

## **Part C State Annual Performance Report (APR) for FFY 2009**

### **Overview of the Annual Performance Report Development**

The District of Columbia Office of the State Superintendent of Education (OSSE), Division of Special Education, DC Early Intervention Program (DC EIP), hereinafter referred to as the District, is the District of Columbia's designated Lead Agency for administering Part C of the Individuals with Disabilities Education Act of 2004 (IDEA).

DC EIP stakeholders provided input into the development of this APR. DC EIP provided an overview of the process at the January 2011 monthly meeting of providers and other stakeholders. Data were presented and feedback was incorporated into the final document.

For the purpose of this Annual Performance Report (APR), the District has complied with Federal requirements and is utilizing the accepted Federal Fiscal Year for the FFY 2009 (7/1/09 - 6/30/10) APR reporting period. As such, data and activities in this report reflect work performed between July 1, 2009 and June 30, 2010.

### **Data Collection and Analysis**

The District utilized the Early Steps and Stages Tracker (ESST) database to fulfill the reporting requirements in this APR. Additional data were collected through a review of the early intervention record and case notes as needed.

For Indicators 1, 7, and 8A, B, and C, one quarter of the fiscal year was used to determine compliance with these indicators. The District selected the 4<sup>th</sup> quarter of FFY 2009 (April 1, 2010 – June 30, 2010) consistent with previous years APR reporting. This sample is considered representative of the full reporting year because all of the same variables are in place for this quarter of the fiscal year as in all quarters. The variables measured that may have contributed to any noncompliance remained constant throughout FFY 2009, e.g. minimal turnover staff at contracted provider sites, DC EIP and the Medicaid Managed Care Organizations (MCOs); policies and procedures for evaluating, assessing and placing a child and family into services; transitioning a child to Part B or other community program; supervision of the DC EIP staff and contractors; and ongoing monthly training of staff and providers. OSSE is confident that the chosen reporting period accurately reflects data for infants and toddlers with IFSPs for FFY 2009.

As detailed in OSSE's Corrective Action Plan, and explained in Indicator 9, OSSE's system of general supervision for Part C also includes identification of noncompliance through on-site monitoring, database reviews, complaint investigations, due process hearings, and other data collection activities that may occur during or outside of the 4<sup>th</sup> quarter period.

**Technical Assistance with APR Development**

Throughout, and subsequent to, the reporting period, OSSE benefited from on- and off-site technical assistance provided by the Mid South Regional Resource Center (MSRRC/ Mid South). In addition, the National Early Childhood Technical Assistance Center (NECTAC) and the Data Accountability Center (DAC), a Technical Assistance project for the U.S Department of Education (DOE), Office of Special Education Programs (OSEP), also provided assistance on-site and by conference calls.

OSSE staff participated in OSEP sponsored Part C conferences, including the OSEP Early Childhood Conference, the Data Accountability Center Conference and the Child and Family Outcomes Conference. Staff also participated in monthly technical assistance conference calls offered by OSEP. The knowledge acquired resulted in an improved understanding of IDEA regulations, policies, and procedures; an increased knowledge of monitoring requirements and obligations; and continuous refinements in data collection and analysis. Contracted service providers and MCOs also benefited from OSEP-sponsored technical assistance.

**Barriers to Compliance**

The FFY 2009 (7/1/09 - 6/30/10) APR presents a picture of both significant accomplishments and continuing challenges. The District continues to aggressively address and reduce barriers to compliance.

As the Lead Agency for Part C, DC EIP has corrected several of the factors that contributed to previous noncompliance. Throughout FFY 2009, the District has increased the number of evaluation sites and direct care service providers, improved collaboration with Medicaid MCOs, provided monthly trainings for staff and providers, and provided ongoing technical assistance and supervision to staff and providers to increase compliance. These efforts have led to progress in Indicators 1, 7, and 8A. The slippage in Indicators 8B and 8C are in part due to these new providers becoming proficient in DC EIP's required policies and procedures. While the large number of new providers with significant learning curves resulted in instances of noncompliance; DC EIP has continued to provide targeted training and technical assistance.

A significant systematic improvement is the development of a Part C monitoring framework. The Quality Assurance and Monitoring (QAM) Unit housed in OSSE's Division of Special Education is responsible for monitoring DC EIP and its contracted providers. In addition, DSE has augmented the QAM Unit with a Part C funded Education Program Specialist who is dedicated to Part C program monitoring and compliance. These organizational changes occurred in FFY 2009 and are aimed at ensuring that all Part C stakeholders are held accountable through a rigorous system of general supervision. OSSE remains committed to reducing the barriers to compliance experienced by DC EIP

Further, in FFY09, OSSE developed solicitations to support its Comprehensive System of Personnel Development and its Public Awareness Campaign. Both of these projects are

currently underway, and OSSE has actively engaged key stakeholders in developing strategic plans designed to meet the District's specific needs. OSSE has also engaged in a process designed to improve outcomes related to Early Childhood Transition. It is anticipated that OSEP will see evidence of these systemic reform efforts in OSSE's FFY10 APR performance results

**Public Reporting**

FFY 2008 public report on the performance of DC EIP providers can be found on the OSSE website at the following location:

[http://www.osse.dc.gov/seo/frames.asp?doc=/seo/lib/se/pdf/Report to the Public Part C FFY 2008.pdf](http://www.osse.dc.gov/seo/frames.asp?doc=/seo/lib/se/pdf/Report%20to%20the%20Public%20Part%20C%20FFY%202008.pdf)

The report to the public of the performance of early intervention providers for FFY 2009 will be posted on the OSSE website in August 2011.

**State Performance Plan**

The District of Columbia's Part C State Performance Plan (SPP) has been updated, including targets for FFY 2011 and 2012. It is enclosed in this submission and can be found on the OSSE website under the special education link.

## Part C State Annual Performance Report (APR) for FFY 2009

## Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

**Measurement:**

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

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

FFY	Measurable and Rigorous Target
2009	100%

## Actual Target Data for FFY 2009: 84.8%

Measurement Categories	Number of Children
Number of children with timely IFSP services	76
<b><i>Reasons for Delay</i></b>	
Number of children for whom services were not timely due to exceptional family circumstances (sick child or family member, missed or canceled appointments, etc.)	36
Medicaid delays	10
DC EIP delay	10
<b>Total number of records</b>	<b>132</b>

In FFY 2009, 84.8% of infants and toddlers with Individualized Family Service Plans (IFSPs) received early intervention services in a timely manner. For purposes of this Indicator, “timely manner” is defined as within 30 days of the signed IFSP. Timely services are reported for 76 children. 36 children are not counted as delayed due to exceptional family circumstances. Fifteen percent (15%), or 20 of the 132 infants and toddlers with IFSPs, did not get their services in a timely manner because of Medicaid and DC EIP delays. The delays in the timely receipt of services are evenly split between Medicaid and DC EIP.

The following process was used to complete data collection and analysis for timely service delivery:

- Data were collected via the ESST. This system captures dates that all services are implemented. The ESST was used to identify all children who had a new service on an initial or updated IFSP (6 month, annual, or modified) within the fourth quarter of FFY 2009 (4/1/10 – 6/30/10).
- The database is capable of calculating the number of days from the date of the IFSP meeting to the “start date” of the new services.
- The ESST produced an Excel spreadsheet that identified the children in the monitoring query, the date of the applicable IFSP meeting, and any new services that were added in the fourth quarter. Prescribed services were tracked from the date of the IFSP meeting until the start date of each new service to calculate timeliness.
- For any child identified for whom the data system indicated services were started late, DC EIP staff reviewed the case notes, as well as the early intervention record, to determine the reason for delay.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

The District is reporting progress for this indicator in FFY 2009 (84.8%) as compared to FFY 2008 (81%). OSSE attributes much of this progress to the following four reasons:

- 1) An increase in the number of direct service providers;
- 2) An increase in the frequency and intensity of the training and technical assistance for service coordinators and direct service providers;
- 3) The initiation of several new activities with the Department of Health Care Finance (DHCF) and their Managed Care Organizations (MCOs), including:

- a) Promotion of the use of DC EIP direct service providers to ensure a more timely service delivery process;
  - b) Development and issuance of a new Memorandum of Understanding (MOU) stressing the importance of timelines and adherence to Part C requirements;
  - c) Promotion of attendance of MCO care managers at IFSP meetings; and
  - d) An increase in the number of meetings and training opportunities for DHCF and MCO staff.
- 4) Revising the performance goals and objectives for DC EIP staff to reflect the 100% standard for this indicator.

The above ongoing, systemic activities are designed to ensure continued progress until the 100% standard is reached.

There were several reasons for the delays in FFY 2009 that are attributable to DC EIP. All of the following are being addressed to ensure applicable system changes:

- Delay in the return of documents from evaluation providers impacting the 30-day timely services timeline;
- Discipline-specific capacity issues with direct service providers that reduce the ability of DC EIP to staff cases timely;
- The need for additional training for new evaluation site providers to improve the quality of functional initial IFSPs; and
- Newly contracted providers experiencing early challenges related to ensuring that staff met all regulatory requirements for this indicator.

To address the noncompliance in FFY 2009, a drill-down of data was conducted. This data review was facilitated by DC EIP, which completed an initial analysis to determine the responsibility for delays and provided the raw data to DSE's Data Verification Unit and Quality Assurance and Monitoring Unit. As a result, two findings were issued.

As DC EIP was responsible for the 10 of the 20 instances of delay, DC EIP was issued a finding of noncompliance on September 30, 2010, with the requirement of a Corrective Action Plan. OSSE is confident that with all of the above ongoing systemic activities addressed, DC EIP will continue to show improvements in the coming year. The noncompliance will be deemed to be corrected when DC EIP can show, through a subsequent review of data in the ESST, that the regulatory requirement for this indicator is being met for 100% of children.

DHCF was also issued a finding of noncompliance on September 30, 2010, with the requirement of a Corrective Action Plan for 10 of the 20 instances of delay. The noncompliance will be deemed to be corrected when DHCF can show, through a subsequent review of data in the ESST, that the regulatory requirement for this indicator is being met for 100% of children.

As noted above, a dedicated QAM Part C program monitor has been assigned to verify timely correction of the noncompliance as soon as possible, but no later than one (1) year, following the date the finding was issued.

A Memorandum of Understanding between DHCF, its MCOs, and OSSE that outlines key responsibilities of each agency has been jointly developed and signed and is currently in effect. DC EIP continues to work closely with DHCF and the MCOs to improve their ability to provide services to children within the required timeline. DC EIP staff attends monthly meetings with DHCF staff and the MCO care coordinators to improve communication and information sharing. This ongoing collaboration has increased the timeliness of service delivery. In addition, the MCOs are pursuing contracts with many of the same direct service providers that are linked to DC EIP, with the goal of ensuring more timely delivery of services.

### ***Improvement Activities***

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:

	<b>Improvement Activities</b>	<b>Timelines &amp; Resources</b>	<b>Status</b>
<b>1.</b>	Technical assistance and training on timely service delivery for sub-grantees and contractors	Ongoing, 2007-2010 Part C Coordinator and staff, Comprehensive System of Professional Development (CSPD), the Data Accountability Center (DAC), MSRRC, NECTAC, OSSE, and Additional Key Stakeholders	<b>FFY 2009: Ongoing</b>  Trainings for service coordinators and evaluation/direct service providers are provided on a monthly basis. Obligations related to the provision of timely services are covered at all meetings.
<b>2.</b>	Re-examine the definition for timely receipt of service to ensure that the definition reflects OSEP's definition of timely receipt of service and parental right to prior informed written consent.	June 2008 – August 2008 Part C Coordinator and staff, and Stakeholders.	<b>FFY 2009: Completed</b>  DC EIP has operationally defined timely receipt of service as <i>"within 30 days of the initial IFSP or new services to an existing IFSP or parent's initial signed consent for</i>

	Improvement Activities	Timelines & Resources	Status
			<i>services (if IFSP is delayed)”. Prior informed written consent is defined as 5 days prior to the event.</i>
3.	Explore the use of the Human Care Agreement as mechanism to offer contracts for services and shorten the time needed to identify additional service providers.	September 2007  Part C Coordinator and staff, OSSE Grants Management Specialist, and OSSE OCP.	<b>FFY 2009: Completed</b>  This activity occurred in FFY 2008. Direct service providers have been utilizing this contract type since November 2009.
4.	Collaborate with the Department of Health (DOH), the Medical Assistance Administration’s (effective 10/1/08, this entity was reorganized as the Department of Health Care Finance (DHCF)) Medicaid Managed Care Organizations (MCOs) to develop a formal intake, referral, and case management process to monitor and ensure timely receipt of services for eligible families.	Ongoing, 2007-2010  Part C Coordinator and staff, and Medical Assistance Administration, and Medicaid Managed Care Director.	<b>FFY 2009: Ongoing</b>  DC EIP continues to work closely with DHCF to ensure timely receipt of services for eligible families. Meetings occurred monthly throughout FFY 2009 with care coordinators and their management. In FFY 2010, further training by MSRRC and DC EIP’s CSPD provider has been provided to increase MCO staff understanding of their responsibilities related to early intervention children and families.
5.	Collaborate with area universities to increase student awareness of early intervention as a career option and to identify interns and new graduates who may be interested in working in the field.	Ongoing, 2006-2010  Part C Coordinator and staff, Interagency Coordinating Council (ICC), CSPD, and other appropriate community stakeholders	<b>FFY 2009: Ongoing</b>  No activity occurred in FFY 2009. However, DC EIP is currently developing a public awareness campaign and partnering with Institutes of Higher Education stakeholders to identify and implement strategies to increase recruitment and retention of quality service providers. Activities include:



	Improvement Activities	Timelines & Resources	Status
			-special education career awareness campaigns, and - career academies for high school dual enrollment programs.
6.	Implement an electronic distribution of flyers as a marketing campaign to locate and identify additional service providers.	Ongoing, 2007-2010 Part C Coordinator and staff, and OSSE Office of the Chief of Staff	<b>FFY 2009: Ongoing</b> OSSE worked with the District's Office of Contracts and Procurement to obtain a contract for a public awareness campaign. As of October 2010, OSSE secured a vendor to produce a public awareness campaign with this activity as one of the goals.
7.	Identify and utilize additional funding opportunities to provide additional financial support for the DC Part C Program	Ongoing, 2007-2010 Part C Coordinator and staff, OSSE Administrators, and Department of Health	<b>FFY 2009: Ongoing</b> Improvements in the accountability of Medicaid Managed Care to provide services to the Part C population have increased the reach of DC EIP's funding. In addition, in FFY 2010, funding was provided from CFSA and DOH Project Launch to increase child find efforts and train Part C service coordinators to become certified Parent Educators. Additional funding from Project Launch will enhance infant mental health services to residents of the District, including Part C families.
8.	Review and revise policies and procedures related to service coordination and	February 2008-2010 Part C Coordinator and staff, NECTAC, MSRRC, and	<b>FFY 2009: Ongoing</b> This activity is still in progress. As collaborations increase

	Improvement Activities	Timelines & Resources	Status
	timely initiation of services to improve service delivery	CSPD.	with partner agencies, new policies are being developed and procedures put in place.
9.	Access technical assistance from NECTAC and MSRRC regarding timely provision of services	February 2008-2010 Part Coordinator and staff, NECTAC, and MSRRC	<b>FFY 2009: Ongoing</b> Ongoing technical assistance was provided by MSRRC, NECTAC and DAC during FFY 2009, including on-site meetings and numerous conference calls to review all data on timely service delivery.
10.	Explore the feasibility and effectiveness of primary provider coaching model of service delivery	August 2008-2010 Part C Coordinator and staff, Community Service Providers, and families	<b>FFY 2009: Ongoing</b> Discussions and planning occurred throughout FFY 2009 through technical assistance with MSRRC. The implications of this model, along with the anticipated fiscal impact and the steps necessary to implement the model, are currently being compiled for review by leadership. .
11.	DC Part C will utilize DC Part B's "Easy IEP" system and replicate it for Part C by developing the "Easy IFSP" system with appropriate training and mentoring for staff and providers to insure timely data collection	October 2008-June 2010  DC Part C Coordinator and staff, OSSE OIS, MSRRC, NECTAC, sub-grantees	<b>FFY 2009: Ongoing</b> This activity is pending completion of the Phase II of work on the Special Education Data System (SEDS) that began in the Fall 2009.  In the interim, DC EIP is using the new Early Steps and Stages Tracker Quick Base database to ensure real-time data to track and facilitate timelines and monitor compliance. OSSE has also begun a system of data

	Improvement Activities	Timelines & Resources	Status
			coordination to ensure tracking of outcomes across Part C and Part B data systems for children who transition.
12.	Revise Provider monthly report form to clearly identify all new services from each IFSP and start dates of services.	October 2008-February 2009  DC Part C Coordinator and staff, MSRRC, and sub-grantees	<b>FFY 2009: Completed</b>  The Provider monthly report form has been modified and is currently in use by providers.

**Correction of Noncompliance on FFY 2008 data reported in the APR submitted February 1, 2010:**

OSSE reported 81% for Indicator 1 in FFY 2008. Findings were not issued to providers on FFY 2008 noncompliance because all noncompliance was attributable to either DC EIP staff or the Department of Health Care Finance (DHCF). OSSE did not have procedures during FFY 2008 to issue findings to DC EIP and DHCF but implemented procedures in FFY 2009 to issue findings to both DC EIP and DHCF.

DC EIP engaged in the following activities in order to address the noncompliance in FFY 2008:

- Implemented the Human Care Agreement contract type to increase the number of direct service providers;
- Increased the frequency and intensity of the training and technical assistance for service coordinators and direct service providers (e.g. service coordinators currently meet once per week to review caseload issues);
- Initiated several new activities with the Department of Health Care Finance (DHCF) and their Managed Care Organizations (MCOs), including:
  - Promoting the use of DC EIP direct service providers to ensure a more timely service delivery process;
  - Development of a new MOU stressing the importance of timelines and adherence to Part C requirements;
  - Promotion of attendance of MCO care managers at IFSP meetings; and
  - Increase in the number of meetings and training opportunities for DHCF and MCO staff.

- Revised the performance goals and objectives for DC EIP staff to reflect the 100% standard for this indicator;
- Verified that the timely service provision requirements (i.e., achieved 100% compliance) are being correctly implemented in compliance with 34 CFR §§303.340(c), 303.342(e), and 303.344(f)(1) based on a subsequent database review for this indicator. The services for these children identified in the subsequent review met the timeliness requirement. These data were collected through the state data system (ESST); and
- Assured that all children for whom data showed services not provided timely, did receive the services on their IFSP, although late, consistent with OSEP Memo 09-02.

**Revisions, with Justification, to Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

No new improvement activities are proposed. The proposed revisions to the following nine (9) improvement activities are included in the State Performance Plan (SPP). These ongoing improvement activities have been extended throughout the additional two fiscal years as follows:

	Improvement Activities	Timelines & Resources
1.	Provide technical assistance and training on timely service delivery for sub-grantees and contractors	Ongoing, 2007-2012 Part C Coordinator and staff, Comprehensive System of Professional Development (CSPD), the Data Accountability Center (DAC), MSRRRC, NECTAC, OSSE, and Additional Key Stakeholders
4.	Collaborate with the Department of Health (DOH), and Department of Healthcare Finance's (DHCF's) Medicaid Managed Care organizations to develop a formal intake, referral and case management process to monitor and ensure timely receipt of services for eligible families.	Ongoing, 2007-2012 Part C Coordinator and staff, and Medical Assistance Administration, and the Medicaid Managed Care Director.
5.	Collaborate with area universities to increase student awareness of early intervention as a career option and to identify interns and new graduates who may be interested in working in the field.	Ongoing, 2006-2012 Part C Coordinator and staff, CSPD, Interagency Coordinating Council (ICC), and other community stakeholders

	<b>Improvement Activities</b>	<b>Timelines &amp; Resources</b>
<b>6.</b>	Implement an electronic distribution of flyers as a marketing campaign to locate and identify additional service providers.	Ongoing, 2007-2012 Part C Coordinator and staff, and OSSE Office of the Chief of Staff
<b>7.</b>	Identify and utilize additional funding opportunities to provide additional financial support for the DC Part C Program.	Ongoing, 2007-2012 Part C Coordinator and staff; OSSE Administrators, and Department of Health
<b>8.</b>	Review and revise policies and procedures related to service coordination and timely initiation of services to improve service delivery.	February 2008-2012 Part C Coordinator and staff, NECTAC, MSRRC, and CSPD.
<b>9.</b>	Access technical assistance from NECTAC and MSRRC regarding timely provision of services.	February 2008-2012 Part Coordinator and staff, NECTAC, and MSRRC
<b>10.</b>	Explore the feasibility and effectiveness of primary provider coaching model of service delivery.	August 2008-2012 Part C Coordinator and staff, Community Service Providers, and families
<b>11.</b>	Continue to consider utilization of DC Part B's "Easy IEP" system and replicate it for Part C by developing the "Easy IFSP" system with appropriate training and mentoring for staff and providers to insure timely data collection.	October 2008-June 2012 DC Part C Coordinator and staff, OSSE OIS, MSRRC, NECTAC, sub-grantees

The following targets are being set for FFY 2011 and FFY 2012 and appear in the SPP:

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2011	100%
2012	100%

## Part C State Annual Performance Report (APR) for FFY 2009

## Monitoring Priority: Early Intervention Services In Natural Environments

**Indicator 2:** 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)

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

FFY	Measurable and Rigorous Target
2009	94.5%

## Actual Target Data for FFY 2009: 93.4%

FFY 2009	Dec 01, 2009 618 & Settings Report	Home	Community-Based Setting	Total in Natural Environment
Number	331	122	187	309
Percent		36.9%	56.5%	93.4%

The District is reporting that 93.4%  $[122 \text{ (Home)} + 187 \text{ (Community)} = 309/331 \times 100]$  of children with IFSPs are receiving services in the natural environment.

The following process was used to complete data collection and analysis for settings:

- Data were collected via the MIS database (in use for children entering Part C prior to June 30, 2009) and the ESST database that DC EIP implemented July 1, 2009. Both databases produce an Excel spreadsheet identifying all children who had a service on an IFSP, and the setting in which each service is being provided.
- For children who are receiving services in multiple settings, a determination was made regarding the primary setting for service delivery for each child based on the number of service hours for each setting.

- For children still in the MIS database, information was verified regarding the setting by reviewing the early intervention record.

These data were reported on Table 2 in accordance with Section 618 of IDEA and submitted timely on February 1, 2010.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

The District is reporting progress for this indicator in the FFY 2009 with 93.4% of infants and toddlers receiving services in the natural environment, as compared to its FFY 2008 performance (89%). However, the District did not meet the projected target of 94.5% for FFY 2009.

Of the 331 children reported in the December 1, 2009 Child Count Data Settings Table, 309 (93.4%) were receiving services primarily in their home or community based setting for typically developing children. Twenty-two (22) children (6.6%) received services in other settings.

OSSE attributes the progress in the performance of this indicator for FFY 2009 to the increased the frequency and intensity of training on natural environments provided to the Department of Health Care Finance's (DHCF) Medicaid Managed Care Organizations (MCOs), DC EIP's contract evaluation and direct service providers, service coordinators, and families. Specifically, this training focused on the requirement of early intervention services to be provided in the natural environment including the home and community settings in which children without disabilities participate to the maximum extent appropriate. DC EIP has utilized training and technical assistance from MSRRRC and NECTAC to support this effort.

OSSE is committed to continuing to increase performance in this area and is working with its Comprehensive System of Personnel Development (CSPD) provider to develop further training in this area to evaluation and direct service providers.

***Improvement Activities***

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:

	Improvement Activities	Timelines & Resources	Status
1.	Technical assistance and educational activities to promote natural environments and inclusion to families, Part C staff, service providers and service coordinators.	Ongoing, 2009 – 2010  Part C Coordinator and staff, CSPD, stakeholders	<b>FFY 2009: Ongoing</b>  This activity is ongoing. DC EIP is constantly recruiting new providers to ensure that all staff, service providers and service coordinators fully understand this requirement (, DC EIP (Sec. 303.12(b) and Sec. 303.18) is providing training on this requirement.
2.	Participate in the Early Childhood Education (ECE) (formerly Early Care and Education Administration) child care subsidy task force to analyze disability rates for special needs child care (Proposed reimbursement model approved by the Mayor's Advisory Committee on Early Childhood Development (MACECD) in November 2008).	September 2008 – June 2009  Part C Coordinator and staff, Stakeholders, and MACECD task force	<b>FFY 2009: Completed</b>  DC EIP participated on the MACCED and the Early Care and Education Administration's subsidy task force during the time they were in effect. While both bodies have since been dismantled, the Division of Special Education has begun collaboration with ECE leadership to ensure coordination and accelerate reform efforts.
3.	Participate in the MACECD task force to develop strategies to increase the capacity of child care providers to offer inclusive child care settings and provide on-site therapeutic services to children with disabilities and special health care needs.	June - September 2009 (Strategies for public review and approval)  Part C Coordinator and staff, and MACECD task force.	<b>FFY 2009: Completed</b>  The work of this committee has concluded. DC EIP is working closely with Early Head Start centers and the Joseph P. Kennedy Institute to offer inclusive child care settings.
4.	Complete pilot testing of capacity-building strategies, including professional development workshops to train early care and education providers for	September 2009  Part C Coordinator and staff, CSPD, and MACECD task force	<b>FFY 2009: Completed</b>  The work of MACECD has concluded. DC EIP continues to work with the Early Care and Education Division on



	Improvement Activities	Timelines & Resources	Status
	receiving Part C children.		professional development workshops. In addition, the Division of Special Education has begun collaboration with ECE leadership to ensure coordination and accelerate reform efforts.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following includes a revision in timeline to an existing improvement activity and an additional improvement activity for this indicator. Both of these appear in the State Performance Plan (SPP):

	Improvement Activities	Timelines & Resources
1.	Provide technical assistance and educational activities to promote natural environments and inclusion to families, Part C staff, service providers and service coordinators.	Ongoing, 2009 – 2012  Part C Coordinator and staff, CSPD provider, stakeholders
5.	<b><u>Addition:</u></b>  Develop online training module for early intervention (EI) providers and service coordinators on natural environments.  <b><u>Justification:</u></b>  EI providers and service coordinators need further training to assist them in (1) explaining natural environments to parents; and (2) adjusting their clinical model of service provision to an EI model that is family centered.	FFY 2010 – 2012  Part C Coordinator and staff, CSPD provider, DC EIP Providers
6.	<b><u>Addition:</u></b>  Ensure that the DC EIP's public awareness campaign includes a focus on natural environments (definition, obligations, etc.)  <b><u>Justification:</u></b>  Ensuring that all community stakeholders (providers, families, and advocates) understand this key concept will	FFY 2010 – 2012  Part C Coordinator and staff

	<b>Improvement Activities</b>	<b>Timelines &amp; Resources</b>
	further support a shift toward service delivery in the natural environment.	

Targets for FFY 2011 and FFY 2012 were determined in consultation with OSEP technical assistance providers and key stakeholders. The following targets are proposed for the FFY 2011 and FFY 2012 and appear in the SPP:

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2011	95%
2012	95%

## Part C State Annual Performance Report (APR) for FFY 2009

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

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

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

**Measurement:**

## Outcomes:

- 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.

## Progress categories for A, B and C:

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

**Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):**

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

**Measurement for Summary Statement 1:**

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

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

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

**Target Data and Actual Target Data for FFY 2009:**

## Targets and Actual Data for Part C Children Exiting in FFY 2009

Summary Statements	Targets FFY 2009 % of Children	Actual FFY 2009 % of children
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>		
1. 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	<b>75.0%</b>	<b>95.9%</b>
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	<b>31.4%</b>	<b>21.3%</b>
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>		
1. 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	<b>71.4%</b>	<b>93.3%</b>

2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	35.7%	13.3%
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>		
1. 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	80.0%	86.5%
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	44.3%	12.0%

## Progress Data for Part C Children FFY 2009

<b>A. Positive social-emotional skills (including social relationships):</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of infants and toddlers who did not improve functioning	1	1.3%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2	2.7%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	56	74.7%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	14	18.7%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	2	2.7%
<b>Total</b>	<b>75</b>	<b>100%</b>
<b>B. Acquisition and use of knowledge and skills (including early language/communication):</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of infants and toddlers who did not improve functioning	0	0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	5	6.7%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	60	80.0%

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	10	13.3%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	0	0%
<b>Total</b>	<b>75</b>	<b>100%</b>
<b>C. Use of appropriate behaviors to meet their needs:</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of infants and toddlers who did not improve functioning	0	0%
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	10	13.3%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	56	74.7%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	8	10.7%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	1	1.3%
<b>Total</b>	<b>75</b>	<b>100%</b>

Calculations within each outcome category are made independently; therefore, total percentages do not equate to 100, as a child may appear in both categories dependent upon the amount of demonstrated progress.

#### Outcome A:

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

$$[70 (56+14) / 73 (1+2+56+14)] \times 100 = \mathbf{95.9\%}$$

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

$$[16 (14+2) / 75 (1+2+56+14+2)] \times 100 = \mathbf{21.3\%}$$

**Outcome B:**

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

$$[70 (60+10) / 75 (0+5+60+10)] \times 100 = \mathbf{93.3\%}$$

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

$$[10 (10+0) / 75 (0+5+60+10+0)] \times 100 = \mathbf{13.3\%}$$

**Outcome C:**

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

$$[64 (56+8) / 74 (0+10+56+8)] \times 100 = \mathbf{86.5\%}$$

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

$$[9 (8+1) / 75 (0+10+56+8+1)] \times 100 = \mathbf{12.0\%}$$

Data were collected on all children who were served for at least six months using the Child Outcomes Summary Form (COSF). The COSF allows providers and service coordinators to summarize information collected from multiple sources to address the three child outcomes. The COSF's 7-point rating scale is used to determine the extent to which a child's functioning on each outcome is appropriate given his or her age, and whether that child made progress toward age appropriate behavior.

Child outcomes exit data were collected on 77 children for FFY 2009. This represents 31.9% of all children who exited the program. Entry data was not available for the majority of children who exited the program in FFY 2009, as they entered prior to the date that the COSF was implemented. The District began collecting entry data on eligible children in May 2007.

The following process was used to complete data collection and analysis for child outcome determination:

- The District utilized the Child Outcomes Summary Form (COSF) and ECO's procedures for using the form to collect data for this indicator; the data were recorded in the COSF to OSEP Categories Calculator.

- Data were collected on all infants and toddlers who entered DC EIP before 2 years, 6 months of age.
- The entry COSF was completed by the initial evaluation provider and the exit COSF was completed by either the service coordinator or the re-assessment provider no more than 60 days prior to the child's exit from the program.
- In FFY 2009, the Battelle Developmental Inventory (BDI) was used at exit for children exiting at their 3<sup>rd</sup> birthday.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

The District has shown both progress and slippage for this indicator from FFY 2008. In Summary Statement 1 for all three Outcomes A, B and C the District increased the percentage of children who substantially increased their rate of growth by the time they turned 3 years of age or exited the program. For Summary Statement 2 in all three Outcomes A, B and C, where the District experience slippage, there was a marked decline in the percentage of children who were functioning with age expectations by the time they turned 3 years of age or exited the program.

The District set targets in FFY 2008 for FFY 2009 and FFY 2010 based on the baseline data from FFY 2008. The targets for FFY 2009 are the same as the baseline data from FFY2008. The District exceeded its targets for FFY 2009 for Summary Statement 1 for all three Outcomes A, B and C. However, the District did not meet any of it targets for Summary Statement 2 for Outcomes A, B and C. The dramatic difference in Summary Statement 2 FFY 2009 results from FFY 2008 is primarily due to the difference in the determination of (b) "not sufficient to move nearer" in the Measurement Table. It is difficult to know if this is a process issue where there was greater understanding this year from the last or an actual difference. With such a small number, the shift is easily impacted by either.

The District's narrow eligibility criteria (50% delay in one or more of the 5 domains) and the fact that the majority of children exiting the program at 3 years qualify for preschool special educational services, support the results for FFY 2009. Without more data to justify a change, DC will make slight increases to the targets for FFY 2011 & FFY 2012. However, FFY 2010 will be the first year that the District will be reporting twelve months of data where all children who spent at least 6 months in Part C will have both an entry and an exit COSF. At that time the baseline and targets will be revisited.

***Improvement Activities***

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:



	Improvement Activities	Timeline/Resources	Status
1.	Implement the COSF for measuring child outcomes.	January 2008 – Feb 2010	<b>FFY 2009: Completed</b> The District began using the COSF on May 1, 2007 and continues its use.
2.	Collaborate with OSSE Special Education 619 Part B Coordinator to align policies, procedures and practices for measuring child outcomes to ensure a smooth transition from Part C to Part B.	June 2008 – February 2010 District Part C, OSSE, Mid South, NECTAC, ECO	<b>FFY 2009: Ongoing</b> Meetings have begun to ensure alignment of policies, procedures, and practices related to the transition of children from Part C to Part B. A stakeholder group has been established and is currently meeting monthly.
3.	Narrow the selection of approved evaluation tools.	June 2008 DC Part C, ECO, NECTAC, OSSE	<b>FFY 2009: Completed</b> This activity was completed in FFY 2008. This activity has improved the quality of the exit data received. All children are required to be assessed with 1 tool (BDI) prior to exiting.
4.	Technical assistance/training and professional development for service coordinators and evaluation providers on use of the COSF.	Effective April 2008, this activity will be ongoing for FFY 2008-2010 NECTAC; ECO; CSPD; DC Part C Staff, service providers	<b>FFY 2009: Ongoing</b> Training and TA to service coordinators, evaluation providers, and direct service providers is ongoing. This activity is continues to improve the quality of the outcomes data.
5.	Develop policies and procedures on measuring outcomes (data collection for entry and exit) to improve systems administration and monitoring.	April 1, 2008 – Feb. 2010 NECTAC; ECO; Mid South; DC Part C Staff, contractors, sub-grantees	<b>FFY 2009: Completed</b> This activity was completed in FFY 2008.

	Improvement Activities	Timeline/Resources	Status
6.	Train DC Part C staff in procedures for reviewing completed COSFs to identify the need for additional training and TA.	July 2008 – Feb. 2010 NECTAC; ECO; Mid South; DC Part C Staff, contractors, sub-grantees	<b>FFY 2009: Ongoing</b> COSFs are reviewed along with the child's file on entry and exit. Identified training and TA needs are addressed at the provider/staff monthly meetings.
7.	Incorporate monitoring improvement activities from Indicator C9.	February 2008 – 2010 NECTAC; ECO; Mid South; DC Part C Staff; OSSE Office of the Chief Information Officer	<b>FFY 2009: Completed</b> Completion of the COSF is monitored along with the requirements for Indicators 1 and 7.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following includes a revision in timeline for three (3) existing improvement activities and 2 additional improvement activities for this indicator. These activities appear in the State Performance Plan (SPP):

	Improvement Activities	Timeline/Resources
2.	Collaborate with OSSE Special Education 619 Part B Coordinator to align policies, procedures and practices for measuring child outcomes to ensure a smooth transition from Part C to Part B.	Effective June 2008, this activity will be ongoing for FFY 2008-2012 District Part C, OSSE, Mid South, NECTAC, ECO
4.	Provide technical assistance/training and professional development for service coordinators and evaluation providers on use of the COSF.	Effective April 2008, this activity will be ongoing for FFY 2008-2012 NECTAC; ECO; CSPD; DC Part C Staff, service providers
6.	Train DC Part C staff in procedures for reviewing completed COSFs to identify the need for additional training and TA.	Effective July 2008, this activity will be ongoing for FFY 2008-2012 NECTAC; ECO; Mid South; DC

	Improvement Activities	Timeline/Resources
		Part C Staff, contractors, sub-grantees
8.	<p><b><u>Addition:</u></b></p> <p>Create online training modules for service coordinators and early intervention providers that focus on Routines Based Intervention to support child outcomes.</p> <p><b><u>Justification:</u></b></p> <p>Research shows that well written functional IFSP outcomes improves the developmental outcomes for children with disabilities and developmental delays.</p>	<p>FFY 2010 - FFY 2012</p> <p>CSPD Provider; DC Early Intervention Staff and providers.</p>
9.	<p><b><u>Addition:</u></b></p> <p>Create a targeted public relations campaign aimed at primary care physicians' offices, clinics, child care providers, and private practice interventionists to disseminate the message about the DC Early Intervention Program.</p> <p><b><u>Justification:</u></b></p> <p>The earlier children are referred to Part C, the more likely they are to have significant improvement in their outcomes. Targeting those on the front line of child and patient care reduces the likelihood that caregivers will continue the wait and see approach to child development.</p>	<p>FFY 2010 - FFY 2012</p> <p>Public Awareness Contractor; DC Early Intervention Staff and providers.</p>
10.	<p><b><u>Addition:</u></b></p> <p>Run a test of outcomes results midyear and work with providers regarding results to increase validity of COSF.</p> <p><b><u>Justification:</u></b></p> <p>Recognizing the shift in FFY2008 results compared to FFY 2009, greater attention needs to be given to insuring valid judgment is being used.</p>	<p>FFY 2010</p> <p>DC EIP Staff</p>

Targets for FFY 2011 and FFY 2012 were determined in consultation with OSEP technical assistance providers and key stakeholders. The following targets are proposed for the FFY 2011 and FFY 2012 and appear in the SPP:

<b>MEASURABLE AND RIGOROUS TARGET</b> <b>Infants and Toddlers Exiting in FFY 2011 (2010-2011) and FFY 2012 (2011-2012)</b> <b>and Reported in Feb 2013 and Feb 2014</b>		
<b>Summary Statements</b>		
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>	<b>FFY 2011 % of children</b>	<b>FFY 2012 % of children</b>
1. 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	<b>75.1%</b>	<b>75.2%</b>
2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	<b>31.5%</b>	<b>31.6%</b>
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>	<b>FFY 2011 % of children</b>	<b>FFY 2012 % of children</b>
1. 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	<b>71.5%</b>	<b>71.6%</b>
2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	<b>35.8%</b>	<b>35.9%</b>
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>	<b>FFY 2011 % of children</b>	<b>FFY 2012 % of children</b>
1. 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	<b>80.1%</b>	<b>80.2%</b>
2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	<b>44.3%</b>	<b>44.4%</b>

## Part C State Annual Performance Report (APR) for FFY 2009

## Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

**Measurement:**

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

FFY	Measurable and Rigorous Target
2009 (2009-2010)	<ul style="list-style-type: none"> <li>A. 88.9% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</li> <li>B. 85% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs.</li> <li>C. 78.9% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</li> </ul>

**Actual Target Data for FFY 2009:**

- A) **92.2%** (130/141\*100) reported that early intervention services have helped the family know their rights.
- B) **90.1%** (127/141\*100) reported that early intervention services have helped the family effectively communicate their infant and toddlers' needs.
- C) **94.3%** (133/141\*100) reported that early intervention services have helped the family help their infant and toddler develop and learn.

OSSE continues to utilize the DC EIP Family Outcomes Survey to collect the family outcomes data. Three hundred fifty (350) surveys were distributed to families who participated in the program for 6 months or more. Families were given multiple opportunities to complete the survey. Surveys were given to all families at the 6 month or annual IFSP meeting and returned either by mail or by the service coordinator. A follow-up call was made to families to remind them to return the survey. Of the 350 surveys distributed, 75 were disseminated in Spanish. Service Coordinators and families were informed that surveys could be translated in other languages upon request.

Each survey is numbered based on the service coordinator. Hard copies of the survey are maintained by the program and data are entered into an Excel spreadsheet for analysis. For quality assurance, the data were checked by pulling a 10% sample and comparing the hard copy to the Excel spreadsheet. In addition, DSE Data Verification Unit provided final validation.

DC EIP provided training to its service coordinators and service providers on the Family Outcomes Survey at monthly provider meetings. These meetings were an opportunity to also receive stakeholder input into the process. As a result, the response rate for the survey increased to 40% with 141 surveys returned. This is an increase of 11% over the FFY 2008 survey.

The FFY 2009 data are representative of the diverse populations served by the District. Surveys were received from every ward in the city and from every contracted direct service provider. Responses were representative of the ethnic population of the city and also reflected families receiving services funded by Medicaid, private insurance, and sliding fee scale/self payment.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

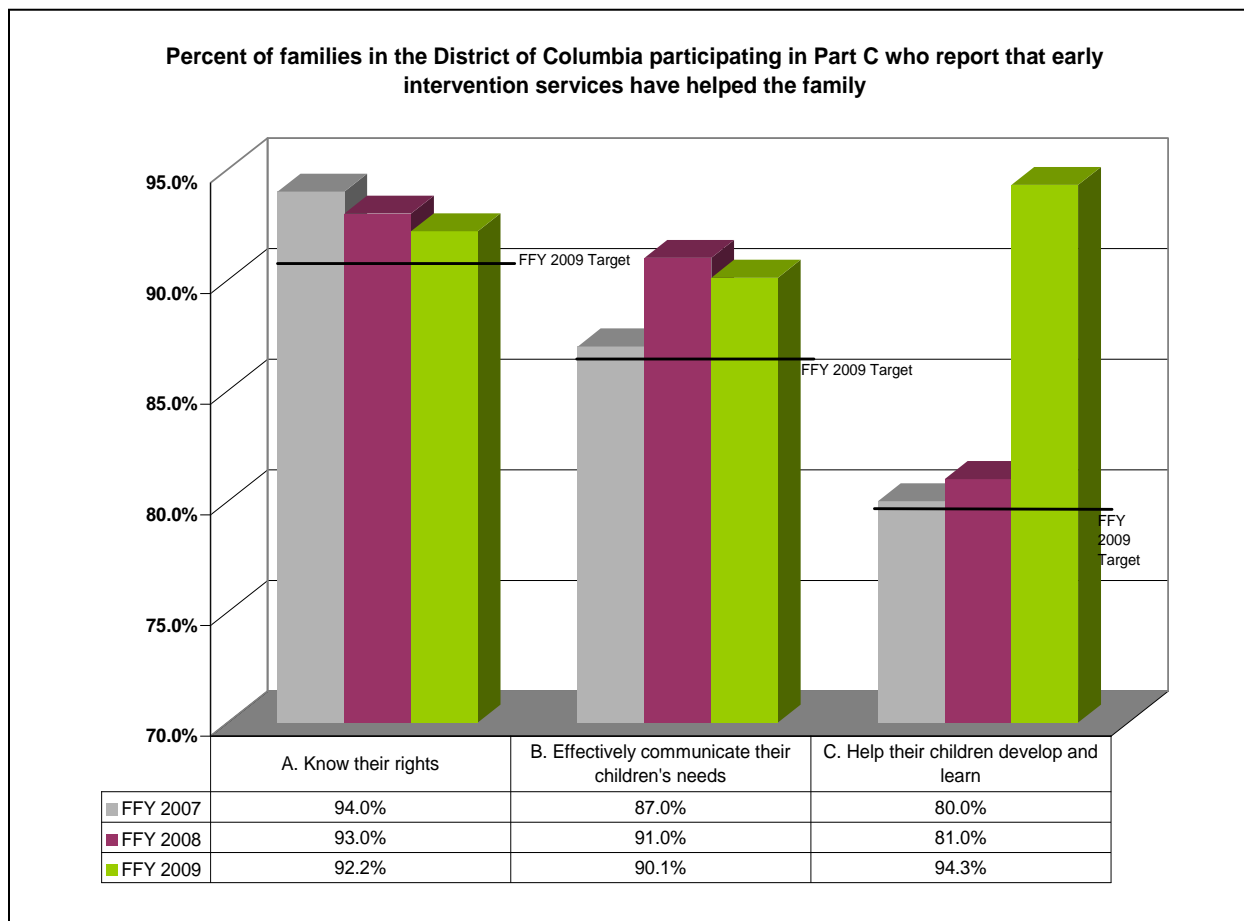
The District of Columbia exceeded all projected family outcome targets for FFY 2009 (7/1/09-6/30/10). However, compared to FFY 2008, the District made significant progress of 14% in 4C, while noting slight slippage in 4A and 4B (see Figure 1).

The increase in 4C can be attributed to several parent trainings that were conducted throughout FFY 2009. One training - the Hanen Program for children with expressive and/or

receptive language delays - was a great success, with DC EIP receiving positive feedback from both parents and facilitators.

Possible reasons for the slippage in 4A and 4B may be an increase in the number of eligible children in FFY 2009 coupled with the increase in the number of new contract evaluation and direct service providers. The large number of new providers with significant learning curves resulted in challenges that are being addressed with targeted training and technical assistance. The slippage in Indicators 4A and 4B could be attributed in part to these new providers becoming proficient in DC EIP's required policies and procedures.

**Figure 1.**



**Improvement Activities**

The following table describes the activities, timelines and resources, as well as the status of each improvement activity:

	<b>IMPROVEMENT ACTIVITIES</b>	<b>TIMELINES / RESOURCES</b>	<b>STATUS</b>
<b>1.</b>	DC EIP will develop and implement strategies to address program needs identified through analysis of the family outcomes survey.	Ongoing, through FFY 2010	<b>FFY 2009: Ongoing</b> Initial analysis of survey results began during FFY 2009 to identify and address program needs and areas for improvement.
<b>2.</b>	Expand parent outreach and trainings via ongoing sessions sponsored by DC EIP and in collaboration with the ICC and Parent Training and Information Center	Ongoing, through FFY 2010  OSEP TA Providers, ICC, Advocates for Justice and Education, Parent Training and Information Center (PTI), Multicultural Resources, PTRC, Part C Providers	<b>FFY 2009: Ongoing</b> Trainings and collaboration currently underway in FFY 2009

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following includes a revision in timeline for the two (2) existing improvement activities and add two additional improvement activities for this indicator. These activities appear in the State Performance Plan (SPP):

	<b>IMPROVEMENT ACTIVITIES</b>	<b>TIMELINES / RESOURCES</b>
<b>1.</b>	DC EIP will develop and implement strategies to address program needs identified through analysis of the family outcomes survey.	Ongoing, through FFY 2012 DC EIP staff, NECTAC, ECO
<b>2.</b>	Expand parent outreach and trainings via ongoing sessions sponsored by DC EIP and in collaboration with the ICC and Parent Training and Information Center.	Ongoing, through FFY 2012  OSEP TA Providers, ICC, Advocates for Justice and Education, Parent Training and Information Center (PTI),



	IMPROVEMENT ACTIVITIES	TIMELINES / RESOURCES
		Multicultural Resources, PTRC, Part C Providers, Parents as Teachers National Resource Center (PAT)
3.	<p><b><u>Addition:</u></b> Implement online survey to increase range of questions, improve response rate and streamline analysis.</p> <p><b><u>Justification:</u></b> OSSE currently uses paper forms for collection and the ECO calculator to analyze the survey. Adding an online version, gives respondents more opportunities to complete the survey.</p>	FFY 2010 – FFY 2012 DC EIP staff
4.	<p><b><u>Addition:</u></b> Ensure parent participation in DC EIP Early Childhood Transition work group to develop parent-friendly ECT guidelines and useful parent handouts.</p> <p><b><u>Justification:</u></b> Parents who have a clear understanding of the Part C system, as well as the transition process, will be more likely to take full advantage of the DC Early Intervention Program leading to more positive family outcomes.</p>	FFY 2010 DSE Leadership, DC EIP Staff and Providers
5.	<p><b><u>Addition:</u></b> Initiate Part C parent orientation meetings and ensure parent participation.</p> <p><b><u>Justification:</u></b> Parents who have a clear understanding of the Part C system, as well as the transition process, will be more likely to take full advantage of the DC Early Intervention Program, leading to more positive family outcomes.</p>	FFY 2010 – FFY 2012 DC EIP Staff and Providers

Targets for FFY 2011 and FFY 2012 were determined in consultation with OSEP technical assistance providers and key stakeholders. The following targets are proposed for the FFY 2011 and FFY 2012 and appear in the SPP:

FFY	Measurable and Rigorous Target
2011 (2011-2012)	<p>A. 91.0% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</p> <p>B. 87.5% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs.</p> <p>C. 81.0% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</p>
2012 (2012-2013)	<p>A. 92.5% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</p> <p>B. 88.0% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children's needs.</p> <p>C. 83.0% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</p>

## Part C State Annual Performance Report (APR) for FFY 2009

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

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

FFY	Measurable and Rigorous Target
2009	1.40%

**Actual Target Data for FFY 2009: 0.57%**

The total number of infants with IFSPs on December 1, 2009 who were receiving early intervention services was 45 infants (based on the 618 child count data). This number reflected 0.57% ( $45/7848 \times 100$ ) of the District's population under age one as compared to national percentage served of 1.03% ( $44,341/4,314,824$ ).<sup>†</sup> Data were collected via the MIS database (in use for children entering Part C prior to June 20, 2009) and the ESST database that DC EIP implemented July 1, 2009. Both databases produce an Excel spreadsheet identifying all children who had a service on an IFSP.

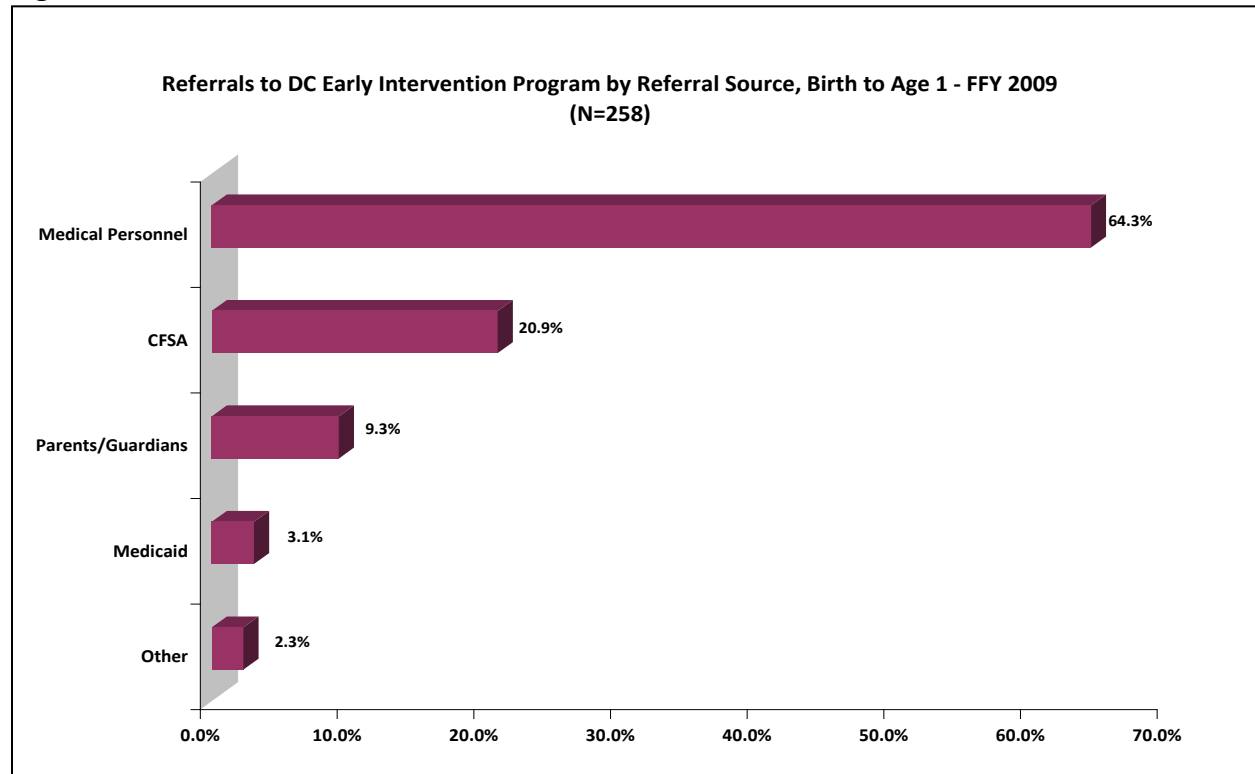
**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

The District's performance in FFY 2009 reflects an improvement over FFY 2008 in the number (28) and percentage (0.36%) of infants and toddlers under one year of age in the District of Columbia identified as eligible for, and in receipt of, early intervention services. However, the District failed to meet its target for FFY 2009 of 1.40%.

OSSE attributes improvement in its performance on this indicator to its continued work with its agency partners to increase the number of appropriate referrals it receives. For FFY 2009, DC EIP recorded 258 intake referrals for children age birth through one (1). The following chart shows the percentage of referrals received by sources for these children (see Figure 2).

<sup>†</sup> U.S. Department of Education, Office of Special Education Programs, Data Analysis system (DANS), OMV #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2009.

Figure 2.

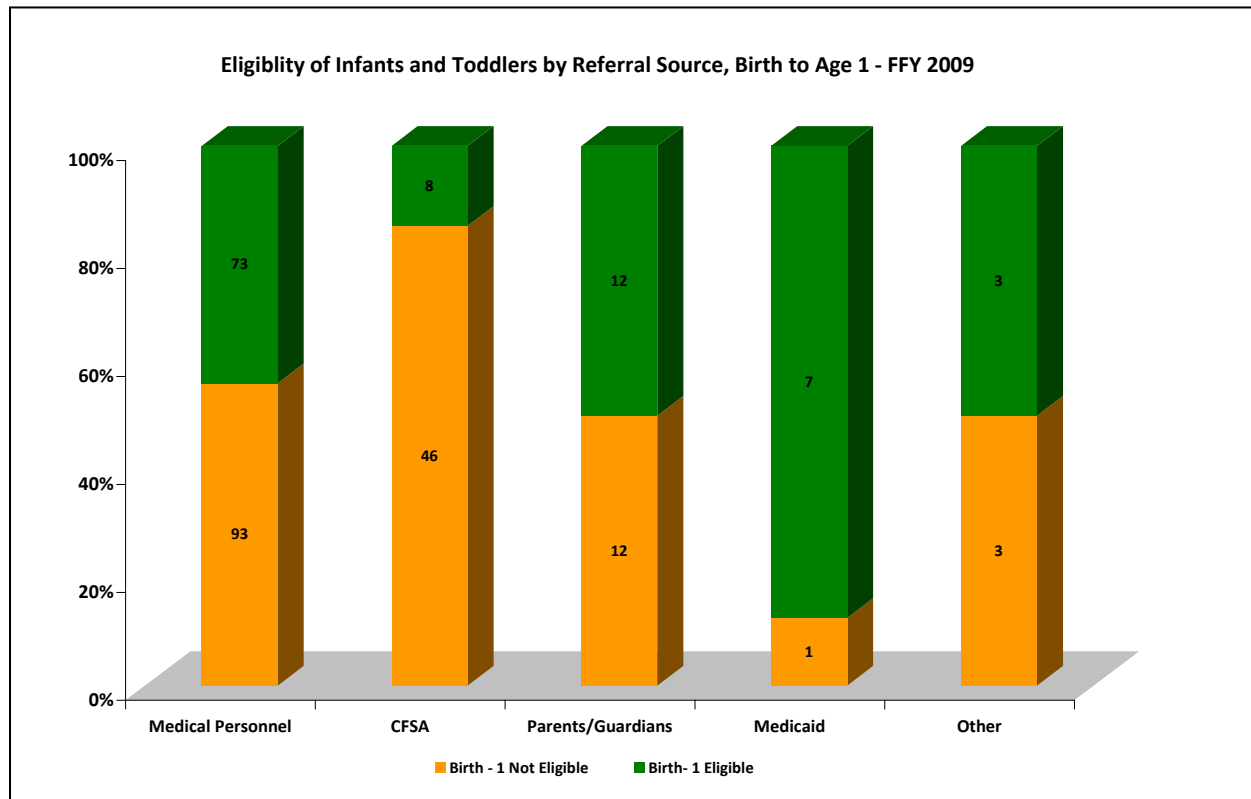


DC EIP receives the majority of its referrals from medical personnel for children birth to age one. The next largest referral source is the Child and Family Services Administration (CFSA) in fulfillment of their CAPTA<sup>1</sup> requirement. In addition, DC EIP's Child Find Coordinator has targeted hospitals, clinics and physicians' offices to familiarize them with Part C early intervention and the types of services provided to children and families as part of DC EIP. Parents/guardians, Medicaid, child care centers, and developmental evaluation centers also contributed to DC EIP's referrals.

Of those referred in FFY 2009, 39.9% were found eligible for early intervention services. Figure 3 shows the number of eligible children by referral source compared to the total number of referrals. Eighty-eight percent (88%) of infants and toddlers referred by the Medicaid program are found eligible for early intervention services, compared to 50% for parents/guardians and 44% for medical personnel for children birth to age 1.

<sup>1</sup> The Child Abuse Prevention and Treatment Act - CAPTA provides discretionary grant funds to public agencies and non-profit providers and formula grants to states for child abuse prevention and treatment programs.

Figure 3.



In an effort to increase referrals for children birth to age 1, DC EIP continues to engage its community partners in the identification and referral of children. Some of the trainings provided by DC EIP are:

- Online Ages and Stages Questionnaire training for government agency and community partners;
- NICU Network Neurobehavioral Scale (NNNS) training for Neonatal Intensive Care Staff at six (6) hospitals;
- Early intervention Part C program overview and referral process training for staff at hospitals, child care centers, Child and Family Services Administration (CFSA), Medicaid MCOs, Department of Health (DOH), and primary referral sources; and
- Vision and hearing trainings for DC EIP's Child Find sites as well as Early Head Start centers.

In addition to taking the above steps to increase rates of referral, DC EIP reviewed its child find targets with key stakeholders and is proposing changes that are more aligned with the Program's current child count and projected growth in the next three years.

**Improvement Activities**

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:

	<b>Improvement Activities</b>	<b>Timelines/Resources</b>	<b>Status</b>
<b>1.</b>	Continue collaboration and implementation of activities with DCPS, Charter Schools, and OSSE for Child Find, including meeting at least twice a year with representatives from various outreach initiatives throughout the District.	Ongoing throughout 2005 – 2010  DC EIP, OSSE, DCPS, and Charter Schools	<b>FFY 2009: Ongoing</b>  Regular meetings were held with DCPS to coordinate Child Find and transition activities.
<b>2.</b>	Maintain linkages with programs that screen infants and toddlers for established risks or conditions including the DOH Community Health Administration (formerly Maternal and Primary Care Administration's (MPCA)) screening programs for Newborn Hearing and Metabolic Disorders, and the DC Birth Defects Registry.	Ongoing throughout 2005 - 2010; DC EIP and MPCA staff	<b>FFY 2009: Ongoing</b>  DC EIP has established a close working relationship with the DOH Community Health Administration and its programs to receive referrals.
<b>3.</b>	Continue to participate on advisory boards at the DOH/Community Health Administration (formerly Maternal and Family Health Administration), the CFSA and the Child Care Services Division within OSSE Early Childhood Education (ECE) (formerly Early Care and Education Administration).	Ongoing throughout 2005 – 2010; DC EIP staff	<b>FFY 2009: Ongoing</b>  DC EIP representatives participate on:  - Children with Special Health Care Needs Advisory Board;  - Early Childhood Comprehensive Systems Steering Committee (DOH); and

	Improvement Activities	Timelines/Resources	Status
			<p>- DC HEARS (Universal Newborn Hearing Screening Program) Advisory Committee.</p> <p>In addition, DC EIP meets monthly with CFSA and the Child Care Services Division within OSSE's ECE.</p>
4.	Provide targeted outreach in wards of the city that have generated the most children eligible for DC EIP services. Increase technical assistance and training to child find sub-grantees, community referral sources, and interagency partners to ensure that poor and language minority families are fully represented and participating in Child Find activities.	January 2008 – 2010	<p><b>FY 2009: Ongoing</b></p> <p>DC EIP has trained all the Early Head Start centers across the District in the completion of the ASQ-3. In addition, DC EIP child find grantees provide screenings at health fairs, mobile health vans and other community events.</p>
5.	Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances).	FFY 2007-2010	<p><b>FY 2009: Ongoing</b></p> <p>OSSE has secured a vendor to support expansion of its early intervention public awareness campaign in FFY 2010.</p>

	Improvement Activities	Timelines/Resources	Status
6.	Utilize the Human Care Agreement provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes evaluations, therapy services, service coordination and child find tasks.	FFY 2008-2010: DC EIP Part C coordinator and Staff, DC OCP and OSSE Grants and Management Office.	<b>FY 2009: Ongoing</b> The Human Care Agreement (HCA) is currently the primary contract vehicle for evaluation and direct care services. OSSE is in the process of converting the funding mechanism for service coordination and child find service providers to HCAs.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following includes a revision in timeline for the six (6) existing improvement activities and three (3) additional improvement activities for this indicator. These activities appear in the State Performance Plan (SPP):

	Improvement Activities	Timelines/Resources
1.	Continue collaboration and implementation of activities with DCPS, Charter Schools, and OSSE for Child Find, including meeting at least twice a year with representatives from various outreach initiatives throughout the District.	Ongoing throughout FFY 2005 – 2012  DC EIP, OSSE, DCPS, and Charter Schools
2.	Maintain linkages with programs that screen infants and toddlers for established risks or conditions including the DOH Community Health Administration (CHA) (formerly Maternal and Primary Care Administration's (MPCA)) screening programs for Newborn Hearing and Metabolic Disorders.	Ongoing throughout FFY 2005 - 2012;  DC EIP and CHA staff
3.	Continue to participate on advisory boards at the DOH/Community Health Administration (formerly Maternal and Family Health Administration), the CFSA and the Child Care Services Division within OSSE Early Childhood Education (ECE) (formerly	Ongoing throughout FFY 2005 – 2012;  DC EIP staff



	Improvement Activities	Timelines/Resources
	Early Care and Education Administration).	
4.	Provide targeted outreach in wards of the city that have generated the most children eligible for DC EIP services. Increase technical assistance and training to child find sub-grantees, community referral sources, and interagency partners to ensure that poor and language minority families are fully represented and participating in Child Find activities.	January 2008 – through FFY 2012 DC EIP Staff; Public Awareness provider.
5.	Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances).	FFY 2007-2012 DC EIP Staff; Public Awareness Campaign provider
6.	Utilize the Human Care Agreement provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes evaluations, therapy services, service coordination and child find tasks.	FFY 2008-2012: DC EIP Part C coordinator and Staff, DC Office of Contracts and Procurement and OSSE Grants Management Office.
7.	<p><b><u>Addition:</u></b></p> <p>Provide access to the Ages and Stages Questionnaire – 3 (ASQ-3) and social emotional (ASQ-SE) to the general public.</p> <p><b><u>Justification:</u></b></p> <p>Access to the ASQ provides a screening tool to caregivers, physicians, etc, to determine if a child should be referred to DC EIP for further evaluation, thereby reducing the cost to the program for evaluations and assessments.</p>	<p>August 2009 – Ongoing through FFY 2012</p> <p>DC EIP staff</p>
8.	<p><b><u>Addition:</u></b></p> <p>Implement a public awareness campaign to inform and educate District residents about early intervention for infants and toddlers with development delays or disabilities.</p>	<p>October 2010-September 2011</p> <p>DC EIP staff, Public Awareness Campaign Provider</p>

	Improvement Activities	Timelines/Resources
	<p><b><u>Justification:</u></b></p> <p>Many changes that have occurred over the past 3 years (e.g. changes in management of the Program, inter- and intra-agency organizational changes, and a name change), that require DC EIP to familiarize the public, partner agencies, parents and the community with its new name, location, and services.</p>	
9.	<p><b><u>Addition:</u></b></p> <p>Partner with Neonatal Intensive Care Units (NICUs) on the identification and referral of children to DC EIP.</p> <p><b><u>Justification:</u></b></p> <p>Implementing the NICU Network Neurobehavioral Scale and educating NICU staff about DC EIP provides an opportunity for the District to improve its birth – 1 child count.</p>	<p>FFY 2010 – 2012</p> <p>DC EIP Staff, NNNS Vendor</p>

Targets for FFY 2011 and FFY 2012 were determined in consultation with OSEP technical assistance providers and key stakeholders. The following targets are proposed for the FFY 2011 and FFY 2012 and appear in the SPP:

FFY	Measurable and Rigorous Target
2011	1.5%
2012	1.5%

## Part C State Annual Performance Report (APR) for FFY 2009

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

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

FFY	Measurable and Rigorous Target
2009	2.50%

**Actual Target Data for FFY 2009: 1.42%**

On December 1, 2009, 331 infants, birth to age 36 months, (based on the 618 child count data) had an IFSP and were receiving early intervention services. This number reflected 1.42% of the District's population ages birth to 36 months ( $331/23,335 \times 100$ ) as compared to the national data of 2.67% ( $348,604/13,055,982 \times 100$ ).<sup>†</sup> Data were collected via the MIS database (in use for children entering Part C prior to June 20, 2009) and the ESST database that DC EIP implemented July 1, 2009. Both databases produce an Excel spreadsheet identifying all children who had a service on an IFSP.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

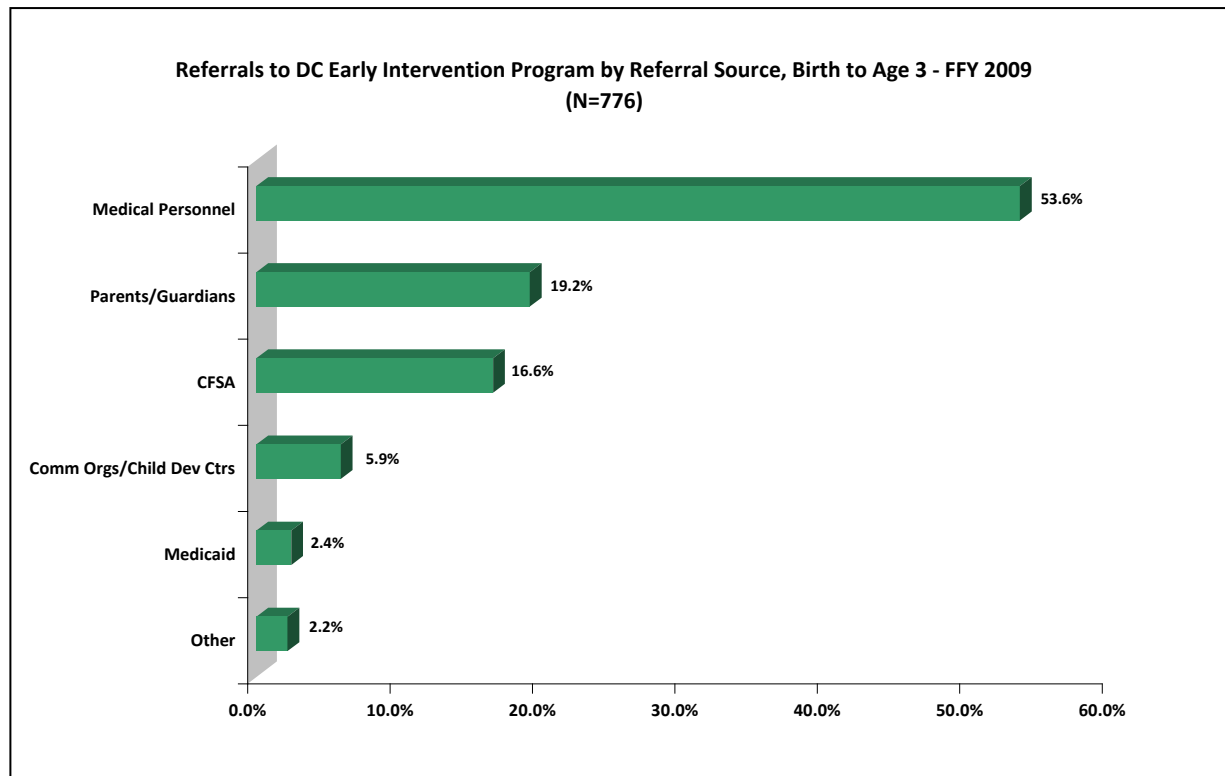
The District's performance in FFY 2009 of 1.42% reflects an improvement over FFY 2008 in the number (309) and percentage (1.37%) of infants and toddlers, birth to age three (3), in the District of Columbia identified as eligible for, and in receipt of, early intervention services. However, the District failed to meet its target for FFY 2009 of 2.50%.

OSSE attributes moderate progress in this indicator to continued work with its agency partners to increase the number of appropriate referrals it receives: For FFY 2009 DC EIP recorded 776 intake referrals for children age birth to age three (3). The following chart shows the

<sup>†</sup> U.S. Department of Education, Office of Special Education Programs, Data Analysis system (DANS), OMV #1820-0557: "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2009.

percentage of referrals received by sources for these children (see Figure 4).

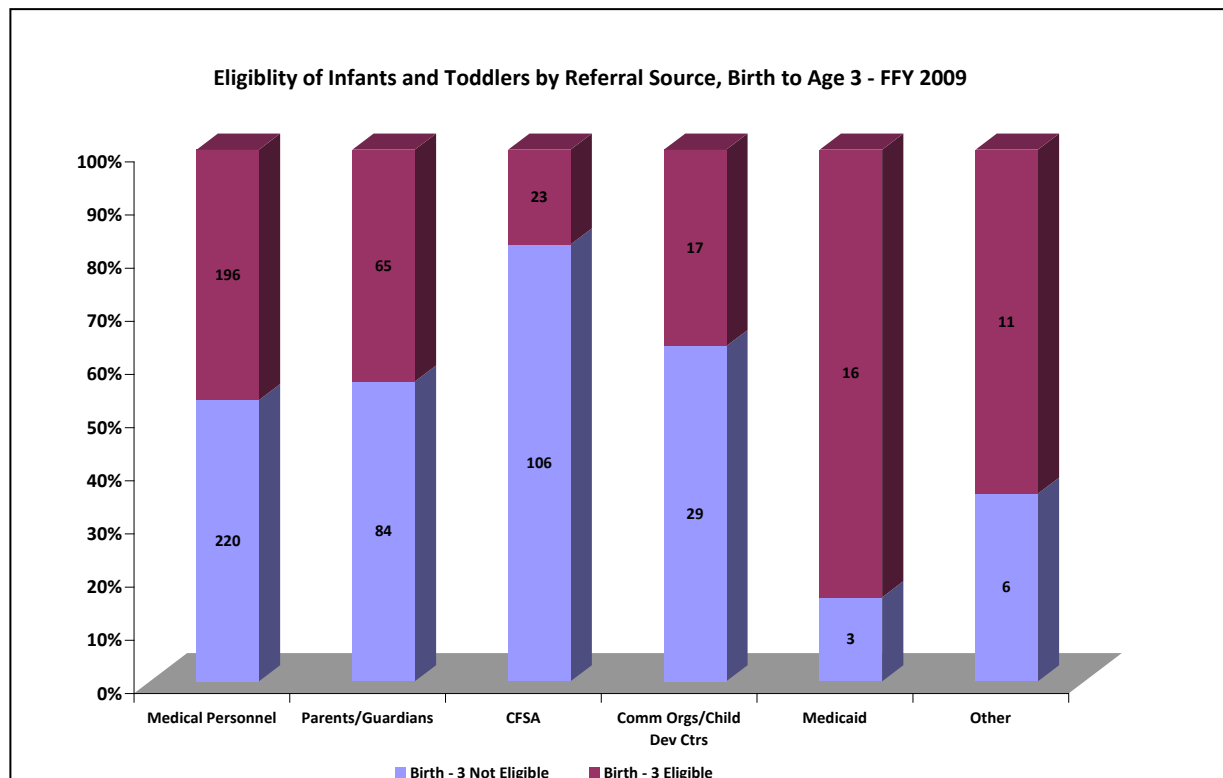
**Figure 4.**



DC EIP receives the majority of its referrals from medical personnel for children ages birth to age 3. The next largest referral source is parents/guardians, followed by the Child and Family Services Administration (CFSA) in fulfillment of their CAPTA<sup>2</sup> requirement. DC EIP's Child Find Coordinator has targeted hospitals, clinics and physicians' offices to familiarize them with the Part C early intervention program and the types of services provided to children and families as part of DC EIP. Child development centers, community-based organizations, and Medicaid also contributed to DC EIP's referrals.

Of those referred, 42.3% were found eligible for early intervention services. Figure 5 shows the number of eligible children by referral source compared to the total number of referrals. Eighty-four percent (84%) of infants and toddlers birth to age three (3) referred by the Medicaid program are found eligible for early intervention services compared to 65% for the "Other" category which includes evaluation sites, private insurance, other government agencies and the legal community.

Figure 5.



In an effort to increase referrals, DC EIP continues to engage its community partners in the identification and referral of children. Some of the trainings provided by DC EIP are:

- Online Ages and Stages Questionnaire training for government agency and community partners;
- Early intervention Part C program overview and referral process training for staff at hospitals, child care centers, Child and Family Services Administration (CFSA), Medicaid MCOs, Department of Health (DOH), and primary referral sources; and
- Vision and hearing trainings for DC EIP's Child Find sites as well as Early Head Start centers.

In addition to taking the above steps to increase rates of referral, DC EIP reviewed its child find targets with key stakeholders and is proposing changes that are more aligned with the Program's current child count and projected growth in the next three years.

### ***Improvement Activities***

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:

	Improvement Activities	Timelines/Resources	Status
1.	Continue collaboration and implementation of activities with DCPS, Charter Schools, and OSSE for Child Find, including meeting at least twice a year with representatives from various outreach initiatives throughout the District.	Ongoing throughout 2005 – 2010  DC EIP, OSSE, DCPS, and Charter Schools	<b>FFY 2009: Ongoing</b>  Regular meetings were held with DCPS to coordinate Child Find and transition activities.
2.	Maintain linkages with programs that screen infants and toddlers for established risks or conditions including the DOH Community Health Administration (formerly Maternal and Primary Care Administration's (MPCA)) screening programs for Newborn Hearing and Metabolic Disorders, and the DC Birth Defects Registry.	Ongoing throughout 2005 - 2010; DC EIP and MPCA staff	<b>FFY 2009: Ongoing</b>  DC EIP has established a close working relationship with the DOH Community Health Administration and its programs.
3.	Continue to participate on advisory boards at the DOH/Community Health Administration (formerly Maternal and Family Health Administration), the CFSA and the Child Care Services Division within OSSE Early Childhood Education (ECE) (formerly Early Care and Education Administration).	Ongoing throughout 2005 – 2010; DC EIP staff	<b>FFY 2009: Ongoing</b>  DC EIP representatives participate on:  - Children with Special Health Care Needs Advisory Board;  - Early Childhood Comprehensive Systems Steering Committee (DOH); and  - DC HEARS (Universal Newborn Hearing Screening Program) Advisory Committee.

	Improvement Activities	Timelines/Resources	Status
			In addition, DC EIP meets monthly with CFSA and the Child Care Services Division within OSSE ECE.
4.	Provide targeted outreach in wards of the city that have generated the most children eligible for DC EIP services. Increase technical assistance and training to child find sub-grantees, community referral sources, and interagency partners to ensure that poor and language minority families are fully represented and participating in Child Find activities.	January 2008 – 2010	<b>FY 2009: Ongoing</b>  DC EIP has trained all the Early Head Start centers across the District in the completion of the ASQ-3. In addition, DC EIP child find grantees provide screenings at health fairs, mobile health vans and other community events.
5.	Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances).	FFY 2007-2010	<b>FY 2009: Ongoing</b>  OSSE has secured a vendor for its early intervention public awareness campaign to be conducted in FFY 2010.
6.	Utilize the Human Care Agreement and Request of Application provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes	FFY 2008-2010:  DC EIP Part C coordinator and Staff, DC OCP and OSSE Grants and Management Office.	<b>FY 2009: Ongoing</b>  The Human Care Agreement is currently the primary contract vehicle for evaluation and direct care services. OSSE is in the process of converting service coordination and child find to these contracts.

	Improvement Activities	Timelines/Resources	Status
	evaluations, therapy services, service coordination, and child find tasks.		

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following includes a revision in timeline for the six (6) existing improvement activities and two (2) additional improvement activities for this indicator. These activities appear in the State Performance Plan (SPP):

	Improvement Activities	Timelines/Resources
1.	Continue collaboration and implementation of activities with DCPS, Charter Schools, and OSSE for Child Find, including meeting at least twice a year with representatives from various outreach initiatives throughout the District.	Ongoing throughout FFY 2005 – 2012; DC EIP, OSSE, DCPS, and Charter Schools
2.	Maintain linkages with programs that screen infants and toddlers for established risks or conditions including the DOH Community Health Administration (CHA) (formerly Maternal and Primary Care Administration's (MPCA)) screening programs for Newborn Hearing and Metabolic Disorders.	Ongoing throughout FFY 2005 - 2012; DC EIP and CHA staff
3.	Continue to participate on advisory boards at the DOH/Community Health Administration (formerly Maternal and Family Health Administration), the CFSA and the Child Care Services Division within OSSE Early Childhood Education (ECE) (formerly Early Care and Education Administration).	Ongoing throughout FFY 2005 – 2012; DC EIP staff
4.	Provide targeted outreach in wards of the city that have generated the most children eligible for DC EIP services. Increase technical assistance and training to child find sub-grantees, community referral sources, and interagency partners to ensure that poor and language minority families are fully represented and participating in Child Find activities.	January 2008 – through FFY 2012 DC EIP Staff; Public Awareness Campaign provider



	Improvement Activities	Timelines/Resources
5.	Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances).	FFY 2007-2012  DC EIP Staff; Public Awareness Campaign provider
6.	Utilize the Human Care Agreement provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes evaluations, therapy services, service coordination and child find tasks.	FFY 2008-2012:  DC EIP Part C coordinator and Staff, DC Office of Contracts and Procurement and OSSE Grants Management Office.
7.	<p><b><u>Addition:</u></b></p> <p>Provide access to the Ages and Stages Questionnaire – 3 (ASQ-3) and social emotional (ASQ-SE) to the general public.</p> <p><b><u>Justification:</u></b></p> <p>Access to the ASQ provides a screening tool to caregivers, physicians, etc, to determine if a child should be referred to DC EIP for further evaluation, thereby reducing the cost to the program for evaluations and assessments.</p>	<p>August 2009 – Ongoing through FFY 2012</p> <p> DC EIP staff</p>
8.	<p><b><u>Addition:</u></b></p> <p>Implement a public awareness campaign to inform and educate District residents about early intervention for infants and toddlers with development delays or disabilities.</p> <p><b><u>Justification:</u></b></p> <p>Many changes that have occurred over the past 3 years (e.g. changes in management of the Program, inter- and intra-agency organizational and name change), that require DC EIP to familiarize the public, partner agencies, parents, and the community with its new name, location, and expanded services.</p>	<p>October 2010-September 2011</p> <p> DC EIP staff, Public Awareness Campaign Provider</p>

Targets for FFY 2011 and FFY 2012 were determined in consultation with OSEP technical assistance providers and key stakeholders. The following targets are proposed for the FFY 2011 and FFY 2012 and appear in the SPP:

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2011	3.0%
2012	3.0%

## Part C State Annual Performance Report (APR) for FFY 2009

## Monitoring Priority: Effective General Supervision Part C / Child Find

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

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

**Measurement:**

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

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

FFY	Measurable and Rigorous Target
2009	100%

**Actual Target Data for FFY 2009: 90.5%**

Measurement Categories	Number of Children
Number of children with timely IFSP services	75
<b><i>Reason for Delay</i></b>	
Number of children for whom services were not timely due to exceptional family circumstances (sick child or family member, missed or canceled appointments, etc.)	20
Medicaid delays	4
Provider delay	6
<b>Total number of records</b>	<b>105</b>

For FFY 2009, 95 children (75 timely plus 20 with documented family reasons), or 90.5% (95/105\*100), were counted as having timely evaluation, assessment and initial IFSP meetings.

Data for this indicator were primarily collected from the ESST with additional drill-down information obtained from the early intervention record. The District chose the fourth (4<sup>th</sup>) quarter (4/1/10- 6/30/10) of FFY 2009 to complete a compliance review for this indicator.

The following steps were taken to complete data collection and analysis for the 45-day timeline:

- The ESST was used as the foundation tool for identifying all children who should have had an IFSP during the fourth (4<sup>th</sup>) quarter of the reporting period. .
- ESST produced an Excel spreadsheet that identified the children in the monitoring query who met the criteria of being eligible and were referred between February 15, 2010 and May 15, 2010. Data are tracked until the IFSP meeting was held
- For any child identified for whom the data system indicated the IFSP meeting was late, DC EIP staff reviewed the case notes, as well as the early intervention record, to determine the reason for delay; and
- A chart was developed to document information identifying the reasons for delay so that findings of noncompliance and the need for corrective action could be issued to the responsible entity.

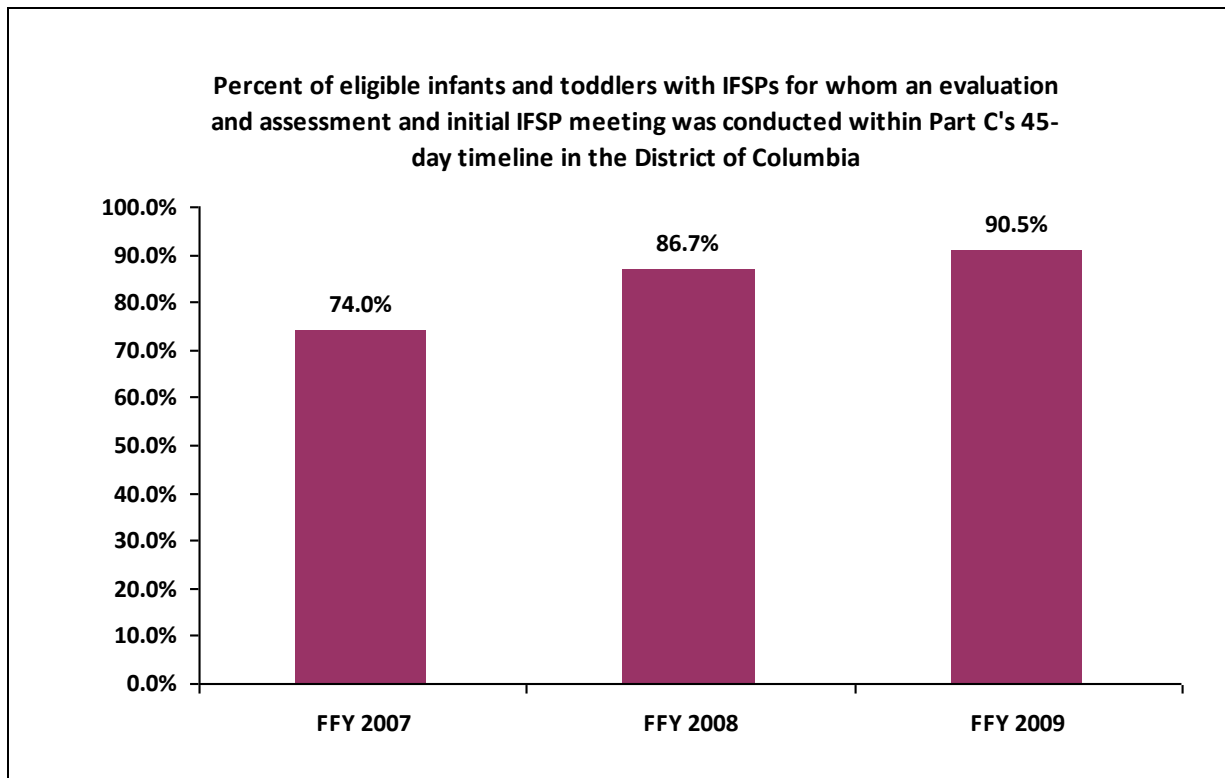
**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

The District demonstrated progress for this indicator from 87% in FFY 2008 to 90.5% in FFY 2009. Since FFY 2007, compliance has increased 16.5% from 74% to 90.5% (see Figure 4).

OSSE attributes much of this progress to the following five reasons:

1. The number of contracted evaluation providers has doubled since FFY 2007;
2. OSSE has increased the frequency and intensity of training and technical assistance for evaluation site personnel;
3. OSSE supported the initiation of several new activities with the Department of Health Care Finance (DHCF) and their Managed Care Organizations (MCOs), including:

- a. Promotion of the use DC EIP evaluators to ensure a more timely evaluation, assessment and initial IFSP development process;
  - b. Development of a new MOU stressing the importance of timelines and adherence to Part C requirements;
  - c. Promotion of attendance of MCO care managers at the initial IFSP meeting; and
  - d. An increase in the number of meetings and training opportunities for DHCF and MCO staff.
4. Improvements in monitoring and requiring adherence to the 100% standard for this indicator, including issuing letters of finding and requiring corrective action plans; and
  5. Revision of the performance goals and objectives for DC EIP staff to reflect the 100% standard for this indicator.

**Figure 4.**

DC EIP has developed an effective working relationship with DHCF's liaison to its MCOs. Monthly meetings are held with the DCHF and its MCOs. These regular meetings allow DC EIP to address the trends and challenges identified. DC EIP may contact either the MCOs' Care Managers or the DHCF oversight offices for assistance with addressing general concerns or challenges with specific cases.

DC EIP continues to see improvements in the quality of both the documents received from, and the services provided by, the sub-grantees and Medicaid MCOs' Care Managers. OSSE currently has a Memoranda of Understanding with DHCF and their MCOs.

Noncompliance in FFY 2009 was analyzed, with all instances of noncompliance directly linked to outside providers. No noncompliance was attributable to DC EIP staff.

In FFY 2009, one provider was issued a finding of noncompliance with the requirement of a Corrective Action Plan. This provider was responsible for the six (6) of the ten (10) instances of delay. As a new contractor in FFY 2009, this provider had early challenges related to ensuring that staff met all regulatory requirements for this indicator. OSSE expects that the provider will continue to show improvement in the coming year and that noncompliance will not be a future issue. Correction of noncompliance for these findings will be reported in the State's FFY 2010 APR due February 1, 2012.

In addition, the DCHF was also issued a finding of noncompliance with the requirement of a Corrective Action Plan for four (4) of the 10 instances of delay. Correction of noncompliance for these findings will be reported in the State's FFY 2010 APR due February 1, 2012.

An OSSE staff member from Quality Assurance and Monitoring has been assigned to verify timely correction of the noncompliance as soon as possible, but no later than one (1) year following the date the finding was issued.

### ***Improvement Activities***

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:

	<b>Improvement Activity</b>	<b>Timelines &amp; Resources</b>	<b>Status</b>
<b>1.</b>	Populate the management information system, once operational, to better track referrals.	Ongoing 2005-2010  DC EIP staff and consultants	<b>FFY 2009: Completed</b>  In FFY 2009, DC EIP began using the ESST Database, a QuickBase application that has significantly improved the ability to produce reports and manage timelines. It also includes a module for the Child Find Coordinator to track referrals.

	Improvement Activity	Timelines & Resources	Status
2.	Provide technical assistance and training for families, evaluation contractors and sub-grantees regarding Part C requirements related to eligibility determination and the 45-day timeline.	January 2008 – 2010  Part C Coordinator and staff	<b>FFY 2009: Ongoing</b>  Conducted monthly meetings throughout the year and completed training for all providers, in-house staff and evaluation sites.
3.	Partner with DAC, NECTAC, and MSRRC to analyze the current general supervision model. Based upon these findings, DC EIP general supervision system will be considered for redesign.	Ongoing 2007-2010  DC EIP, NECTAC, DAC, and MSRRC	<b>FFY 2009: Completed</b>  During this fiscal year, DC EIP revised the general supervision system with assistance from MSRRC and DAC.
4.	Collaborate with the DOH MAA (now Department of Health Care Finance) to improve interagency procedures to facilitate timely evaluations.	January 2008 – 2010  Part C Coordinator and staff; DOH MAA Administration and staff; MCO staff	<b>FFY 2009: Ongoing</b>  Monthly meetings continued in FFY 2009. A MOA was entered into by DHCF, the Medicaid Managed Care Organizations (MCOs) and DC EIP. The MCOs have also implemented a plan to utilize the same outside providers as DC EIP.
5.	Part C Coordinator will meet with staff to conduct ongoing reviews of state data for this indicator.	February 2008 – 2010  Part C Coordinator and staff	<b>FFY 2009: Ongoing</b>  Data are reviewed on a monthly basis with staff and providers to track performance.
6.	Review eligibility and evaluations policies to clarify, revise and streamline eligibility and evaluations policies, procedures, forms and practices.	February 2008 – 2010  Part C Coordinator and staff; NECTAC and MSRRC	<b>FFY 2009: Ongoing</b>  DC EIP is currently working closely with MSRRC and NECTAC on this activity. A draft plan has been produced and new procedures are being piloted.

	Improvement Activity	Timelines & Resources	Status
7.	Access technical assistance from NECTAC to improve performance related to the 45-day timeline and explore what other states are doing.	April 2008 – 2010 Part C Coordinator and staff; NECTAC; MSRRRC	<b>FFY 2009: Completed</b> TA meetings and calls with NECTAC were completed and trainings/ workshops for contractors were held in February 2009.
8.	Explore offering incentive to evaluation providers for consistently providing timely evaluations.	June 2008 – 2010 Part C Coordinator and staff; ECE; NECTAC	<b>FFY 2009: Ongoing</b> Providers who are consistently providing timely evaluations are recognized at the monthly provider meetings. Other forms of incentives are currently being reviewed.
9.	Temporarily suspend noncompliant providers 1% of payment of their invoices until clear internal policies and procedures are in place and consistent technical assistance can be provided to providers.	February 2008 – 2010 DC Part C office invoice reviewers	<b>FFY 2009: Ongoing</b> This sanction is not currently being applied. DC EIP continues to work with the Office of Contracts and Procurement and OSSE Business Support Services on the development of clear policies and procedures. Ongoing technical assistance is being provided to ensure compliance.
10.	Review existing monitoring policies and procedures for possible implementation while policies and procedures are under revision.	April 2008 – 2010 Part C Coordinator and staff	<b>FFY 2009: Completed</b> OSSE implemented new monitoring procedures in FFY 2009. The monitoring manual has been submitted to OSEP.



	Improvement Activity	Timelines & Resources	Status
11.	The Part C Coordinator will be actively engaged in meetings with evaluation providers to ensure the provision of technical assistance and training on timely completion of 45-day timeline requirements.	March 2008 – 2010 Part C Coordinator and staff	<b>FFY 2009: Ongoing</b> Ongoing TA meetings and trainings with evaluation providers and contractors were held monthly in FFY 2009.
12.	The Part C Office will convene a task force to identify and address barriers to timely completion of the 45-day timeline requirements.	May 2008 – September 2008 Part C Coordinator and staff; MSRRRC; NECTAC; stakeholders	<b>FFY 2009: Completed</b> This activity was completed in September 2008.
13.	Consult with OSEP to clarify the definition of referral.	March 2008 Part C Coordinator, OSEP	<b>FFY 2009: Completed</b> Activity completed in FFY 2008.  Interim Program Manager consulted with OSEP representative.
14.	Part C Coordinator will meet with staff to conduct weekly reviews of state data.	February 2008 – 2010	<b>FFY 2009: Ongoing</b> Data were reviewed on an ongoing basis and meetings held as needed. In FFY 2009, a new database was established and bi-monthly meetings are occurring with staff and providers to track performance.

**Correction of Noncompliance on FFY 2008 data reported in the APR submitted February 1, 2010:**

OSSE reported an 87% rate of compliance for Indicator 7. A drill-down into the data was conducted to determine which programs were responsible for the delays, as well as the reasons for the delays. In FFY 2008, one (1) DC EIP contract evaluation provider was responsible for delays in evaluation, including a lack of adherence to the 45-day timeline requirement. OSSE issued a finding based on this noncompliance on December 7, 2009.

This letter of finding detailed the data used to determine the findings, the extent of the noncompliance, and the IDEA citations related to the noncompliance. OSSE required that a corrective action plan (CAP) be completed and signed within 30 days. The CAP mandated evidence of change with required submission of improvement and correction data. This letter of finding and CAP were provided in the DC EIP May 14, 2010 Special Conditions Report.

OSSE ensures that for this provider with identified noncompliance in FFY 2008, correction of noncompliance was verified within twelve months of the finding issued in FFY 2009. OSSE has verified that for this provider who had noncompliance reflected in the data reported for this indicator in FFY 2008 by

- (1) Ensuring that the provider is correctly implementing the 45-day timeline requirements (i.e., achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a) based on a subsequent database review of children referred to the program to ensure timeliness for this indicator. The subsequent review revealed that all children had timely IFSP meetings. The data were collected through the state data system (ESST); and
- (2) Ensuring that the provider conducted the initial evaluation, assessment, and IFSP meeting, although late, for any child for whom the 45-day timeline was not met, consistent with OSEP Memo 09-02.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

All changes to timelines or activities are included in the State Performance Plan (SPP) and also provided below. Timelines for the original improvement activities have been modified to reflect the additional 2 fiscal years. In addition, one additional improvement activity is proposed for this indicator:

	Improvement Activity	Timelines & Resources
2.	Provide technical assistance and training for families, evaluation contractors and sub-grantees regarding Part C requirements related to eligibility determination and the 45-day timeline.	Effective January 2008 – FFY 2012 Part C Coordinator and staff
4.	Collaborate with DHCF to improve interagency procedures to facilitate timely evaluations.	Effective January 2008 – FFY 2012 Part C Coordinator and staff; DHCF Administration and staff; MCO staff

	Improvement Activity	Timelines & Resources
5.	Part C Coordinator will meet with staff to conduct ongoing reviews of state data for this indicator.	Effective February 2008 – FFY 2012 Part C Coordinator and staff
6.	Review eligibility and evaluations policies to clarify, revise, and streamline procedures, forms and practices.	Effective February 2008 – FFY 2012 Part C Coordinator and staff; NECTAC and MSRRRC
8.	Explore offering incentive to evaluation providers for consistently providing timely evaluations.	Effective June 2008 – FFY 2012 Part C Coordinator and staff; ECE; NECTAC
9.	Temporarily suspend payment to noncompliant providers for payment of 1% of their invoices until clear internal policies and procedures are in place and consistent technical assistance can be provided to providers.	Effective February 2008 – FFY 2012 DC EIP; DSE Fiscal Policy Unit
11.	The Part C Coordinator will be actively engaged in meetings with evaluation providers to ensure the provision of technical assistance and training on timely completion of 45-day timeline requirements.	Effective March 2008 – FFY 2012 Part C Coordinator and staff
14.	Part C Coordinator will meet with staff to conduct regular reviews of state data.	Effective February 2008 – FFY 2012 Part C Coordinator and Staff
15.	<p><b><u>Addition:</u></b></p> <p>Consider implementation of <b>Initial Service Coordinator</b> model.</p> <p><b><u>Justification:</u></b></p> <p>Improvement and consistency in parent understanding of Part C and the specific benefits of the DC EIP is anticipated with the addition of specialized role.</p>	<p>July 2011 – ongoing</p> <p>Part C Coordinator and Staff, MSRRRC, NECTAC</p>

The following targets are being set for FFY 2011 and FFY 2012 and appear in the SPP:

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2011	100%
2012	100%

## Part C State Annual Performance Report (APR) for FFY 2009

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

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

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

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

**Measurement:**

- A. Percent =  $\left[ \left( \frac{\text{\# of children exiting Part C who have an IFSP with transition steps and services}}{\text{\# of children exiting Part C}} \right) \times 100 \right]$
- B. Percent =  $\left[ \left( \frac{\text{\# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred}}{\text{\# of children exiting Part C who were potentially eligible for Part B}} \right) \times 100 \right]$
- C. Percent =  $\left[ \left( \frac{\text{\# of children exiting Part C and potentially eligible for Part B where the transition conference occurred}}{\text{\# of children exiting Part C who were potentially eligible for Part B}} \right) \times 100 \right]$

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target		
2009	a. 100%	b. 100%	c. 100%

**Actual Target Data for FFY 2009:**

- A) **93%** (40/43\*100) - children exiting Part C had an IFSP with transition steps and services.
- B) **93%** (40/43\*100) - children exiting Part C, who were potentially eligible for Part B had LEA notification.
- C) **85.7%** (36/42\*100) - children exiting Part C received a timely transition conference.

**Indicator 8A**

<b>8A - Measurement Categories</b>	<b>Number of Children</b>
Number of children with transition steps and services	40
Number of children without transition steps and services	3
<b>Total number of records</b>	<b>43</b>

**Indicator 8B**

<b>8B - Measurement Categories</b>	<b>Number of Children</b>
Number of children who were potentially eligible for Part B had LEA notification.	40
Number of children who were potentially eligible for Part B that did not have LEA notification.	3
<b>Total number of records</b>	<b>43</b>

**Indicator 8C**

<b>8C – Measurement Categories</b>	<b>Number of Children</b>
Number of children with timely transition conference	28
<b><i>Reason for Delay</i></b>	
Number of children for whom transition conference was not timely due to exceptional family circumstances (sick child or family member, missed or canceled appointments, etc.)	8
DC EIP delay	6
<b>Total number of records</b>	<b>42<sup>3</sup></b>

Data were collected primarily from the DC EIP Early Steps and Stages Tracker (ESST). The District chose the fourth (4<sup>th</sup>) quarter of FFY 2009 (April 1, 2010 – June 30, 2010) to complete a compliance review for this indicator.

The following steps were taken to complete data collection and analysis for this indicator that includes: timely transition planning, notification to the LEA of potentially eligible children, and transition support:

- The ESST was used as the foundation tool for identifying all children who turned three (3) during the fourth (4<sup>th</sup>) quarter of the reporting period.
- APR development for indicator 8A (IFSPs with Steps and Services) includes all Part C

<sup>3</sup> (20 U.S.C. 1416(a)(3)(B) and 1442) – Indicator 8C: The State should not include in the calculation (in either the numerator or denominator) children for whom the family did not provide approval to conduct the transition conference.

eligible children who turned three (3) years of age and exited the system during the fourth (4<sup>th</sup>) quarter of the reporting period. All children with active IFSPs were included in the monitoring activity. IFSPs were reviewed for all children to determine if steps and services were included in their IFSP.

- APR development for 8B (LEA Notification) was accomplished through reviewing documentation of the invitation to the LEA (by fax or email) to the transition planning conference as a means of determining whether notification occurred. Due to the narrow eligibility criteria for enrollment in DC EIP, the District assumes that all children eligible for Part C services are potentially eligible for Part B services.
- For Indicator 8C, the District reviewed whether a timely transition conference occurred for children who exited the Part C system during the fourth (4<sup>th</sup>) quarter of the reporting period. The following activities were completed:
  - The ESST was utilized to identify the date of each child's transition conference. The meeting date is recorded and all documents are uploaded.
  - The early intervention record, and case notes were reviewed for any child whose conference was not held timely [at least 90 days before the third (3<sup>rd</sup>) birthday].
  - Verification of the data was completed through a review of each transition conference plan document, to confirm data accuracy.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

**Indicator 8A:** The District is reporting progress for 8A for this reporting period from 91% in FFY 2008 to 93% in FFY 2009. Three (3) IFSPs were identified as having inadequate steps and services. For the three children for whom a transition planning conference was not held, the service coordinators did not ensure that the steps and services section of the IFSP was completed. In response, training was provided to all service coordinators on the importance of always completing a transition plan with the family as a required part of the IFSP development process. Progress is attributable to increased training and technical assistance for transition.

**Indicator 8B:** The District is reporting slippage from 100% compliance in FFY 2008 to 93% compliance in FFY 2009 for notification to the LEA of children potentially eligible for Part B services. The District relied on the transition planning invitation to serve as notification in FFY 2009, however, for three (3) children for whom transition planning conferences did not occur, the LEA was not notified of their potentially eligibility for Part B services. In response, new procedures have been developed and implemented to ensure that notification to the LEA of potentially eligible children occurs on a monthly basis, so that referral occurs even in instances where the family either (1) declines a transition planning conference or (2) refuses to grant permission to the LEA to attend the transition planning conference.

**Indicator 8C:** The District’s performance showed slippage from FFY 2008 (95%) to FFY 2009 (85.7%) for indicator 8C. Of the 6 children whose transition planning conference were delayed:

- Two (2) were delayed because the service coordinator postponed the transition planning conferences until the LEA was available to attend. In response, all service coordinators were informed of the requirement to conduct the transition planning conferences in a timely manner regardless of LEA attendance
- Three (3) were due to failure of DC EIP staff to schedule the meetings timely.
- One (1) child was referred 109 days prior to his/her 3<sup>rd</sup> birthday, and the transition planning conference was held 53 days prior to the 3<sup>rd</sup> birthday.

In order to address the noncompliance in FFY 2009, OSSE issued a finding to DC EIP for noncompliance on indicators 8A, 8B, and 8C with the requirement of a corrective action plan on September 30, 2010. An OSSE staff person has been assigned to verify timely correction. OSSE will report on the verification of correction of this noncompliance in its FFY 2010 APR due February 1, 2012. OSSE has also begun an Early Childhood Transition work group to develop comprehensive guidelines and ensure that LEA obligations are clarified.

### **Improvement Activities**

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:

	<b>Improvement Activity</b>	<b>Timelines &amp; Resources</b>	<b>Status</b>
<b>1.</b>	The Part C Transition team and Coordinator will work with the OSSE Office of Information Technology (OIT) to upgrade Part C’s MIS to ensure the data reports necessary to effectively monitor transition timelines and report on compliance requirements are available.	2008-2010  Part C Coordinator and Transition team,  MSRRC, DAC, NECTAC,  OSSE and its OSSE OIT	<b>FFY 2009: Completed</b>  The new ESST implemented July 1, 2009 has made this activity unnecessary. This new database improves the DC EIP’s ability to monitor transition timelines and report on compliance requirements.

### **Correction of Noncompliance on FFY 2008 data reported in the APR submitted February 1, 2010:**

**Indicator 8A:** In FFY 2008 OSSE reported performance of 91% for children having steps and services on their IFSP. The noncompliance was analyzed to determine responsibility and the reason for delay. Of the 47 records reviewed, 43 IFSPs had steps and services and four (4) did



not. This failure was reflected in annual performance reviews as the four (4) deficient IFSPs were attributed to in-house staff. Procedures were implemented in FFY 2009 to issue findings to DC EIP.

Based on noncompliance identified in FFY 2008, OSSE has verified that DC EIP: (1) is correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.148(b)(4) and 303.344(h) based on a subsequent database review of children exiting DC EIP assigned to each service coordinator; and (2) has developed an IFSP with transition steps and services for each child, unless the child had already exited the Program, consistent with OSEP Memo 09-02.

**Indicator 8B:** In FFY 2008 OSSE reported 100% performance for Indicator 8B. Therefore, DC EIP issued no findings for that time period.

**Indicator 8C:** In FFY 2008 OSSE reported performance of 95% for children having timely transition conferences. The noncompliance was analyzed to determine responsibility and the reason for delay. Of the 39 records reviewed, twenty-nine (29) conferences were timely, eight (8) were delayed for family reasons, and the remaining two (2) were the responsibility of DC EIP. This failure was reflected in annual performance reviews as the two (2) untimely meetings were attributed to in-house staff. Procedures were implemented in FFY 2009 to issue findings to DC EIP.

For noncompliance identified in FFY 2008, OSSE verified that DC EIP: (1) is correctly implementing the timely transition conference requirements in 34 CFR §303.148(b)(2)(i) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100% compliance) based on a subsequent database review of children exiting DC EIP with transition conferences assigned each service coordinator; and (2) has conducted a transition conference, although late, for both children who were potentially eligible for Part B and whose transition conference was not timely, consistent with OSEP Memo 09-02.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following two (2) additional improvement activities are proposed for this indicator and are included in the State Performance Plan (SPP):

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	IMPROVEMENT ACTIVITIES	TIMELINES / RESOURCES
2.	<b><u>Addition:</u></b> Implement <b>Transition Service Coordinator</b> model to facilitate transition planning conferences for	Effective July 2010 and ongoing through FFY 2012  DC EIP Staff

	IMPROVEMENT ACTIVITIES	TIMELINES / RESOURCES
	<p>children entering late.</p> <p><b><u>Justification:</u></b></p> <p>In an effort to provide a smooth and effective transition for all DC EIP children, DC EIP has assigned 2 service coordinators to for the children entering the Program at 2 years 5 months or later.</p>	
3.	<p><b><u>Addition:</u></b></p> <p>Collaborate with DCPS Part B Early Stages Center, Charter LEA stakeholders, including the Public Charter School Board, and other community stakeholders, including parents, in the development and implementation of comprehensive guidelines to ensure a smooth and effective transition for infants and toddlers.</p> <p><b><u>Justification:</u></b></p> <p>The District’s policies and procedures are in need of review and possible revision to ensure families are provided with a smooth and effective transition.</p>	<p>October 2010 – FFY 2012</p> <p>DC EIP Staff; DCPS Early Stages Staff; Public Charter School Board; Community Stakeholders; Parents</p>

The following targets are being set for FFY 2011 and FFY 2012 and appear in the SPP:

FFY	Measurable and Rigorous Target
2011	100%
2012	100%

## Part C State Annual Performance Report (APR) for FFY 2009

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

States are required to use the “Indicator 9 Worksheet” to report data for this indicator (see Attachment A).

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<i>2009</i>	<i>100%</i>

**Actual Target Data for FFY 2009: 100%**

In FFY 2008, DC EIP issued three findings of noncompliance identified from data analyzed to determine compliance for the FFY 2007 annual performance report (APR). These providers were responsible for noncompliance with the 45-day timeline requirement (34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a)). DC EIP issued the findings on April 30, 2009.

The letters of findings detailed the data used to determine the findings, the extent of the noncompliance, and the IDEA citations related to the noncompliance. DC EIP required that corrective action plans (CAPs) be completed, signed, and returned within 30 days. The CAPs mandated evidence of change with required submission of improvement and correction data. All three providers returned their CAP by May 30, 2009. Providers were given 3 months to fulfill the requirements of their CAP.

**Describe the specific actions that the State took to verify the correction in FFY 2009 of findings of noncompliance identified in FFY 2008:**

OSSE ensures that for these providers with identified noncompliance in FFY 2007 performance, correction of noncompliance was verified within twelve months of the finding issued in FFY 2008. The following are specific actions taken to verify correction of noncompliance:

- Review of the early intervention record for all eleven (11) children for whom the 45-day timeline was not met to ensure that the provider conducted the initial evaluation, assessment, and IFSP meeting, although late, consistent with OSEP Memo 09-02;
- Subsequent database review of children referred to verify that providers were correctly implementing the 45-day timeline requirement (i.e. achieved 100% compliance) in 34 CFR §§303.321(e)(2), 303.322(e)(1), and 303.342(a). The subsequent review revealed that all children had timely IFSP meetings. These data were collected through the MIS system (the database previously in use by DC EIP);
- Review of the submitted documents specified on the CAP for evidence of change in infrastructure; completion of focused training and technical assistance; and improvement in provider practice, including updated supervision, policies and procedures; to ensure that the provider can meet the 45-day timeline; and
- Provision of training and technical assistance to providers, ensuring that benchmarks for required evidence of change could be met and that the CAP was implemented in a timely manner.

All correction of noncompliance was verified by September 22, 2009 at which time the providers were released from their CAP. The FFY 2009 C-9 worksheet below details the compliance reported for this indicator.

## FFY 2009 C-9 Worksheet

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs	Dispute Resolution: Complaints, Hearings	0	0	0
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
transition to preschool and other appropriate community services by their third birthday including:  A. IFSPs with transition steps and services;	Dispute Resolution: Complaints, Hearings	0	0	0
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
B. Notification to LEA, if child potentially eligible for Part B; and	Dispute Resolution: Complaints, Hearings	0	0	0

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:  C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other			
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other			



Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2008 (7/1/08 through 6/30/09)	(a) # of Findings of noncompliance identified in FFY 2008 (7/1/08 through 6/30/09)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other			
	Dispute Resolution: Complaints, Hearings			
<b>Sum the numbers down Column a and Column b</b>			3	3

Percent of noncompliance corrected within one year of identification = **100% (3/3\*100)**  
 (column (b) sum divided by column (a) sum) times 100)

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2009:**

The District is reporting 100% compliance for this indicator. OSSE issued three (3) letters of finding with a requirement for corrective action plans in FFY 2008. OSSE ensures that for these instances of noncompliance identified in FFY 2008, correction of noncompliance was verified within four months of the finding issued in May 2009.

Beginning in FFY 2009, the state function of monitoring is being managed by the Quality Assurance and Monitoring (QAM) Unit in OSSE's Division of Special Education. DC EIP no longer directly monitors its providers for IDEA compliance. This change was made to appropriately reflect the organizational relationship between the state system and DC EIP. As a result of this change, DC EIP has been the recipient of several letters of findings in FFY 2009 and FFY 2010. Beginning in FFY 2009, OSSE's QAM Unit issued findings of noncompliance based on database reviews for Indicators 1, 7 and 8 and also issued findings of noncompliance through other monitoring activities (e.g. dispute resolution process, on-site monitoring). Once OSSE's QAM Unit identified noncompliance, written notification of the findings of noncompliance was issued to DC EIP and providers with the direction that the noncompliance be corrected as soon as possible and in no case later than one year following the notification of the noncompliance. OSSE's QAM Unit also informed DC EIP and providers that noncompliance is verified as corrected when the child has received the particular services, although late, (for Indicators 1, 7, 8C) or that the services have been received (Indicators 8A and 8B); and that DC EIP or the provider is now correctly implementing the specific regulatory requirement by achieving 100% compliance on a subsequent database review or a subsequent file review.

The District continued to receive technical assistance from MSRRRC Regional Resource Center (MRRSC), the National Early Childhood Technical Assistance Center (NECTAC) and the Data Accountability Center (DAC) in FFY 2009. The technical assistance was provided to both DC EIP and QAM staff. After careful examination of the monitoring procedures already in place, OSSE issued a monitoring manual detailing the procedures for compliance and focused monitoring. In addition, a monitoring workbook was developed to document instances of noncompliance at the child and program level and track verification of correction of noncompliance.

***Improvement Activities***

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:

	Improvement Activity	Timelines & Resources	Status
1.	Early Intervention (EI) Specialists make bi-monthly phone calls to families to ensure services are being received and that families are satisfied with the outcomes.	Ongoing 2005 – 2010 Part C staff	<b>FFY 2009: Ongoing</b> This activity is ongoing. EI Specialists are currently contacting families monthly.
2.	EI Specialists facilitate IFSP meetings for children on their service coordination caseload to ensure compliance with Part C requirements.	Ongoing 2005 – 2010 Part C staff	<b>FFY 2009: Ongoing</b> This activity is ongoing. EI Specialists meet on a weekly basis to review caseloads and identify and correct any systemic issues.
3.	Review and certification of provider invoices.	Ongoing 2005 – 2010 Part C staff	<b>FFY 2009: Ongoing</b> DC EIP staff are the COTRs (Contracting Officer's Technical Representative) for all DC EIP contracts and as such, are responsible for reviewing and certifying provider invoices. This activity is being supported by the Division of Special Education's Finance Unit and improvements are made to the process as necessary.
4.	Partner with DAC, NECTAC and MSRRC to analyze the current general supervision model.	Ongoing 2007 – 2010 Part C Coordinator and staff; NECTAC, DAC and MSRRC	<b>FFY 2009: Completed</b> DC EIP partnered with DAC, MSRRC, and NECTAC in Fall 2009 to complete this activity.
5.	Partner with NECTAC, DAC and MSRRC to develop and finalize Part C monitoring manual and tools.	FFY 2009 Director, Monitoring and Compliance; NECTAC, DAC and MSRRC	<b>FFY 2009: Completed</b> The Quality Assurance and Monitoring Unit is currently utilizing newly developed monitoring manual and tools. Copies of the manual and monitoring workbook have been provided to OSEP.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

Any changes to timelines or activities are included in the State Performance Plan (SPP) and also provided below. Timelines for the original improvement activities have been modified to reflect the additional two (2) fiscal years:

	<b>Improvement Activity</b>	<b>Timelines &amp; Resources</b>
<b>1.</b>	Early Intervention (EI) Specialists make bi-monthly phone calls to families to ensure services are being received and that families are satisfied with the outcomes.	Ongoing 2005 – 2012 Part C staff
<b>2.</b>	EI Specialists facilitate IFSP meetings for children on their service coordination caseload to ensure compliance with Part C requirements.	Ongoing 2005 – 2012 Part C staff
<b>3.</b>	Track, review and certify provider invoices for payment.	Ongoing 2005 – 2012 Part C staff

The following targets are being set for FFY 2011 and FFY 2012 and appear in the SPP:

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2011	100%
2012	100%

## Part C State Annual Performance Report (APR) for FFY 2009

## Monitoring Priority: Effective General Supervision Part C / General Supervision

**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

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

FFY	Measurable and Rigorous Target
2009	100%

**Actual Target Data for FFY 2009: N/A**

The District did not receive any signed written complaints related to alleged Part C IDEA violations in FFY 2009.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

No complaints were received in FFY 2009. However, the District revised the state complaint form and posted it to the OSSE website to facilitate the submission of written complaints to the OSSE.

To ensure awareness of the complaint process, DC EIP utilizes the following strategies to ensure that information related to family procedural rights is consistently shared with families as follows:

- The IFSP form requires written acknowledgement that family rights were reviewed with families during the meeting;
- Rights are reviewed with the families during any conversation;
- All DC EIP sponsored trainings and meetings provide an opportunity for feedback from providers to determine how disagreements with families are handled; and
- DC EIP requires and receives copies of signed informed consent for services that also include information about family rights.

- In addition, Part C began revision of its Part C procedural safeguards (the “Families Have Rights” brochure) and the final revision was approved and published in FFY 2010.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following targets are being set for FFY 2011 and FFY 2012 and appear in the State Performance Plan (SPP):

FFY	Measurable and Rigorous Target
2011	100%
2012	100%

## Part C State Annual Performance Report (APR) for FFY 2009

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

**Measurement:** Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2009	100%

**Actual Target Data for FFY 2009: N/A**

The District did not receive any due process hearing requests related to alleged Part C IDEA violations in FFY 2009.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

No requests for due process hearings were received in FFY 2009. However, OSSE recognizes the importance of ensuring that families know how to file a complaint or grievance, and how to access mediation and the due process hearing system. In FFY 2009, the District revised the state complaint form and posted it to the OSSE website to facilitate the submission of written complaints to the OSSE.

Due process information is included in the “Families Have Rights” brochure and is shared with all families verbally and in writing. Information is consistently provided to all service providers at meetings and/or trainings regarding their responsibility to assist families with this course of action. The “Families Have Rights” brochure is also available on the OSSE website and directs families to request an administrative hearing for the resolution of individual child complaints by an impartial hearing officer by filing a written complaint with the OSSE Student Hearing Office. Contact phone and fax numbers are included on the brochure, which is readily available in both English and Spanish.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following targets are being set for FFY 2011 and FFY 2012 and appear in the State Performance Plan (SPP):

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2011	100%
2012	100%



## Part C State Annual Performance Report (APR) for FFY 2009

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 12:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

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

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

FFY	Measurable and Rigorous Target
2009	100%

**Actual Target Data for FFY 2009: N/A**

The District did not receive any due process hearing requests related to alleged Part C IDEA violations in FFY 2009.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

No due process requests were received in FFY 2009. However, OSSE recognizes the importance of ensuring that families know how to file a complaint or grievance, and how to access mediation and the due process hearing system. The District revised the state complaint form and posted it to the OSSE website to facilitate the submission of written complaints to the OSSE.

Due process information is included in the “Families Have Rights” brochure and is shared with all families verbally and in writing. Information is consistently provided to all service providers at meetings and/or trainings regarding their responsibility to assist families with this course of action. The “Families Have Rights” brochure is also available on the OSSE website and directs families to request an administrative hearing for the resolution of individual child complaints by an impartial hearing officer by filing a written complaint with the OSSE Student Hearing Office. Contact phone and fax numbers are included on the brochure which is readily available in both English and Spanish.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following targets are being set for FFY 2011 and FFY 2012 and appear in the State Performance Plan (SPP):

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
2011	100%
2012	100%

## Part C State Annual Performance Report (APR) for FFY 2009

**Monitoring Priority: Effective General Supervision Part C / General Supervision****Indicator 13:** Percent of mediations held that resulted in mediation agreements.

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

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

FFY	Measurable and Rigorous Target
2009	100%

**Actual Target Data for FFY 2009: N/A**

The District did not hold any mediations related to alleged Part C IDEA violations in FFY 2009.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

OSSE recognizes the importance of ensuring that families know how to file a complaint or grievance and how to access mediation and the due process hearing system. Information on mediation is included in the “Families Have Rights” brochure and is shared with all families verbally and in writing. Information is consistently provided to all service providers at every meeting and/or training regarding their responsibility to assist families to access mediation, where desired by the families. The “Families Have Rights” brochure explains that a parent may request mediation when there is a disagreement between the parent and DC EIP or a service provider regarding the early intervention services. The brochure also lists a contact phone number as well as fax number for additional information about mediation as well as information on how to request mediation. The “Families Have Rights” brochure is readily available in both English and Spanish. The OSSE website is also a resource that families can use to find out their rights and get information regarding mediation.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following targets are being set for FFY 2011 and FFY 2012 and appear in the State Performance Plan (SPP):

FFY	Measurable and Rigorous Target
2011	100%
2012	100%

## Part C State Annual Performance Report (APR) for FFY 2009

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

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

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

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

FFY	Measurable and Rigorous Target
2009	100%

**Actual Target Data for FFY 2009: 100%**

The District’s data submissions for FFY 2009 were both timely and accurate. In addition, the District is currently implementing the requirement to issue findings of noncompliance for indicators 1, 7, and 8A-C, improving performance on indicator C-9.

In FFY 2010, additional procedures are being put in place to include a new series of edit checks prior to submission. This type of systemic change helps ensure the District’s data are valid and reliable; reduces the likelihood of disruption in processes and procedures, should the Program experience organizational or personnel changes; and strengthens confidence in the Program’s data and in related decision-making by families, agency partners and other stakeholders.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2009:**

The District is reporting progress for this indicator for FFY 2009 over the reported compliance of 97.1% for FFY 2008. The District has achieved 100% compliance on this indicator. This is significant progress over the past two years. Steps being taken to improve compliance for all

reporting requirements include regular review of the OSEP calendar for deadlines and changes in reporting requirements.

The District continues to improve the collection, analysis and verification of its data to inform all components of its general supervision system. In July 2009, the District implemented a new data and case management system, which now serves as the primary tool for managing data. All staff are involved in the collection and analysis of data needed to address the various compliance requirements of IDEA.

#### Part C Indicator 14 Data Rubric

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and Reliable	Correct Calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
10	1	1	2
11	1	1	2
12	1	1	2
13	1	1	2
		<b>Subtotal</b>	30
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 1, 2010)		5
	<b>Grand Total</b>		35

Indicator 14 - 618 Data					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
<b>Table 1 – Child Count</b> <b>Due Date:</b> <b>2/1/09</b>	1	1	1	1	4

Indicator 14 - 618 Data					
Table 2 – Settings Due Date: 2/1/09	1	1	1	1	4
Table 3 – Exiting Due Date: 11/1/09	1	1	1	N/A	3
Table 4 – Dispute Resolution Due Date: 11/1/09	1	1	1	N/A	3
				Subtotal	14
			Weighted Total (subtotal X 2.5; round ≤ .49 down and ≥ .50 up to whole number)		35
Indicator # 14 Calculation					
			A. APR Total	35	35
			B. 618 Total	35	35
			C. Grand Total	70	70
Percent of timely and accurate data = (C divided by 70 times 100)			70 / (70) X 100 =		100

**Improvement Activities**

The following table describes the improvement activities identified by OSSE to accelerate improved performance on this indicator. The table also identifies the timelines, resources, and current status related to progress on each activity:

	<b>Improvement Activity</b>	<b>Timelines &amp; Resources</b>	<b>Status</b>
<b>1.</b>	Part C staff will work with the data manager at DCPS to coordinate compatibility of new DC EIP database with DCPS SETS database.	June – September 2006 Part C Coordinator and DCPS staff	<b>FFY 2009: Completed</b> This activity was completed in FFY 2006.

	Improvement Activity	Timelines & Resources	Status
2.	Part C staff will work with Mid-South to make the link between the Part C and Part B databases, so that data can be shared from birth to 21.	June 2006 – September 2009 Part C staff	<b>FFY 2009: Completed</b> The Early Steps and Stages Tracker (ESST) database was developed with a link to DCPS Early Stages so data could be shared. In FFY 2009, Early stages created their own separate database, while keeping processes and procedures in place to ensure timely sharing of data.
3.	DC Part C successfully developed an electronic database. This process is continuing to develop.	June 2008 – September 2009 Part C Coordinator and staff; MSRRRC	<b>FFY 2009: Completed</b> DC EIP successfully implemented the Early Steps and Stages Tracker (ESST) web-based database.
4.	DC EIP will develop a manual along with training materials for training staff and providers on the implementation of the data system.	June 2008 – September 2009 Part C Coordinator and staff; MSRRRC	<b>FFY 2009: Completed</b> DC EIP created a manual and other training materials for the Early Steps and Stages Tracker (ESST) database.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2010:**

The following two (2) additional improvement activities are proposed for this indicator:

	Improvement Activity	Timelines & Resources
1.	<p><b><u>Addition:</u></b></p> <p>Implement review of all DC EIP data requirements to ensure consistency in method and analysis.</p> <p><b><u>Justification:</u></b></p> <p>OSSE is taking additional steps to ensure the District's data are valid and reliable; and that procedures are clearly documented.</p>	<p>FFY 2009 – FFY 2012</p> <p>DC EIP staff; DSE Data Unit</p>



	Improvement Activity	Timelines & Resources
2.	<p><b><u>Addition:</u></b></p> <p>Continue to process DC EIP state complaints through the OSSE State Complaint office managed by the Quality Assurance and Monitoring (QAM) Unit.</p> <p><b><u>Justification:</u></b></p> <p>This centralization improves the validity and reliability of these data.</p>	<p>Ongoing, FFY 2009 – FFY 2012</p> <p>DSE Quality Assurance and Monitoring Unit</p>

The following targets are being set for FFY 2011 and FFY 2012 and appear in the SPP:

FFY	Measurable and Rigorous Target
2011	100%
2012	100%