 24 months old
	More than 24 months old		More than 24 months old
Caucasian	Less than 24 months old	Caucasian	Less than 24 months old
	More than 24 months old		More than 24 months old
Hispanic and Other	Less than 24 months old	Hispanic and Other	Less than 24 months old
	More than 24 months old		More than 24 months old

This sampling matrix was used to make sure that the sample for the *2006 Family Survey* was representative of the population of CDW. In general, the demographic data indicated that the families who completed the *2006 Family Survey* were representative of the population of families receiving CDW services based upon region, ethnic background, and length of time in the program.

The proportion of the responses from families more closely matches the population enrolled in the program in 2006 than it did in 2004 when a mailed surveying strategy was used. The creation of six cells in the North and six cells in the South, with each cell having 30 families, resulted in a total of 360 families to be sampled. Telephone calls were made to families asking them to complete the telephone interview. In total, 149 families in the North and 75 families in the South completed the telephone interview. This is a 62% response rate; these 224 families represent 38.9% of the 576 eligible families to be surveyed who have had children participate in Child Development Watch. The diversity of the sample reflects the geographic, gender, and ethnic diversity within the program. See Table X for the proportion of families who responded to the 2006 and 2004 *Family Surveys* from each of the ethnic groups.

Figure 4-2 Self-identified ethnic background of families receiving CDW services

Race/Ethnicity	2006 Results		2004 Results		CDW Enrollment Rate ³
	Number	Percent	Number	Percent	
Caucasian	126	58.9%	62	72.1%	59.3%
Hispanic	19	8.9%	5	5.8%	10.5%
African-American	44	20.6%	14	16.3%	27.8%
Asian	9	4.2%	1	1.2%	2.0%
Other	16	7.5%	4	4.7%	0.4%
Total	214¹	100.0%	86²	100.0%	100.0%

¹ 2006 total does not equal 224 because 10 families chose not to identify their ethnic background

² 2004 total does not equal 96 because 10 families chose not to identify their ethnic background

³ Based on the 2005 CDW Enrollment Rate

Source: 2006 Family Survey

An analysis of the data was also done to assess the data by ethnic group, length of time in the program, and geographic region where the family received the services. The analysis did not indicate that there were any differences due to any of these factors. Thus, it was concluded that families' experiences are similar regardless of the family's ethnicity, length of time in the program, and region where services are received.

Distribution for the Ongoing Family Survey: Prior to the telephone interview, individualized letters were mailed to families using Child Development Watch's letterhead explaining that they had been randomly selected to have a telephone interview and asking for their cooperation in completing a telephone interview

at a mutually convenient time. The telephone interview was conducted by the Center for Disabilities Studies. A Spanish translator called families who speak Spanish if this was needed, and other methods for translation were available for other languages as needed.

The next Family Survey will be conducted in the spring of 2007. This survey will use the telephone interview format and will utilize to questions regarding the Federal Outcomes, similar to the methods that were used in the *2006 Family Survey*.

Addition to the Survey Methodology in FFY2007: In addition to the telephone and mail survey for harder to reach families, families are also given the option to complete the survey via the internet through Survey Monkey technology. This has allowed families to complete the survey at times and locations most convenient to their daily routines. For the 2010 survey results, 67% of the completed surveys were obtained through the internet option. A new option considered for a small group of hard to reach Spanish Speaking only families will be an organized gathering. This option will be piloted for the 2011 Family Survey.

Analysis of the Family Survey Data to Set Targets and Improvement Strategies

The analysis of setting the targets and how to determine the actual baseline data will continue to be reviewed throughout the upcoming year. There are varying opinions as to whether the targets should be set inclusive of the percent of families who agree vs. only including the percent of families who strongly or very strongly agree.

The analysis of the responses families provided to the *2006 Family Survey* indicated that there were some areas which could be improved. These were questions which had a higher proportion of families who had responded with an answer that indicated that they disagreed with the statement. Of the questions used to define Federal Outcome 1: "Families Know their Rights," two questions indicated areas for improvements. These were the questions: "You know who within Child Development Watch you need to speak with if you feel your family's rights are not being addressed," and "You know who within Child Development Watch you need to speak with if you have other complaints/concerns about the Child Development Watch program." Of the questions used to define Federal Outcome 2: "Families Effectively Communicate Their Children's Needs," three questions indicated areas for improvements. The questions "Activities and resources that are offered through Child Development Watch are sensitive to your cultural and ethnic needs" and "The program communicates with you in a way that is sensitive to your culture and your ethnic group," indicated a need to learn more about the expectations that families had related to cultural values and norms. The question, "As part of the Child Development Watch program, you feel that you have the opportunity to discuss your family's strengths, needs, and goals," was identified as an area to also improve. Of the questions used to define Federal Outcome 3: "Families Help Their Children Develop and Learn," two questions indicated areas for improvement. The questions, "You are more able to get your child the services that he or she needs," and "You feel that you have more of the knowledge you need to best care your child and your family," was seen as related to the needs identified by the questions in Federal Outcome 2. It was determined that to address the concepts of these questions would improve the responses from families in the future surveys.

The Ongoing Program Evaluation Committee (OPEC) discussed the improvement activities to be used to achieve greater family outcomes and set targets to be achieved. Further discussions occurred with the CDW regional staff, especially regarding improvement activities. The ICC Executive Committee and entire ICC gave input into setting the targets and improvement activities.

The targets were set using confidence intervals. Confidence intervals of +/- 5% were estimated and a target of a 7% increase over five years was projected for each Federal Outcome. This 7% increase was then divided into the five years to obtain the target goals for each year. The targets are presented here.

FFY	Measurable and Rigorous Target		
2005 (2005-2006)	As measured by the 2006 Delaware Family Survey, current proportion of families who report strongly agreeing and very strongly agreeing to questions used to measure the outcomes.		
	Federal Outcome 1:	Families Know Their Rights	45.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	54.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	53.3%
2006 (2006-2007)	Federal Outcome 1:	Families Know Their Rights	46.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	54.9%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	54.3%
2007 (2007-2008)	Federal Outcome 1:	Families Know Their Rights	47.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	55.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	55.3%
2008 (2008-2009)	Federal Outcome 1:	Families Know Their Rights	48.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	57.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	56.3%
2009 (2009-2010)	Federal Outcome 1:	Families Know Their Rights	50.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	59.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	58.3%
2010 (2010-2011)	Federal Outcome 1:	Families Know Their Rights	52.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	61.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	60.3%
2011 (2011-2012)	Federal Outcome 1:	Families Know Their Rights	52.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	61.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	60.3%
2012 (2012-2013)	Federal Outcome 1:	Families Know Their Rights	52.3%
	Federal Outcome 2:	Families Effectively Communicate Their Children's Needs	61.4%
	Federal Outcome 3:	Families Help Their Children Develop and Learn	60.3%

Improvement Activities/Timelines/Resources:

Improvement activities have been developed from extensive input from the DE ICC, CDW teams, and the Ongoing Program Evaluation Committee, of which Parent Information Center of DE is a committee member. Justification for revisions to improvement activities have been a result of ongoing evaluations, as part of the CDW programs.

Improvement Activities	Timelines	Resources
More families from the FFY2010 results from the Family Survey know their right and knew who to contact about a concern or complaint. CDW staff will continue to offer annual training and will continue to widely disseminate the English and Spanish version of the Guide to Family Rights booklet.	July 2011 – June 2012	CDW Leadership teams and Family Support Specialists
Incorporate family rights into the on line service coordinator training modules for all current and new service coordinators.	August 2012	Birth to Three Training Administrator and CDW Leadership teams
Based on results from the online training modules and level of knowledge, redesign annual training to meet the needs of families understanding their rights and other family centered practices as part of the IFSP.	June 2013	CDW Family Support Specialists; CDW Leadership Teams; Birth to Three Training Administrator; ICC
Based on a survey pilot in FFY10, revise two questions relating to cultural competence for the FFY11 survey.	Spring 2012	OPEC and CDW Leadership Teams; Center for Disabilities Studies (CDS) ,
Review effectiveness of survey return methods; plan and conduct FFY2011 family survey	March - June 2012	OPEC and CDW Leadership Teams
Analyze survey by race/ethnicity and region and previous year to identify any significant differences	November, 2011 & 2012	CDS, University of DE; OPEC; CDW Leadership Teams
Present results from 2010 <i>Family Survey</i> to CDW staff, and develop improvement activities with CDW. The two family outcome results needing continuing improvement activities are in the areas of understanding family rights and early childhood transition.	Sept. 2011, 2012, 2013	OPEC; CDW staff meetings; ICC
Evaluate effectiveness of improvement activities from results of CDW Family Survey and from family feedback on materials regarding family rights and early childhood transition.	June 2011, 2012 and 2013	OPEC; CDW leadership teams; ICC, CDS of the University of DE
Based on pilot activities in New Castle County to identify a successful method to reach those “harder to reach” Spanish Speaking only families, offer family gatherings as a method to complete survey through U of DE survey contract .	April – June 2012	OPEC; CDW Leadership teams; University of DE
Based on pilot, develop and distribute annual one-page result summaries to share with families to build family involvement and interest. Distribution through Family-to-Family Health Center, Parent Information of DE web sites, and EI providers.	March – June 2012	OPEC, Family to Family Health center, Parent Information Center of DE; EI providers; CDW; University of DE
Develop new collaboration with University of DE Research and Development within their Dept. of Education in order to analyze relationships among child outcome and family outcome results.	March 2012 – Sept. 2013	OPED, U of DE, CDW

Monitoring Priority: Effective General Supervision Part C/Child Find

Indicator 5 Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddler birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.

Overview of Issue/Description of System or Process:

Delaware has maintained a comprehensive child find system that is coordinated with Delaware's Home Visiting Program for First Time Parents, Public Health Community Services, the Departments of Education and Services for Children, Youth and their Families.

A central point of entry to the Birth to Three Early Intervention System is maintained through the Division of Public Health's Central Intake system. Referrals into the system continue to originate from a range of sources and continue to be reported monthly from ISIS. This is reviewed by the Part C Coordinator and distributed to CDW Leadership Teams. These statewide and regional data reports are also distributed on a quarterly basis to the ICC.

Delaware provides comprehensive multidisciplinary assessments through a team of highly qualified staff of CDW service coordinators whose function is also to provide developmental assessments (see Indicator 7). Delaware also coordinates its MDAs with neonatal follow-up provided by major hospitals throughout the state.

Delaware also provides comprehensive follow up programs for at risk infants and toddlers. Children receive periodic follow up through ongoing assessments. These programs are coordinated with the Neonatal Intensive Care Units at the major hospitals and primarily follow low birth weight and premature infants. CDW staff participate in these follow up programs and help determine if the status of the infant involved has changed with respect to the eligibility of the infant and toddler. At risk infants and toddlers are identified and evaluated, and when not eligible for Part C, receive periodic follow up.

The fundamental public awareness vehicle in Delaware is the *Growing Together Portfolio*. Distribution is maintained through hospitals to all families of children born in Delaware. The parent packet provides developmental, health and safety, nutrition, immunization, child care, fatherhood and referral information to parents by means of a developmental calendar. The *Growing Together Portfolio* is currently available in English and Spanish. Additionally, program brochures and the Family Guide are also available in English and Spanish. Individuals needing program information in alternative formats are addressed on an individual basis. The Birth to Three office also maintains a comprehensive listing of persons in the community who are available for translation on a case-by-case basis.

The Birth to Three website remains under construction; however, the site does include a link to the Central Directory of Services and a link to the Internet Guide to Services.

The race and ethnicity of infants and toddlers determined eligible for Part C continues to be consistent with State and national demographic data. The ICC, the Division of Child Mental Health and the Developmental Disabilities Council are drafting a letter to request that the Division of Public Health conduct an epidemiological study in Delaware to obtain accurate prevalence data to achieve a more accurate count of

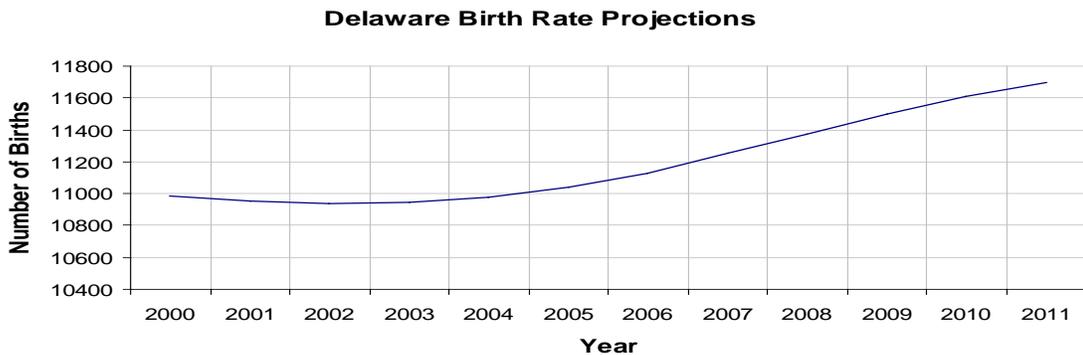
infants and toddlers with disabilities in Delaware. Based on this data, Delaware anticipates adjusting the measurable and rigorous target for this indicator.

In April 2005, the Birth to Three Early Intervention System first collaborated with First Signs, Inc., the University of Pennsylvania School of Medicine, the Autism Society of Delaware, and the Delaware Developmental Disabilities Council and offered a training program educating regional healthcare professionals on routine screenings that identify developmental delays and disorders, especially in the area of autism. This training was included in a statewide public awareness and educational initiative that coincided with the Center for Disease Control’s “Learn the Signs. Act Early.” national awareness campaign. Follow up trainings have been provided to further educate physicians and other early childhood professionals.

For the past several years, Delaware was considered to have broad eligibility criteria. In October 2005, OSEP had identified Delaware as having moderate eligibility criteria. Baseline data has been revised accordingly.

Baseline Data for FFY 2004 (2004-2005):

Figure 5-1 Birth Projections



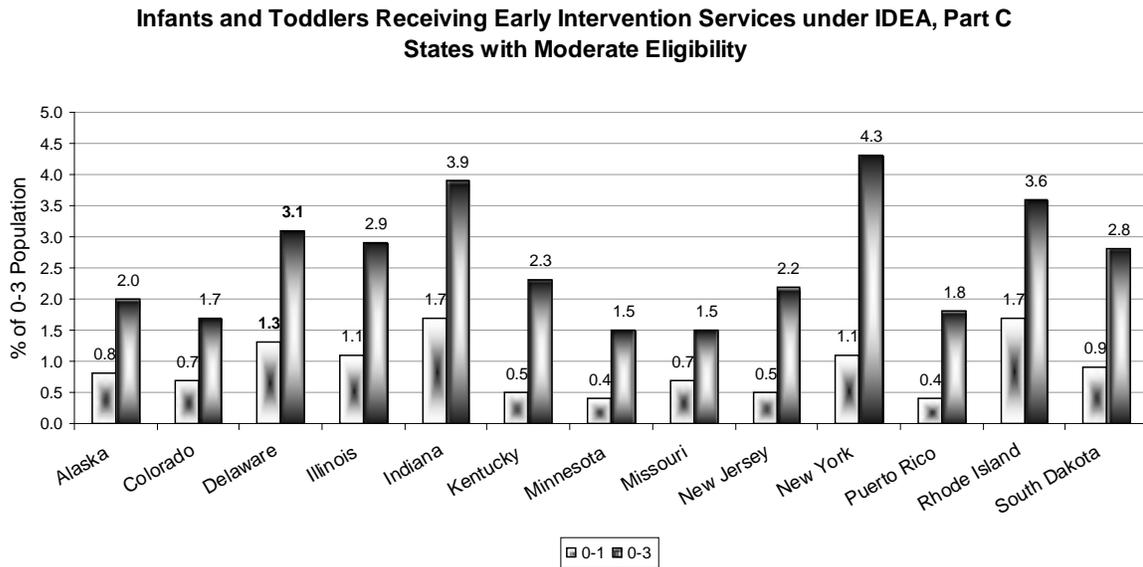
Source: Delaware Population Consortium, Center for Applied Demography and Survey Research, University of Delaware

Figure 5-2 Number of Children Served by Child Development Watch

Reporting Year	Actual Served Age 0-1
2000	194
2001	179
2002	205
2003	201
2004	148

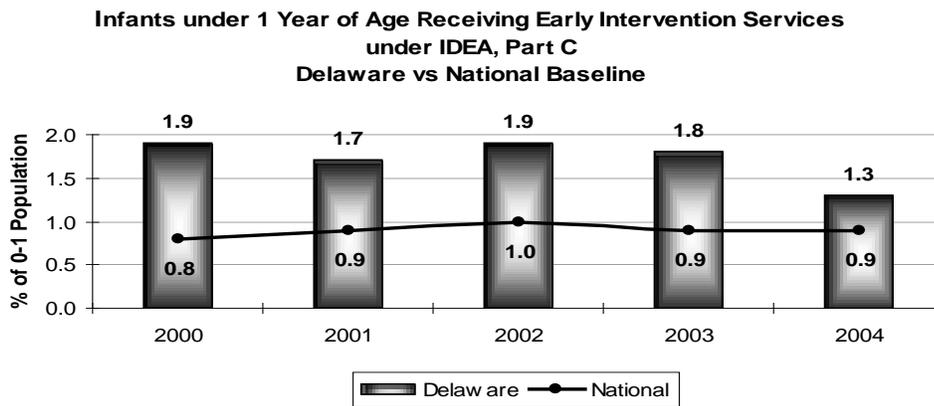
Source: Annual Child Count

Figure 5-3 Comparison to States with Similar Eligibility



Sources: US Department of Education, Office of Special Education Programs, Data Analysis System (DANS)

Figure 5-4 Comparison to National Baseline



Sources: Annual Child Count, US Department of Education, Office of Special Education Programs, Data Analysis System (DANS)

Discussion of Baseline Data:

Based on the Annual Child Count in 2004, 1.3% of Delaware's birth to one population was determined eligible for Part C.

- A. Among other states with moderate eligibility criteria, Delaware ranks second with an identification rate of 1.3% (both Indiana and Rhode Island both report identification rates of 1.7%).
- B. US Department of Education’s Table 8-6 “Infants under 1 year of age (excluding infants at risk) receiving early intervention services under IDEA, Part C, by state”, as based on the Annual Child Count, indicates that Delaware had ranked 0.41 above the current national baseline (0.9%) in the percent of children, from birth to age one, receiving early intervention services.

Although baseline data for 2004 reflects a decrease in the percent of 0-1 years olds receiving early intervention services, Delaware maintains a high identification rate and a comprehensive child find system.

Data indicates that this is a cyclical trend. The overall number served is anticipated to increase slightly by 2010 due to a projected increase in the Delaware birth rate.

Delaware is reexamining its established conditions as part of its eligibility criteria as a result of strengthened collaborative efforts with these follow up programs available in Delaware. Specifically, the Ad Hoc Health Care Committee has recommended to ICC that some established conditions be eliminated where a child demonstrates no significant developmental delays and the condition does not have a high probability resulting in one. One proposed change is to revise low birth weight to those under 1000 grams (currently low birth weight is an established condition for those less than 1250 grams for any gestational age and less than 2000 grams at term). The Ad Hoc Health Care Committee and ICC are also reviewing other established conditions, such as sickle cell anemia and where the child demonstrates no significant development delays. Periodic follow up through ongoing assessments is coordinated through existing programs in Delaware.

Justification for Target Revisions:

The ICC recommended that targets for FY08, FY09 and FY10 be adjusted to reflect the proposed eligibility criteria in Delaware.

Revisions, with guidance received from OSEP, have been made to the targets for FY08, FY09, FY10, FY11, and FY12:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. The Birth to Three Early Intervention System will identify 1.31% of infants and toddlers birth to 1 with IFSPs compared to: B. Other States with similar eligibility definitions; and C. National data.
2006 (2006-2007)	A. The Birth to Three Early Intervention System will identify 1.32% of infants and toddlers birth to 1 with IFSPs compared to: B. Other States with similar eligibility definitions; and C. National data.
2007 (2007-2008)	A. The Birth to Three Early Intervention System will identify 1.33% percent of infants and toddlers birth to 1 with IFSPs compared to: B. Other States with similar eligibility definitions; and C. National data.
2008 (2008-2009)	Delaware will meet or exceed the national percent of infants and toddlers birth to 1 with IFSPs.
2009 (2009-2010)	Delaware will meet or exceed the national percent of infants and toddlers birth to 1 with IFSPs.
2010 (2010-2011)	Delaware will meet or exceed the national percent of infants and toddlers birth to 1 with IFSPs.
2011 (2011-2012)	Delaware will meet or exceed the national percent of infants and toddlers birth to 1 with IFSPs.
2012 (2012-2013)	Delaware will meet or exceed the national percent of infants and toddlers birth to 1 with IFSPs.

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had much stakeholder input, including the DE ICC at its July 2010 and January 2011 statewide meetings. Justifications for these improvement activities are based on qualitative and quantitative data as part of evaluation of child find activities.

Improvement Activities	Timelines	Resources
Continue to coordinate <i>Growing Together Portfolio</i> information distributed from all hospitals and through the home visiting programs. <i>Growing Together</i> helpful phone numbers and content are updated to align with Infant Toddler and Preschool learning foundations. Text4baby information is a part of the <i>Growing Together Portfolio</i> .	July 2006 – July 2013	Birth to Three Office; Hospitals; Home Visiting grant project; DPH Smart Start programs; PAT; Head Start and Early Head Start; DE Act Early Team
Update <i>Guide to Inclusion for Early Care and Education</i> in order to promote identification of children within child care and other early education programs.	July 2006 – July 2013	Birth to Three Office; DSCYF—Child Care Licensing; DE Institute for Excellence in Early Childhood, University of DE, EIEIO
Participate in DE Act Early State team and continue expansion of training with physicians on the importance of early identification and use of standardized developmental screening tools.	July 2010 – July 2012	DE Act Early Team, Center for Disabilities Studies, U of DE ; Autism Society of Delaware; CDW Staff; Community Physicians
Participate in <i>Help Me Grow</i> and DE Initiative to increase developmental screening for all children, birth to age eight.	July 2011 – Sept. 2013	<i>Help Me Grow</i> Advisory Committee, ICC, CDW
See also Indicator 6 – Improvement Activities/Timelines/Resources.		

Indicator 6 Percent of infants and toddlers birth to 3 with IFSPs compared to national data.
(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddler birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

Overview of Issue/Description of System or Process:

The Birth to Three Early Intervention System in Delaware maintains a comprehensive child find system that is coordinated with Division of Public Health's (DPH) Central Intake and Delaware's Home Visiting Program for First Time Parents, the Departments of Education (DOE) and Services for Children, Youth and their Families (DSCYF), Christiana Care Health Services, and Alfred I duPont Hospital for Children (*see Attachment 3*).

Delaware maintains a high percentage of children birth to three with IFSPs compared to other states with a moderate eligibility definition. This is a result of the comprehensive child find system and the extensive public awareness activities that have been in place for over ten years, with ongoing improvements to these activities in order to increase effectiveness. Birth to Three also has had in place an effective system for identification of children covered under the Child Abuse Prevention and Treatment Act (CAPTA). DHSS and DSCYF (the Department responsible for children under CAPTA) have had an ongoing mechanism since 1996 to support screening and a description of policies and procedures for referrals to early intervention for children involved in a substantiated case of child abuse and /or identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. There has been some recent increase in referrals because of IDEA Improvement Act of 2004 and changes to CAPTA, and that is described in Indicator #7.

In 2003, a child find study was carried out entitled, "Opportunities for Early Identification of Children who Received Special Education after Kindergarten Entrance". The report was commissioned by the Exceptional Children and Early Childhood Education Work Group within DOE to look at the experiences of children who were referred to special education after they entered kindergarten. The study was carried out by the Center for Disabilities Studies at the University of Delaware.

One of the research questions asked was if children had been receiving early intervention services previously, why were they dismissed from specialized services. The findings indicated that there were not any families in the study who had children who were dismissed from early intervention services. Findings also indicated that there appear to be potential leverage points on which a comprehensive assessment system might be built. A large majority of children and families participated in (1) Women, Infants and Children (WIC) services, (2) had regular contact with medical professionals, and (3) sustained contact with early care and education professionals. Recommendations emerged from the study to indicate that Child Find materials should be available at these locations and that screening for developmental delays should be promoted. This is a focus for First Signs and for the Early Childhood Comprehensive Grant.

On June 28, 2005, the Birth to Three Part C Coordinator and the Training Administrator, along with representatives from key state agencies, participated in a Head Start/ECAP five-year strategic planning session. National speakers presented information regarding Head Start re-authorization, including a focus on serving homeless children and youth which has additional implications under IDEA 2004. Throughout the day, small groups worked to identify challenges, opportunities and action steps related to health, child care, welfare reform, literacy, disabilities, child welfare, and the homeless.

See also Overview of Issue/Description of System or Process section of Indicator 5.

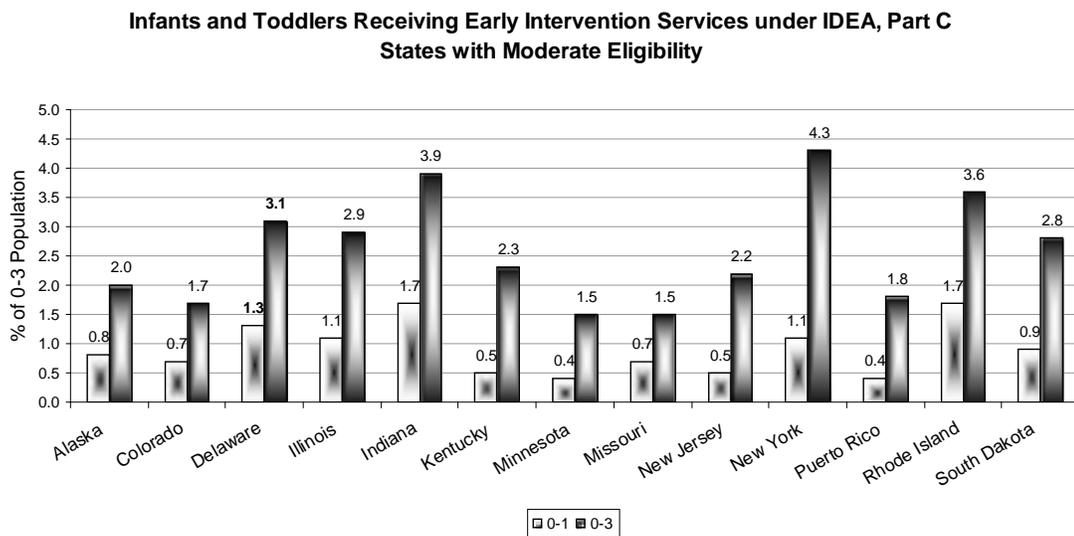
Baseline Data for FFY 2004 (2004-2005):

Figure 6-1 Number of Children Served by Child Development Watch

Reporting Year	Actual Served Age 0-3
2000	1003
2001	907
2002	1034
2003	953
2004	1006

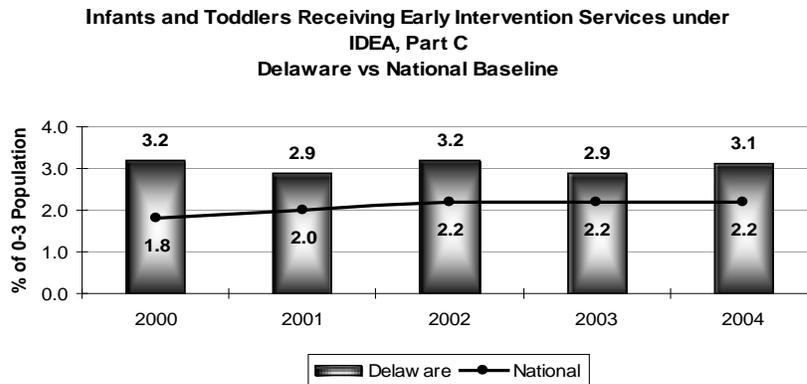
Source: Annual Child Count

Figure 6-2 Comparison to States with Similar Eligibility



Sources: US Department of Education, Office of Special Education Programs, Data Analysis System (DANS)

Figure 6-3 Comparison to National Baseline



Sources: Annual Child Count, US Department of Education, Office of Special Education Programs, Data Analysis System (DANS)

Discussion of Baseline Data:

Based on the Annual Child Count in 2004, 3.1% of Delaware's birth to three population was determined eligible for Part C.

- A. Among other states with moderate eligibility criteria, Delaware ranks fourth with an identification rate of 3.1% (Delaware follows New York, reporting 4.3%, Indiana, reporting 3.9%, and Rhode Island, reporting 3.6%).
- B. US Department of Education's Table 8-5 "Infants and toddlers ages birth through 2 (excluding children at risk) receiving early intervention services under IDEA, Part C", as based on the Annual Child Count, indicates that Delaware had ranked 0.83 above the current national baseline (2.2%) in the percent of children, from birth to age three, receiving early intervention services.

Through CDW monthly progress reports produced from ISIS, CDW Leadership Teams and Birth to Three staff review regional and statewide referral sources and eligibility data to determine that children continue to be identified from a variety of referral sources and there is evidence of similar trends from previous years.

Delaware projects only a slight increase by 2010 in the percentage of children birth to three with IFSPs. The ICC, the Division of Child Mental Health and the Developmental Disabilities Council are drafting a letter to request that the Division of Public Health conduct an epidemiological study in Delaware to obtain accurate prevalence data to achieve a more accurate count of infants and toddlers with disabilities in Delaware. Based on this data, Delaware anticipates adjusting the measurable and rigorous target for this indicator.

Delaware has in place many effective child find and outreach activities. Furthermore, Delaware has initiated a pilot project in July 2004 called Enhanced Watch and See (EWS). The purpose is to serve children with only expressive language delays through ongoing follow up (see Indicator #1). These children will not become eligible under Part C. In addition, there are other recommendations from the Ad Hoc Health Care Committee to ICC regarding revisions to established conditions that have been explained in Indicator #5. These changes will allow Delaware to provide follow up to at risk infants and toddlers and maintain a moderate Part C eligibility definition to serve those children with IFSPs with a high probability of resulting in developmental delay.

Justification for Target Revisions:

The ICC recommended that targets for FY08, FY09 and FY10 be adjusted to reflect the proposed eligibility criteria in Delaware.

Revisions, with guidance received from OSEP, have been made to the targets for FY08, FY09 and FY10:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	The Birth to Three Early Intervention System will identify 3.11% of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.
2006 (2006-2007)	The Birth to Three Early Intervention System will identify 3.12% of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.
2007 (2007-2008)	The Birth to Three Early Intervention System will identify 3.13% of infants and toddlers birth to 3 with IFSPs compared to: A. Other States with similar eligibility definitions; and B. National data.
2008 (2008-2009)	Delaware will meet or exceed the national percent of infants and toddlers birth to 3 with IFSPs.
2009 (2009-2010)	Delaware will meet or exceed the national percent of infants and toddlers birth to 3 with IFSPs.
2010 (2010-2011)	Delaware will meet or exceed the national percent of infants and toddlers birth to 3 with IFSPs.
2011 (2011-2012)	Delaware will meet or exceed the national percent of infants and toddlers birth to 3 with IFSPs.
2012 (2012-2013)	Delaware will meet or exceed the national percent of infants and toddlers birth to 3 with IFSPs.

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had much stakeholder input, including the DE ICC at its July 2010 and January 2011 statewide meetings. Justification for these improvement activities are based on qualitative and quantitative data as part of evaluation of child find activities.

Improvement Activities	Timelines	Resources
Continue to analyze trends in referral activities as they are reported through the CDW Monthly Progress reports. Utilize data from Delaware Vital Statistics and ISIS annually for reporting purposes.	July 2006 – July 2013	Data Management Analysts; Assistant Part C Coordinator
Participate in the development of the DE Early Childhood Data Cube. Once developed, data will be shared as to when children enter early childhood programs across the state, and the effectiveness of child find activities.	July 2010 – June 2013	Early Development and Learning, Delaware Department of Education (DOE); DE Interagency Resource Management Early Childhood Work Group; DE Early Childhood Council

Continue to monitor where families first heard about the program (when families are referral source, track in database where families indicated that they first heard about Child Development Watch). New case management system will make it easier to customize reports, and review trends by regions and referral sources.	July 2006 – July 2013	Central Intake Specialists; Assistant Part C Coordinator; ISIS Maintenance Committee, DPH/DMS Working Group and Birth to Three State Monitoring Team
Implement DE <i>Help Me Grow</i> grant to improve access to early childhood supports and services.	Sept. 2011 – Sept. 2012	DE DPH Maternal & Child Health; DE Part C Coordinator, DE ICC; DE United Way 211; DE <i>Help Me Grow</i> Advisory Committee
Maintain active distribution of program materials to agencies working with families eligible for WIC services and to community centers.	July 2006 – July 2013	Family Support Specialists; Birth to Three Office; CDW Leadership Team
Utilize results from the 2010 Family Survey to track perception of ease of access into program.	July 2006 – July 2013	OPEC; CDW Leadership teams; ICC
Distribute Child Development Watch parent brochures through the statewide meetings organized by the Office of the Coordinator of Education of Homeless Children and Youth.	July 2006 – July 2013	ICC Representative from the Office of the Coordinator of Education of Homeless Children and Youth; Birth to Three Training Administrator
Work with <i>Help Me Grow</i> and DE Initiative for developmental screening to expand statewide training with physicians on the importance of early identification and use of standardized screening tools.	July 2010 – July 2013	<i>Help Me Grow</i> Advisory Committee; Autism Society of Delaware; CDW Staff; Community Physicians
Revise Interagency Agreement with Early Head Start and Head Start to assure early intervention and special education child find materials are distributed to those programs that serve children who are homeless.	June 2013	Head Start Collaboration Project; DOE; Part C Coordinator

Indicator 7 Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.
(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = [(# of infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

Overview of Issue/Description of System or Process:

Child Development Watch Service Coordinators document each contact with families, including, but not limited to, contacts pertaining to evaluations, referrals, services, and family concerns regarding their child. Documentation is found in the child's chart within the progress notes and/or the correspondence section. Consent for the multidisciplinary evaluations (MDA), date of MDAs and date of IFSP meetings are found in the charts and in ISIS.

The Birth to Three Monitoring Team conducts annual statewide chart audits, which includes a comprehensive review of the progress notes, the correspondence section, and the IFSP. This monitoring provides verification of timely evaluations for Part C eligibility. It also provides assurances that the 45 day IFSP timeline is met. Technical assistance was provided to Child Development Watch staff on the importance of providing justification if either timeline was not able to be upheld.

The Birth to Three Monitoring Team has seen increased evidence of documentation regarding when initial IFSP meetings are held in longer than the 45 day timeline and why, including explanations of various family circumstances, that may require IFSP meetings to be delayed.

To automate the data reporting process, the Assistant Part C Coordinator and local data managers are able to generate reports from ISIS that report on the timelines for the multi-disciplinary evaluation and the IFSP meeting. The report provides information on the actual number of days for each child and identifies the service coordinator, referral source, and demographic information. This information helps Delaware determine if any delay is specific to individual staff persons, referral agencies, or demographics. County detail provides an extra measure indicating if timely evaluations are available in all geographic areas of the state. Data collected from this report ensure that the methods for correction are specific to the cause.

Technical assistance was provided to service coordinators and data entry staff. After analysis of preliminary data, it was determined that additional technical assistance was necessary as evaluations were not being consistently or accurately entered into the database.

Identifying this need for additional assistance, the Birth to Three Monitoring Team continues to review the timeliness of evaluations for eligibility through chart review during annual statewide monitoring, and follow up with sharing results with CDW Leadership teams.

Technical assistance was also provided to the Child Development Watch Staff to readdress the initial IFSP meeting within the 45-day timeline and the need for documentation when that timeline cannot be met. To further ensure policies and procedures are understood and followed, the DPH/DMS Management Teams have updated a 2004 Child Development Watch Policy Manual. Additionally, the Quality Management Coordinator, Birth to Three Training Administrator, and designated staff at CDW will be compiling and distributing procedure manuals to each service coordinator. Training by the Birth to Three Training Administrator is

provided to all new CDW staff on policies and procedures, and new service coordinator are often paired with current staff in order to reinforce training.

CDW staff schedule the MDAs and utilize the ICAT system within ISIS for scheduling. ISIS also produces caseload reports by service coordinators so that both supervisors and service coordinators can monitor their own caseloads in order to assure timely evaluations and IFSP meetings.

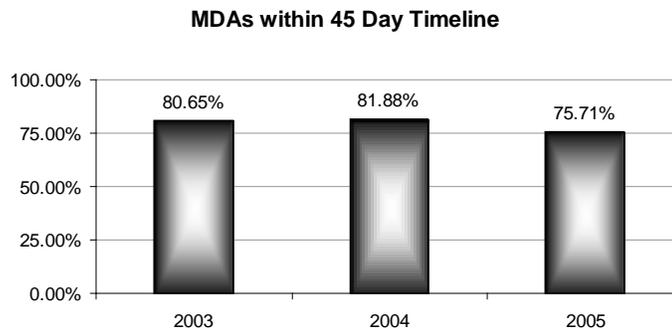
Families are informed of the right to an MDA within the 45 day timeline and to an initial IFSP meeting through their Family Rights booklet. The MDA and IFSP are further explained in the Family Guide to CDW and by service coordinators when families are referred to early intervention and receive initial information about CDW.

Through federal and state funds, and through support from Divisions Developmental Disabilities Services, Management Services and Public Health, CDW staff provide comprehensive multidisciplinary assessments. Staff includes early childhood educators, advanced practice and public health nurses, and others. There is also a developmental pediatrician for Kent and Sussex Counties as part of the CDW team who consults with the CDW team and participates in MDAs.

In addition, contracts are in place with the two major hospitals in New Castle County for providing MDAs and Neonatal Intensive Care follow up on children who are at risk but not eligible for Part C. Various specialists such as developmental pediatricians, geneticists, neonatologists, neurologists, speech language pathologists, and occupational and physical therapists are included. In 2004, Birth to Three increased its funding for contracts to support additional service coordination and MDAs.

Baseline Data for FFY 2004 (2004-2005):

Figure 7-1 MDA Timeline



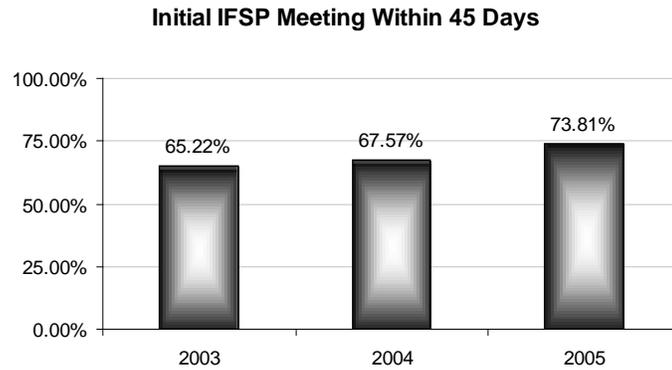
Source: Annual Statewide Monitoring

Figure 7-2 Number of Charts Monitored for MDA Timeline

Monitoring Year	# charts Monitored	# MDAs within 45 days
2003	124	100
2004	149	122
2005	177	134

Source: Annual Statewide Monitoring

Figure 7-3 IFSP Timeline



Source: Annual Statewide Monitoring

Figure 7-4

Monitoring Year	# IFSPs Monitored	# IFSPs signed within 45 days
2003	138	90
2004	148	100
2005	168	124

Source: Annual Statewide Monitoring

Discussion of Baseline Data:

Based on annual statewide monitoring, data is collected and reported separately for MDA and IFSP timelines. The Birth to Three Monitoring Team will review the chart audit tool to determine feasibility of reporting these as a single item.

The baseline for percent of eligible infants and toddlers with IFSPs for whom an evaluation and an assessment were conducted within the 45 day timeline is 76%. The baseline for percent of infants and toddlers with IFPS for whom the initial IFSP meeting was conducted within the 45 day timeline is 74%. There has been some progress in the percent of IFSP meetings conducted within the 45 day timeline (up from 68% in 2004).

There are two primary explanations regarding challenges in making progress to increase the percent of timely evaluations. Efforts underway are expected to improve both timely evaluations and timely initial IFSP meetings. The two primary explanations include: there continue to be vacant state positions in CDW (especially nurse positions who have the role of service coordinator and assessor) and there is a higher rate of referral into early intervention (9.64% increase from 2004 to 2005), thereby requiring more evaluations to be completed within the 45 days.

Regarding CDW staff, the State continues to not have fully recovered from the State of Delaware’s hiring freeze that was lifted in July 2004. The hiring process is slow and it is still difficult to hire Public Health and Advanced Practice Nurses. The state’s compensation does not compete with the private sector for nurses, as is the case nationwide. There are efforts underway to improve the hiring process and to attract nurses: pay scale was somewhat increased in 2005; CDW now has permission to hire directly from applications and can bypass the DHSS application rating and act more immediately on applications; advertising is now occurring specifically for nurses within CDW beyond what currently occurs by Public Health’s recruitment efforts.

In 2005 there have been three nurses and one senior medical social worker hired in positions previously vacant since July 2004. The hiring process is underway for other service coordinator positions. Birth to Three provided additional federal dollars for a new part time contract in 2005 for service coordination and for more assessments to occur in New Castle County. These new staff and new contract will help to improve timely evaluations and timely initial IFSP meetings.

In 2005, Birth to Three met with Child Development Watch Team Leaders to readdress the initial IFSP meeting within the 45-day timeline and the need for documentation when that timeline cannot be met. Documentation for why initial IFSPs were not conducted in the timeline included the following: 21 out of 44 due to family scheduling difficulties or child illness; 2 out of 44 due to child's eligibility status in question resulting in IFSP meeting postponed; and 21 either had no reason documented or were due to staff scheduling difficulty. The chart audit tool did not capture documentation when the evaluations were conducted beyond the 45 day timeline.

New reports have been developed from ISIS to report on the timelines for the multi-disciplinary evaluation and the initial IFSP meeting. The report provides information on the actual number of days for each child and identifies the service coordinator, referral source, and demographic information. This information has to be generated quarterly and shared with CDW Data Managers and service coordinators with follow up to ensure that the methods for correction are specific to the cause.

Efforts are underway to understand the higher referral rate and to reexamine the eligibility criteria in order to maximize existing resources for children with conditions that have a high probability of resulting in developmental delay. In March 2005, Birth to Three and ICC reestablished the Ad Hoc Health Care Committee to review Part C eligibility criteria and make recommendations for revisions. Some established conditions originally included in Delaware's eligibility include conditions when no significant developmental delay is present. IDEA allows and Delaware has currently in place a program that offers ongoing assessment and follow-up as indicated by the assessment team in order to monitor and track these children (program in CDW called WATCH) instead of making them Part C eligible.

Ad Hoc Health Care Committee has recommended to ICC and ICC has approved a pilot to eliminate some established conditions where a child demonstrates no significant developmental delay. Furthermore, the Ad Hoc Committee is looking at reviewing and developing exit criteria for when a child could be exited from Part C before the age of three based on having met developmental milestones. The pilot data will be available to ICC in April 2006 in order for ICC to recommend a policy change to the Delaware Eligibility Criteria.

The Communication Guidelines Committee and its work with the EWS program (described in Indicator 1) is having a small impact in reducing the number of eligible children, thereby freeing up some time from service coordination. This could also reduce the number of MDAs conducted as reevaluations for children with expressive language delays only.

Additionally, there have been some increases in referrals for children covered under the Child Abuse Prevention and Treatment Act (CAPTA). An Operations Agreement and a Memorandum of Understanding regarding CAPTA currently exists in Delaware. Screening occurs within the Division of Family Services and there has been an increase in referrals for evaluations based on the training and information from IDEA. The Interagency Work Group between Child Development Watch and the Division of Family Services is working to improve screening protocols within DFS and to establish consistent criteria for referrals to CDW for MDAs.

The GSEG, as described in Indicator #3, is providing more training in alternative methods and new assessment tools. While the purpose is to use these tools once the child is eligible and as part of monitoring progress during intervention, it will increase the number of professionals trained, the range of assessment tools used, and help to inform the multidisciplinary evaluation process.

More training is being offered to increase the number of staff trained to conduct MDAs. Current staff received Bayley training in Fall 2004, and will receive additional training on the Bayley III in November 2005. This training is open to CDW assessors and to assessors in the early intervention provider community. CDW is relying on its early intervention providers to conduct reevaluations and reassessments.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.
2006 (2006-2007)	100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.
2007 (2007-2008)	100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.
2008 (2008-2009)	100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.
2009 (2009-2010)	100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.
2010 (2010-2011)	100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.
2011 (2011-2012)	100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.
2012 (2012-2013)	100% of eligible infants and toddlers will receive an evaluation and assessment and an initial IFSP meeting will be conducted within Part C's 45-day timeline.

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had much stakeholder input, including the DE ICC, CDW leadership teams and CDW staff. Justification for these improvement activities are based on qualitative data from these stakeholders, regional data regarding progress in timely delivery of MDAs and timely initial IFSPs, and follow up with CDW supervisory staff on recommended changes in order to improve program quality.

Improvement Activities	Timelines	Resources
Use reports from ISIS to monitor compliance on the timelines for the multi-disciplinary evaluation and the initial IFSP meeting. The report provides information on the actual number of days beyond the 45 timeline for each child and identifies the service coordinator and demographic information. Distribute report monthly and offer technical assistance to improve performance based on the data.	Monthly thru August 2012	Assistant Part C Coordinator; ISIS Maintenance Committee; CDW Management Analysts and CDW Leadership Teams
Develop alerts within new case management system to track timelines, inclusive of 45 day timeline for MDA and IFSP, reasons for delays, and monitoring reports for when corrections occur.	Nov. 2010 – Sept. 2012	Assistant Part C Coordinator; Regional Data Managers; CDW Clinic Managers and Supervisors; Quality Management Coordinator
Provide technical assistance to Child Development Watch service coordinators and their supervisors as follow up to monitoring when either the evaluation or initial IFSP timeline was not held within the timeline. CDW checklists regarding timely MDAs and initial IFSPs are reviewed as a part of this follow up.	January 2011 - 2012	CDW Family Support Trainer/Educators in conjunction with Birth to Three monitoring team; CDW Leadership Teams; CDW Assessor teams
Continue casual/seasonal positions and contracts that support the provision of assessments as part of MDA team and service coordination. Federal and state funding support is part of the strategic plan to avoid the ARRA funding cliff.	October 2011 – Sept. 2013	Part C Coordinator; CDW Leadership team; DMS Budget Unit, ICC Executive Committee
Expand contracts for Spanish Speaking interpreter Services.	October 2011 – June 2013	Part C Coordinator; CDW Leadership team, DMS Budget Unit
Offer regional provider training on use of assessment tools and teaming related to assessment results and involvement of families.	March 2011 – Feb. 2013	Part C Coordinator, Birth to Three Training Administrator, Part B 619 Director
Continue to improve screening by DFS for children involved in a substantiated case of abuse or neglect and/or affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug.	July 1, 2011 – June 2012	CDW/DFS Interagency Work Group
Offer training on chart documentation annually within CDW programs to reduce instances of noncompliance due to lack of documentation.	July 2010 – June 2012	CDW Clinic managers; DPH Northern and Southern Services
Birth to Three will review and revise its procedures in order to address the new Part C regulations that require a multidisciplinary team to participate in the initial IFSP meetings. Birth to Three Monitoring team will collect whether two different disciplines participate at the meetings as required.	January 2012- June 2012	ICC; CDW Leadership team; Birth to Three Monitoring team
Provide on line service coordinator training for service coordinators/assessors relating to timelines and statewide IFSP. Improved training will promote consistent and skilled practice in completing initial IFSP.	July 1 2010 – Dec. 2012	CDW Family Support Trainer/Educators; Birth to Three Training Administrator; CDW Leadership Teams

Monitoring Priority: Effective General Supervision Part C/Effective Transition

Indicator 8 Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B
- C. Transition conference, if child potentially eligible for Part B

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

Delaware has agreements in place to implement transition planning for all children exiting early intervention and to support transition planning for all children exiting Part C and potentially eligible for Part B Preschool Programs for Children with Disabilities. The Interagency Agreement for the Delaware Early Intervention System under Part C of the Individuals with Disabilities Education Act has a specific section on transition. This will be reviewed when the entire Agreement is revised October 2006.

There is an Operations Agreement defining roles and responsibilities between DHSS, Divisions of Management Services and Public Health and DOE. Specifically, this Operations Agreement defines the roles of the two regional DOE/CDW liaisons that are employed by DOE and funded by Birth to Three state funds. These liaisons are both service coordinators and liaisons with the local school districts in order to facilitate transition. Representatives from this Operations Agreement, the DOE/CDW Work Group, meet quarterly to discuss and implement ways to improve transition. Most recently this Work Group developed and implemented the new *Plan for Transition from the Birth to Three System to Preschool Special Education or Other Appropriate Services* (known as the *Transition Plan* as part of the IFSP). The Transition Plan has provided transition planning information available to families and to others. Furthermore, this transition Plan is now used in monitoring to document convening of transition conferences and necessary follow up. The DOE/CDW Work group continues to explore barriers and improvement activities regarding transition.

In the winter of 2004-2005, the Chart Audit tool, Transition section, was used to conduct focused monitoring of children who are potentially eligible for Part B and 30 months and older within a designated time period. Based on these results, the Chart Audit Tool, Transition section was revised for state monitoring. State monitoring in 2005 continued to collect transition data to document whether transition conferences were occurring but in more than 90 days from exiting CDW, and included reasons why the 90 day timeline was not met. A technical assistance guidance memorandum developed by DOE on a variety of early childhood issues, including beginning and ending dates for preschool services, was officially distributed in FY04 to all local school districts and CDW in order to clarify when services must begin, role of contractors, and extended school year (ESY). This guidance memorandum was discussed at CDW staff meetings, county Special Education Leadership meetings, and STEPS meetings (Sequenced Transition to Education in the Public Schools).

Revised referral forms and closing data entered into ISIS accurately and comprehensively report referrals upon exit from CDW. ISIS notification reports are available on the children who may be eligible for Part B by school district and these reports are shared with local school districts for planning purposes. These are distributed to the local school districts by the DOE/CDW liaisons. ISIS reports also on the number of children who may be eligible for Part B school district services by service coordinator and by district. These are used by service coordinators as working lists of who may need transition conferences.

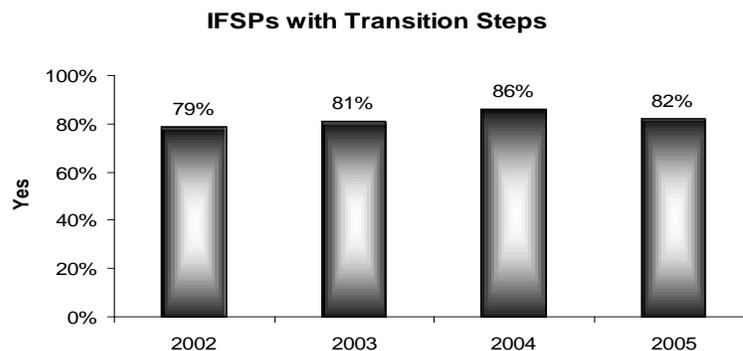
New Castle County continues to operate STEPS, a regional workgroup to offer joint training, discuss barriers to timely transitions, and suggest collaborative ways for local school district child find coordinators, early intervention providers, service coordinators, family representatives, and other early care and education professionals to come together. Most recently, STEPS has offered opportunities to dialogue to make sure all information is gathered to have effective transition conferences in order to improve timely transition conferences. STEPS has revised materials for the New Castle County Preschool Guide, STEPS transition calendar, and a Frequently Asked Questions about transition document. STEPS is facilitated by the NCC DOE/CDW Liaison. Regional planning occurs in Kent and Sussex Counties through the work of the Kent /Sussex DOE/CDW liaison and the local school districts.

Family Forums on transition occur annually and there is ongoing training with service coordinators and local school district staff through staff meetings. Materials regarding early childhood transition are available and specific to the regions. Transition materials are available through web sites and through the Parent Information Center of Delaware (PIC of DE). DOE and Birth to Three support PIC of DE to provide local training and information through their newsletter to parents regarding early childhood transition.

Delaware has developed a method to enter DELSIS (unique identifier for children in Delaware local school districts) into the ISIS tracking system. The purpose was to use the ISIS and DELSIS identification numbers to ensure that those children eligible for Part B start services on their third birthday or the start of school. While a method is in place to enter the DELSIS number into ISIS, it is neither efficient nor feasible to produce reports from this data at this time. DELSIS numbers need to be individually entered into ISIS through data entry. Reports need to be written to accept an electronic monthly tape from ISIS to track children exiting CDW and eligible for Part B start services on their third birthday or at the start of school. ISIS Maintenance Committee, DOE Data Management Staff and the DOE/CDW Leadership Team continue to discuss better options on how to generate and enter DELSIS numbers into ISIS for all children exiting CDW and potentially eligible for Part B services. One of the subgroups of Delaware’s General Supervision Enhancement Grant (GSEG) is looking at the data needs and confidentiality considerations to track information from ISIS to the local school district data systems. Based on this work, a feasibility study is being conducted to determine how to track children exiting Part C and when Part B services commence.

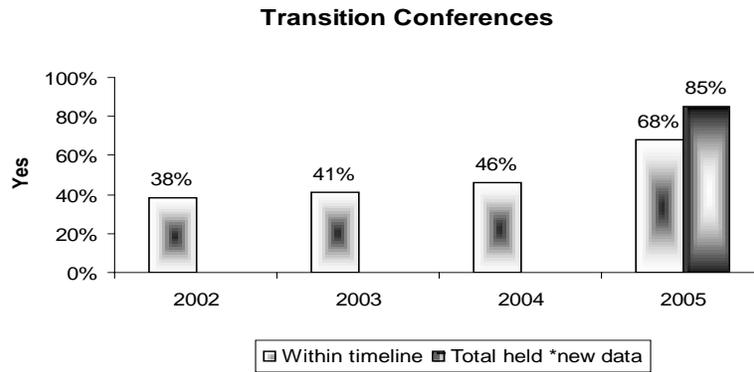
Baseline Data for FFY 2004 (2004-2005):

Figure 8-1 Percentage of IFSPs with Transition Steps



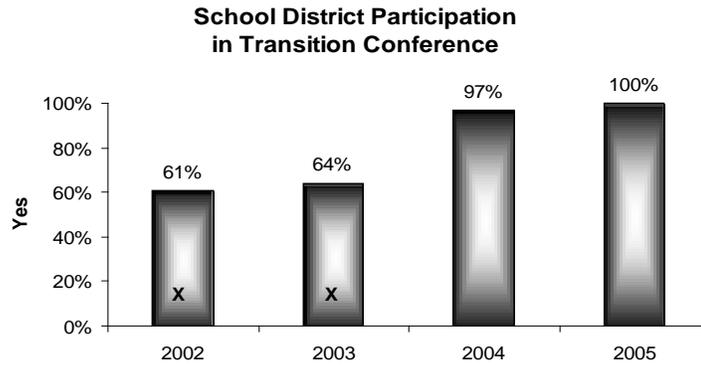
Source: Annual Statewide Monitoring

Figure 8-2



Source: Annual Statewide Monitoring

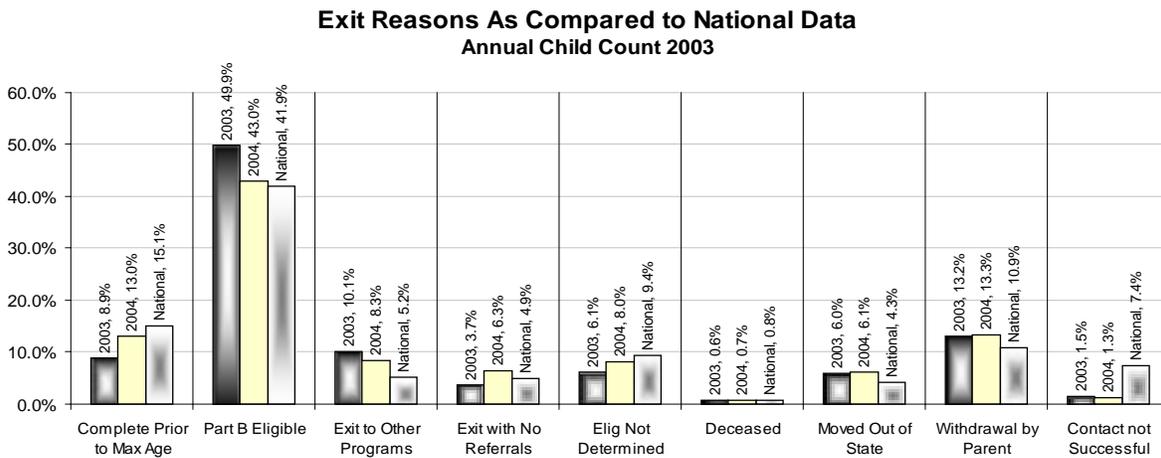
Figure 8.3



X denotes that monitoring data included only those held within 90 days

Source: Annual Statewide Monitoring

Figure 8.4



Sources: Annual Child Count, NECTAC, US Department of Education, Office of Special Education Programs

Discussion of Baseline Data:

- A. Delaware monitors for IFSPs to include transition planning steps for all children exiting Child Development Watch. 2005 state monitoring data indicated that 82% of the families had some discussion about transition that is documented on the IFSP. It is expected that there will be an increase in the percent of IFSPs that include transition steps. As follow-up from 2004 statewide monitoring and with reauthorization of IDEA, there have been more opportunities to discuss the need to document transition steps on the IFSP for all children. The requirement for transition planning for all children is included in the 2004 CDW Policy Manual and is reinforced in a draft Guidance document by the Birth to Three office on early childhood transition policies and procedures. According to the 2004 Family Survey, an increasing number of families reported discussions about transitions occurring (76.7% vs. 72.9% in 2002) and families felt involved in the transition process (81.7%). Family involvement in the transition process is one of the new questions added to the Family Survey.
- B. ISIS notification reports are available on the children who may be eligible for Part B by school district and these reports are shared with local school districts for planning purposes. These are distributed to the local school districts by the DOE/CDW liaisons. Current baseline data indicates that these reports were distributed in 2005 to local school districts upon request, so the baseline data is approximately 80%. With clarification from OSEP on notification to LEAs on children potentially eligible for Part B services, it is now clear that these notification reports will be available to all local school districts through the DOE/CDW liaisons. These reports are also helpful in planning timely transition conferences. Local School Districts indicate that they can be a partner in communicating the need for transition conferences with regional service coordinators and through the DOE/CDW liaisons.
- C. An increasing number of transition conferences for children potentially eligible for Part B Preschool Services for Children with Disabilities are occurring and being convened in the 90 day timeline. Baseline data indicated that for children potentially eligible for Part B services and appropriate for having a transition conference, 85% had a transition conference (41 of 48). Baseline data shows progress. In 2005, 68% of the children exiting Part C and potentially eligible for Part B had timely transition conferences convened (no more than 9 months and at least ninety days before exiting Part C). This is good progress from 2004 (46% timely transition conferences convened in 2004). 32% (13 out of 41) had a transition conference convened but not within the timeline. Of these, 7 out of 13 were due to scheduling difficulties relating to family schedules, child illness, or one where further evaluations were needed to determine if child potentially eligible for Part B services. Transition focused monitoring in December 2004 and January 2005, plus state monitoring in spring 2005 and sharing the results with CDW staff and with the DOE/CDW Work Group contributed to this progress. Service Coordinators clearly understood the need for documentation when timely conferences occur and documenting reasons why timely conferences may not be convened. 2004 documentation indicates that these are some justifications for when a delay occurred. Furthermore, monitoring reinforced the need for documentation regarding why timely transition conferences are not convened in order to identify challenges and target improvements. Follow up action and recommendations occur through the DOE/CDW Work Group, STEPS, Birth to Three office and the DOE Director for Part B Preschool Programs for Children with Disabilities with Local School Districts. Another major effort contributing to this progress is sharing the notification lists with local school districts of children who will be potentially eligible for Part B services. These lists are shared by the DOE/CDW liaisons and serve as work lists for service coordinators for upcoming transition conferences and as planning tools for local school districts.

There was great progress on school district participation. 2005 State monitoring data indicated that 100% of transition conferences held included school district participation. This includes data collected on all transition conferences held, not just those held within the 90 day timeline. Compared to the nation, Delaware's annual child count exit table indicates that more children are determined Part B eligible upon exiting early intervention (43.0% in DE vs. 41.9% as an average from the nation) and fewer children are exiting with Part B eligibility not determined (8.0% in DE vs. 9.1% as an average from the nation). Data verification reports are produced to verify accuracy.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.
2006 (2006-2007)	A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.
2007 (2007-2008)	A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.
2008 (2008-2009)	A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.
2009 (2009-2010)	A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education service.
2010 (2010-2011)	A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.
2011 (2011-2012)	A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.
2012 (2012-2013)	A. 100% of children exiting Part C will have an IFSP with transition steps and services. B. 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the local school district. C. 100% of transition conferences will be held no more than 9 months or at least 90 days before exiting CDW for families of children potentially eligible for preschool special education services.

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had much stakeholder input, including the DE ICC, the DOE/CDW Work Group, Parent Information Center of DE, Family to Family Health Center, LEAs and CDW staff. Justification for these improvement activities are based on qualitative data from these stakeholders, progress in early childhood transition, and the transition data reported in DE Part C and Part B APRs.

Improvement Activities	Timelines	Resources
Notification has new improvement strategies since the new Part C regulations added a timeline. DOE/CDW liaisons staff will send notification on all potentially Part B children monthly instead of three times a year. This will assure notification occurs for all children who are potentially eligible no fewer than 90 days before age three.	January – June 2012	DOE/CDW Work Group; Part B 619 Local School District coordinators
A new transition agreement will be developed, and will include the definition of children who are potentially eligible for Part B.	January – June 2012	DOE/CDW Work Group; Part B 619, Local School District coordinators for child find/preschool programs for children with disabilities
Transition Planning has a new improvement strategy since the new Part C regulations added a timeline. While this practice has been in place, the new Transition Agreement will include assurances that transition plans in each IFSP, including steps and services, are completed between 9 months and 90 days before child is age three as part of the transition process.	July 2012	DOE/CDW Work Group; CDW Leadership Team, Local School Districts, ICC
Local school districts participate in transition conferences which are being convened earlier in the transition timeline, starting around nine months before the child exits CDW. DE Part C Coordinator and the DOE Part B 619 Coordinator offer regional meetings to review the Transition FAQ and new Part C regulations relating to the transition process.	June 2010 - July 2012	DOE/CDW Liaisons, STEPS; DOE Leadership Team; DOE Part B/619 Coordinator
Transition training will be provided annually to families, EI providers and CDW staff in each region through the DOE/CDW liaisons and thru STEPS in New Castle County using the transition checklists. In NCC, STEPS includes local school districts in order to improve communication and scheduling of timely transition conferences. Quality indicators of transition conferences are documented and shared.	July 2010 – June 2013	DOE/CDW Liaisons; PIC of Delaware; STEPS in NCC
Transition materials for Delaware will be reviewed and updated and, along with those available nationally, made available on DOE and Birth to Three statewide web sites, through the Parent Information Center of DE, through CDW family newsletters, and EI providers and service coordinators. Parent stories will also be developed and shared on the importance of parent involvement in transition planning	June 2012	DOE/CDW Liaisons; DOE/CDW Work Group; PIC of DE; DE Family to Family Health Center; ICC
Incorporate reports and data to track timelines, inclusive of transition conferences, reasons for delays, and monitoring reports when corrections occur in the new case management system.	November 2010 – Sept. 2012	ISIS Maintenance Committee; CDW /DOE liaisons; Assistant part C Coordinator
Explore funding and recruitment of SLPs in order to offer Hanen groups on a continuous schedule and in each county as a joint Part C /Part B 619 effort	July 2011 – June 2013	DOE/CDW work Group, Birth to Three Training Administrator, CDW Leadership Group
Coordinate efforts through the Delaware Early Childhood Council (DECC) to support Parents As Teachers (PAT) Stay and Play groups with PAT, Part C, and Part B 619 to integrate transition in to community opportunities.	July 2011 – June 2013	DECC, CDW Leadership, PAT

Monitoring Priority: Effective General Supervision Part C/General Supervision

Indicator 9 General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.
Percent = [(b) divided by (a)] times 100.

States are required to use the "Indicator 9 Worksheet" to report data for this indicator (see Attachment

Overview of Issue/Description of System or Process:

Early intervention services for infants and toddlers with disabilities are ensured through Delaware's systems for compliance with IDEA. Determination of IDEA compliance is based on the collection, analysis and utilization of data from all available resources (See Figures 9-1, 9-2, and 9-3). Statewide Interagency Agreements, Interagency Operation Agreements, and Memorandums of Understanding are in place to assure the coordination of early intervention resources, staff, and services. The Interagency Agreement of the Delaware Early Intervention System under Part C of IDEA and the Standards for the Early Intervention Service Delivery System as provided by CDW are incorporated in the CDW Policy Manual, disseminated to service coordinators and early intervention providers. Interagency committees are in place to monitor the implementation of operation agreements and address barriers as they arise. These and other ICC ongoing committees develop priority areas and improvement activities based on State-identified needs.

Delaware's monitoring and evaluation activities gather data from multiple sources and through a variety of methods, perspectives and time periods. Reports are shared on a regional level for discussions to confirm that results are reflective of practices, guide ongoing technical assistance to the region, and recommendations are developed for improvement activities. Results are also shared with the designated ICC committees and with the ICC to ask for state level recommendations and improvement activities based on data and trends.

Figure 9-1 Timelines

Evaluation Strategy	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Family Focus Group	Fall		Fall→ Spring			
Family Outcomes	Spring			Fall	Pilot Version	Spring
Service Coordinator Focus Group		Spring			Spring	
Provider Focus Group		Spring			Spring	
Provider Survey	Fall			Spring		
Early Childhood Outcomes	Ongoing Child Change				Pilot and Entry Data	Baseline

Source: University of Delaware, Center for Disabilities Studies

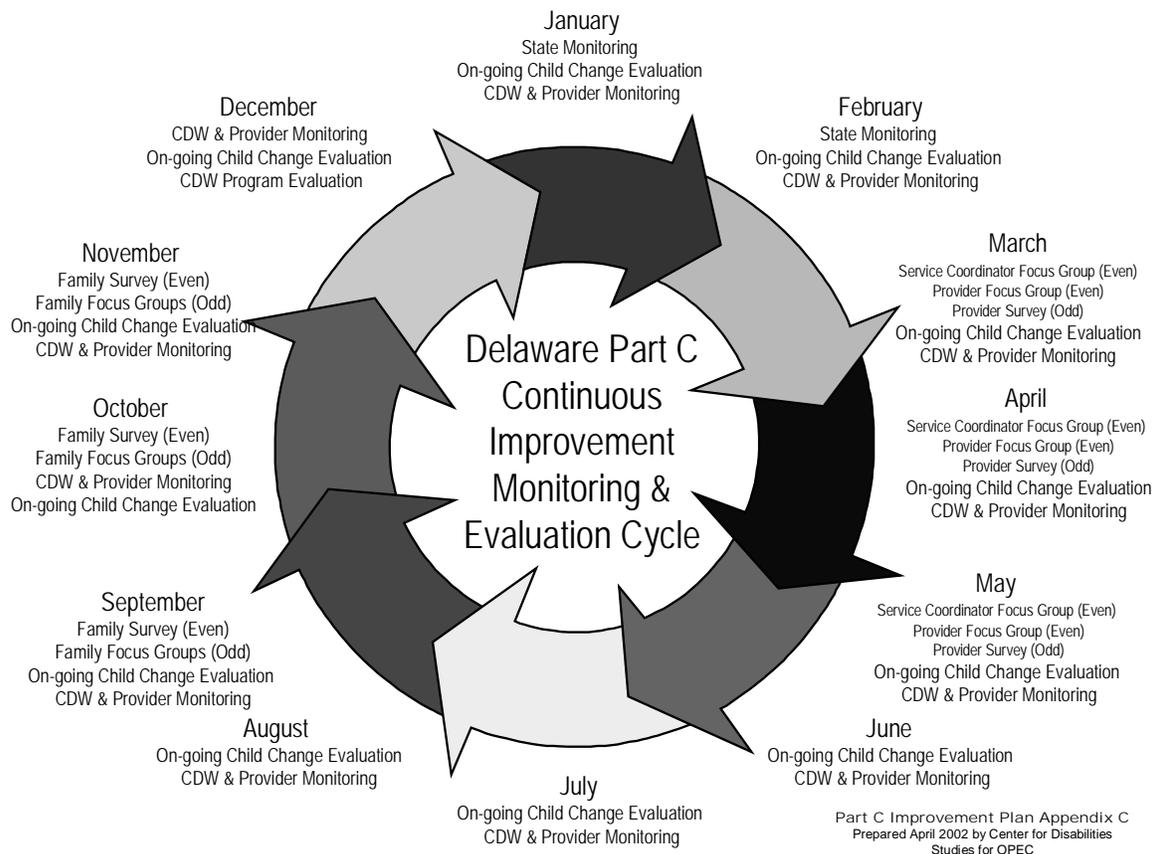
Monitoring activities are conducted through annual statewide review of charts, analysis of reports compiled from data in ISIS and evaluation methods as indicated in Figure 9-3.

Local data for Delaware is organized by region: New Castle County is one region and Kent and Sussex Counties is the second region.

During statewide chart monitoring, both regional offices are monitored over several days. Service Coordinators have a minimum of ten percent of their caseload reviewed. Demographic information on the population monitored will be compared to population served in each region to ensure a representative sample. The monitoring staff reviews the cases for compliance with IDEA in accordance with the Chart Audit Tool and Service Coordinator Questionnaire. At the completion of monitoring, the number of charts reviewed represents at least ten percent of the number of eligible children on the caseload report. A formal exit interview is conducted and preliminary results are discussed with supervisory staff. A formal report is shared with regional CDW sites and a written improvement plan with timelines is required on areas of noncompliance.

Cases selected for monitoring included those on the caseload report with a Part C eligibility status. Actual case selection was determined by random master client index (MCI) number generation capabilities in Microsoft Excel. After generating the caseload report, case selection was prepared by utilizing the random selection function in Microsoft Excel.

Figure 9-2 Monitoring Cycle [implemented 2002-2005]



Source: University of Delaware, Center for Disabilities Studies

The Birth to Three monitoring team uses the Part C Quality Management Chart Audit Tool to review the cases. The Chart Audit Tool is reviewed on an annual basis and revisions are made as necessary. It currently contains eight sections: A) General Information; B) Multi-Disciplinary Assessment; C) IFSP (**Individualized Family**

Services Plan; D) Progress Notes and Chart Organization; E) Family Centeredness; F) Service Delivery; G) Transition.

Cases reviewed during this monitoring process were examined for compliance with IDEA, State Law, and Standards for the Early Intervention Service Delivery System as provided by CDW, guidelines and policies. When individual cases are found to be out of compliance the Birth to Three monitoring team informs the CDW Clinic Manager and associated supervisor who then works with the service coordinator to correct the noncompliance. The monitoring team report identifies this noncompliance and requests a corrective action plan including timelines. A member of the Birth to Three office verifies correction according to the plan.

Figure 9-3 Data Sources

<i>Evaluations</i>	<i>Transitions</i>	<i>Natural Environments</i>	<i>General Support Monitoring Family Centeredness</i>	<i>Family Involvement</i>	<i>Child Find</i>	<i>Sustainable Outcomes</i>
<i>Monthly Progress Reports</i>			X	X	X	
<i>Annual Statewide Monitoring</i>	X	X	X	X	X	
<i>DELSIS Tracking/ISIS Tracking</i>	X				X	X
<i>Child Outcomes</i>						X
<i>Family Focus Groups</i>	X	X		X	X	
<i>Family Outcomes</i>	X	X	X	X	X	X
<i>Service Provider/Service Coordinator Focus Groups or Telephone Survey</i>	X	X	X	X		
<i>Delaware Baseline Early Care and Education Quality Study</i>		X				

Source: University of Delaware, Center for Disabilities Studies

When systemic problems are identified, the Birth to Three monitoring team requires the regional program managers to respond to the Birth to Three office with a written improvement plan identifying corrective actions taken. DPH/DMS Working Group, which includes the CDW Clinic Managers, reviews improvement plans. In addition the DPH/DMS Working Group will review existing ISIS reports and work with the ISIS Maintenance Group to produce reports that monitor that progress is being made. DPH/DMS Working Group also recommends additional training and technical assistance, some of which is carried out by the CDW Leadership Team and/or Birth to Three Staff.

The ISIS system is a vital component of the general supervision system. Birth to Three staff review regional and statewide data reports on a monthly basis. Either through an analysis of these reports or through focused monitoring, the Birth to Three office reviews whether significant progress has been made in the areas of noncompliance. The Birth to Three office works with CDW leadership to assure that program activities and technical assistance continue when significant progress has been made. If the data suggest that significant progress has not been made in the areas of noncompliance, a new revised improvement plan with timelines is requested from the CDW Clinic Managers. Furthermore, new data reports are developed in order to better understand the noncompliance.

The ISIS programmer position was vacant from July 2004 until February 2005. Additional ISIS reports to track service delivery elements, such as service location or whether each service identified on the IFSP had started in a timely manner were not developed until this current fiscal year. Regional CDW Data Management Analysts continue to work with service coordinators when reports indicate that services were not started to ensure correct documentation of service gaps. Gap information is addressed with the CDW management teams at the regional level and through regional CDW staff meetings. Early intervention providers and family members from New Scripts are invited to CDW staff meetings.

The vacancy in the programmer position also hindered revisions to the coding of exit data in ISIS and the creation of revised referral forms to more accurately report referrals upon exit from Part C. Queries have been created to review exit data.

Technical assistance was available to new data entry staff and service coordinators. Plans are underway to update the ISIS User Manuals and to offer on-site refresher training.

DELSIS numbers are now added to ISIS for children who are Part B eligible. This will allow to further assist in smooth transitions from Part C to Part B. (See Indicator 8 for challenges and improvement activities)

To ensure the effective implementation of procedural requirements included in IDEA, DHSS implemented the statewide procedural safeguards included in Attachment 4. The Birth to Three Early Intervention System follows guidelines set forth in Part C Procedural Safeguards. Copies of these Procedural Safeguards are part of signed contracts between early intervention service providers and the Birth to Three office and a part of the CDW Policy Manual disseminated to all service coordinators. A review of procedural safeguards is included in new service coordinator training.

To further ensure that families understand their rights within Delaware's early intervention program, the Birth to Three monitoring team continues to review charts annually to verify distribution of the *Family Rights* booklet. These guides are presented to families annually and continue to be available in English, Spanish, and French. Statewide monitoring indicates that family rights continue to be presented to families at intake. To ensure that families continue to be aware of their rights throughout the time when their child is eligible for Part C services, annual statewide monitoring includes an element to verify that subsequent copies are offered to families at annual IFSP meetings. Progress notes and IFSP notes indicate that service coordinators are sharing the *Family Rights* booklets with families. The *Family Rights* booklet contains a step-by-step outline on how families file written concerns and complaints, chose mediation, request due process, and other rights available under IDEA such as prior notice, review of records, etc.

The Delaware Part C Procedural Safeguards document and the *Family Rights* booklet will be reviewed and revised once Part C federal regulations are reissued under IDEA. Delaware currently has an agreement with MidSouth Regional Resource Center for this work.

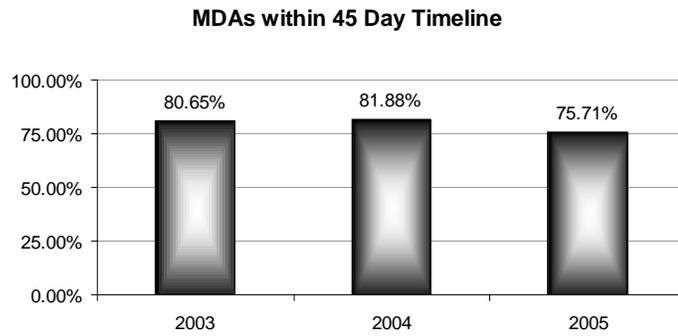
The Family Survey also serves as an indicator of whether families know their rights by including the following statements:

- *I have received written information about our family's rights (e.g. due process, procedural safeguards)*
- *I feel I understand my family's legal rights within my child's program.*

In 2005-2006, the new family outcomes will include new questions and gather further information as to whether families know their rights.

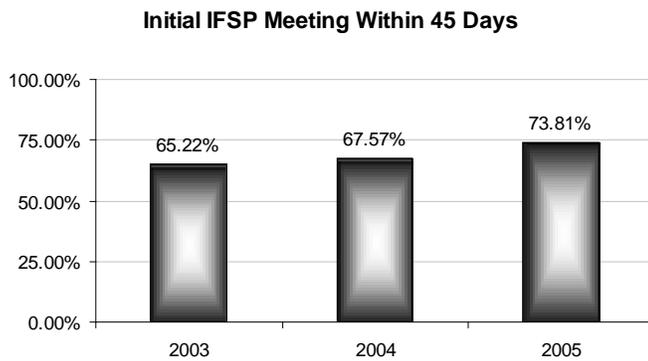
Baseline Data for FFY 2004 (2004-2005):

Figure 9-4 MDA Timeline



Source: Annual Statewide Monitoring

Figure 9-5 IFSP Meeting Timeline



Source: Annual Statewide Monitoring

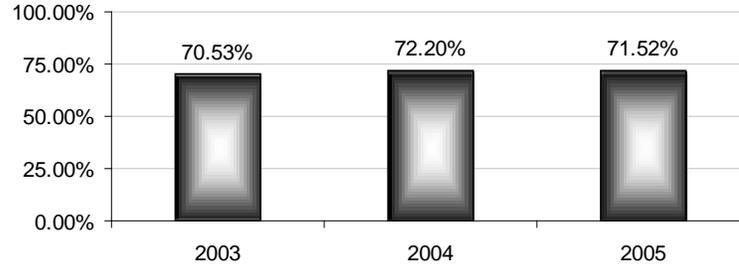
Figure 9-6 MDA/IFSP – Findings and Correction

	# Reviewed	# of Findings of Noncompliance	# Corrected Within One Year	% Corrected Within One Year
An evaluation and assessment within 45 days	149	27	24	88.9%
An initial IFSP meeting within 45 days	148	48	42	87.5%

Source: 2004 Annual Statewide Monitoring Data

Figure 9-7 Service Delivery Timeline

Infants and Toddlers with IFSPs who received early intervention services within 30 days of referral to service provider



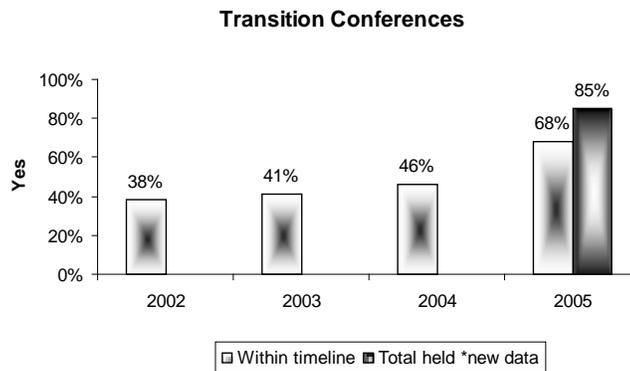
Source: Annual Statewide Monitoring

Figure 9-8 Service Delivery – Findings and Correction

	# Reviewed	# of Findings of Noncompliance	# Corrected Within One Year	% Corrected Within One Year
Services Received in Timely Manner	126	35	26	74.3%

Source: 2004 Annual Statewide Monitoring Data

Figure 9-9 Percentage of Transition Conferences Held



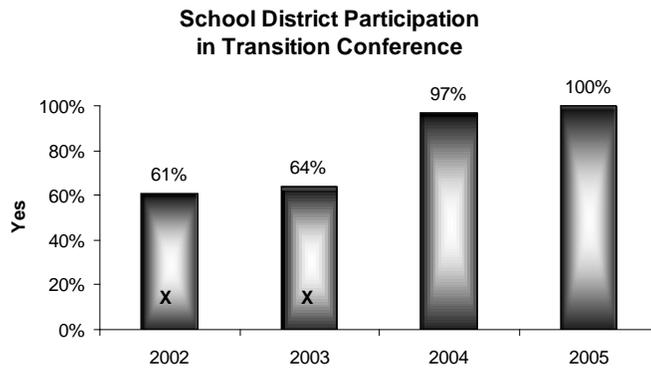
Source: Annual Statewide Monitoring

Figure 9-10 Transition Conferences – Findings and Correction

	# Reviewed	# of Findings of Noncompliance	# Corrected Within One Year	% Corrected Within One Year
Transition Conference Held Within Timeline	46	21	16	76.2%

Source: Annual Statewide Monitoring

Figure 9-11 Transition Conferences Including School District Participation



X denotes that monitoring data included only those held within 90 days

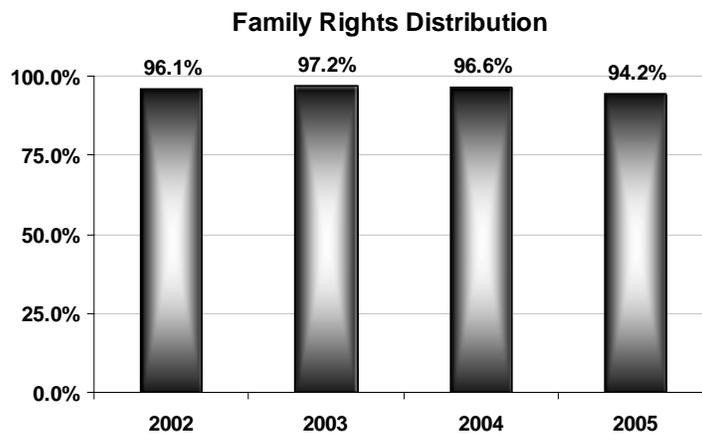
Source: Annual Statewide Monitoring

Figure 9-12 School District Participation – Findings and Corrections

	# Reviewed	# of Findings of Noncompliance	# Corrected Within One Year	% Corrected Within One Year
School District Participation in Transition Conferences	46	1	0	0%

Source: Annual Statewide Monitoring

Figure 9-13 Family Rights Distribution



Source: Annual Statewide Monitoring

Figure 9-14 Family Rights – Findings and Corrections

	# Reviewed	# of Findings of Noncompliance	# Corrected Within One Year	% Corrected Within One Year
Family Rights Distributed	149	5	5	100%

Source: Annual Statewide Monitoring

Figure 9-15 Total Number of Written Complaints, Due Process Hearings, and Mediations Received Between July 1, 2004 and June 30, 2005

Number of Formal Written Complaints Received	Number of Due Process Hearings	Number of Mediations
0	0	0

Source: Birth to Three Office

Discussion of Baseline Data:

When noncompliance is found correction occurs as soon as possible but no later than one year from identification.

- A. The Birth to Three Early Intervention System had identified noncompliance in three priority areas.
1. Evaluation and IFSP meeting timeline: In 2004, 82% of infants and toddlers had MDAs held within the 45 day timeline, monitoring activities found 18% out of compliance. Of those out of compliance, 88.9% were corrected within the year. Training and technical assistance was provided to correct noncompliance. For those non-corrected (3 instances), the CDW Clinic Manager and associated supervisor worked with the service coordinator to correct the noncompliance. When data suggested that the significant progress had not been made in the areas of noncompliance, an improvement plan with timelines was requested from the CDW Clinic Manager. In 2004, 67.5% of initial IFSP meetings were held within the 45 day timeline and 32.5% were found out of compliance. 87.5% of those found out of compliance were corrected within the year. Training and technical assistance was provided to correct noncompliance. For those non-corrected (6 instances), the Clinic Manager and associated supervisor worked with the service coordinator to correct the noncompliance. When data suggested that the significant progress had not been made in the areas of noncompliance, an improvement plan with timelines was requested from the CDW Clinic Manager. Reasons for noncompliance are further explained in Indicator 7 and improvement activities are outlined in order to reach 100% compliance.
 2. Service delivery timeline: In 2004, 72% of infants and toddlers received all services within the 30 day state recommended guideline. 28% were found out of compliance, indicating that there was a service listed on the IFSP that did not start within the 30 day state guideline. 74.3% of those found out of compliance were corrected within the year. Training and technical assistance was provided to correct noncompliance. For those non-corrected (9 instances), the Birth to Three office and the CDW Clinic Managers worked with early intervention providers to offer alternative methods of intervention. The main reason for noncompliance was due to the insufficient capacity of speech language therapy services. Reasons for noncompliance are further explained in Indicator 1 and improvement activities are outlined in order to reach 100% compliance.
 3. Transition conference timelines: In 2004, 46% of the children exiting Part C and potentially eligible for Part B had timely transition conferences convened (no more than 9 months and at least ninety days before exiting Part C). 54% were found out of compliance, indicating that the conference was held outside of the timeline. 76.2% of those found out of compliance were corrected within the year. Training and technical assistance was provided to correct noncompliance. For those non-corrected (5 instances), the Birth to Three office and the CDW Clinic Managers worked with service coordinators and the DOE/CDW liaisons to complete the transition process. Improvement plans were developed

with service coordinators and their supervisors to more closely monitor the scheduling of transition conferences. Reasons for noncompliance are further explained in Indicator 8 and improvement activities are outlined in order to reach 100% compliance.

B. The Birth to Three Early Intervention System had identified noncompliance in one area *not included in the priority indicators*:

1. Transition conferences including school district participation: In 2004, the Birth to Three Monitoring Team identified that not all school districts were attending transition conferences (97%). Three percent were found out of compliance, indicating that the school district did not participate in the transition conference. One was found out of compliance and not corrected within the year (0%). Training and technical assistance was provided to correct noncompliance. The Birth to Three office and the CDW Clinic Managers worked with service coordinators, DOE/CDW liaisons, the school districts and the Part B 619 Coordinator to reinforce the requirement that school districts participate in transition conferences. Improvement plans were developed with service coordinators and their supervisors to more closely monitor the school participation in transition conferences.
2. Distribution of family rights information: In 2004, the Birth to Three Monitoring Team identified that not all families received a copy of their Family Rights. Three percent were found out of compliance, indicating that the service coordinator did not present and explain the guide to the families. Five instances were identified as out of compliance and all five (100%) corrected within the year by providing and explaining their family rights at the next IFSP meeting. The Birth to Three office and the CDW Clinic Managers worked with service coordinators to reinforce the requirement that families receive information and understand their rights under IDEA. Improvement plans were developed with service coordinators and their supervisors to more closely monitor the distribution and explanation of family rights.

C. The Lead Agency reports that no formal written complaints, due process hearings, or mediations were conducted from July 1, 2004 through June 30, 2005.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>A. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.</p> <p>B. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance not included in the above monitoring priority areas and indicators within one year of identification.</p> <p>C. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc) within one year of identification.</p>
<p>2006 (2006-2007)</p>	<p>A. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.</p> <p>B. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance not included in the above monitoring priority areas and indicators within one year of identification.</p> <p>C. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc) within one year of identification.</p>

<p>2007 (2007-2008)</p>	<p>A. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.</p> <p>B. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance not included in the above monitoring priority areas and indicators within one year of identification.</p> <p>C. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc) within one year of identification.</p>
<p>2008 (2008-2009)</p>	<p>A. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.</p> <p>B. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance not included in the above monitoring priority areas and indicators within one year of identification.</p> <p>C. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc) within one year of identification.</p>
<p>2009 (2009-2010)</p>	<p>A. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.</p> <p>B. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance not included in the above monitoring priority areas and indicators within one year of identification.</p> <p>C. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc) within one year of identification.</p>
<p>2010 (2010-2011)</p>	<p>A. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.</p> <p>B. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance not included in the above monitoring priority areas and indicators within one year of identification.</p> <p>C. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc) within one year of identification.</p>
<p>2011 (2011-2012)</p>	<p>A. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.</p> <p>B. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance not included in the above monitoring priority areas and indicators within one year of identification.</p> <p>C. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc) within one year of identification.</p>

2012 (2012-2013)	<p>A. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance related to monitoring priority areas and indicators corrected within one year of identification.</p> <p>B. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance not included in the above monitoring priority areas and indicators within one year of identification.</p> <p>C. The Birth to Three Early Intervention System will identify and correct 100% of noncompliance identified through other mechanisms (complaints, due process, hearings, mediations, etc) within one year of identification.</p>
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Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had much stakeholder input, including the DE ICC at its July, October 2010 and January 2011 statewide meetings, and monthly CDW Leadership team meetings. Justification for these improvement activities are based on qualitative and quantitative data as part of monitoring and other general supervision activities, statewide and regionally.

Improvement Activities	Timelines	Resources
To provide optimal reporting of compliance and satisfactorily implementing the requirements of IDEA, the Monitoring and Evaluation Timelines are being reviewed for alignment with updated federal guidelines and to meet current program needs. Review the Part C Continuous Improvement Monitoring & Evaluation Cycle to reflect changes in self-assessment and state and local monitoring requirements.	July 2005 – June 2013	University of Delaware Center for Disabilities Studies, Birth to Three Monitoring Team; QM Committee
Develop a new case management system using ARRA funds that will incorporate IDEA timelines, ticklers to help meet timelines, reports to monitor follow up on instances of non compliance, and ongoing assistance with scheduling for service coordinators.	November 2010- Sept. 2012	Assistant Part C Coordinator; Birth to Three Monitoring team; CDW Clinic Managers & Management Analysts; CDW staff as subject matter experts, Information resource management staff from DMS
Review Chart Audit Tool to maintain scope and accuracy of statewide monitoring data.	March & April 2012	Birth to Three Monitoring Team, Assistant Part C Coordinator; CDW Leadership Team
Analyze statewide and regional monitoring reports and document progress on areas of improvement. Share monitoring results and concerns with CDW Leadership Team.	June 2012	Assistant Part C Coordinator; CDW Leadership Team
Identify the areas of technical assistance and training needed to ensure compliance. Follow up technical assistance using monthly reports by service coordinator and by region for compliance with MDA and IFSP 45 day timelines.	July 2005 – June 2012	Birth to Three Training Administrator; CDW Supervisors and CDW Leadership Team.
Follow up technical assistance by region and by early intervention provider using monthly data from EI provider tracking log to ensure compliance with timely service delivery.	July 2010 – June 2013	QM Coordinator; CDW Leadership Team

Maintain CDW policy manual, TA memos, and guidance documents. Distribute updates as necessary. Develop new training manual and training follow up for case management system under development.	September 2010 – June 2012	QM Coordinator; DPH/DMS Working Group; CDW Leadership Teams
Follow up technical assistance by service coordinator based on data from new on line service coordinator training modules	Sept. 2011- June 2013	Birth to three Training Administrator; CDW Supervisors
Review and revise Procedural Safeguards to ensure alignment with new Part C regulations.	July 2011 – June 2012	Mid South RRC; Assistant Part C Coordinator; QM Committee; ICC Executive Committee
Continue to produce data integrity reports to verify 618 submissions.	July 2005 – June 2013, on quarterly basis	Assistant Part C Coordinator; ISIS Programmer; CDW Regional Data Management Analysts
As recommended by the ICC, develop and distribute ad hoc reports.	July 2005 – June 2013, on quarterly basis, as requested	QM Coordinator; CDW Leadership Team; ISIS Programmer

Indicator 10 Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

Overview of Issue/Description of System or Process:

The Birth to Three Early Intervention System maintains a *Family Rights* booklet which includes the procedures for families to file a written complaint. In short, if a complaint cannot be resolved at the regional level with the Clinic Manager and the Service Coordinator, families may contact the Birth to Three office in writing, indicating which of the IDEA requirements have been violated. Families are required to submit written complaints within one year from the time the violation has occurred, unless the violation is continuing. The Birth to Three Early Intervention System has sixty calendar days from time of complaint to investigate and respond to the complaint in writing. Families may offer additional information within those sixty days.

As indicated during the data verification visit in September 2003, results from Delaware's Part C Family Survey strongly conclude that families are aware of their rights. Formal complaints are rare because mediation is encouraged and viewed favorably; informal complaints are effectively resolved at the regional level; service coordinators effectively carry out service coordination responsibilities; family needs are matched with service coordinator specialty; service coordinators are supervised through DHSS, Division of Public Health; and families receive information on the Parent Information Center of Delaware (Delaware's parent training and information center) as they learn about the early intervention process.

See also Indicator 9 Overview and Improvement Activities.

Baseline Data for FFY 2004 (2004-2005):

No signed written complaints were received during the July 1, 2004 through June 30, 2005 reporting period.

Discussion of Baseline Data:

No signed written complaints were received during the July 1, 2004 through June 30, 2005 reporting period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.
2006 (2006-2007)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.
2007 (2007-2008)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.

2008 (2008-2009)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.
2009 (2009-2010)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.
2010 (2010-2011)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.
2011 (2011-2012)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.
2012 (2012-2013)	100% of signed written complaints with reports issued will be resolved within a 60-day timeline or a timeline extended for exceptional circumstances.

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had stakeholder input, including the DE ICC statewide meetings. Justification for these improvement activities are based on monitoring data, and other general supervision data and activities, statewide and regionally.

Improvement Activities	Timelines	Resources
Although no signed, written complaints were received during this reporting period, the Lead Agency will address any formal complaints, ensure timelines are met as outlined in Procedural Safeguards, and follow up with any corrective action plans.	July 2005 - June 2013	Part C Coordinator or Assistant Part C Coordinator;
Work in collaboration with Part B to ensure personnel are properly trained and that there are sufficient resources available when the need arises. Continue to offer collaborative training with other early care and education programs that are approved and offered through the DE Institute for Excellence in Early Childhood. (see indicator 2)	July 2005 - June 2013	Part C Coordinator or Assistant Part C Coordinator; Office of Conflict Resolution; University of Delaware; DOE/Part B Due Process & Mediation Staff; Birth to Three Training Administrator; DE Early Childhood Council, Professional Development Committee
Provide technical assistance to CDW service coordinators on the necessity of sharing copies of <i>Guide to Family Rights</i> with families on a regular basis, and documenting efforts within the early intervention record. Develop on line training modules for service coordinators to improve consistency of training.(see Indicator 7)	July 2005 - June 2013	Birth to Three Monitoring Team; Birth to Three Training Administrator; CDW Leadership Team

Collect aggregate data on the themes of informal complaints received by the local CDW offices; offer technical assistance to CDW and early intervention providers on any emerging themes.	July 2005 - June 2013	CDW Leadership Teams; Assistant Part C Coordinator
Through annual family survey, gather and analyze input from families to ensure that they understand their rights under Part C (see also Indicator 4).	September 2012; Sept. 2013	University of Delaware— Center for Disabilities Studies; OPEC
Written Complaints has a new improvement strategy since the new Part C regulations now permit parties to agree to extend the 60 day timeline to engage in mediation. Birth to Three will revise procedures and family handouts to match the new regulations regarding the option for hearing officers to expedite the timeline to participate in mediation.	January 2012 – June 2012	Assistant Part C Coordinator; MidSouth Regional Resource Center

Indicator 11 Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = $[(3.2(a) + 3.2(b)) \text{ divided by } 3.2] \text{ times } 100.$

Overview of Issue/Description of System or Process:

The Birth to Three Early Intervention System in Delaware has established procedural safeguards (*see Attachment 4*) to ensure that due process timelines and activities are carried out and corrective action plans are developed as required by state and federal regulations. See also Indicator 9 Overview and Improvement Activities.

Baseline Data for FFY 2004 (2004-2005):

No requests for due process hearings were received during the July 1, 2004 through June 30, 2005 reporting period.

Discussion of Baseline Data:

No requests for due process hearings were received during the July 1, 2004 through June 30, 2005 reporting period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.
2006 (2006-2007)	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.
2007 (2007-2008)	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.
2008 (2008-2009)	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.
2009 (2009-2010)	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.
2010 (2010-2011)	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.
2011 (2011-2012)	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.
2012 (2012-2013)	100% of due process hearings requests will be fully adjudicated within the 30-day timeline.

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had stakeholder input, including the DE ICC statewide meetings. Justification for these improvement activities are based on monitoring data, and other general supervision data and activities, statewide and regionally.

Improvement Activities	Timelines	Resources
Address any requests for due process hearings, ensuring timelines are met as outlined in Procedural Safeguards, following up with any corrective action plans.	July 2005 - June 2013	Part C Coordinator or Assistant Part C Coordinator; DOE/Part B Due Process & Mediation Staff
Continue to work in collaboration with Part B to ensure personnel are properly trained and that there are sufficient resources available when the need arises. Continue to offer collaborative training with other early care and education programs that are approved and offered through the DE Institute for Excellence in Early Childhood. (see indicator 2)	July 2005 - June 2013	Part C Coordinator; Assistant Part C Coordinator; Office of Conflict Resolution; University of Delaware; DOE/Part B Due Process & Mediation Staff; Birth to Three Training Administrator
Continue to provide technical assistance to CDW service coordinators on the necessity of sharing copies of <i>Guide to Family Rights</i> with families on a regular basis, and documenting efforts within the early intervention record.	July 2005 - June 2013	Birth to Three Monitoring Team
Gather data from chart monitoring and family surveys to ensure that families understand their rights. Review new data from family outcome indicator (see Indicator 4).	September 2012; Sept. 2013	Birth to Three Monitoring Team; CDW Leadership Teams; University of Delaware—Center for Disabilities Studies
Based on data from families, develop training and technical assistance with CDW and early intervention providers.	July 2005 - June 2013	CDW Leadership Teams; Assistant Part C Coordinator; Family to Family Health Center; Parent information Center of DE
Written Complaints has a new improvement strategy since the new Part C regulations now permit parties to agree to extend the 60 day timeline to engage in mediation. Birth to Three will revise procedures and family handouts to match the new regulations regarding the option for hearing officers to expend the timeline to participate in mediation.	Jan – 2012 – July 2012	CDW Leadership Teams; Assistant Part C Coordinator; Parent information Center of DE

Indicator 12 Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).
(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = (3.1(a) divided by 3.1) times 100.

Overview of Issue/Description of System or Process:

Part B Due Process procedures have not been adopted; therefore, this indicator is not applicable.

Baseline Data for FFY 2004 (2004-2005):

Not Applicable

Discussion of Baseline Data:

FFY	Measurable and Rigorous Target
2005 (2005-2006)	Not Applicable
2006 (2006-2007)	Not Applicable
2007 (2007-2008)	Not Applicable
2008 (2008-2009)	Not Applicable
2009 (2009-2010)	Not Applicable
2010 (2010-2011)	Not Applicable
2011 (2011-2012)	Not Applicable
2012 (2012-2013)	Not Applicable

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
Not Applicable	Not Applicable	Not Applicable

Indicator 13 Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

Overview of Issue/Description of System or Process:

The Birth to Three Early Intervention System collaborates with the Department of Education to work with the Special Education Partnership for Amicable Resolution of Conflict (SPARC), the conflict resolution program of the University of Delaware (*see Attachment 5*).

Choosing mediation as an option for resolving the complaint is described in the CDW Family Guide and in the Family Rights booklet. Service coordinators review the Family Rights booklet and indicate that mediation's goal is to encourage resolution of issues as early as possible so programs and families can focus on teaching and learning.

Once a family chooses mediation, an appointment is scheduled within ten working days at a time and place convenient for the family. If resolution is reached during the mediation process, the parties will execute a written mediation agreement.

See also Indicator 9 Overview and Improvement Activities.

Baseline Data for FFY 2004 (2004-2005):

No requests for mediations were received during the July 1, 2004 through June 30, 2005 reporting period.

Discussion of Baseline Data:

No requests for mediations were received during the July 1, 2004 through June 30, 2005 reporting period.

Since 1999, Delaware has received only one mediation request and this one resulted in a mediation agreement. With such little previous data, stakeholder input indicated that it would be difficult to set a measurable and rigorous target. Stakeholders reviewed information from the Consortium for Appropriate Dispute Resolution to Special Education (CADRE). Per OSEP's guidance, setting targets is not applicable to this indicator since Delaware had no mediation requests in FY2004. Targets will be reexamined yearly.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A
2006 (2006-2007)	N/A
2007 (2007-2008)	N/A

2008 (2008-2009)	N/A
2009 (2009-2010)	N/A
2010 (2010-2011)	N/A
2011 (2011-2012)	N/A
2012 (2012-2013)	N/A

Improvement Activities/Timelines/Resources:

Changes in the improvement activities have had stakeholder input, including the DE ICC statewide meetings. Justification for these improvement activities are based on monitoring data, and other general supervision data and activities, statewide and regionally.

Improvement Activities	Timelines	Resources
Address any requests for mediation, ensuring timelines are met as outlined in Procedural Safeguards, following up with any corrective action plans.	July 2005 - June 2013	Part C Coordinator or Assistant Part C Coordinator
Maintain information in <i>Family Rights</i> booklet on choosing mediation based on reissued IDEA Part C regulations.	July 2005 - June 2013	Part C Coordinator or Assistant Part C Coordinator
Continue to work in collaboration with Part B to ensure personnel are properly trained and that there are sufficient resources available when the need arises. Continue to offer collaborative training with other early care and education programs that are approved and offered through the DE Institute for Excellence in Early Childhood. (see indicator 2)	July 2005 - June 2013	Part C Coordinator or Assistant Part C Coordinator; Office of Conflict Resolution; University of Delaware; DOE/Part B Due Process & Mediation Staff; Birth to Three Training Administrator
Continue to provide technical assistance to CDW service coordinators on the necessity of sharing copies of <i>Guide to Family Rights</i> with families on a regular basis, and documenting efforts within the early intervention record. Utilize online training module to augment technical assistance.	July 2005 - June 2013	Birth to Three Monitoring Team; Birth to Three Training Administrator
Using Family Surveys and chart audit monitoring, gather input from families to ensure that they understand their rights under Part C.	September 2011 - September 2012	Birth to Three Monitoring Team; University of Delaware—Center for Disabilities Studies
Reexamine targets and realign as necessary.	July 2005 - June 2013	Birth to Three Office; ICC

Indicator 14 State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the "Indicator 14 Data Rubric" for reporting data for this indicator (see Attachment B).

Overview of Issue/Description of System or Process:

ISIS (Integrated Services Information System) is the primary source for Delaware's Part C data as reported in the Annual Child Count (618). Data pertaining to children and families who are Part C eligible are entered into ISIS. To ensure reporting accuracy, data definitions used in ISIS are consistent with Federal definitions as reported in the Annual Child Count.

Confidentiality of information is ensured as the staff who maintain the database are supervised by DHSS policies and privacy rules as required by FERPA and HIPAA.

ISIS collects more information than is required in the 618 data submissions. Demographic and Part C eligibility information is downloaded from ISIS into the MMIS, a program used to determine fiscal responsibility by EDS, the fiscal agent for Part C, Medicaid, and several other social service and medical agencies throughout the state of Delaware.

Since information from ISIS is used to verify eligibility for services, determine payment with Part C funds, generate statewide and regional progress and caseload reports, and generate reports for Federal reporting purposes, data integrity remains of paramount importance. Thorough review of the queries and individual review by service coordinators, local data management analysts, and the Assistant Part C Coordinator have resulted in recommendations made to programmers responsible for maintaining the database. Data are reviewed at a very detailed level and problems are corrected in ISIS as they are identified.

The ISIS Maintenance Committee meets throughout the year to advise on modifications made in ISIS and to guide technical assistance to ensure data integrity. Technical assistance is then directed from the Birth to Three office and carried out on the regional level. The ISIS User's Guide, a training and technical assistance manual available to service coordinators and data entry staff, documents data input policy and procedures and is being reviewed for updates.

As noted in Indicator 9, since the ISIS programmer position was vacant from July 2004 until February 2005, additional reports to track service delivery elements such as evaluation, IFSP, and service delivery timelines were not developed until this current fiscal year. The vacancy in this position also hindered the timeliness of revisions needed to the coding of exit data in ISIS and the creation of revised referral forms to more accurately report referrals upon exit from Part C.

The new programmer is now creating queries to review timelines, service delivery elements, and exit data. Results will be reviewed by the Birth to Three office and presented to regional CDW Management Teams and Data Management Analysts for data review and to determine if any corrective action plans are necessary.

As these queries are being created, several levels of data verification continue, including chart audit/ISIS comparisons and review of existing data integrity queries. Regional Data Management Analysts continue to conduct monthly data reviews. Technical assistance is also provided on an individual basis to the service coordinators from the Birth to Three office. These activities reinforce the confidence of data accuracy reported by Delaware in 618 data submissions.

Baseline Data for FFY 2004 (2004-2005):

Report	Due Date	Submission Date
Annual Performance Report	March 31, 2005	March 29, 2005
Annual Child Count: Table 1 Total Served	February 1, 2005	January 31, 2005
Annual Child Count: Table 2 Settings	November 1, 2005	October 28, 2005
Annual Child Count: Table 3 Exit	November 1, 2005	October 28, 2005
Annual Child Count: Table 4 Services	November 1, 2005	October 28, 2005
Annual Child Count: Table 5 Personnel	November 1, 2005	October 28, 2005
State Performance Plan	December 2, 2005	November 22, 2005

Discussion of Baseline Data:

- A. To date, the Annual Child Count Data (618) and the Annual Performance Reports have been submitted prior to or on the due date.
- B. The Birth to Three Early Intervention System submits state reported data only after careful analysis of data and content.

After review of new queries developed by the current programmer, it was determined that the 2003 Annual Child Count, Table 3 (Exit Reasons) included incorrect data. The Assistant Part C Coordinator reviewed the data with regional Data Management Analysts and after careful review of the data integrity queries, appropriate data edits were made and the query was rerun. The Birth to Three office resubmitted the corrected 618 table to WESTAT and OSEP on July 12, 2005.

As explained in the Overview, Delaware maintains confidence in its data and the information in the Annual Child Count (618) and the Annual Performance Plan is submitted only after taking all appropriate measures to ensure data accuracy.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline. B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.
2006 (2006-2007)	A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline. B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.
2007 (2007-2008)	A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline. B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.
2008 (2008-2009)	A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline. B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.
2009 (2009-2010)	A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline. B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.
2010 (2010-2011)	A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline. B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.
2011 (2011-2012)	A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline. B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.
2012 (2012-2013)	A. The Birth to Three Early Intervention System will submit 100% of state reported data (618, State Performance Plan, Annual Performance Report) within the required timeline. B. The Birth to Three Early Intervention System will ensure that 100% of state reported data (618, State Performance Plan, Annual Performance Report) are accurate.

Improvement Activities/Timelines/Resources:

Improvement Activities	Timelines	Resources
Rerun queries to review timelines, service delivery elements, and exit data.	July 2009 – June 2013	Assistant Part C Coordinator; ISIS Programmer; Regional Data Management Analysts
Review data and determine if corrective measures are necessary.	July 2009 – June 2013	Birth to Three office; CDW Clinic Managers; CDW Management Teams; Regional Data Management Analysts
Review the coding of exit data in ISIS and revised referral forms to accurately report referrals upon exit from Part C. Document new coding of exit data as part of the development of the case management system.	January 2011 – June 2012 for new fields in case management system, and for annual chart monitoring with quarterly review of database	ISIS Maintenance Committee; Assistant Part C Coordinator; Regional Data Management Analysts; DOE/CDW Liaisons
Track service delivery setting locations through chart audits and ISIS database. Results will continue to be tracked in new case management system.	June 2011 - June 2013 for annual chart monitoring with quarterly review of database	Birth to Three Monitoring Team; Assistant Part C Coordinator; EIEIO (see Indicator 2)
Continue data verification by comparing chart audits to ISIS database (and new case management system).	July 2006 – June 2013 annually with quarterly review of database	Birth to Three Monitoring Team; Assistant Part C Coordinator; Regional Data Management Analysts
Continue data verification by reviewing existing data integrity queries.	Monthly from July 2006 – June 2012	Assistant Part C Coordinator; Regional Data Management Analysts
Conduct data reviews through ISIS reports. New case management system will provide additional reports for ongoing data reviews.	Monthly from July 2006 – June 2013	Regional Data Management Analysts; Assistant Part C Coordinator
Provide technical assistance on ISIS policy and procedures as necessary. Develop and distribute new case management system training and procedures documents.	Quarterly as needed from July 2006 – June 2012	Assistant Part C Coordinator; QM Coordinator