# Part C State Annual Performance Report (APR) for FFY 2010 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 2011 (IDEA).

As a relatively new State agency, OSSE is pleased to report significant progress on its development of a robust system of early intervention for eligible children with developmental delays or disabilities in the District of Columbia.

In FFY 2010, OSSE launched an exciting new model to fulfill its obligations related to the implementation of a Comprehensive System of Personnel Development (CSPD). OSSE continues to collaborate with Georgetown University's Center for Child and Human Development (GUCCHD) and other partners to provide trainings on a monthly basis to evaluation, direct service and service coordination providers on various aspects of IDEA.

OSSE has also collaborated with the District of Columbia Public Schools (DCPS) Early Stages Evaluation Center and the District of Columbia Chapter (AAPDC) of the national American Academy of Pediatrics (AAP) to secure a grant that supports targeted outreach and training of pediatricians.

DC EIP has drafted new procedures for entry of potentially eligible children into the program. The procedures establish a new role, called Initial Service Coordinator (ISC), and amend some of the present procedures from Child Find through to Individualized Family Service Plan (IFSP) development. In order to establish these procedures District wide in an efficient and effective manner, a pilot was implemented to closely examine the model and practice implementation. The pilot incorporated two cohorts of children and their families; each consisted of a minimum of ten children and their families, as they entered the system. A critical element of the new procedures is the ISC. The role of ISC is to present the DC EIP Program to families new to early intervention services. This included coordinating the activities associated with early intervention services, from the receipt of the child/family from referral through the development of an Individual Family Services Plan (IFSP). As a result of the success of the pilot, DC EIP will be implementing this new service model in FFY 2012.

DC EIP also conducted several parent trainings in FFY 2010 to enhance child progress and intervention outcomes. Ongoing training sessions with service coordinators and parents began in May 2011. Parents are informed about the transition process and their options after leaving Part C services. Additionally, parents also participated in several DC EIP sponsored trainings on Autism Spectrum Disorders; Applied Behavior Analysis (ABA) services; the Hanen Program (help parents promote children's language and literacy); and the Picture Exchange Communication System (PECS) for children with communicative, cognitive and physical difficulties.

Last, OSSE launched its multi-pronged Part C Public Awareness Campaign, "Strong Start", on September 26, 2011. This campaign will ensure the increased utilization of Part C services and supports within the District of Columbia.

The District's Part C State Performance Plan (SPP) serves as a road map that outlines performance goals and annual targets that ensure accelerated reform. Progress in key performance areas is reviewed and reported on annually via the Annual Performance Report (APR). This annual data collection and review process allows OSSE to make data-based decisions that ensure the appropriate allocation of resources to areas of greatest need. The SPP and the APR are the critical levers for assisting OSSE in meeting its early intervention reform goals.

DC EIP stakeholders provided input that informed the development of this APR though various venues throughout FFY 2010, including monthly provider meetings, stakeholder focus groups, professional development sessions, and collaboration on public awareness campaign activities. 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 2010 (7/1/10-6/30/11) APR reporting period. As such, data and activities in this report reflect work performed between July 1, 2010 and June 30, 2011.

#### **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 2010 (April 1, 2011 – June 30, 2011) consistent with previous years' APR reporting. This sample is considered representative of the full reporting year because 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 2010, 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 2010.

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 availed themselves of Part C conferences, including the OSEP Mega 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 2010 (7/1/10 - 6/30/11) 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, OSSE has corrected several of the factors that contributed to previous noncompliance. Throughout FFY 2010, as in 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, 8B and 8C. In addition, OSSE has developed and implemented guidelines for Early Childhood Transition. Improvements in Indicators 8A, 8B and 8C can be directly attributed to adherence to these guidelines.

Further, in FFY 2010, OSSE awarded contracts to support both its Comprehensive System of Personnel Development (CSPD) and Public Awareness Campaign. Both of these projects are currently in their second year, and OSSE has continued to actively engage key stakeholders in developing strategic plans designed to meet the District's specific needs.

### **Public Reporting**

FFY 2009 public report on the performance of DC EIP providers can be found on the OSSE website at the following location: <a href="http://osse.dc.gov/publication/report-public-part-c-ffy-2009">http://osse.dc.gov/publication/report-public-part-c-ffy-2009</a>.

The report to the public of the performance of early intervention providers for FFY 2010 will be posted on the OSSE website in June 2012.

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## **State Performance Plan**

The District of Columbia's Part C State Performance Plan (SPP) has been updated and can be found on the OSSE website: <a href="http://osse.dc.gov/publication/revised-state-performance-plan-2005-2012-part-c">http://osse.dc.gov/publication/revised-state-performance-plan-2005-2012-part-c</a>.

**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
2010	100%

#### Actual Target Data for FFY 2010: 86.6%

Measurement Categories	Number of Children
Timely IFSP services (within 30 days from date of IFSP)	102
Reasons for Delay	
Not timely due to exceptional family circumstances (sick child or family member, missed or canceled appointments, etc.)	27
Medicaid delay	1
DC EIP System delay	12
Provider delay	7
Total number of records	149

In FFY 2010, 86.6% 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 129 children. Twenty-seven (27) children are not counted as delayed due to exceptional family circumstances. Thirteen percent (13.4%), or 20 of the 149 infants and toddlers with IFSPs, did not receive their services in a timely manner because of Medicaid, Provider, and DC EIP delays.

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 2010 (4/1/11 – 6/30/11).
- 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 <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

The District is reporting progress for this indicator in FFY 2010 (86.6%) as compared to FFY 2009 (84.8%). OSSE attributes much of this progress to the following four reasons:

- 1) An increase in the frequency and intensity of the training and technical assistance for service coordinators and direct service providers;
- 2) The Department of Health Care Finance (DHCF), and their Managed Care Organizations (MCOs), implementing the following activities:
  - a) Promotion of the use of DC EIP direct service providers to ensure a more timely service delivery process;

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b) Compliance with the Memorandum of Agreement (MOA) 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.

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

The reason for the delays in FFY 2010 that are attributable to DC EIP are discipline-specific capacity issues with direct service providers that reduce the ability of DC EIP to staff cases in a timely way. The issue is being addressed through active planning with service providers to ensure applicable system changes and an increase in capacity.

To address the noncompliance in FFY 2010, 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, three findings were issued.

As DC EIP was responsible for the 12 of the 20 instances of delay, DC EIP was issued a finding of noncompliance on January 6, 2011, with the requirement of specific corrective actions. In addition to child level corrections that have already been made, although late, 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.

Two providers, Mary's Center and Little Feet and Hands were also issued a finding of noncompliance on January 6, 2011, with the requirement of specific corrective actions for 7 of the 20 instances of delay. The noncompliance will be deemed to be corrected when these providers 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 responsible for one instance of delay. Through their ongoing efforts described above, it is expected that the 100% standard can be reached. A Memorandum of Agreement (MOA) between DHCF, its MCOs, and OSSE that outlines key responsibilities of each agency has been jointly developed, 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.

## **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.	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), MSRRC, NECTAC, OSSE, and Additional Key Stakeholders.	FFY 2010: Ongoing  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.
2.	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.	FFY 2010: Ongoing  DC EIP continues to work closely with DHCF to ensure timely receipt of services for eligible families. Meetings occurred monthly throughout FFY 2010 with care coordinators and their management. Training has also been provided by MSRRC and DC EIP's CSPD provider to increase MCO staff understanding of their responsibilities related to early intervention children and families.
3.	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	FFY 2010: Ongoing DC EIP is partnering with Institutes of Higher Education stakeholders to identify and implement strategies to increase recruitment and retention of quality service providers. Activities include: -special education career

	Improvement Activities	Timelines & Resources	Status
			awareness campaigns, and - career academies for high school dual enrollment programs. Additionally, DC EIP hired two interns from area universities in FFY 2010-2011.
4.	Implement an electronic	Ongoing, 2007-2012	FFY 2010: Ongoing
	distribution of flyers as a marketing campaign to locate and identify additional service providers.	Part C Coordinator and staff, and OSSE Office of the Chief of Staff	As of October 2010, OSSE secured a vendor to produce a public awareness campaign with this activity as one of the goals. Staff met with service providers to inform and educate about DC EIP and the services provided to infants and toddlers. In addition, OSSE is partnering with DCPS to educate physicians on the importance of screening and referral to early intervention programs.
5.	Identify and utilize	Ongoing, 2007-2012	FFY 2010: Ongoing
	additional funding opportunities to provide additional financial support for the DC Part C Program.	Part C Coordinator and staff; OSSE Administrators, and Department of Health	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. 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

	Improvement Activities	Timelines & Resources	Status
			families.
6.	Review and revise policies	February 2008-2012	FFY 2010: Ongoing
	and procedures related to service coordination and timely initiation of services to improve service delivery.	Part C Coordinator and staff, NECTAC, MSRRC, and CSPD.	This activity is still in progress. In FFY 2011, OSSE is promulgating new Part C regulations and policies to include service coordination and timely initiation of services.
7.	Access technical	February 2008-2012	FFY 2010: Ongoing
	assistance from NECTAC and MSRRC regarding timely provision of services.	Part Coordinator and staff, NECTAC, and MSRRC	Ongoing technical assistance was provided by MSRRC, NECTAC and DAC during FFY 2010, including on-site meetings and numerous conference calls to review all data on timely service delivery.
8.	Explore the feasibility and	August 2008-2012	FFY 2010: Ongoing
	effectiveness of primary provider coaching model of service delivery.	Part C Coordinator and staff, Community Service Providers, and families	Discussions and planning occurred throughout FFY 2010 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
9.	Continue to consider	October 2008-June 2012	FFY 2010: Ongoing
	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	DC Part C Coordinator and staff, OSSE OIS, MSRRC, NECTAC, sub-grantees	This activity is pending completion of Phase II of work on the Special Education Data System (SEDS) that began in the Fall 2010.  In the interim, DC EIP is using

Improvement Activities	Timelines & Resources	Status
insure timely data		the new Early Steps and
collection.		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
		coordination to ensure
		tracking of outcomes across
		Part C and Part B data
		systems for children who
		transition.

## Correction of Noncompliance on FFY 2009 data reported in the APR submitted February 1, 2011:

OSSE reported 84.8% for Indicator 1 in FFY 2009. Two findings were issued as a result of this noncompliance.

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. DC EIP has corrected all identified child level noncompliance. The OSSE Quality Assurance and Monitoring Unit has verified 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. A subsequent review of data in the ESST has been conducted to verify 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) for this indicator. The services for these children identified in the subsequent review did not meet the timeliness requirement. OSSE will continue to review subsequent data for this indicator on a quarterly basis to determine if DC EIP is demonstrating 100% compliance.

DHCF was responsible for the other 10 instances of noncompliance. OSSE has verified 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.

In order to address the noncompliance with DHCF in FFY 2009, DC EIP continued to meet monthly with DHCF to:

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• Promote the use of DC EIP direct service providers to ensure a more timely service delivery process;

- Review the active MOA stressing the importance of timelines and adherence to Part C requirements;
- Promote of attendance of MCO care managers at IFSP meetings; and
- Increase in the number of meetings and training opportunities for DHCF and MCO staff.

A subsequent review of data in the ESST has been conducted to verify 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) for this indicator by the DHCF managed care organizations. The services for all the children identified in the subsequent review did not meet the timeliness requirement. OSSE will continue to review subsequent data for this indicator on a quarterly basis to determine if DHCF is demonstrating 100% compliance.

Revisions, <u>with Justification</u>, to Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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
2010	95%

#### Actual Target Data for FFY 2010: 91.4%

FFY 2009	Dec 01, 2009 618 & Settings Report	Home	Community-Based Setting	Total in Natural Environment
Number	399	221	144	365
Percent		55.3%	36.1%	91.4%

The District is reporting that 91.4% [221 (Home) + 144 (Community) = 365/399\*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 Early Steps and Stages Tracker (ESST). The database produces 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.

These data were reported on Table 2 in accordance with Section 618 of IDEA and submitted timely on February 1, 2011.

## Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2009:

The District is reporting slippage for this indicator in FFY 2010 with 91.4% of infants and toddlers receiving services in the natural environment, as compared to FFY 2009 (93.4%). The District also did not meet its projected target of 95.0% for FFY 2010.

Of the 399 children reported in the December 1, 2010 Child Count Table, 365 were receiving services primarily in their home or community based setting for typically developing children. Thirty-four (34) children (8.5%) received services in other settings.

OSSE attributes the slippage in the performance of this indicator for FFY 2010 to the constant recruitment of new providers. Ensuring that all staff, service providers and service coordinators fully understand the natural environments requirement has been a challenge over the past reporting period. Although an increase in the frequency and intensity of training on natural environments has been 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; barriers to implementation still exist. Provider shortages account for the majority of children receiving services in "other" settings. DC EIP's CSPD Provider continues to provide ongoing training on this requirement. In addition, DC EIP has utilized training and technical assistance from MSRRC and NECTAC to support this effort.

#### **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.	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	FFY 2010: Ongoing This activity is ongoing. DC EIP meets with providers on a monthly basis to ensure that education around the natural environment requirement is provided.
2.	Develop online training module for early intervention (EI) providers and service coordinators on natural environments.	FFY 2010 – 2012  Part C Coordinator and staff, CSPD provider, DC EIP Providers	FFY 2010: Ongoing In collaboration with the Georgetown University Center for Child and Human Development, DC EIP is

	Improvement Activities	Timelines & Resources	Status
			developing a series of online training modules for early intervention providers and service coordinators on all aspects of early intervention.  Several modules were completed in summer 2011 with more scheduled to be completed in spring 2012.  Natural Environments is among the modules debuting in 2012.
3.	Ensure that the DC EIP's public awareness campaign includes a focus on natural environments (definition, obligations, etc.)	Part C Coordinator and staff	PFY 2010: Ongoing  DC EIP launched its public awareness campaign on September 26, 2011. The campaign also includes a community outreach component. As part of this effort, DC EIP and its community partners will be provided opportunities to educate the public on early intervention services with a primary message that is participation by caregivers is of the utmost importance to improving outcomes for infants

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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

### Summary Statements for Each of the Three Outcomes (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 Data for FFY 2010:**

Targets and Actual Data for Part C Children Exiting in FFY 2010

	Summary Statements	Targets FFY 2010 % of Children	Actual FFY 2010 % of children	
	Outcome A: Positive social-emotional skills (including	social relations	hips)	
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	75.0%	95.5%	
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	31.4%	50.0%	
	Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)			
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	71.4%	85.8%	

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%	33.3%
Outcome C: Use of appropriate behaviors to m	eet their needs	
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%	78.7%
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%	35.8%

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.

## **Progress Data for Part C Children FFY 2010**

Α.	Positive social-emotional skills (including social relationships):	Number of children	% of children
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	3.1%
C.	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	76	46.9%
d.	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	29	17.9%
e.	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	52	32.1%
	Total	162	100%
В.	Acquisition and use of knowledge and skills (including early language/communication):	Number of children	% of children
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	19	11.7%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	89	54.9%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	26	16.0%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	28	17.3%
Total	162	100%
C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
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	29	18.4%
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	75	42.3%
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	32	21.5%
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	26	17.8%
Total	162	100%

### **Outcome A:**

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

$$[105 (76+29) / 110 (0+5+76+29)]*100 = 95.5\%$$

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

$$[81(29+52)/162(0+5+76+29+52)*100 = 50.0\%$$

#### **Outcome B:**

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

$$[115 (89+26) / 132 (0+19+89+26)]*100 = 85.8\%$$

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

$$[54(26+28) / 162(0+19+89+26+28)]*100 = 33.3\%$$

#### **Outcome C:**

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

$$[107(75+32)/136(0+29+75+32)]*100 = 78.7\%$$

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

Data were collected on all children who were served for at least six months using the Child Outcomes Summary (COS). The COS allows providers and service coordinators to summarize information collected from multiple sources to address the three child outcomes. The COS'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 162 children for FFY 2010. The following process was used to complete data collection and analysis for child outcome determination:

- The District utilized the Child Outcomes Summary (COS) and ECO's procedures for using the form to collect data for this indicator; the data were recorded in the COS to OSEP Categories Calculator.
- Data were collected on all infants and toddlers who entered DC EIP before 2 years, 6 months of age.

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• The entry COS was completed by the initial evaluation provider and the exit COS 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 2010, the Battelle Developmental Inventory (BDI) was used at exit for children exiting at their 3<sup>rd</sup> birthday.

## Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

The District has shown both progress and slippage for this indicator from FFY 2009. FFY 2010 is 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 should have both an entry and an exit COS.

In Summary Statement 1, 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 (Outcomes A and B). The District experienced slippage in Outcome C.

For Summary Statement 2 the District has made progress in all three Outcomes A, B and C; there was a marked increase in the percentage of children who were functioning within age expectations by the time they turned 3 years of age or exited the program.

The targets for FFY 2010 are the same as the baseline data from FFY 2008. The District exceeded its targets for FFY 2010 for Summary Statement 1 for Outcomes A and B. However, the District did not meet its target for Outcome C. For Summary Statement 2, the District exceeded its target for Outcome A, but did not meet the target for Outcomes B and C.

#### **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.	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	FFY 2010: Ongoing  Meetings have begun to ensure alignment of policies, procedures, and practices related to the transition of children from Part C to Part B. The Programs continue to meet on a bi-monthly basis

	Improvement Activities	Timeline/Resources	Status
			to ensure that procedures and practices are being properly implemented.
2.	Provide technical assistance/training and professional development for service coordinators and evaluation providers on use of the COS.	Effective April 2008, this activity will be ongoing for FFY 2008-2012  NECTAC; ECO; CSPD; DC Part C Staff, service providers	FFY 2010: Ongoing  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.
3.	Train DC Part C staff in procedures for reviewing completed COSs 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 Part C Staff, contractors, sub-grantees	FFY 2010: Ongoing  COSs 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.
4.	Create online training modules for service coordinators and early intervention providers that focus on Routines Based Intervention to support child outcomes.	FFY 2010 - FFY 2012 CSPD Provider; DC Early Intervention Staff and providers.	FFY 2010: Ongoing In collaboration with DC EIP's CSPD provider, the District is providing training on Routines Based Intervention (RBI) at monthly service provider meetings. Plans for creating an online module are currently underway.
5.	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.	FFY 2010 - FFY 2012 Public Awareness Contractor; DC Early Intervention Staff and providers.	FFY 2010: Ongoing  OSSE is partnering with DCPS to target physicians and impress upon them the necessity of screening children at well child visits to assess development. A plan is underway in FFY 2011 and FFY 2012 to provide training and assistance to doctors'

	Improvement Activities	Timeline/Resources	Status
			offices, clinics, child care providers on the importance of screening and referral to early intervention. An online toolkit is available on the DC EIP website to assist community partners in providing information to caregivers.
6.	Run a test of outcomes	FFY 2010	FFY 2010: Completed
	results midyear and work with providers regarding results to increase validity of COS.	DC EIP Staff	DC EIP found inconsistencies in the data mid-year with some providers rating children much higher on the COS than their situation warrants. DC EIP has explored other methods and is moving toward implementing the interactive Assessment and Evaluation Programming System for Infants and Children (AEPSi). Implementing this tool in spring 2012 should improve the reliability of the data.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

### **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
2010 (2010-2011)	<ul> <li>A. 89.0% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</li> <li>B. 86.0% 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. 70.0% of respondent families participating in Part C will report that early control of the participating in Part C will report the participating in Part C will report the participating in Part C will report the pa</li></ul>
	C. 79.0% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.

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#### **Actual Target Data for FFY 2010:**

- A) **97.0**% (160/165\*100) reported that early intervention services have helped the family know their rights.
- B) **95.2**% (157/165\*100) reported that early intervention services have helped the family effectively communicate their infant and toddlers' needs.
- C) **95.8**% (158/165\*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 47.1% with 165 surveys returned. This is an increase of 7% over the FFY 2009 survey.

The FFY 2010 data are representative of the diverse populations served by the District. Surveys were received from every ward in the city and representing families served by 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 <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2009:

The District of Columbia exceeded all projected family outcome targets for FFY 2010 (7/1/10-6/30/11). Compared to FFY 2009, the District made progress in 4A, 4B and 4C. This progress can be attributed to the efforts around the public awareness campaign. DC EIP held focus groups with parents and providers; trained primary referral sources on how to refer a child; piloted an Initial Service Coordinator model and continued to train service coordinators on the

importance educating families about their rights; worked with direct service providers on involving the family in the therapy sessions; and through the public awareness campaign, encouraging parents and caregivers to speak up if they have a concern about a child.

## **Improvement Activities**

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

	IMPROVEMENT ACTIVITIES	TIMELINES / RESOURCES	STATUS
1.	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	FFY 2010: Ongoing  Analysis of survey results continues in FFY 2010 to identify and address program needs and areas for improvement.
2.	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), Multicultural Resources, PTRC, Part C Providers, Parents as Teachers National Resource Center (PAT)	FFY 2010: Ongoing Trainings and collaboration currently underway in FFY 2011. In January 2012, DC EIP will partner with Advocates for Justice and Education (the District's Parent Resource Center) a large community event.
3.	Implement online survey to increase range of questions, improve response rate and streamline analysis.	FFY 2010 – FFY 2012 DC EIP staff	FFY 2010: Ongoing  Plans are still underway to implement the online parent outcome survey.
4.	Ensure parent participation in DC EIP Early Childhood Transition work group to develop parent-friendly ECT guidelines and useful parent handouts.	FFY 2010 DSE Leadership, DC EIP Staff and Providers	FFY 2010: Completed  OSSE developed Early Childhood Transition Guidelines in FFY 2010. Parental involvement was a key part of ensuring that the language used in the suggested discussion points

	IMPROVEMENT ACTIVITIES	TIMELINES / RESOURCES	STATUS
			was parent friendly. Three DC EIP parents who either were going through the transition process or had already completed it were recruited to participate in the work group.
5.	Initiate Part C parent orientation meetings and ensure parent participation.	FFY 2010 – FFY 2012 DC EIP Staff and Providers	FFY 2010: Ongoing  DC EIP is gearing up to hold regular meeting to orient parents to early intervention. In FFY 2010, DC EIP piloted the Initial Service Coordinator (ISC) model and is in the process of implementing in full scale in FFY 2012. These ISCs conduct a home visit with new families to ensure that they understand the early intervention services and supports available to them.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Based on current performance on this indicator, no revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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
2010	1.50%

#### Actual Target Data for FFY 2010: 0.89%

The total number of infants with IFSPs on December 1, 2010 who were receiving early intervention services was 64 infants (based on the 618 child count data). This number reflected 0.89% (64/7156 x 100) of the District's population under age one as compared to national percentage served of 1.03% (40,962/3,989,384).<sup>†</sup> Data were collected via the ESST database that DC EIP implemented July 1, 2009. The database produces an Excel spreadsheet identifying all children who had a service on an IFSP.

## Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2009:

The District's performance in FFY 2010 reflects an improvement over FFY 2009 in the number (45) and percentage (0.57%) 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 2010 of 1.50%.

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. In FFY 2010, DC EIP entered into a contract to launch a public awareness campaign. The public awareness campaign includes a community outreach scope and this aspect of the campaign started in spring 2011. DC EIP and the public awareness contractor met with neonatal intensive care unit staff and

<sup>&</sup>lt;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.

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other primary referral sources to: 1) remind them of the importance of referring a child for early intervention services; and 2) to brief them on the upcoming public awareness campaign. This activity alone increased referrals to DC EIP. The project which includes print, radio and television advertisement, re-branded the DC EIP as "Strong Start."

Another large referral source is the Child and Family Services Administration (CFSA) in fulfillment of their CAPTA<sup>1</sup> requirement. All children with a substantiated case of abuse or neglect, between birth and 1 year of age, are referred to DC EIP.

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;
- 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.

Due to these ongoing trainings and public awareness activities, DC EIP is likely to see a continued increase in the number of children birth to age 1 receiving 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:

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<sup>&</sup>lt;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.

	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 FFY 2005 – 2012 DC EIP, OSSE, DCPS, and Charter Schools	FFY 2010: Ongoing Regular meetings were held with DCPS to coordinate Child Find. DCPS was the recipient of a grant from the American Academy of Pediatrics to educate pediatricians on the importance of screening and referring a child to early intervention services.
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	FFY 2010: Ongoing  This activity is still ongoing. A formal relationship has not yet been established, however, DC EIP has a close working relationship with the DOH Community Health Administration and its programs to receive referrals.
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	FFY 2010: Ongoing  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. In addition, DC EIP meets monthly with CFSA and the

	Improvement Activities	Timelines/Resources	Status
			Child Care Services Division within OSSE's 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 – through FFY 2012 DC EIP Staff; Public Awareness provider.	FFY 2010: Ongoing  DC EIP continues to train new staff at the Early Head Start centers across the District in the completion of the ASQ-3.  DC EIP child find grantees provide screenings at health fairs, mobile health vans and other community events. In addition, the recently launched public awareness campaign is finding new families. DC EIP has had an increase in referrals from all areas of the city.
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	FFY 2010: Ongoing  OSSE has secured a vendor to support expansion of its early intervention public awareness campaign in FFY 2010. New materials have been developed and print, radio and television advertisements are on display across the city in English and Spanish. All information distributed to families is being translated into the mandatory languages of the District.

	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 2008-2012:  DC EIP Part C coordinator and Staff, DC Office of Contracts and Procurement and OSSE Grants Management Office.	FFY 2010: Ongoing The Human Care Agreement (HCA) is currently the primary contract vehicle for evaluation, direct care, and most recently, service coordination services. OSSE is in the process of converting the funding mechanism for child find service providers to HCAs.
7.	Provide access to the Ages and Stages Questionnaire – 3 (ASQ-3) and social emotional (ASQ-SE) to the general public.	August 2009 – Ongoing through FFY 2012 DC EIP staff	FFY 2010: Ongoing  The screening tools by Brookes Publishing company are parent led and allow parents or other caregivers with a concern about their infant or toddler to determine if the child is developing on par with his/her peers. Utilization of the tool will be aligned with new regulatory requirements as required by OSEP.
8.	Implement a public awareness campaign to inform and educate District residents about early intervention for infants and toddlers with development delays or disabilities.	October 2010- September 2011  DC EIP staff, Public Awareness Campaign Provider	FFY 2010: Ongoing The District officially launched its Strong Start – DC Early Intervention Program Campaign on September 26, 2011. The campaign features Casey the caterpillar in a new DC EIP logo. This re-branding of the Program is the first step in increasing name recognition and ensuring that DC EIP will be the first call a

	Improvement Activities	Timelines/Resources	Status
			concerned party makes involving a child with a developmental disability or delay. Information about DC EIP is available on transit ads, posters, on the radio, television, and at community outreach events. An online toolkit is available on the DC EIP website to assist community partners in providing information to caregivers.
9.	Partner with Neonatal Intensive Care Units (NICUs) on the identification and referral of children to DC EIP.	FFY 2010 – 2012 DC EIP Staff, NNNS Vendor	FFY 2010: Ongoing  DC EIP continues to engage NICU staff across the District in an effort to increase the number of children, birth to 1 year that are referred for early intervention services. Staff has been very receptive and eager to support the Program in light of the newly launched public awareness campaign. Updated, parent friendly materials are now available to assist NICU staff when discussing options for treatment for a child newly diagnosed or suspected of having a development disability or delay.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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	
2010	3.0%	

#### Actual Target Data for FFY 2010: 1.94%

On December 1, 2010, 399 infants and toddlers, birth to age 36 months, (based on the 618 child count data) had an IFSP and were receiving early intervention services. This number reflected 1.94% of the District's population ages birth to 36 months ( $399/20,551 \times 100$ ) as compared to the national data of 2.82% ( $342,389/12,152,003 \times 100$ ). Data were collected via the ESST database that DC EIP implemented July 1, 2009. The database produces an Excel spreadsheet identifying all children who had a service on an IFSP.

## Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

The District's performance in FFY 2010 of 1.94% reflects an improvement over FFY 2009 in the number (331) and percentage (1.42%) 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 2010 of 3.0%.

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. In FFY 2010, DC EIP entered into a contract to launch a public awareness campaign. The public awareness campaign

<sup>&</sup>lt;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.

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includes a community outreach scope and this aspect of the campaign started in spring 2011. DC EIP and the public awareness contractor met with neonatal intensive care unit staff and other primary referral sources to: 1) remind them of the importance of referring a child for early intervention services; and 2) to brief them on the upcoming public awareness campaign. This activity alone increased referrals to DC EIP. The project which includes print, radio and television advertisement, re-branded the DC EIP as "Strong Start." Officially launched on September 26, 2011, Strong Start has had a big impact in a few short months it has been running. Appropriate referrals increased almost 30% in October 2011 and 22% in November 2011 when compared to data for October and November 2010.

As in the birth to one population, one of the sources from which DC EIP gets a large volume of referrals is the Child and Family Services Administration (CFSA), in fulfillment of their CAPTA requirement. All children with a substantiated case of abuse or neglect, between birth and 3 years of age, are referred to DC EIP.

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.

Due to these ongoing trainings and public awareness activities, DC EIP is likely to see a continued increase in the number of children birth to age 3 receiving 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:

	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 FFY 2005 – 2012 DC EIP, OSSE, DCPS, and Charter Schools	FFY 2010: Ongoing Regular meetings were held with DCPS to coordinate Child Find. DCPS was the recipient of a grant from the American Academy of Pediatrics to educate pediatricians on the importance of screening and referring a child to early intervention services.
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	FFY 2010: Ongoing This activity is still ongoing. A formal relationship has not yet been established, however, DC EIP has a close working relationship with the DOH Community Health Administration and its programs to receive referrals.
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	FFY 2010: Ongoing  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. In addition, DC EIP meets monthly with CFSA and the

	Improvement Activities	Timelines/Resources	Status
			Child Care Services Division within OSSE's 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 – through FFY 2012 DC EIP Staff; Public Awareness provider.	FFY 2010: Ongoing  DC EIP continues to train new staff at the Early Head Start centers across the District in the completion of the ASQ-3.  DC EIP child find grantees provide screenings at health fairs, mobile health vans and other community events. In addition, the recently launched public awareness campaign is finding new families. DC EIP has had an increase in referrals from all areas of the city.
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	FFY 2010: Ongoing  OSSE secured a vendor to support expansion of its early intervention public awareness campaign in FFY 2010. New materials have been developed and print, radio and television advertisements are on display across the city in English and Spanish. All information distributed to families is being translated into the mandatory languages of the District.

	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 2008-2012:  DC EIP Part C coordinator and Staff, DC Office of Contracts and Procurement and OSSE Grants Management Office.	FFY 2010: Ongoing The Human Care Agreement (HCA) is currently the primary contract vehicle for evaluation, direct care, and most recently, service coordination services. OSSE is in the process of converting the funding mechanism for child find service providers to HCAs.
7.	Provide access to the Ages and Stages Questionnaire – 3 (ASQ-3) and social emotional (ASQ-SE) to the general public.	August 2009 – Ongoing through FFY 2012 DC EIP staff	FFY 2010: Ongoing  The screening tools by Brookes Publishing company are parent led and allow parents or other caregivers with a concern about their infant or toddler to determine if the child is developing on par with his/her peers. Utilization of the tool will be aligned with new regulatory requirements as required by OSEP.
8.	Implement a public awareness campaign to inform and educate District residents about early intervention for infants and toddlers with development delays or disabilities.	October 2010- September 2011  DC EIP staff, Public Awareness Campaign Provider	FFY 2010: Ongoing The District officially launched its Strong Start – DC Early Intervention Program Campaign on September 26, 2011. The campaign features Casey the caterpillar in a new DC EIP logo. This re-branding of the Program is the first step in increasing name recognition and ensuring that DC EIP will be the first call a

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Improvement Activities	Timelines/Resources	Status
		concerned party makes involving a child with a developmental disability or delay. Information about DC EIP is available on transit ads, posters, on the radio, television, and at community outreach events. An online toolkit is available on the DC EIP website to assist community partners in providing information to caregivers.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

# 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
2010	100%

# Actual Target Data for FFY 2010: 96.9%

Measurement Categories	Number of Children
Timely IFSP evaluation, assessments, and initial IFSP meetings	111
Reason for Delay	
Not timely due to exceptional family circumstances (sick child or family member, missed or canceled appointments, etc.)	16
Medicaid delay	2
Provider delay	1

DC EIP delay	1
Total number of records	131

For FFY 2010, 127 children (111 timely plus 16 with documented family reasons), or 96.9% (127/131\*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  $(4^{th})$  quarter (4/1/11-6/30/11) of FFY 2010 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, 2011 and May 15, 2011. 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 <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

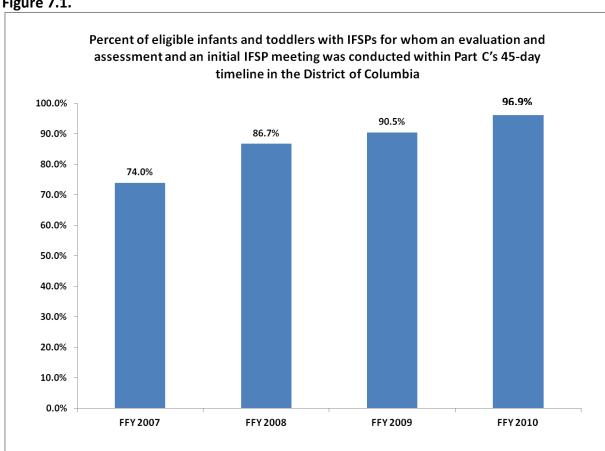
The District demonstrated progress for this indicator from 90.5% in FFY 2009 to 96.9% in FFY 2010. This upward trend has continued over the past 4 years with compliance increasing 22.2% from 74% to 96.9% (see Figure 7.1).

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

- 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 7.1.



When noncompliance in FFY 2010 was analyzed, 2 instances of noncompliance were attributed to MCOs, 2 to outside providers, and 1 instance to DC EIP staff. Letters of finding were issued with specific corrective actions. Each agency was responsible for 1 of 5 instances of delay. Correction of noncompliance for these findings will be reported in the State's FFY 2011 APR due February 1, 2013. DCHF was not issued a finding; however, the current MOA ensures that the MCOs will be required to provide appropriate compensatory services for each child out of compliance.

# **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.	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	FFY 2010: Ongoing  Conducted monthly meetings throughout the year and completed training for all providers, in-house staff and evaluation sites. With the addition of the Initial Service Coordinator (see # 9 below), families are much more informed of Part C requirements and eligibility determination.
2.	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	FFY 2010: Ongoing  Monthly meetings continued in FFY 2010. 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.
3.	Part C Coordinator will meet with staff to conduct ongoing reviews of state data for this	Effective February 2008 – FFY 2012	FFY 2010: Ongoing  Data are reviewed on a

	Improvement Activity	Timelines & Resources	Status
	indicator.	Part C Coordinator and staff	monthly basis with staff and providers to track performance.
4.	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 MSRRC	FFY 2010: Ongoing  DC EIP worked closely with MSRRC and NECTAC on this activity. New procedures were developed and as a result new forms for evaluation reporting were developed. In addition, with the development of plans to pilot the Initial Service Coordinator model (see #9 below), procedures and practices were streamlined to ensure evaluation providers, intake assistants and service coordinators were all clear trained on DC EIP policies and how to properly implement them.
5.	Explore offering incentive to evaluation providers for consistently providing timely evaluations.	Effective June 2008 – FFY 2012 Part C Coordinator and staff; ECE; NECTAC	FFY 2010: Ongoing  Providers who are consistently providing timely evaluations are recognized at the monthly provider meetings. Other forms of incentives are currently being reviewed.
6.	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	FFY 2010: Ongoing  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

	Improvement Activity	Timelines & Resources	Status
			policies and procedures. Ongoing technical assistance is being provided to ensure compliance.
7.	The Part C Coordinator will be	Effective March 2008 –	FFY 2010: Ongoing
	actively engaged in meetings	FFY 2012	Ongoing TA meetings and
	with evaluation providers to ensure the provision of technical assistance and training on timely completion of 45-day timeline requirements.	Part C Coordinator and staff	trainings with evaluation providers and contractors were held monthly in FFY 2010.
8.	Part C Coordinator will meet	Effective February 2008	FFY 2010: Ongoing
	with staff to conduct regular reviews of state data.	– FFY 2012	Data are reviewed on a
		Part C Coordinator and	monthly basis with staff and
		Staff	providers to track performance.
9.	Consider implementation of	July 2011 – ongoing	FFY 2010: Ongoing
	Initial Service Coordinator model.	Part C Coordinator and	The Initial Service
	model.	Staff, MSRRC, NECTAC	Coordinator model was piloted in FFY 2010 and was
			very successful. DC EIP is
			currently in the process of
			implementing the model on
			a full scale in FFY 2012.
			Additional staff are being
			trained in Spring 2012.

# Correction of Noncompliance on FFY 2009 data reported in the APR submitted February 1, 2011:

OSSE reported a 90.5% 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 2009, 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 September 30, 2010.

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 specific corrective actions be completed by January 28, 2011.

OSSE ensures that for this provider with identified noncompliance in FFY 2009, correction of noncompliance was verified within twelve months of the finding issued in FFY 2010. OSSE has verified that for this provider who had noncompliance reflected in the data reported for this indicator in FFY 2009 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 all 6 children for whom the 45-day timeline was not met, consistent with OSEP Memo 09-02.

Noncompliance for this indicator was verified by September 30, 2011 at which time the provider was released from their CAP.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

8.	Deletion  Part C Coordinator will meet with staff to conduct	Effective February 2008 – FFY 2012
	regular reviews of state data.	Part C Coordinator and Staff
	<u>Justification</u>	
	Duplicate of number 3 above.	

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

Account for untimely transition conferences, including reasons for delays.

FFY		Measurable and Rigorous Target	
2010	a. 100%	b. 100%	c. 100%

#### **Actual Target Data for FFY 2010:**

- A) 100% (52/52\*100) children exiting Part C had an IFSP with transition steps and services.
- B) **100%** (52/52\*100) children exiting Part C, who were potentially eligible for Part B had LEA notification.
- C) 86.5% (45/52\*100) children exiting Part C received a timely transition conference.

#### **Indicator 8A**

8A - Measurement Categories	Number of Children
Number of children with transition steps and services	52
Number of children without transition steps and services	0
Total number of records	52

#### **Indicator 8B**

8B - Measurement Categories	Number of Children
Number of children who were potentially eligible for Part	52
B had LEA notification.	52
Number of children who were potentially eligible for Part	0
B that did not have LEA notification.	
Total number of records	52

#### **Indicator 8C**

8C – Measurement Categories	Number of Children
Number of children with timely transition conference	44
Reason for Delay	
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.)	1
DC EIP Delay	6
Provider	1
Total number of records	52 <sup>2</sup>

Data were collected primarily from the DC EIP Early Steps and Stages Tracker (ESST). The District chose the fourth ( $4^{th}$ ) quarter of FFY 2010 (April 1, 2011 – June 30, 2011) 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.

<sup>&</sup>lt;sup>2</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.

- APR development for indicator 8A (IFSPs with Steps and Services) includes all Part C 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. In the event that a parent declines a transition conference, a separate referral is sent to the LEA. 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 <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

**Indicator 8A**: The District is reporting progress for 8A for this reporting period from 93% in FFY 2009 to 100% in FFY 2010. Progress is attributed to increased training and technical assistance for transition. OSSE has worked very closely with the LEA of record, DC Public Schools (DCPS), in the District to develop shared guidelines to ensure a smooth and effect transition for all Part C children. To this end, multiple training opportunities have been provided to both DC EIP and DCPS staff.

Indicator 8B: The District is reporting progress from 93% compliance in FFY 2009 to 100% compliance in FFY 2010 for notification to the LEA of children potentially eligible for Part B services. Progress is attributed to new procedures that have been developed and implemented to ensure that notification to the LEA of potentially eligible children 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. Specifically, a referral form was developed for service coordinators to submit to the LEA in place of the transition meeting invitation.

*Indicator 8C:* The District's performance showed progress from FFY 2009 (85.7%) to FFY 2010 (86.5%) for indicator 8C. Of the 7 children whose transition planning conference were delayed:

- One (1) was due to failure of provider staff to schedule the meeting timely.
- Six (6) children were referred to DC EIP between 118 and 94 days prior to their 3<sup>rd</sup> birthday, which did not provide adequate time for eligibility to be determined and the IFSP and transition to occur greater than 90 days prior to age 3.

In order to address the noncompliance in FFY 2010, OSSE issued a finding to DC EIP and one early intervention provider for noncompliance on indicator 8C with specific corrective actions. OSSE will report on the verification of correction of this noncompliance in its FFY 2011 APR due February 1, 2013.

# **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.	Implement Transition Service Coordinator model to facilitate transition planning conferences for children entering late.	Effective July 2010 and ongoing through FFY 2012  DC EIP Staff	FFY2010: Ongoing  A bilingual of Transition Service Coordinator has been added to the DC EIP staff to facilitate transition meetings for children entering DC EIP at age 2 years 6 months and older. This position streamlines the process for these families and ensures that transition meetings will be held at the same time as the initial IFSP meeting.

2. 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.

October 2010 – FFY 2012

DC EIP Staff; DCPS Early Stages Staff; Public Charter School Board; Community Stakeholders; Parents FFY2010: Ongoing

Transition guidelines have been developed, disseminated, and implemented. With the promulgation of new federal Part C regulations and the revision of the local District of Columbia regulations, these guidelines will be revised in FFY 2011-2012.

# Correction of Noncompliance on FFY 2009 data reported in the APR submitted February 1, 2011:

Indicator 8A: In FFY 2009 OSSE reported performance of 93% for children having steps and services on their IFSP. The noncompliance was analyzed to determine responsibility and the reason for delay. 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. DC EIP was issued findings on September 30, 2010 with specific corrective actions to be completed by January 28, 2011.

Based on noncompliance identified in FFY 2009, 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; 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.

Noncompliance for this indicator was verified by September 30, 2011 at which time the Program was released from their CAP.

**Indicator 8B:** In FFY 2009 OSSE reported 93% performance for Indicator 8B. The noncompliance was analyzed to determine responsibility and the reason for delay. 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. DC EIP was issued findings on September 20, 2010, with specific corrective actions to be completed by January 28, 2011.

Based on noncompliance identified in FFY 2009, OSSE has verified that DC EIP: : (1) is correctly implementing the LEA notification requirements (i.e., achieved 100% compliance) in IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.148(b)(1) based on a review of updated data subsequently collected through ESST data system; and (2) has provided notification to the LEA for each child, unless the child is no longer within the jurisdiction of DC EIP, consistent with OSEP Memo 09-02.

Noncompliance for this indicator was verified by September 30, 2011 at which time the Program was released from their CAP.

**Indicator 8C:** In FFY 2009 OSSE reported performance of 85.7% for children having timely transition conferences. The noncompliance was analyzed to determine responsibility and the reason for delay. 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.

DC EIP was issued findings on September 30, 2010, with specific corrective actions to be completed by January 28, 2011.

Based on noncompliance identified in FFY 2009, OSSE has verified that DC EIP has conducted a transition conference, although late, for all children who were potentially eligible for Part B and whose transition conference was not timely, consistent with OSEP Memo 09-02. A subsequent review of data in the ESST has been conducted to verify that DC EIP 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 conference. The transition conferences for all the children identified in the subsequent review did not meet the timeliness requirement. OSSE will continue to review subsequent data for this indicator on a quarterly basis to determine if DC EIP is demonstrating 100% compliance.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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).

FFY	Measurable and Rigorous Target
2010	100%

Actual Target Data for FFY 2010: 100%

#### <u>Database Review</u>

In FFY 2009, OSSE issued 1 finding of noncompliance identified from data analyzed to determine compliance for the FFY 2008 annual performance report (APR). This provider was 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 December 7, 2009.

The letter of finding detailed the data used to determine the finding, the extent of the noncompliance, and the IDEA citations related to the noncompliance. OSSE required that a corrective action plan (CAP) be completed, signed, and returned within 30 days. The CAP mandated evidence of change with required submission of improvement and correction data. The Provider returned the CAP on January 7, 2010. The Provider was given 1 year to fulfill the requirements of their CAP.

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#### **Onsite Monitoring**

In FFY 2009, OSSE issued 13 findings of noncompliance identified from onsite monitoring conducted on April 27-30, 2010 to DC EIP and one early intervention Provider.

The monitoring reports included the monitoring workbook used to conduct the monitoring visit. The workbook detailed the data used to determine the finding, the extent of the noncompliance (including child and program level), and the IDEA citations related to the noncompliance. OSSE required that specific corrective actions be completed and verified by a Program official, then returned by December 17, 2010. These corrective actions ensured that DC EIP and its provider would meet the two prongs of OSEP memo 09-02 by correcting all child level noncompliance, although late, unless the child was no longer enrolled in early intervention services; and that each program was correctly implementing the specific regulatory requirements by demonstrating 100% compliance on subsequent data.

Describe the specific actions that the State took to verify the correction in FFY 2010 of findings of noncompliance identified in FFY 2009:

### **Database Review**

OSSE ensures that for the provider with identified noncompliance in FFY 2008 performance, correction of noncompliance was verified within twelve months of the finding issued in FFY 2009. The following are specific actions taken to verify correction of noncompliance:

- Review of the early intervention record for all five (5) 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 Early Steps and Stages Tracker (ESST);
- 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 May 10, 2010 at which time the providers were released from their CAP. The FFY 2009 C-9 worksheet below details the compliance reported for this indicator.

### **Onsite Monitoring**

#### Little Feet and Hands, Inc.

OSSE ensures that for its service provider, Little Feet and Hands, Inc., whose identified noncompliance in FFY 2009 performance, correction of noncompliance was verified within twelve months of the finding issued in FFY 2009. The following are specific actions taken to verify correction of noncompliance:

- Review of the early intervention record for all seven (7) children whose early intervention records were out of compliance due to data entry errors, the provider made the required corrections;
- Review of the submitted documents specified in the workbook for evidence of change including: completion of focused training and technical assistance to staff responsible for data entry;
- The Provider submitted a policy stating that they would retain financial records for 5 years in accordance with DCMR §80.42 DC Standard Contract Provisions, Program Retains Financial Records for 5 Years; and
- The Provider demonstrated correction through submission of 6 months of invoices by the 20<sup>th</sup> of the month in accordance with 34 CFR §303.526(a).

All correction of noncompliance was verified by January 26, 2011 at which time the providers findings were closed.

#### DC EIP

OSSE ensures that for the DC EIP whose identified noncompliance in FFY 2009 performance, correction of noncompliance was verified within twelve months of the finding issued in FFY 2009. The following are specific actions taken to verify correction of noncompliance:

- Review of the early intervention record for all thirty (30) children whose early intervention records were out of compliance, DC EIP made the required corrections;
- Subsequent database review of children referred to verify that providers were correctly
  completing early intervention records (i.e. achieved 100% compliance). The subsequent
  review revealed that all children's records were completed correctly; and

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 Review of the submitted documents specified in the workbook for evidence of change including: updated data for compliance indicators; completion of focused training and technical assistance; improvement in service coordination practices; and root cause analyses.

All correction of noncompliance was verified by December 20, 2010 at which time the providers findings were closed.

The FFY 2009 C-9 worksheet below details the compliance reported for this indicator.

# FFY 2009 C-9 Worksheet

ı	ndicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncomplianc e identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncomplianc e 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	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	IFSPs in a timely manner	Dispute Resolution: Complaints, Hearings	0	0	0
2.	Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the	Monitoring Activities: -Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	home or community-based settings	Dispute Resolution: Complaints, Hearings	0	0	0
3.	3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes  3. Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other		1	3	3
	Dispute Resolution: Complaints, Hearings		0	0	0
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

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Indicator/Indicate Clusters	r General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncomplianc e identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncomplianc e from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings	0	0	0
<ul><li>5. Percent of infant and toddlers bird to 1 with IFSPs</li><li>6. Percent of infant and toddlers bird</li></ul>	Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or	0	0	0
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 Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or		1	1
initial IFSP meeting were conducted within Part C's 45- day timeline.  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		1	1	1

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncomplianc e identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncomplianc e 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	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
transition to preschool and other appropriate community services by their third birthday including:  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 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncomplianc e identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncomplianc e 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	children exiting Part C who received timely transition planning to support the child's  Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other		0	0
preschool and other appropriate community services by their third birthday including:  C. Transition conference, if child potentially eligible for Part B.	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: 34 CFR §303.540 – Date of transition conference in file is same as date of	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	2
transition conference in database.	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: Self-Assessment/ Local APR, Data Program Submits Invoices by the 20th of Subsequent Month. On-Site Visits, or Other		1	1	1

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncomplianc e identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncomplianc e from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: DCMR §80.42 – DC Standard Contract Provisions, Program Retains Financial	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
Records for 5 Years	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: 34 CFR §303.540 – Date of initial referral in file is the same as data of initial referral in database.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
OTHER AREAS OF NONCOMPLIANCE: 34 CFR §303.540 – Date of Initiation of Services In File Same As Date In Database.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other		2	2
	Dispute Resolution: Complaints, Hearings			

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2009 (7/1/09 through 6/30/10)	(a) # of Findings of noncomplianc e identified in FFY 2009 (7/1/09 through 6/30/10)	(b) # of Findings of noncomplianc e from (a) for which correction was verified no later than one year from identification
OTHER AREAS OF NONCOMPLIANCE: 34 CFR §303.540 – Date of signed IFSP in file is same as date of signed IFSP in database.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	0
Sum the numbers down	Column a and Column b		14	14

Percent of noncompliance corrected within one year of identification = **100%** (**14/14\*100**) (column (b) sum divided by column (a) sum) times **100**)

# Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that Occurred for FFY 2010:

The District is reporting 100% compliance for this indicator in FFY 2010, compared with 100% in FFY 2009. OSSE issued one (1) letter of finding in FFY 2009 and two monitoring reports with a total of 13 findings. The letter was from a database review and the two monitoring reports were from onsite monitoring. DC EIP was issued findings from onsite monitoring and one early intervention provider, Little Feet and Hands, Inc, was issued findings from the database review as well as from onsite monitoring. Individual instances of noncompliance in the early intervention program/provider involving the same legal requirement were grouped together as one finding.<sup>3</sup>

The early intervention Provider successfully completed their CAP from the database review as well as all specific corrective actions from the onsite monitoring visit. In addition, all mandated corrective actions based on the onsite monitoring visit were corrected. These corrections were subsequently verified though a review of additional data by the Quality Assurance Monitoring Division (QAM) within the OSSE's Division of Special Education.

DC EIP also successfully completed all required corrective actions based on the monitoring visit. The Program continues to work diligently on its improvement activities in an effort to its targets. The District continued to receive technical assistance from MSRRC Regional Resource Center (MRRSC), the National Early Childhood Technical Assistance Center (NECTAC) and the Data Accountability Center (DAC) in FFY 2010.

# **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 – 2012 Part C staff	FFY 2010: Ongoing This activity is ongoing. El Specialists are currently contacting families monthly.
2.	EI Specialists facilitate IFSP meetings for children on their service coordination	Ongoing 2005 – 2012 Part C staff	FFY 2010: Ongoing  This activity is ongoing. El  Specialists meet on a weekly

<sup>&</sup>lt;sup>3</sup> Frequently Asked Questions Regarding Identification and Correction of Noncompliance and Reporting on Correction in the SPP/APR" dated 9/3/08.

	Improvement Activity	Timelines & Resources	Status
	caseload to ensure compliance with Part C requirements.		basis to review caseloads and identify and correct any systemic issues.
3.	Track, review and certify provider invoices for payment.	Ongoing 2005 – 2012 Part C staff	FFY 2010: Ongoing  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 Fiscal Policy Unit and improvements are made to
			the process as necessary. In FFY 2010, improvements in the timeliness of payments to vendors were significantly increased.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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
2010	100%

# Actual Target Data for FFY 2010: N/A

The District did not receive any signed written complaints related to alleged Part C IDEA violations in FFY 2010.

# Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

No complaints were received in FFY 2010. However, the District ensures awareness of the complaint process through several different avenues:

- The IFSP form requires written acknowledgement that family rights were reviewed with families during the meeting;
- Rights are reviewed with the families at every meeting prior to discussing the child's IFSP;
- 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.

APR - Part C <u>District of Columbia</u> State

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: Based on current performance on this indicator, no revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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
2010	100%

#### Actual Target Data for FFY 2010: N/A

The District did not receive any due process hearing requests related to alleged Part C IDEA violations in FFY 2010.

# Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

No requests for due process hearings were received in FFY 2010. 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.

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 2011:

Based on current performance on this indicator, no revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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
2010	100%

### Actual Target Data for FFY 2010: N/A

The District did not receive any due process hearing requests related to alleged Part C IDEA violations in FFY 2010.

# Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

No due process requests were received in FFY 2010. 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.

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, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Based on current performance on this indicator, no revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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
2010	100%

## Actual Target Data for FFY 2010: N/A

The District did not receive any requests for mediation related to alleged Part C IDEA violations in FFY 2010.

# Discussion of Improvement Activities Completed <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

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.

# Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Based on current performance on this indicator, no revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

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
2010	100%

#### Actual Target Data for FFY 2010: 100%

The District's data submissions for FFY 2010 were both timely and accurate. 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 <u>and</u> Explanation of Progress or Slippage that occurred for FFY 2010:

The District is reporting continued progress for this indicator for FFY 2010. The District has achieved 100% compliance on this indicator. 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. 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	
		Subtotal	30	
APR Score Calculation	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 1, 2010)		5	
Calculation	<b>Grand Total</b>	35		

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

Indicator 14 - 618 Data					
Table 3 –					
Exiting					
Due Date:	1	1	1	N/A	3
11/1/09					
Table 4 –					
Dispute					
Resolution					
Due Date:	1	1	1	N/A	3
11/1/09					
				Subtotal	14
			Weighted Tota	al (subtotal X 2.5;	
			round ≤ .49 de	own and ≥ .50 up	35
			to whole number)		
Indicator # 14 Cal	culation				
			A. APR Total	35	35
			B. 618 Total	35	35
			C. Grand	70	70
			Total	70	70
Percent of tin (C divide	nely and accued by 70 time		70 / (7	(0) 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:

	Improvement Activity	Timelines & Resources	Status
1.	Implement review of all DC EIP data requirements to ensure consistency in method and analysis.	FFY 2009 – FFY 2012 DC EIP staff; DSE Data Unit	FFY 2010: Ongoing  All DC EIP data are subject to verification by the Division of Special Education's Data  Verification Unit. This procedure ensures that valid and reliable data are published.
2.	Continue to process DC EIP state complaints through the	Ongoing, FFY 2009 – FFY 2012	FFY 2010: Ongoing

APR - Part C <u>District of Columbia</u> State

Improvement Activity	Timelines & Resources	Status
OSSE State Complaint office managed by the Quality Assurance and Monitoring (QAM) Unit.	DSE Quality Assurance and Monitoring Unit	DC EIP received no state complaints in FFY 2010.

Revisions, <u>with Justification</u>, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Based on current performance on this indicator, no revisions to targets, improvement activities, timelines or resources are proposed for this indicator for FFY 2011.

# ANNUAL REPORT CERTIFICATION OF THE INTERAGENCY COORDINATING COUNCIL UNDER PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Under IDEA Section 641(e)(1)(D) and 34 CFR §303.654, the Interagency Coordinating Council (ICC) of each jurisdiction that receives funds under Part C of the IDEA must prepare and submit to the Secretary of the U.S. Department of Education (Department) and to the Governor of its jurisdiction an annual report on the status of the early intervention programs for infants and toddlers with disabilities and their families operated within the State. The ICC may either: (1) prepare and submit its own annual report to the Department and the Governor, or (2) provide this certification with the State lead agency's Annual Performance Report (APR)<sup>1</sup> under Part C of the IDEA. This certification (including the annual report or APR) is due no later than February 1, 2012.

On behalf of the ICC of the State/jurisdiction of Autual 3	Columbia, 1
hereby certify that the ICC is: [please check one]	

- 1. [ ] Submitting its own annual report (which is attached); or
- Using the State's Part C APR for FFY 2010 in lieu of submitting the ICC's own annual report. By completing this certification, the ICC confirms that it has reviewed the State's Part C APR for accuracy and completeness.<sup>2</sup>

I hereby further confirm that a copy of this Annual Report Certification and the annual report or APR has been provided to our Governor.

Signature of ICC Chairperson

Date

MAUDER HOLT 899 N. CAPITOL ST. NE, Ry 600

maude holte da Tou

Address or e-mail

202) 724 2491

Daytime telephone number

<sup>1</sup> Under IDEA Sections 676(b)(2)(C)(ii)(II) and 642 and under 34 CFR §80.40, the lead agency's APR must report on the State's performance under its State performance plan and contain information about the activities and accomplishments of the grant period for a particular Federal fiscal year (FFY).

<sup>2</sup> If the ICC is using the State's Part C APR and it disagrees with data or other information presented in the State's Part C APR, the ICC must attach to this certification an explanation of the ICC's disagreement and submit the certification and explanation no later than February 1, 2012.