

FFY2014
APR

DE Part C

FFY2014 State Performance Plan / Annual Performance Report

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

Executive Summary:

The Birth to Three Early Intervention System operates under the authorization of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA). Delaware Department of Health and Social Services (DHSS) is the lead agency for Part C in Delaware. The Program is administered by the Birth to Three staff within the Division of Management Services, and children and families eligible for Part C services are served through Child Development Watch (CDW) within the Division of Public Health.

Delaware has been able to assure correction of all identified findings of noncompliance regarding early childhood transition planning. While few findings of noncompliance have been issued, instances of noncompliance are also reported within the APR. Instances are defined as minor and non-reoccurring issues which are quickly resolved. Instances represent isolated events such as sudden illness of a service coordinator resulting in a delayed IFSP or a new service coordinator miscalculating the timeline on their first IFSP. Regardless of the specific level of noncompliance, Delaware ensures any instance of noncompliance is corrected as quickly as possible and within one year, and the Program is correctly implementing the specific regulatory requirements as outlined in OSEP Memo 09-02.

Quality improvement activities have been carried out through collaborations among the Birth to Three Early Intervention Office staff, the ICC, and the numerous committees of the ICC and Birth to Three Early Intervention System. Through the membership of the committees and the scope of work, there is extensive collaboration among a wide representation of stakeholders. Improvements have been implemented at the local level, statewide and as part of major initiatives within Delaware's early care and education community. The regional CDW programs and the various stakeholder groups have been instrumental in implementing effective improvement activities, thus promoting long term system improvements.

Delaware maintains confidence in its data. The information contained in the Annual Performance Plan (APR), State Systemic Improvement Plan (SSIP) and Annual Child Count (618) are submitted only after taking all appropriate measures to ensure data accuracy.

Additional information and copies of previous reports are available on the Birth to Three website: <http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html>

Attachments

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icc certification.pdf	Susan Campbell		<input type="button" value="R"/> e m o v e

General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

Starting in 2015, the Office of Special Education Programs (OSEP) requires that State Performance Plans and Annual Performance reports be submitted using an online submission tool.

Review of Delaware's General Supervision system includes the following components:

- current initiatives
- fiscal
- data system
- monitoring and accountability
- technical assistance
- professional development
- stakeholder involvement
- reporting to the public

Current Initiatives:

The Birth to Three Early Intervention System (Birth to Three) continues to collaborate with the Delaware Office of Early Learning and the Help Me Grow initiative to provide follow up services for children screened and found to be high risk based on the Parents' Evaluation of Developmental Status (PEDS) and Ages and Stages developmental screening tools. Birth to Three/Child Development Watch remains an active participant of the Delaware Early Childhood Council whose goal is improved screening and follow-up inclusive of strengthening young child mental health services.

Birth to Three is a member of the Plan to Achieve Health Equity for Delawareans with Disabilities to improve access to health care for all Delawareans with disabilities. Birth to Three has a focus on improved access to commercial health insurance for its families. Birth to Three is also a governor-appointed member of the Autism Legislative Task Force (Senate Concurrent Resolution No. 65) and of the Early Hearing Detection and Intervention Advisory Board.

In addition, Birth to Three continues to distribute the Growing Together Portfolio to parents of babies born in Delaware and surrounding hospitals. English and Spanish portfolios are distributed annually and are available on the Birth to Three website.

Birth to Three continues to participate in a telehealth project where specialty services will be provided at CDW Southern Health Services, located in Sussex County through videoconferencing by Riverside Hospital (Christiana Care Health System). This will ease the burden of lengthy travel for families with children with disabilities. Equipment has been procured and staff is being trained. Specialty professionals, specifically neurologists, continue to strategize how this might best work.

Fiscal:

Birth to Three utilizes a central billing system to process claims. With parent consent and notification, private and public insurances are accessed to contribute additional funds for services. A sliding fee scale is utilized when parent do not provide consent to utilize their private insurance; however, service provision is not contingent upon any family's inability to pay for services. Delaware is in the process of reviewing its System of Payments under the guidance of OSEP in order to comply with IDEA.

Data System:

The data system (DHSSCares) is a vital component to the general supervision system. Regional data is essentially organized by county, with New Castle County in one region and Kent and Sussex Counties in the second region. Regional CDW programs enter and maintain their own data in DHSSCares. Reports can be generated on a child, service coordinator, region, or statewide level. Birth to Three and Child Development Watch staff review regional and statewide data reports periodically. Birth to Three continues to revise and update this data system to ensure valid and reliable data collection and state and federal reporting.

The data system is web-based to allow for data to be entered from state offices and remote, third party locations. The system includes child demographics, Part C eligibility, assessments, service delivery data, child outcome scores, and progress notes. DHSSCares also generates the Annual Child Count reports, child outcome reports, and other reports required for compliance and quality management purposes.

Monitoring and Accountability:

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, including the statewide data system (DHSSCares), onsite chart monitoring, family survey activities, and through statewide initiatives external to the Birth to Three Program.

Reports run from DHSSCares and onsite chart reviews are the primary method for monitoring to ensure

compliance. Reports and results are discussed and shared on a regional level in order to confirm that results are reflective of practices, guide ongoing technical assistance to each regional program, and develop recommendations for both regional and statewide improvement activities.

In fiscal year 2014, both programs continued to monitor their regional data and provided their results to the Birth to Three office for analysis. In addition, both the Quality Management Coordinator and the COSF Coordinator have conducted on-site monitoring activities as necessary. Results are summarized in their corresponding indicators.

The monitoring plan used for onsite chart audits has been previously accepted by OSEP and is provided as an attachment (Process for Chart Monitoring).

Attachments

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process for chart monitoring v0510.doc	Susan Campbell		<div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div> e m o v e

Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

The Birth to Three office coordinates with Child Development Watch leadership staff to assure that program activities and technical assistance results in continued progress towards compliance and high quality programming. All new staff participate in a 15 hour orientation to early intervention which utilizes both online and in-person learning. New staff are assigned a mentor and have the opportunity to observe seasoned staff and then are themselves observed demonstrating competence with essential practices.

In addition to the learning modules being used with new service coordinators when they are hired, these modules are also used as resources for veteran service coordinators to assure consistency in information and practice. One to one technical assistance is also provided to individual staff as the need is identified through supervision and chart monitoring.

The Birth to Three' Training Administrator is part of a small workgroup of professionals from the Early Intervention-Early Childhood Professional Development Community of Practice developing a Universal Online Curriculum for early intervention. The work group's goal is to develop an online early intervention curriculum, highlighting best practices in the early intervention process that can be shared as a training tool and/or family resource for anyone in the nation. The content includes research based methods and materials and is not state or territory specific. In Delaware, modules on the Seven Key Principles and Agreed Upon Practices and Foundational Pillars of Early Intervention are being used to complement and supplement other early intervention technical assistance, and awareness efforts.

Additional training and ongoing technical assistance is offered regionally at CDW sites on topics such as transition, including all aspects of transition planning, early childhood outcomes and other topics when a need is identified.

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Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

Birth to Three partners with the Delaware Institute for Excellence in Early Childhood, a part of the University of Delaware, to offer high quality training. The role of the Institute is to develop a system to support Quality Early Childhood Programming. The system of programs and providers who work with young children includes those who work in child care centers, Early Head Start, Head Start, and Early Childhood Assistance Programs (ECAP). In addition, individuals such as occupational therapists, physical therapists, and speech language pathologists who work with early intervention services through Birth to Three and the Part B programs administered by the school districts are included. The partnership with the Institute increases the range and quality of training opportunities focusing on inclusion and natural learning opportunities for a broad range of early childhood professionals.

Delaware is a working partner with Mary Beth Bruder and the Early Childhood Personnel Center on an intensive TA personnel development project. The TA utilizes a strategic planning model to assist Delaware to develop, implement and evaluate an Early Childhood CSPD across all personnel serving infants and young children with disabilities. The CSPD is comprised of each of the following components: Personnel Standards; Needs Assessments; Preservice Programs; Inservice Programs; Technical Assistance and Evaluation. The outcome is expected to be a viable and integrated system of six interrelated CSPD components contributing to a statewide Early Childhood CSPD that can be used as model for other states.

Delaware's Division of Professional Regulation provides regulatory oversight for the licensing boards for physical and occupational therapists and speech language pathologists and early childhood educators. The activities of this oversight include administrative, fiscal, and investigative support including maintaining a licensing database, notifying licensees of renewal periods and monitoring continuing education requirements.

In addition, through the use of newly acquired video conferencing equipment, Al DuPont Children's Hospital, located in New Castle County, will be able to offer staff development and training on a variety of child-related conditions and disabilities for CDW staff located downstate in Milford.

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Stakeholder Involvement: apply this to all Part C results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The Interagency Coordinating Council (ICC) and the ICC Executive Committee are the primary stakeholders for the Birth to Three Early Intervention System and review and provide input for the Annual Performance Report (APR) and State Systemic Performance Plan (SSIP). The ICC met on July 22, 2014 and October 28, 2014 and January 26, 2015 to discuss the Annual Report and related targets and SSIP planning.

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The APR is also shared with the Child Development Watch Leadership team, the Interagency Coordinating Council at its January 2015 quarterly meeting, the Governor's Advisory Council for Exceptional Citizen's Early Childhood Committee, and Parent Information Center of DE, Parent Training and Information (PTI) agency for Delaware. It is also shared with the Department of Education Early Childhood Transition Workgroup and the Early Intervention Provider network.

See also Indicator 11 for additional indepth information on stateholder involvement.

Attachments

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Reporting to the Public:

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

Delaware's SPP and Annual Performance Reports are posted to the DHSS website at <http://www.dhss.delaware.gov/dms/epqc/birth3/directry.html>

Regional performance data is included within each Annual Performance Report. In addition region-specific data is also included in site-specific reports when available.

At Delaware's Annual LIFE Conference on January 15, 2015, Birth to Three and the Department of Education presented overviews of their State Systemic Improvement Plans to a diverse audience of approximately 80 participants, consisting primarily of parents but also included early intervention providers and representatives from other state agencies. They also provided input on how programs could better share information with the communities.

In addition to the ICC, program information is shared at statewide meetings with the Governor's Advisory Council for Exceptional Citizens, regional staff meetings at Child Development Watch, Public Health, and with regional Division of Public Health directors.

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Actions required in FFY 2013 response

None

OSEP Response

While the State has publicly reported on the [FFY 2013 (July 1, 2013-June 30, 2014) and/or FFY 2012 (July 1, 2012-June 30, 2013)] performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C)(ii)(I) of IDEA, those reports do not contain the required information.

Specifically, the State has not reported separately on the Performance Indicators listed for each EIS Program or Provider.

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Required Actions

While the State has publicly reported on the FFY 2013 (July 1, 2013-June 30, 2014) performance of each EIS program or provider located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C)(ii)(I) of IDEA, those reports did not, as specified in the OSEP Response, contain all of the required information.

With its FFY 2015 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each early intervention service program or provider located in the State on the targets in the SPP/APR for FFY 2013. In addition, the State must report with its FFY 2015 SPP/APR, how and where the State reported to the public on the FFY 2014 performance of each early intervention service program or provider located in the State on the targets in the SPP/APR.

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services in Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		81.28%	81.79%	89.10%	90.60%	83.20%	83.71%	85.37%	81.73%	84.33%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
116	209	84.33%	100%	76.08%

Explanation of Slippage

Monitoring data was used for this indicator. Of the 209 reviewed cases, 108 were managed by CDW Northern Health Services and 101 were managed by CDW Southern Health services.

FFY2014 data was calculated the same as in previous years. This year, 209 charts were reviewed. Of those 209, 116 children received all of their services within the 30 day state-designated timeline. An additional 43 children experienced a service delay as a result of exceptional family circumstances. Delaware has been utilizing the exceptional family circumstances in both the numerator as well as the denominator. Employing this method allows for the preservation of the original monitoring sample, which reflects a relatively small number of children participating in Delaware's Part C when compared to other states. Subsequently, this resulted in an 76.08% compliance rate.

Data revealed that 76.08% (159 of 209) of eligible infants and toddlers received early intervention services included on their IFSPs within the state recommended guidelines of 30 days from the date referred for service to the date a service starts or exceptional family circumstances prohibited services from starting within the state recommended guidelines. The date referred for service is defined as the date that the parent consents for service(s). Delaware's data system produces a report that calculates referral and start dates on each IFSP.

In FFY 2014, monitoring data showed regional progress and decline in the percentage of infants and toddlers with IFSPs who receive their early intervention services in a timely manner. CDW Northern Health Services experienced decreases while CDW Southern Health Services experienced increase in the percent of children receiving early intervention in a timely manner. Collectively, this created a statewide slippage, when weighted, resulting in a 13.88 percentage points from FFY2013. More specifically, services were initiated within 30 days for 116 of the 209 (55.50%) children reviewed. Additionally, 43 of the remaining children experienced service delays due to exceptional family circumstances (28 families rescheduled their initial

service visit, four lost contact, four children hospitalizations, three families were no shows, two families requested delays, one child illness, and 1 parent refused services). The outstanding 50 families who experienced delays unrelated to family exceptional circumstances were due to services not being available for 42, providers had concerns that delayed service delivery of 7 families, CDW related issues delayed services for two families and one family required an interpreter which was unavailable.

All 50 instances of non-compliance were addressed and rectified. Services were ultimately provided in each case. Reports generated from DHSSCares indicated that services documented on the IFSP were provided within 90 days for each of the 50 children. Early intervention providers and CDW service coordinators were reminded and redirected to the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2) and the State verified compliance by performing follow-up file reviews of the identified service coordinators to assure compliance. Service coordinators were also provided on-site technical assistance to ensure that they are correctly implementing these regulations and achieved 100% compliance (less than 6 months from identification).

Child Development Watch Northern Health Services (CDWNHS)

CDWNHS data revealed a decrease in timely delivery of services from FFY2013. Monitoring data indicated that 46 of 108 (43%) of infants and toddlers had all services on the IFSP started within the 30-day state guideline. Of the 62 children whose services started late, 24 resulted from exceptional family circumstances, resulting in 64.81% of children who received timely early intervention services (within 30 days). DHSSCares data show that families who experienced delays related to exceptional family circumstances initiated services within 60 days of the original referral. Of the 38 children whose services were delayed for reasons other than exceptional family circumstances, delay reasons included insufficient availability of services (n=30), provider concerns (n=6), one family required an interpreter and the interpreter was unavailable, and one delay was related to a CDW issue. Both early intervention providers and CDW service coordinators were made aware of the non-compliance, reminded and redirected to the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2). On-site technical assistance was provided to service coordinators to ensure that they are correctly implementing these regulations. Birth to Three monitors verified compliance by performing follow-up file reviews of the identified service coordinators to assure compliance. The State identified 100% compliance (less than 3 months from identification) and all services had begun for all children in this category

In addition to monitoring, Birth to Three met with EI providers and CDW leadership to improve service delivery. During FFY2014 CDWNHS conducted a pilot to improve the front end of services, which included the handoff from intake to CDW. More specifically, the pilot entailed service coordinators spending a significant amount of time and detail around initial visits, assessments, and IFSP development so that families would be solidly connected; reducing the number of families who lost contact or refused services. However, as the data implies the connection with the back team was more time consuming than expected delaying the connection to services after the referral. The service delivery data extracted from DHSSCares and monitoring report was presented to leadership. Subsequently, the pilot was ceased due to this unintended outcome. Meetings were also conducted with providers to discuss the capacity of service delivery in all disciplines. We learned that the speech process and an increase in speech referrals compared to provider capacity may have negatively contributed to this outcome. To improve this outcome, the communication process was clarified by Birth to three via a TA Memorandum and disseminated to both EI providers and CDW. Also, the availability of therapy for communication delays is likely to improve due to the creation of University of Delaware's Speech and Language Master's level program. **One thing under consideration to improve service availability is contracted service coordinators that could be available to provide intermediate early intervention. Discussions of such a remedy remain underway as the process still has to be clearly defined and documented.**

Child Development Watch Southern Health Services (CDWSHS)

CDW Southern Health Services progressed in the percent of children who received services in a timely manner from 83.05% in FY2013 to 88.12% in FY 2014.

CDWSHS FFY 2014 report data indicated that 70 of 101 (69.30%) infants and toddlers had all services on the IFSP started within the state guidelines of 30 days. There were delays for 31 children; 19 were due to exceptional family circumstances. Services for 12 infants and toddlers were started beyond the 30 days for several reasons (services were unavailable for 10, a provider had concerns which delayed 1 family, and there was 1 CDW issue that delayed service to the other family).

Monitoring verified that all of the instances of noncompliance (12) had been corrected less than 3 months from the identification of the findings. Early intervention providers and CDW service coordinators were instructed of the regulatory requirements in 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2). The State verified compliance utilizing data gathered from data integrity reviews as well as the provision of on-site technical assistance. Based on those data, FSCs are correctly implementing these regulations and achieved 100% compliance with in 3 months of identification of the findings.

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Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	43
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What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Both regions, CDW Northern Health Services and CDW Southern Health Services, are monitored annually. The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. This plan is included as an attachment within the introduction.

A report was generated in April 2015 in DHSSCares to identify children listed as Part C eligible with an active IFSP. As in previous APRs, included in these calculations are children whom Delaware had identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2013 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

There were two findings of noncompliance; one for CDW Northern Health Services and one for CDW Southern Health Services for insufficient availability of services. Providers and CDW were reminded and reeducated on the regulations. TA was provided to CDW and providers were engaged in discussions about building capacity. Post monitoring showed that all issues of noncompliance had been addressed. Larger EI providers were able to increase personnel to meet demand. These data were verified via DHSSCares and further monitoring.

Describe how the State verified that each individual case of noncompliance was corrected

Followup monitoring showed that all issues of noncompliance had been corrected less than three months from identification of the findings. The state verified, using updated data through data review and the provision of on-site technical assistance that the noncompliance had been addressed and all children were receiving services as identified on their IFSPs in accordance with 34 CFR § 303.340(a), 303.342(e) and 303.344(f)(1) and (2).

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services in Natural Environments

Results Indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			83.40%	84.00%	86.00%	88.00%	90.00%	90.00%	90.00%	90.00%
Data		85.12%	87.89%	84.07%	93.60%	90.20%	89.43%	89.84%	94.01%	93.76%

Key: Gray -- Data Prior to Baseline Yellow -- Baseline Blue -- Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	90.01%	90.02%	90.03%	90.04%	90.05%

Key:

Targets: Description of Stakeholder Input

Delaware's statewide Inclusion Conference offers a strand specifically targeted to early childhood. Last year's conference, which was held in Dover, was attended by more than 700 individuals including staff from state agencies, school districts and early childhood centers. The keynote, "Promoting Rigor, Relevance, and Relationships: Setting Students with Disabilities on a Strong Pathway toward Adulthood" was presented by Erik Carter and focused on what works best for equipping students with the skills, supports, opportunities, and relationships that set them on a course for living a "good life" after high school. In addition, the four hour early childhood workshop was "Functionality, Families, and Fun". During the session Dr. Robin McWilliam from the Siskin Institute and Vanderbilt University discussed the Routines-Based Model which focuses on evidence based practices for working with families, addressing skills children need to participate in their routines, and consulting with the child's caregivers, including parents, child care providers, and teachers. Delaware is implementing the Routines Based Interview as part of its SSIP so this workshop was an opportunity to share information about the model with a broad group of stakeholders. **Participants left with tools for family/teacher consultation, embedding early intervention into home and classroom routines and creating functional goals.**

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<u>Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</u>	930	

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Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<u>Total number of infants and toddlers with IFSPs</u>	975	

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
930	975	93.76%	90.01%	95.38%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services in Natural Environments

Results Indicator: 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)

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? No

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A1	2008	Target ≥						40.00%	40.00%	46.63%	46.63%	48.00%
		Data					46.63%	45.93%	48.34%	52.02%	48.39%	52.49%
A2	2008	Target ≥						40.00%	40.00%	48.73%	48.73%	40.00%
		Data					48.73%	47.18%	47.06%	42.99%	39.22%	54.22%
B1	2008	Target ≥						40.00%	40.00%	48.39%	48.39%	50.00%
		Data					48.39%	51.29%	50.43%	58.65%	58.27%	61.46%
B2	2008	Target ≥						40.00%	40.00%	41.53%	41.53%	45.00%
		Data					41.53%	35.92%	41.18%	36.14%	48.37%	48.34%
C1	2008	Target ≥						40.00%	40.00%	50.54%	50.54%	50.00%
		Data					50.54%	55.74%	45.99%	48.91%	57.36%	57.49%
C2	2008	Target ≥						40.00%	40.00%	47.46%	47.46%	45.00%
		Data					47.46%	43.66%	40.14%	34.58%	48.37%	47.06%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A1 ≥	48.10%	48.20%	48.30%	48.40%	48.50%
Target A2 ≥	40.10%	40.20%	40.30%	40.40%	48.75%
Target B1 ≥	50.10%	50.20%	50.30%	50.40%	50.50%
Target B2 ≥	45.10%	45.20%	45.30%	45.40%	45.50%
Target C1 ≥	50.10%	50.20%	50.30%	50.40%	50.55%
Target C2 ≥	45.10%	45.20%	45.30%	45.40%	47.50%

Key:

Explanation of Changes

Target for A2 for FFY2018 was readded since it appeared to have disappeared from the data previously saved.

Targets: Description of Stakeholder Input

A lengthy conversation ensued at the ICC meeting on October 28, 2014 regarding targets, particularly those for the child outcomes indicator. While the ICC understood and agreed on the need to increase targets, they ultimately agreed to initiate the targets based on data reported out over the past five years, taking into account data peaks reported in

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individual years. The ICC also agreed to set minor increments until 2018.

Data was shared and discussed during bimonthly Monitoring and Accountability meetings (a strand stemming from SSIP initiatives). Preliminary data reviews were completed on the regional level in an effort to ensure that all qualifying COSFs were captured in the data system and that these data were reviewed for completeness and quality prior to being entered. These activities and periodic data reviews and technical assistance have demonstrated progress in validity and reliability of data.

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	247.00
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	2.00	0.81%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	63.00	25.51%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	59.00	23.89%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	53.00	21.46%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	70.00	28.34%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	112.00	177.00	52.49%	48.10%	63.28%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	123.00	247.00	54.22%	40.10%	49.80%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	1.00	0.40%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	50.00	20.24%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	76.00	30.77%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	85.00	34.41%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	35.00	14.17%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	161.00	212.00	61.46%	50.10%	75.94%

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	120.00	247.00	48.34%	45.10%	48.58%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	2.00	0.81%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	70.00	28.34%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	42.00	17.00%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	96.00	38.87%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	37.00	14.98%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program $(c+d)/(a+b+c+d)$.	138.00	210.00	57.49%	50.10%	65.71%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program $(d+e)/(a+b+c+d+e)$.	133.00	247.00	47.06%	45.10%	53.85%

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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 U.S.C. 1416(a)(3)(A) and 1442)

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A	2006	Target ≥					48.30%	48.00%	52.30%	52.30%	52.30%	90.00%
		Data			46.30%	48.10%	48.00%	48.60%	55.40%	57.20%	50.60%	91.21%
B	2006	Target ≥					57.40%	55.10%	61.40%	61.40%	61.40%	93.00%
		Data			49.00%	52.30%	55.90%	55.30%	62.00%	63.70%	50.70%	96.13%
C	2006	Target ≥					56.30%	59.40%	60.30%	60.30%	60.30%	93.00%
		Data			55.90%	55.50%	55.80%	59.50%	61.70%	62.10%	50.90%	95.60%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A ≥	90.40%	90.80%	91.20%	91.60%	92.00%
Target B ≥	93.40%	93.80%	94.20%	94.60%	95.00%
Target C ≥	93.40%	93.80%	94.20%	94.60%	95.00%

Key:

Targets: Description of Stakeholder Input

The University of Delaware presented the Family Survey outcomes at the Interagency Coordinating Council (ICC) meeting on July 28, 2015. Results were shared again during the January 26, 2016 ICC meeting. This discussion elicited suggestions on increasing the number of parents responding to the survey.

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.

FFY 2014 SPP/APR Data

Number of respondent families participating in Part C	236.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	217.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	236.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	225.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	236.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	231.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	236.00

	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	91.21%	90.40%	91.95%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	96.13%	93.40%	95.34%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	95.60%	93.40%	97.88%

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

The data and narrative that follows is from the 2014 Family Survey prepared by Ximena Uribe-Zarain, PhD, and Charlotte Marshall of the Delaware Education R&D Center at the University of Delaware. Reilts of the study have been reviewed by Birth to Three and CDW administration.

A total of 236 surveys. Multiple efforts were made to communicate with all families. After the initial mailing and a subsequent phone message to all families with phone numbers in the database, we received 88 surveys via mail (compared to 177 last year) and 50 via Internet (compared to 88 last year). A total of 40 surveys were returned due to inaccurate address.^[1] During the next two months, we attempted to contact by telephone all families who had not returned the mailed survey. We obtained completed surveys for another 98 families on the phone (compared to 32 last year) for a grand total of 236. Some of the reasons calls could not be completed included: (a) invalid phone numbers, (b) disconnected phones, (c) families failed to answer, and (d) phone numbers were not provided. Voicemail messages were left whenever possible.

Of the 505 families not completing surveys, 7 families declined to complete the survey, 258 numbers were missing from the database, 55 numbers were disconnected, invalid, wrong, or not accepting calls, and 173 messages were left but not answered. Of the 741 families, 10 reported that they were not part of CDW. For suggestions regarding survey administration in the future, see Section 5 of this report.

From the list of 741 families participating in the CDW program this year, we selected our sample by using nonprobability-sampling methods. Non-probability sampling methods are not random and are purposive in nature. In this case, we included the entire population of families participating in the CDW program this year. We used volunteer sampling to collect data from families by reaching out to all families in the program by mail and/or by telephone. As in previous years, the goal was to have at least 30% of the total number of families receiving services complete the survey. Of the 741 families, a total of 236 families completed the survey either by mail, Internet, or telephone. These families represent 31.8% of the total number of families in the database provided. From these 236 families, 72.9% were from the northern region of the state (New Castle County) and 27.1% from the southern region of the state (Kent and Sussex Counties). The demographic composition was as follows: 48.5% Caucasian, 17.5% African American, 26.6% Hispanic or Latino, 3.1% Asian, and 4.4% other.

Family members who completed the survey were asked to report their own race and ethnicity in addition to the race and ethnicity of their child who was participating in the CDW program. Based on this method, 48.5% of the families are classified as Caucasian, 17.5% as African American, 26.6% as Hispanic/Latino, and 3.1% as Asian. Ten families chose to identify as

"Other."

Of the families that completed the survey, 53.6% of the families have male children enrolled in CDW and 46.4% of the families have female children enrolled in CDW. The percentage of males is somewhat higher than in previous years. The most recent CDW enrollment data (2014) indicates that there are 63.2% males and 36.8% females enrolled in the program.

For families where the primary language is not English, the survey is available in Spanish and interpreters are available in other languages as needed.

Was sampling used? Yes

Has your previously-approved sampling plan changed? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No

Yes, the data accurately represent the demographics of the State

No, the data does not accurately represent the demographics of the State

Describe the sampling methodology outlining how the design will yield valid and reliable estimates.

This is the third year that the CDW Family Survey was administered by the Delaware Education Research & Development Center (DERDC). This survey information was collected for the CDW Ongoing Program Evaluation Committee (OPEC). The survey contains 48 questions and is divided into seven sections. The majority of items ask respondents to check the appropriate response (e.g., gender, age, income level) or mark their agreement on a five-point Likert scale (i.e., strongly agree to strongly disagree and N/A).

Although in some cases a 7-point Likert scale is preferred over a 5-point scale (Alwin & Krosnick, 1991), we decided to reduce the scale from 7 to 5 points last year (2014). There were several reasons for this decision. First, while a 7-point scale has more discrimination and is better for statistical analyses, for this survey we only present the percentages of each response and no statistical analysis is performed. This has been the report's format since 2009. Second, after administering the survey last year, we began to question if respondents could really differentiate between a "strongly agree" and a "very strongly agree" opinion. In fact, due to the lack of variability between these categories, we collapsed the agree categories ("very strongly agree," "strongly agree," and "agree") in previous years' reports. Furthermore, this survey was conducted over the phone; we found a 7-point made the survey very lengthy, which discouraged respondents' completion. All of these reasons led to last year's decision to reduce the from a 7- to 5-point Likert scale.

Consistent with our methodology from the previous year, we mailed a paper version of the survey to all the families, along with a link to complete the survey online. Families that chose to participate online completed a web based version of the survey using the secure Internet website Qualtrics, an industry-leading provider of online survey software. In addition to mailing a paper version of the survey and a postcard encouraging families to participate, we also called families on the telephone. The personal identifying information was stored electronically on a secure server in a password-protected file accessible only to DERDC personnel conducting the survey.

The structure of the survey was the same as in the previous years with the entire survey fitting inside a four-page booklet. Consistent with the version of the survey administered in 2012 and 2013, we chose not to include questions included in the 2010 Family Survey that asked the number of persons in a household receiving CDW services or the number and type of support services received. These sections were removed in 2011 and were not included during the present administration. The initial package mailed to families included: (1) a cover letter signed by the CDW clinic manager that explained the purpose of the survey, the usefulness of family feedback to CDW, assurances of confidentiality, the time it would take to complete the survey, and contact number of the principal evaluator at the Delaware Education R&D Center in case they had questions about the survey; (2) an information sheet that included instructions on how to complete the survey via the Internet; and (3) a copy of the survey and a prepaid postage envelope to return the survey. This package was mailed to the families in the database.

Federal Outcome 1: Families Know their Rights

The first federal outcome addressed the extent to which families feel that they know their rights with the CDW program. The survey includes four items. When families' responses were averaged across all four items, 92.0% of families responded positively to these questions and 8.0% disagreed. Families expressed the least satisfaction with items regarding knowing who to speak to if their family's rights were not addressed (Disagree and Strongly Disagree=12.0%) and knowing who within CDW could help them if they had a complaint (Disagree and Strongly Disagree=12.8%). Compared to the results in previous years, a similar proportion of families responded positively to the questions regarding the concept of families knowing their rights. We compared families' average ratings by race and ethnicity. The highest percentages of families knowing their rights were African Americans (96.2%) and Caucasians (92.9%). Hispanics/Latinos and "other" ethnicities responded favorably toward the first federal outcome but with lower percentages (89.8% and 85.9%, respectively).

We also disaggregated families' average ratings by the region where families received their services, 95.0% of families

receiving services in Southern Delaware articulated knowing their rights. This percentage was higher than the northern counterpart, where 90.9 % of families receiving services responded positively to this outcome.

Federal Outcome 2: Families Effectively Communicate Their Children's Needs

The second federal outcome addressed the extent to which families are able to effectively communicate their children's needs within CDW. The subscale consisted of five items. When families' responses were averaged across all five items, 95.4% of families responded positively to the questions for the second federal outcome "Families Effectively Communicate their Children's Needs." Results in 2014 were similar to previous years regarding effectively communicating their children's needs. We also compared average ratings based on the ethnicity of families; 96.3% of Caucasians, 93.4% of African Americans, and 96.9 % of Hispanics/Latinos responded favorably toward the second federal outcome, "Families Effectively Communicate their Children's Needs." Slightly lower, 90.7% of all "other" ethnicities represented in the survey responded positively to the second federal outcome. Similar to the first federal outcome, Hispanic and Caucasian families' responses were again the most favorable.

Based on the region where families received their services, the average ratings were as follow: 94.8% of families receiving services in Northern Delaware and 97.1% of families receiving services in Southern Delaware responded positively to the second federal outcome, "Families Effectively Communicate their Children's Needs".

Federal Outcome 3: Families Help Their Children Develop and Learn

The third federal outcome addressed the extent to which families have learned to help their children develop and learn since participating in the CDW program. The subscale consisted of four items that addressed this outcome. When families' responses were averaged across all four items, 97.8% of families responded positively to the questions for the third federal outcome. Similar proportions of families in previous years responded positively to the questions regarding the concept of families helping their children develop and learn. In 2014, results were slightly more favorable than previous years.

We compared families' average ratings by race and ethnicity, 93.3% of Caucasians, 95.0% of African Americans, and 97.9% of Hispanics/Latinos responded favorably toward the second federal outcome, "Families Effectively Communicate their Children's Needs." In addition, 92.5% of all "other" ethnicities represented in the survey responded positively to the third federal outcome. In this federal outcome, Hispanic families' responses were the most favorable, and as in federal outcomes 1 and 2, the families categorized as "Other" (Asian and "Other") were the ones with the largest percentages of disagreement. However, it is important to notice that such disagreement percentages were minimal overall.

We also disaggregated families' average ratings by the region where families receive their services, 94.6% of families receiving services in Northern Delaware and 95.5% of families receiving services in Southern Delaware responded positively to the third federal outcome, "Families Help their Children Develop and Learn".

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results Indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			1.32%	1.33%	1.04%	1.03%	1.03%	1.04%	1.06%	1.00%
Data		0.98%	0.99%	1.03%	0.93%	0.86%	1.20%	1.26%	0.91%	1.10%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	1.01%	1.02%	1.02%	1.04%	1.05%

Key:

Targets: Description of Stakeholder Input

The Interagency Coordinating Council (ICC) met on January 26, 2016 to review targets for this indicator. As in previous meetings, members and participants agreed that even with increased child find efforts, with the relative small number of families, a small number of children (less than five) can create a large impact on Delaware's data.

The ICC was reminded that if Delaware experiences uncharacteristic population growth or decline, these targets will need to be readdressed.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<u>Number of infants and toddlers birth to 1 with IFSPs</u>	128	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	4/3/2014	<u>Population of infants and toddlers birth to 1</u>	11,122	null

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
128	11,122	1.10%	1.01%	1.15%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			3.12%	3.13%	2.66%	2.67%	2.82%	2.77%	2.77%	2.70%
Data		2.94%	2.66%	2.40%	2.35%	2.33%	2.68%	2.79%	2.71%	2.91%

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	2.71%	2.72%	2.73%	2.74%	2.95%

Key:

Targets: Description of Stakeholder Input

The Interagency Coordinating Council (ICC) met on January 26, 2016 to review targets for this indicator and OSEP's response to the targets previously set by ICC. Members and participants reviewed the targets, undersatnding that with the relative small number of families, even a small number of children (less than 10) can create a large impact on Delaware's data.

Reviewing past data trends, the ICC initially recommended that the target for 2013 start at 2.70% with very modest increases though the year 2018. However OSEP responded that they could not accept the targets because the State's end target for FFY did not reflect improvement over the baseline data, and stated that Delaware needed to revise the FFY 2018 target to reflect improvement. Therefore, while targets for FFY2015--2017 have not been revised, Delaware did revise the FFY2018 target to comply with OSEP's directive. The ICC is mindful that if Delaware experiences uncharacteristic population growth or decline, these targets will need to be readdressed.

The Birth to Three office has made revisions to the following target:

- Target >= 2.95% for 2018

Birth to Three plans to meet with ICC stakeholders to discuss further revisions to the targets. These revisions will be submitted in the FFY14 APR.

Prepopulated Data

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	<u>Number of infants and toddlers birth to 3 with IFSPs</u>	975	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2014	7/2/2015	<u>Population of infants and toddlers birth to 3</u>	33,561	

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
975	33,561	2.91%	2.71%	2.91%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance Indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		89.90%	95.70%	90.14%	90.00%	87.00%	95.06%	91.46%	93.97%	97.76%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an Initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
192	209	97.76%	100%	91.87%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline)

null

Explanation of Slippage

Two efforts have been in place statewide to ensure early identification of infants and toddlers in need of early intervention services. Those efforts include comprehensive screening initiatives from the Governor's Office of Early Learning and the Help Me Grow statewide program. Both have increased the number of early intervention referrals for assessments resulting in insufficient capacity for completion of multidisciplinary assessments. This increase has also resulted in assessments being completed during the latter part of the 45-day requirement, allowing fewer days to complete an IFSP. Simultaneously, CDW experienced personnel turn over. The increase in referrals, shortened timeline coupled with CDW service coordinator vacancies have resulted in slippage in this area. Birth to Three is offering training to pediatricians, medical specialist and other professionals providing services to infants and toddlers to ensure the submission of appropriate referrals. Birth to Three requested funds for additional assessors, believing more assessors would increase the number of assessments CDW is able to conduct, reduce the number of days between the referral and MDA appointments, and create more time for service coordinators to develop IFSPs. This request remains under consideration.

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Both regions, CDWNHS and CDWSHS, are monitored annually.

A report was run in DHSSCares, the data system for the Birth to Three program in Delaware, to identify all children who were referred and made Part C eligible between July 1, 2014 and August 31, 2014.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. As in previous APR, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Provide additional information about this indicator (optional)

Child Development Watch Northern Services (CDWNHS)

During monitoring, Multidisciplinary Assessment (MDA) and IFSP timeline data were analyzed. Part C consent data were analyzed to see if the days from referral to consent were 15 or fewer. Of the 108 sampled charts, 63 (58%) families consented within 15 days. Data show that the average number of days from referral to Part C consent date was 25. According to the data, 53 families received an MDA within the 45 day timeline, while 55 did not. Further analysis revealed that 32 of the 55 families who did not have an MDA conducted within the timeline were a result of family related issues. Ultimately, 79% (n=85) of families were provided a MDA date within the 45 day timeline. Data show that while 60% of families had an IFSP meeting facilitated within 45 days, 89% (96/108) of families were provided an IFSP meeting date within the required timeline. More specifically, 65 IFSP were conducted within the 45 day timeline and 31 were delayed due to exceptional family circumstances including child hospitalizations and child illness. Nine of the twelve instances of noncompliance were a result of service coordinator scheduling delays. Data within DHSSCares indicated that initial IFSPs were provided for all 12 of the children in this category, although late. This was verified with Birth to Three staff during follow-up monitoring and TA of each of the service coordinators who demonstrated noncompliance. Delaware verified that all noncompliance was corrected by ensuring that subsequent practice and updated data ensured that the program was correctly implementing the 45 day timeline requirement.

Child Development Watch Southern Services (CDWSHS)

During monitoring, Multidisciplinary Assessment (MDA) and IFSP timeline data were analyzed. Part C consent data were analyzed to see if the days from referral to consent were 15 or fewer. Of the 101 sampled charts, 68 (67%) families consented within 15 days. Data show that the average number of days from referral to Part C consent date was 23. According to the data, 71 families received an MDA within the 45 day timeline, while 30 did not. Further analysis revealed that 26 of the 30 families who did not have an MDA conducted within the timeline were a result of family related issues. Ultimately, 96% (n=96) of families were provided a MDA date within the 45 day timeline. Data show that while 78% (n=79) of families had an IFSP meeting facilitated within 45 days. Another 17 were delayed due to exceptional family circumstances, thus 95% of families were provided an IFSP meeting date within the required timeline. The five delays not related to exceptional family circumstances were due to CDW scheduling. DHSSCares data indicated that initial IFSPs were created and provided to each child, although late. This was verified by Birth to Three staff during follow-up monitoring of five charts for each of the service coordinators who previously demonstrated noncompliance. Delaware verified that all noncompliance was corrected by

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

reviewing subsequent practice and updated data which revealed that the program was correctly implementing the 45 day timeline requirement.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		85.00%	92.00%	100%	95.00%	93.00%	99.00%	99.00%	100%	100%

Key: Gray -- Data Prior to Baseline Yellow -- Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Explanation of Alternate Data

The overwrite data are from on-site chart monitoring.

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.



Yes



No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
138	154	100%	100%	91.56%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of children exiting Part C who have an IFSP with transition steps and services)

3

Explanation of Slippage

Birth to Three conducted monitoring of CDW between May 1, 2015 and June 30, 2015. A sample of 209 charts was reviewed and 154 children were within the transition timeline. Most (138) files contained documentation of transition and transition steps on the IFSP. Further data analysis of DHSSCares showed that 3 families had delays attributable to exceptional family circumstances. As a result, 141 of 154 (91.56%) children exiting Part C had an IFSP with transition steps and services. The remaining 13 all had documentation of transition steps in progress notes but not indicated in the transition section of the files. Subsequently, the service coordinators of those 13 families were provided with TA. Further follow up revealed that each case had been corrected and service coordinators were implementing the process correctly. Training and technical assistance continues to be offered to CDW staff by the Department of Education/CDW liaisons as well as Birth to Three Trainers/Educators. Training includes all aspects of transition planning. DOW/CDW liaisons offer individualized onsite training to staff on the implementation of transition steps and services when the child turns two years old. A CDW/DOE work group meets quarterly to discuss challenges and plan for TA that assists in maintaining compliance with transition steps on the IFSP as well as to improve the quality of transition planning.

CDWNHS

Upon review of the 108 charts pulled for monitoring, 81 were within the transition timeline. Of the 81 families with in the transition timeline, 73 children exiting Part C had an IFSP with transition steps and services. One of the documented delays were attributable to exceptional family circumstances. Subsequently, this represents a 91% (74/81) outcome.

CDWSHS

Upon review of the 101 charts pulled for monitoring, 73 were within the transition timeline. Of the 73 families within the transition timeline, 65 children exiting Part C had an IFSP with transition steps and services. Two of the documented delays were attributable to exceptional family circumstances. Subsequently, this represents a 91.78% (67/73) outcome.

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Both regions, CDWNHS and CDWSHS, are monitored annually.

A report was generated in April 2015 in DHSSCares to identify children listed as Part C eligible with an active IFSP. The charts monitored for transition steps included those children who were at least 24 months old.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. As in previous APR, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
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FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance Indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	100%	100%	100%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Explanation of Alternate Data

428 infants and toddlers are the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B. 1295 includes toddlers with disabilities exiting Part C who were eligible for Part B.

Data include notification to both the SEA and LEA

- Yes
- No

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
1,295	1,295	100%	100%	100%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	0
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Describe the method used to collect these data

An Operations Agreement exists between the Department of Health and Social Services, Division of Management Services and Division of Public Health and the Delaware Department of Education. This agreement specifically defines the roles of the two regional Department of Education (DOE)/Child Development Watch (CDW) liaisons that are employed by DOE and funded by Birth to Three state funds. These liaisons are both service coordinators and act as liaisons with the local school districts in order to facilitate transition.

These liaisons have access to DHSSCares to run reports and in turn share child find directory information with each of the districts. These reports are run monthly by CDW Northern Health Services for districts in New Castle County, and quarterly by CDW Southern Health Services for districts in Kent and Sussex Counties.

This year, notification reports were sent through the DOE liaisons to the local school districts on 100% of the 1295 children identified as potentially eligible for Part C services. This number not only includes those children who were identified as potentially Part B eligible, but also those children who still demonstrated a developmental delay under Part C eligibility criteria at time of transition and also those children referred to Child Development Watch less than 45 days prior to their third birthday.

Notification is distributed on directory information for children who reside in each LEA (local school district) and will shortly reach the age of eligibility for preschool services under Part B, according to regulations under 303.209(b)(1) and to the SEA. Delaware included these requirements of IDEA 2004 and associated regulations when updating the Interagency Agreement for the Early Intervention System under Part C of the Individuals with Disabilities Education Improvement Act of 2004.

Do you have a written opt-out policy? No

What is the source of the data provided for this indicator?

- State monitoring
- State database

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data are collected from DOE Liaisons and reported for the entire FFY reporting year.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

All children reaching the age of 26 months old are conveyed through the DOE Liaisons to DOE and their respective local school district.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Required Actions

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance Indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		75.00%	90.00%	93.00%	94.00%	94.00%	94.00%	93.00%	100%	98.71%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%

FFY 2014 SPP/APR Data

Explanation of Alternate Data

Birth to Three reviewed 209 charts during annual chart monitoring. Of those 209, 154 were identified as within the 9 month 90-day transition timeline. It is these charts that Delaware used to report compliance data for transition timelines.

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services

- Yes
- No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
109	154	98.71%	100%	86.39%

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	7
Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)	18

Explanation of Slippage

Birth too Three Monitored 154 charts for transition timelines. Data revealed that there were 109 toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B. In seven cases, parents did not provide approval for the transition conference. Six toddlers were referred to Part C after the transition timeline began and within 45 days of their third birthdays. These were considered "Late Referrals". Two other transition conferences were not held within the timeline due to school district scheduling. The five remaining conferences were delayed due to CDW scheduling issues.

Department of Education/CDW liaisons continue to develop a rapport and work with school districts to ensure timely scheduling of transition meetings. Some school district personnel changes slowed down the scheduling a few toddlers transitioning to Part B. Training and technical assistance continues to be offered to CDW staff by the Department of Education/CDW liaisons as well as Birth to Three Trainers/Educators to heighten their awareness of transition timelines and school district issues that may impact timelines as well as other aspects of transition planning. DOW/CDW liaisons also offer individualized onsite training to staff on the implementation of transition steps and services that need to occur when the child turns two years old. A CDW/DOE work group meets quarterly to discuss challenges and plan for TA that assists in maintaining compliance with transition steps on the IFSP as well as to improve the quality of transition planning.

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Both regions, CDWNHS and CDWSHS, are monitored annually.

A report was generated in April 2015 in DHSSCares to identify children listed as Part C eligible with an active IFSP. The charts monitored for transition steps included those children who were at least 24 months old.

The monitoring plan and analysis currently utilized by Delaware Part C has been previously accepted by OSEP. As in previous APR, included in this calculation are children whom Delaware has identified the cause for the delay as exceptional family circumstances documented in the child's record. The numbers of these children are included in both the numerator and denominator when calculating compliance.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
null	null	null	0

OSEP Response

Because the State reported less than 100% compliance for FFY 2014, the State must report on the status of correction of noncompliance identified in FFY 2014 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2015 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2014 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2014, although its FFY 2014 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2014.

Required Actions

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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)

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data										

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	<u>3.1(a) Number resolution sessions resolved through settlement agreements</u>	null	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints	11/5/2015	<u>3.1 Number of resolution sessions</u>	null	null

FFY 2014 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
null	null			

Actions required in FFY 2013 response

None

OSEP Response

This indicator is not applicable for the State.

Required Actions

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results Indicator: Percent of mediations held that resulted in mediation agreements.

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data										

Key: Gray – Data Prior to Baseline Yellow – Baseline Blue – Data Update

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input

Since states are not required to establish baseline or targets if the number of mediations is less than ten per year, and Delaware has had no mediations between FFY2005 and FFY2014, baseline and targets have not been set for this indicator.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<u>2.1.a.i Mediations agreements related to due process complaints</u>	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<u>2.1.b.i Mediations agreements not related to due process complaints</u>	n	null
SY 2014-15 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/5/2015	<u>2.1 Mediations held</u>	n	null

FFY 2014 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0	0			

Actions required in FFY 2013 response

None

OSEP Response

The State reported fewer than ten mediations held in FFY 2014. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

Results Indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

Baseline Data: 2013

FFY	2013	2014
Target		48.00%
Data	48.00%	

Key: Gray – Data Prior to Baseline Yellow – Baseline
 Blue – Data Update

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	48.00%	49.00%	51.00%	55.00%

Key:

Description of Measure

Delaware will be using cohorts of data reported the Annual Performance Report, Indicator 3 and will evaluate the measurement of these cohorts over years 2 and 3 and 4 to create interim benchmarks ensuring progress as part of the State's evaluation plan.

The following section contains background and an overview of the process as to how child outcome data are collected, the responsible parties involved, and how that data are aggregated, calculated and reported. While Delaware will be focusing on infant and toddler social emotional skills for the SSIP, the process of data collection and reporting will be consistent with existing methodologies.

Background

The State of Delaware is committed to supporting early education for all young children. Considerable effort has taken place to bring together the many distinct elements that make a good system.

The Office of Special Education Programs (OSEP) established three functionally-stated outcomes for programs providing early intervention services to children with IFSPs and IEPs. Part C (infants and toddlers up to age three) requires early intervention providers to collect assessment data at each child's entry (eligibility determination) and exit (transition) from the program. Analysis of this data provides a measurement indicating the extent to which children are making or not making progress as a result of receiving early intervention.

The three child outcomes include:

- a. Children have positive social-emotional skills (including social relationships)
- b. Children acquire knowledge and skills (including early language/ communication)
- c. Children use appropriate behavior to meet their needs

Delaware Building BLOCKS (Better Lasting Outcomes for Children – Keys to Success) was established as the early childhood outcomes (accountability) system. The system is intended to:

1. be a process for the ongoing monitoring of children's development to support effective instruction and services; and
2. serve as the statewide mechanism for reporting the OSEP outcome data.

Delaware fully implemented the Child Outcome System on September 1, 2006. The Building BLOCKS guidebook is intended to document policies and procedures governing those children eligible under Part C of IDEA. An electronic version of this document is available at: <http://dhss.delaware.gov/dhss/dms/birth3pubs.html> Hardcopies are also available by contacting the Birth to Three Office.

Determining Which Children to Include in the Child Outcomes Process

The children participating in the accountability outcomes process will:

1. be Part C eligible
2. have an IFSP (even if service coordination is the only service)
3. be in the program for at least six (6) months. The timeline starts at the assignment of initial service coordinator.

Children who temporarily withdraw from services are included in the analysis if they return and continue services within ninety (90) days of the date they withdrew.

For those children who transfer between early intervention providers, the outcome assessment information from the former provider is shared with the new provider. The preference is to have the same tool completed each time, but this may not be possible in all cases.

Collecting Child Outcome Data

Delaware requires child outcome data to be recorded on a state-modified Child Outcome Summary Form (COSF) (Attachment 1), originally developed by the Early Childhood Outcomes (ECO) Center with support from the Office of Special Education Programs, U.S. Department of Education. The COSF uses a 7-point rating scale to rate the child's functioning in each of the three child outcomes (Attachment 2). Multiple sources of information measuring the child's progress are required to be utilized to determine each child outcome rating. Recommended sources include, but are not limited to, observations, interviews with the child's family or caregiver, other assessment tools (such as the PLS or Peabody), and IFSP progress notes.

The following tools have been correlated with the Federal Outcomes:

- **Primary Assessment Tools:** The following assessments are criterion-referenced, performance/observation based assessment measures identified as Primary Assessment Tools for all Part C eligible children.
 - * Bayley III
 - * Carolina Curriculum Assessment for Infants and Toddlers
 - * Creative Curriculum Developmental Continuum for Infants, Toddlers and Twos
 - * Teaching Strategies Gold
- **Interview/Observational Assessment Measures:** The following tools involve interviews, observations and/or surveys to collect information from parents and caregivers.
 - * Vineland II (The Survey Information Form is preferred; however, the parent report is useful when an interview cannot be conducted.)
 - * Ounce Scale
- Tools that may be used with children with severe and profound disabilities include:
 - * Developmental Assessment for Individuals with Severe Disabilities (DASH-2)
 - * Callier-Azusa Scale

All members of the IFSP team who interact with the child collect and report information on the progress the child makes on each of the three outcomes. In addition to family members and caregivers, these teams include, but are not limited to:

- **Child Development Watch (CDW) Assessors:** For those children eligible for Part C services, CDW Assessors are responsible for completion of the initial COSF. Ratings are entered into DHSSCares and all child outcome documents are provided to the service coordinator prior to the initial IFSP visit.
- **Service Coordinators:** Service Coordinators are responsible for assuring that child outcomes are completed for each Part C eligible child on their caseload. All results from child outcome assessments are expected to be maintained in the child's chart. Service Coordinators are responsible for assuring this information is provided to data entry for entry into DHSSCares. The Service Coordinator will share results for discussion at IFSP meetings.
- **Early Intervention Providers:** Early intervention providers who work with infants and toddlers, birth to age three, receiving early intervention services are responsible for participating in the accountability process.

The "Child Outcome Part C Process" (Attachment 3) was created to delineate the responsibilities of reporting child outcomes.

Initial outcome assessments are the responsibility of CDW Assessors. Information gathered for eligibility determination is used to inform the outcome assessments. A completed Child Outcome Summary Form (COSF) will accompany the assessment tool (e.g., Bayley III) and both documents are expected to be shared with the child's service coordinator prior to the initial IFSP visit date. This initial outcome assessment becomes an important part of the IFSP process and discussion. COSFs and all supporting documentation are expected to be maintained in the child's chart. The initial outcome is shared with service providers in order to better inform COSFs.

The exit COSF will be completed no more than thirty (30) days before and no later than thirty (30) days after the child exits from Part C. In those instances where CDW and the provider have lost contact with the family, the exit COSF will be completed by the provider using all available progress notes and assessments to develop the rating and establish if progress has been made since the initial COSF was completed. In addition, protocols from the last assessment are shared as part of transition to the local school district.

Reporting Child Outcome Reporting Categories

The OSEP Outcome Reporting Categories are calculated within Delaware's Part C data system using both the initial and the final COSF ratings. Manual data verification is also used to ensure that valid and reliable data are reported. This activity utilizes the "Calculating OSEP Categories from COSF Responses" document (Attachment 4) created by the ECO Center.

The five categories reported annually to OSEP include:

- a. Children who did not improve functioning
- b. Children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
- c. Children who improved functioning to a level nearer to same-aged peers but did not reach it
- d. Children who improved functioning to reach a level comparable to same-aged peers
- e. Children who maintained functioning at a level comparable to same-aged peers

Once these categories are determined for each child, the data are assembled into a chart that visually depicts the number and percent of children in each of the five OSEP reporting categories. These data are

then used in the calculation of summary statements.

The ECO Center created a set of calculations which allowed states to take their OSEP progress category data for the three child outcomes and generate percentages related to the summary statements. The summary statements for each of the three outcomes are:

- o **Summary Statement 1:** Of those children who entered the program below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they exited the program. This is calculated by taking the number of infants and toddlers reported in progress category (c) plus the number of infants and toddlers reported in category (d) divided by [the total number of infants and toddlers reported in progress category (a) plus (b) plus (c) plus (d)] times 100.
- o **Summary Statement 2:** The percent of children who were functioning within age expectations in each outcome by the time they exited the program. This is calculated by taking the number of infants and toddlers reported in progress category (d) plus the number of infants and toddlers reported in progress category (e) and divided by [the total number of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)], times 100.

These final calculations are reported to OSEP annually as part of the reporting requirements for Indicator 3—Child Outcomes of the Annual Performance Report and also aid the State in target setting for this indicator. Again, Delaware will be using Summary Statement 1 for the SSIP, focusing in the area of social emotional outcomes for infants and toddlers.

Targets: Description of Stakeholder Input

Overview

See Attachments (6)

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

see attachment "Part C SSIP Indicator 11 final v03302015.pdf"

Delet

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale

FFY 2014 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

see attachment "Part C SSIP Indicator 11 final v03302015.pdf"

Delete

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Delete

Description

See Attachments (6)

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Delete

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Infrastructure Development

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

See Attachments (6)

Support for EIS programs and providers Implementation of Evidence-Based Practices

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them, and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

See Attachments (6)

Evaluation

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

See Attachments (6)

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation, and Stakeholder involvement in Phase II.

See Attachments (6)

OSEP Response

Required Actions

Certify and Submit your SPP/APR

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name: Susan Campbell

Title: Part C Coordinator

Email: susan.campbell@state.de.us

Phone: 302-255-9137

