DC
Part C

FFY2014
State Performance Plan / Annual Performance Report

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

Executive Summary:

The District of Columbia Office of the State Superintendent of Education (OSSE), Division of Early Learning, DC Early Intervention Program (DC EIP), hereinafter referred to as the District, is the District of Columbia's designated Lead Agency for administering Part C of the Individuals with Disabilities Education Act of 2004 (IDEA), including the 2011 Part C regulations. One key initiative that was implemented in FFY 2014 was the State Option to Make Services Under Part C Available to Children Age Three and Older. With parental consent, DC EIP now serves children until the first day of school following their fourth birthday and is only one of two states currently serving children over age three.

The State Performance Plan/Annual Performance Report (SPP/APR) for FFY 2014 details the work of DC EIP toward improving outcomes of infants and toddlers with developmental delays and disabilities and their families. This SPP/APR is due February 8, 2016 and covers the federal fiscal year (FFY) 2014 (July 1, 2014 - June 30, 2015). It is divided into 8 results and 3 compliance national indicators. 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.

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General Supervision System:

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

In the District of Columbia, OSSE is the lead agency for purposes of the Individuals with Disabilities Education Act (IDEA) Part C. IDEA requires that the lead agency have a system of general supervision that has multiple mechanisms to support and oversee the Early Intervention system. The lead agency is responsible for administering the grant and for monitoring the implementation of IDEA Part C. As such, the lead agency conducts monitoring activities and makes annual determinations on compliance about the performance of each EI program as a means of ensuring compliance with IDEA Part C. The lead agency also publicly reports annually on the performance of the lead agency. The primary focus of the lead agency's monitoring activities is on improving outcomes for all infants and toddlers with disabilities and their families while also ensuring that EI programs meet the requirements of IDEA Part C.

OSSE's monitoring approach is outcome oriented. To achieve the desired performance results, it is critical that OSSE work collaboratively with EI programs and engage in shared accountability practices that will maximize success for all infants and toddlers with disabilities. Accountability practices include: database reviews, on-site compliance monitoring, record reviews, dispute resolution activities (i.e due process hearings, state complaints and mediation), annual review of service provider contract provisions and audit findings reviews.

OSSE's monitoring system identifies noncompliance with the ultimate goal of improving outcomes for all infants and toddlers with disabilities and their families. Also, while monitoring activities must, by federal law, examine compliance issues, OSSE has very deliberately structured its monitoring approach in such a way that the broader themes of IDEA – services in the natural environment, parent support, improved performance, and teamwork – are emphasized through a review of and response to, data in these areas. A critical component of early intervention services is the role of the service coordinator as the advocate and coach for the child and family. Programs in the DC Early Intervention system are responsible for a child's service coordination. Findings noncompliance are ascribed to the agency providing service coordination for the child at the time the noncompliance occurred. All child record reviews examine the most current IFSP and child information available.

A key feature of OSSE's system of general supervision is the direct linkage between monitoring activities and technical assistance and professional development. DC EIP contracts with the Georgetown University Center for Child and Human Development (GUCCHD) to provide targeted training and technical assistance (T&TA) to Early Intervention

Programs throughout the year and is responsible for conducting the guided self-assessment process. DC EIP also conducts targeted trainings to determine gaps and additional needs for providers, service coordinators and intake specialists.

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Technical Assistance System:

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

OSSE requires all evaluation, direct service, and service coordination personnel to complete a series of training modules (Contemporary Practices in Early Intervention) on working with infants and toddlers with disabilities and developmental delays and their families. The training also includes an overview of IDEA and its related requirements. Trainings are generally conducted on an interdisciplinary basis. In addition, targeted technical assistance is provided to evaluation and direct service providers, primary referral sources, paraprofessionals, and service coordinators. OSSE ensures that the training provided helps:

- Stakeholders understand the basic components of early intervention services available in District;
- Providers and families to meet the interrelated social/emotional, health, developmental, and educational needs of eligible children under IDEA, Part C;
- Assist families in enhancing the development of their children, and in fully participating in the development and implementation of IFSPs; and
- Train personnel to coordinate transition services from DC EIP to a Part B preschool program or other appropriate service.

All service personnel must complete the series of online training modules on early intervention practices prior to receiving a referral for service. DC EIP also conducts monthly training sessions that are mandatory for all service coordination, evaluation and direct services providers. Technical assistance is required for programs or providers that the monitoring system identifies as demonstrating persistent noncompliance in an identified area. Any provider needing assistance can request a personalized on-site or field training to ensure that appropriate procedures or evaluation/assessment protocols are being followed. OSSE is providing targeted technical assistance in the form of coaching for special instructors; a mentoring program for service coordinators; and routines based interview training for service coordinators, as well as evaluation and direct service providers.

As required by OSEP’s letter responding to the District’s submission of its FFY 2013 APR, OSSE has utilized technical assistance by several federal contractors. Throughout FFY 2014 and 2015, the Early Childhood Technical Assistance Center (ECTA) has assisted DC EIP in convening discussions between among stakeholders for the purposes of developing the State Systemic Improvement Plan (SSIP). The IDEA Data Center (IDC) was instrumental in assisting with review and development of the evaluation plan for the SSIP and also for the Annual Performance Report (APR). The Center for IDEA Early Childhood Data Systems (DaSy) has continued to provide guidance on the new Part C database. DC EIP will continue to access technical assistance from these OSEP funded centers in the upcoming fiscal year as we continue to develop Phases 3 of the SSIP and when progress is reported on the State Identified Measurable Result (SIMR).

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Professional Development System:

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

OSSE's Comprehensive System of Personnel Development (CSPD) includes a partnership with Georgetown University to offer

an Early Intervention Certificate Program which accepts 20 students annually. The training prepares students to: assess and promote social, emotional, developmental, and behavioral health of infants, toddlers, and young children in partnership with families in the context of their community; identify developmental, behavioral, and social emotional delays and disorders early; intervene effectively using evidence-based knowledge and practices; develop and manage effective systems of supports and service. The minimum requirements for entry into this ten-month certificate program which combines on-line and classroom based learning activities are: a degree in an early childhood discipline such as physical therapy, occupational therapy, speech language pathology, psychology, special education, social work, early childhood education, etc.; and at least one year of professional experience serving vulnerable children and families.

In addition to the above program, OSSE's professional development system:

- Offers internships to undergraduates;
- Promotes the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
- Includes an online training curricula covering early intervention basics, evaluation and assessment of children with disabilities, service coordination, and specialized services (e.g. hearing impairment, autism);
- Provides on-going support to service coordinators and service providers through quarterly meetings that include (based on needs assessment focus groups) in-service training, case discussions, problem based discussions, etc.;
- Maintains an on-going electronic communication network for service providers and services coordinators; and
- Provides a variety of free trainings catered toward the needs of the EI community.

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Stakeholder Involvement: ☑ apply this to all Part C results indicators

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

OSSE ensures that stakeholders and the public are engaged in its activities through a variety of measures. A sampling of these include: regular meetings of the Interagency Coordinating Council, monthly meetings with providers and partner agencies, and regular communications to stakeholders. Together, these tools create a feedback loop which allows for continuous improvement with stakeholder involvement.

Prior to submission of the SPP/APR in 2015 stakeholders met to provide input on targets on the SPP indicators for 2018. OSSE met in October 2015 with the ICC, EIS Programs and Medicaid partners to discuss FFY 2014 performance as well as assessing the impact of other new initiatives in the District, such as the MIECHV Home Visiting Program and the Early Head Start Child Care Partnership Quality Improvement Network.

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Reporting to the Public:

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

The District reported to the public on the FFY 2013 performance on the targets in the SPP/APR by publishing the Annual Performance Report (APR) on OSSE's website at:http://osse.dc.gov/publication/ffy-2013-annual-performance-report-%E2%80%93-part-c. There are no revisions to the District's SPP that was submitted in February 2015 as part of the FFY 2013 SPP/APR.

A complete copy of the SPP can be found at: http://osse.dc.gov/publication/ffy-2013-annual-performance-report-%E2%80%93-part-c.

In accordance with 34 CFR §303.702(b)(1)(i)(A), OSSE posted the performance of each early intervention program located in the District on the targets in the SPP/APR: http://osse.dc.gov/publication/report-public-part-c-ffy-2013.

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Actions required in FFY 2013 response

None

OSEP Response

The State's determinations for both 2014 and 2015 were needs assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 30, 2015 determination letter informed the State that it must report with its FFY 2014 SPP/APR submission, due February 1, 2016, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

The Department imposed Department-wide Special Conditions on all grants issued to the State, including the State's IDEA Part C grant award, for FFY 2015.

Required Actions

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		37.00%	69.00%	86.00%	81.00%	84.80%	86.60%	84.60%	88.90%	92.21%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
614	790	92.21%	100%	85.82%

Explanation of Slippage

For purposes of this Indicator, “timely manner” is defined as within 30 days of the parent-provided consent as indicated by the signed IFSP.

The District is reporting slippage for this indicator in FFY 2014 (85.82%) as compared to FFY 2013 (92.21%). Timely services are reported for 614 children, including sixty-four (64) children counted as timely because services were delayed due to exceptional family circumstances. Of the 790 infants and toddlers with IFSPs, 14.2 percent (112 children) did not receive their services in a timely manner because of provider agency and DC EIP delays.

DC EIP experienced a shortage in the number of service coordinators and providers. To address the noncompliance, OSSE is piloting a new coaching model for special instructors and a mentoring program for service coordinators. In an effort to recruit more direct service providers, DC EIP is holding a provider fair in conjunction with the District's managed care organizations (MCOs).

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)	64

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

- State monitoring
- State database

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

from the full reporting period).

Full FFY 2014 (7/1/14 – 6/30/15) reporting period.

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

The full FFY 2014 (7/1/14 – 6/30/15) reporting period was used to calculate the data for this indicator.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4	0	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

Findings of noncompliance were issued to 3 providers. One provider received 2 findings - one from database monitoring and the other from onsite monitoring. During FFY 2014, One provider stopped providing ongoing service coordination services and OSSE therefore no longer needed to verify that the provider was correctly implementing the regulatory requirements.

For the remaining 2 providers, OSSE conducted a subsequent review of data on April 4, 2014 and May 15, 2014 to verify that these 2 providers were correctly implementing the timely service provision requirements (i.e.100% compliance) as required by 34 CFR §§303.342(c), 303.343(b), and 303.344(f)(1).

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

Findings of noncompliance were issued to 3 providers. One provider received 2 findings - one from database monitoring and the other from onsite monitoring.

Based on a subsequent review of data, OSSE verified that these 3 providers who had noncompliance reflected in the data reported for this indicator in FFY 2013 had met the regulatory requirement by:

Ensuring 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. This memo outlines the steps states must follow to ensure that programs are verifying correction of noncompliance for both individual cases of noncompliance and at the system level by correctly implementing the regulatory requirements.

OSEP Response

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

In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Required Actions

Indicator 2: Services in Natural Environments

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥				93.00%	94.50%	94.50%	95.00%	95.00%	95.00%	95.00%
Data		55.00%	96.00%	89.00%	81.90%	93.40%	91.40%	85.70%	96.10%	98.04%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	95.10%	95.20%	95.30%	95.40%	95.50%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	628	
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Total number of infants and toddlers with IFSPs	635	

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of infants and toddlers with IFSPs	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
628	635	98.04%	95.10%	98.90%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A1	2008	Target ≥						75.00%	75.00%	75.10%	75.20%	60.50%
		Data					75.00%	95.90%	95.50%	74.80%	58.20%	64.32%
A2	2008	Target ≥						31.40%	31.40%	31.50%	31.60%	60.00%
		Data					31.00%	21.30%	50.00%	68.10%	55.50%	62.29%
B1	2008	Target ≥						71.40%	71.40%	71.50%	71.60%	46.50%
		Data					71.00%	93.30%	85.80%	73.60%	62.60%	46.90%
B2	2008	Target ≥						35.70%	35.70%	35.80%	35.90%	41.00%
		Data					36.00%	13.30%	33.30%	46.10%	49.80%	41.75%
C1	2008	Target ≥						80.00%	80.00%	80.10%	80.20%	65.50%
		Data					80.00%	86.50%	78.70%	77.40%	67.70%	67.13%
C2	2008	Target ≥						44.30%	44.30%	44.30%	44.40%	65.00%
		Data					44.00%	12.00%	35.80%	57.90%	60.40%	68.35%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A1 ≥	63.50%	66.50%	69.50%	72.50%	75.50%
Target A2 ≥	62.00%	64.00%	66.00%	68.00%	70.00%
Target B1 ≥	51.50%	56.50%	61.50%	66.50%	71.50%
Target B2 ≥	43.00%	45.00%	47.00%	49.00%	51.00%
Target C1 ≥	68.50%	71.50%	74.50%	77.50%	80.50%
Target C2 ≥	67.00%	69.00%	71.00%	73.00%	75.00%

Key:

Explanation of Changes

During our stakeholder meetings in January 2015, the stakeholders recommend the target for A2 for 2018 be 70%. The lead agency accepted this recommendation. It was missing online and has been re-inserted.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

Enter additional information about stakeholder involvement

FFY 2014 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	281.00

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	6.00	2.14%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	31.00	11.03%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	48.00	17.08%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	149.00	53.02%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	47.00	16.73%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	197.00	234.00	64.32%	63.50%	84.19%
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	196.00	281.00	62.29%	62.00%	69.75%

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

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	4.00	1.42%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	64.00	22.78%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	43.00	15.30%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	132.00	46.98%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	38.00	13.52%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	175.00	243.00	46.90%	51.50%	72.02%
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	170.00	281.00	41.75%	43.00%	60.50%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Infants and toddlers who did not improve functioning	2.00	0.71%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	36.00	12.81%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	22.00	7.83%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	139.00	49.47%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	82.00	29.18%

	Numerator	Denominator	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).	161.00	199.00	67.13%	68.50%	80.90%
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).	221.00	281.00	68.35%	67.00%	78.65%

Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? No

Provide the criteria for defining "comparable to same-aged peers" and list the instruments and procedures used to gather data for this indicator.

The District utilized the Assessment, Evaluation, and Programming System for Infants and Children interactive (AEPSi) to capture the entry and exit data for children participating in early intervention. The AEPSi is a curriculum-based assessment used to determine progress towards developmental and IFSP goals. The system is designed to provide OSEP Child Outcomes information based on a child's progress. AEPSi uses empirically derived cutoff scores to determine if a child is typically developing or has a delay. If a child's AEPSi score is above the cut off, the child is determined as not having delayed development and is performing at the level of same-age peers. AEPSi was aligned with OSEP Indicator #3 in the fall of 2005, and the crosswalk was validated in January 2006. The crosswalk was again validated in July 2010, and minor modifications were made. Data analysis conducted with ECO in 2010 allowed the AEPSi Test scores to be empirically aligned with the ECO 7-point Summary Form. This research helps ensure that the ECO Summary Form generated by AEPSi is accurate and valid. Child outcomes exit data were collected on 281 children for FFY 2014. The following process was used to complete data collection and analysis for child outcome determination:

- The District utilized the scores that were collected for children through the AEPSi which calculates the OSEP Categories.
- Data were collected only if infants and toddlers received early intervention services for 6 months or longer.
- The entry AEPSi was completed by the initial evaluation provider and the exit AEPSi was completed by the child's provider no more than 60 days prior to the child's exit from the program.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 4: Family Involvement

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
A	2006	Target ≥					89.00%	88.90%	89.00%	91.00%	92.50%	92.60%
		Data			88.00%	94.00%	93.00%	92.00%	97.00%	96.90%	92.61%	94.29%
B	2006	Target ≥					85.00%	85.00%	86.00%	87.50%	88.00%	88.00%
		Data			85.00%	87.00%	91.00%	90.10%	95.20%	100%	94.09%	93.81%
C	2006	Target ≥					79.00%	78.90%	79.00%	81.00%	83.00%	83.00%
		Data			78.00%	80.00%	81.00%	94.30%	95.80%	97.90%	96.06%	90.00%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target A ≥	92.70%	92.80%	92.90%	93.00%	93.10%
Target B ≥	88.10%	88.20%	88.30%	88.40%	88.50%
Target C ≥	83.10%	83.20%	83.30%	83.40%	83.50%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

Enter additional information about stakeholder involvement

FFY 2014 SPP/APR Data

Number of respondent families participating in Part C	333.00
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	317.00
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	333.00
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	321.00
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	333.00
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	319.00
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	333.00

	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	94.29%	92.70%	95.20%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	93.81%	88.10%	96.40%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	90.00%	83.10%	95.80%

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

OSSE continues to utilize the DC EIP Family Outcomes Survey to collect data for this indicator. OSSE has utilized the following distribution procedures for the past 6 years:

- Four hundred (400) surveys were distributed (130 in Spanish) to families who participated in the program for 6 months or longer.
- Families were given multiple opportunities to complete the survey. Surveys were given to all families at the 6-month review or annual IFSP meeting and returned either by mail or given in a sealed envelope to the service coordinator. All survey results were submitted anonymously.

Service Coordinators and families were informed that upon request surveys could be translated in other languages and additional assistance given in completing the survey. Each survey question is based on a 7 point scale, with 5 or greater being yes. OSSE enters the surveys into an Excel spreadsheet that calculates the percentage. Hard copies of the survey are maintained by the OSSE. For quality assurance, the data were checked by pulling a 10% sample and comparing the hard copy to the Excel spreadsheet.The survey procedures have been consistent for 6 years and OSSE's records indicate that it has attempted to reach all families that have participated in early intervention for 6 months or longer. For FFY 2014, the response rate for the survey was 83% with 333 surveys returned.

Representative Sample:

OSSE utilized a sample size calculator to determine the representativeness of the number of respondents to the full population of families served by DC EIP. Based on the District's child count of 635, this sample size of 333 allows us to be 95% confident that the responses received accurately reflect those of all the families participating in the District's early intervention system.

Demographics of the data:

District of Columbia Population by Race

	District of Columbia	DC EI Program	Survey Respondents
Black/African American	49.5%	48.7%	48.0%
White	35.8%	23.9%	23.4%
Hispanic/Latino	10.1%	21.3%	22.0%
Other Races*	7.2%	6.2%	6.5%

*Includes: Two or more Races, Asian, Native Hawaiian/Pacific Islander

Surveys were received from every ward in the city, in proportion to the population served.

Was sampling used? No

Was a collection tool used? Yes
Is it a new or revised collection tool? No

- (●) **Yes, the data accurately represent the demographics of the State**
- ( ) **No, the data does not accurately represent the demographics of the State**

☑ **Provide additional information about this indicator (optional)**

The District incorrectly checked the "no" box.

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2012

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			1.00%	1.20%	1.30%	1.40%	1.50%	1.50%	1.50%	0.55%
Data		1.23%	0.59%	0.28%	0.36%	0.57%	0.89%	0.84%	0.55%	0.81%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	0.65%	0.70%	0.75%	0.80%	0.85%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 1 with IFSPs	91	null
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	4/3/2014	Population of infants and toddlers birth to 1	9,147	null

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
91	9,147	0.81%	0.65%	0.99%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥			1.80%	2.00%	2.25%	2.50%	3.00%	3.00%	3.00%	2.50%
Data		1.68%	1.40%	1.19%	1.37%	1.42%	1.94%	2.00%	1.92%	1.92%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥	3.00%	3.50%	4.00%	4.50%	5.00%

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

Enter additional information about stakeholder involvement

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2014-15 Child Count/Educational Environment Data Groups	7/2/2015	Number of infants and toddlers birth to 3 with IFSPs	635	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2014	7/2/2015	Population of infants and toddlers birth to 3	26,485	

FFY 2014 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
635	26,485	1.92%	3.00%	2.40%

Actions required in FFY 2013 response

None

OSEP Response

Required Actions

Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		60.00%	17.00%	74.00%	87.00%	90.50%	96.90%	98.90%	92.30%	93.13%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
619	742	93.13%	100%	96.50%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline)	97

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

- State monitoring
- State database

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

Full year FFY 2014 (7/1/14- 6/30/15).

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

The District utilized the full year of data for FFY 2014 (7/1/14- 6/30/15) to complete a compliance review for this indicator.

Provide additional information about this indicator (optional)

For FFY 2014, 716 children (619 timely plus 97 with documented family reasons), were counted as having timely evaluation, assessment and initial IFSP meetings. For the 26 children whose eligibility process was delayed, the number of days from referral to IFSP meeting ranged from 46 to 163. The reasons for delay were included a lack of availability of evaluation providers; delays in authorization by Medicaid Managed Care Organizations; and service coordination delays.

No findings were issued for this noncompliance in this indicator. All noncompliance was corrected prior to identification. OSSE verified the correction of noncompliance for these providers who had noncompliance reflected in the data reported for this indicator in by:

1) Ensuring that the provider submitted documentation to show that they conducted the initial evaluation, assessment, and IFSP meeting, although late, for all children for whom the 45-day timeline was not met, consistent with OSEP Memo 09-02; and

(2) 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 database review of children referred to the program to ensure timeliness for this indicator.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

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

OSEP Response

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

In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Required Actions

Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		80.00%	58.00%	100%	91.00%	93.00%	100%	96.40%	82.70%	84.69%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 SPP/APR Data

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

(•) Yes
( ) No

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
282	336	84.69%	100%	88.10%

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of children exiting Part C who have an IFSP with transition steps and services)	14

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

( ) State monitoring

State database

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

Full year of FFY 2014 (July 1, 2014 – June 30, 2015).

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

The District utilized the full year of FFY 2014 (July 1, 2014 – June 30, 2015) to complete a compliance review for this indicator.

Provide additional information about this indicator (optional)

The District reviewed whether a timely transition conference occurred for children who exited the Part C system during the reporting year. The following activities were completed:

- The Strong Start Tracker was utilized to identify the date of each child's transition conference, where 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, and not more than nine months before the third (3^{rd}) birthday].
- Each IFSP was reviewed to determine if transition planning was timely, and that transition steps and services were included.

The District's performance showed progress from FFY 2013 to FFY 2014 for indicator 8A. The transition conferences of forty (40) children were delayed, all due to failure of provider agency staff to schedule the meeting timely.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5	0	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

Findings of noncompliance were issued to 3 providers. Two providers received more than one finding (one each for database and onsite monitoring). The specific actions taken to verify correction of noncompliance were subsequent database reviews on April 4, 8, and 15; and May 13 and 22, 2014.

Through these reviews, OSSE verified that the providers who had noncompliance reflected in the data reported for this indicator in FFY 2013 had met the regulatory requirement by correctly implementing the IFSP transition content requirements (i.e., achieved 100% compliance) in 34 CFR §303.209(d)(2) and 303.344(h)(1), for children exiting DC EIP, consistent with OSEP Memo 09-02. This memo outlines the steps states must follow to ensure that programs are verifying correction of noncompliance for both individual cases of noncompliance and at the system level by correctly implementing the regulatory requirements.

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

Findings of noncompliance were issued to 3 providers. Two providers received more than one finding (one each for database and onsite monitoring). The specific action taken to verify correction of noncompliance was a subsequent review of the early intervention record for all children for whom the IFSP did not have transition steps and services to ensure that the meeting was re-convened and the IFSP modified, unless the child had already exited the Program, consistent with OSEP memo 09-02. This memo outlines the steps states must follow to ensure that programs are verifying correction of noncompliance for both individual cases of noncompliance and at the system level by correctly implementing the regulatory requirements.

OSEP Response

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

In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Required Actions

Indicator 8B: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		100%	100%	100%	100%	93.00%	100%	96.10%	100%	100%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 SPP/APR Data

Data include notification to both the SEA and LEA

(•) Yes
( ) No

Please explain

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
313	336	100%	100%	100%

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	23

Describe the method used to collect these data

Data were collected from the DC EIP Strong Start Tracker (SST) on a monthly basis. The District utilized the full year of FFY 2014 (July 1, 2014 – June 30, 2015) to complete a compliance review for this indicator.

The following steps were taken to complete data collection and analysis for this indicator:

- The SST was used as the foundation tool for identifying all children who turned three (3) during the reporting year.
- The SST produces a spreadsheet of all children potentially eligible for Part B services between the ages of 2 years 6.5 months and 3 years of age. Beginning in May 2013, this list did not contain the names of children whose parents had opted out of referral to the LEA.
- On a monthly basis an email is sent from the SST to the LEA of record and the SEA to inform them that the list of children potentially eligible for Part B is available. The SST records the date and time the list is accessed by the LEA and SEA as confirmation of receipt of the list.

The SEA and LEA of record have developed a procedure in which the list is accessed by both parties at the same time of day to ensure that there is no discrepancy between the lists.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

Policy:
No Policy Submitted No Policy Submitted

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

State monitoring
State database

Describe the method used to select EIS programs for monitoring.

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

Full year of FFY 2014 (July 1, 2014 – June 30, 2015)

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

The District utilized the full year of FFY 2014 (July 1, 2014 – June 30, 2015) to complete a compliance review for this indicator.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

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

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

OSEP Response

Required Actions

Indicator 8C: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

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

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target			100%	100%	100%	100%	100%	100%	100%	100%
Data		88.00%	73.00%	96.00%	95.00%	85.70%	86.50%	90.00%	95.60%	91.41%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2014 - FFY 2018 Targets

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

FFY 2014 SPP/APR Data

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

(●) Yes
( ) No

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
304	336	91.41%	100%	94.94%

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)	0

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler's third birthday for toddlers potentially eligible for Part B)	15

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

State monitoring

State database

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

Full year of FFY 2014 (July 1, 2014 – June 30, 2015)

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

The District utilized the full year of FFY 2014 (July 1, 2014 – June 30, 2015) to complete a compliance review for this indicator.

Provide additional information about this indicator (optional)

The District reviewed whether a timely transition conference occurred for children who exited the Part C system during the reporting year. The following activities were completed:

- The Strong Start Tracker was utilized to identify the date of each child's transition conference, where 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, and not more than nine months before the third (3^{rd}) birthday].
- Verification of the data was completed through a review of each transition conference plan document.

The District's performance showed progress from FFY 2013 to FFY 2014 for indicator 8C. The transition conferences of forty (40) children were delayed, all due to failure of provider agency staff to schedule the meeting timely.

Actions required in FFY 2013 response

None

Correction of Findings of Noncompliance Identified in FFY 2013

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
3	3	0	0

FFY 2013 Findings of Noncompliance Verified as Corrected

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

Findings of noncompliance were issued to 2 providers. One provider received 2 findings - one from database monitoring and the other from onsite monitoring. The specific actions taken to verify correction of noncompliance were subsequent reviews of data on December 7, 2013; March 12, 2014; and June 11, 2014. Through these reviews, OSSE verified that the providers who had noncompliance reflected in the data reported for this indicator in FFY 2013 had met the regulatory requirement by correctly implementing the timely transition conference requirements in 34 CFR §303.209(d)(2) (as modified by IDEA section 637(a)(9)(A)(ii)(II)) (i.e., achieved 100% compliance) for children exiting DC EIP, consistent with OSEP Memo 09-02. This memo outlines the steps states must follow to ensure that programs are verifying correction of noncompliance for both individual cases of noncompliance and at the system level by correctly implementing the regulatory requirements.

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

Findings of noncompliance were issued to 2 providers. One provider received 2 findings - one from database monitoring and the other from onsite monitoring. The specific action taken to verify correction of noncompliance was a subsequent review of the early intervention record on December 7, 2013; March 12, 2014; and June 11, 2014 for all children for whom the timely transition conference requirements were not met, to ensure that the provider had 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. This memo outlines the steps states must follow to ensure that programs are verifying correction of noncompliance for both individual cases of noncompliance and at the system level by correctly implementing the regulatory requirements.

OSEP Response

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

In the FFY 2015 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Required Actions

Indicator 9: Resolution Sessions

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data:

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data					100%	100%	100%	100%	100%	0%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

Enter additional information about stakeholder involvement

Prepopulated Data

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

FFY 2014 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0	0%		

Actions required in FFY 2013 response

None

OSEP Response

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

Required Actions

Indicator 10: Mediation

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Historical Data

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Target ≥										
Data					100%	100%	100%	100%	100%	50.00%

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

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target ≥					

Key:

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

Enter additional information about stakeholder involvement

Prepopulated Data

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

FFY 2014 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2013 Data*	FFY 2014 Target*	FFY 2014 Data
0	0	0	50.00%		

Actions required in FFY 2013 response

None

OSEP Response

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

Required Actions

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014
Target		39.56%
Data	39.56%	63.71%

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

FFY 2015 - FFY 2018 Targets

FFY	2015	2016	2017	2018
Target	44.56%	49.56%	54.56%	59.56%

Key:

Description of Measure

DC EIP chose a subset of children from Indicator 3(b) Summary Statement 1 for this indicator. The broad data analysis that was conducted led the District to this subsection of Medicaid eligible children was because Medicaid eligible children represent the majority of children (66%) served by DC EIP and because of the discrepancy between Medicaid eligible children and non-Medicaid eligible children for Indicator 3(b) Summary Statement 1 (moved closer to functioning like same-aged peers plus improved functioning to that of same-aged peers) (36.7% of Medicaid eligible children; 48.5% of non-Medicaid eligible children). Even more compelling was the percentage of Medicaid eligible children who did not improve functioning or improved functioning but had no change in trajectory (56.1%), as compared to the percentage of non-Medicaid eligible children who did not improve functioning or improved functioning but had no change in trajectory (26.7%). Given that Medicaid eligible children represent a majority of children served by DC EIP, and that the results for Medicaid eligible children significantly affected the actual data for Indicator 3(b) Summary Statement 1, improving the results for this subset of children will improve the results for Indicator 3(b) Summary Statement 1 for the District of Columbia.

Targets: Description of Stakeholder Input - Please see the Stakeholder Involvement section of the introduction.

☑ Enter additional information about stakeholder involvement

During the January 21, 2015 meeting, stakeholders confirmed the choice of the SIMR, reviewed the baseline information and discussed how the proposed coherent strategies would ultimately improve child outcomes, especially for Medicaid eligible children. Stakeholders also considered the extent to which improvement in the Medicaid eligible population would lead to the overall improvement on the Indicator 3(b) Summary Statement 1.

Overview

The District of Columbia Office of the State Superintendent of Education (OSSE), Strong Start DC Early Intervention Program (DC EIP), is the lead agency for the Individual with Disabilities Education Act (IDEA), Part C, in the District of Columbia. OSSE's role is to set high expectations, provide resources and support, and exercise accountability to

ensure a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention (EI) services to infants and toddlers with disabilities and their families. In Phase I of the State Systemic Improvement Plan (SSIP) – Indicator 11, DC EIP identified the need to substantially increase the rate of developmental growth in the acquisition and use of knowledge and skills for Medicaid eligible children. This is the State-Identified Measureable Result (SIMR) that our SSIP is designed to address.

Data Analysis

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

Component #1: Data Analysis

1 (a): Identification and Analysis of Key Data

DC EIP began the process for the SSIP by reviewing data from SPP/APR indicators and 618 data collections, and then continued the process by collecting additional data from the Assessment, Evaluation, and Programming System for Infants and Children (AEPSi) database and the Strong Start Tracker. These data were considered with stakeholder input to determine a preliminary area of focus for the SIMR.

Prior to meeting with stakeholders on August 25th, DC EIP engaged in preparation for the broad data analysis to assist stakeholders in recommending a preliminary SIMR. DC EIP reviewed data from all APR indicators both locally and nationally and from Indicator 3 for the past six years. During this data analysis, the downward trend in APR Indicator 3(b) became clear. DC EIP then disaggregated data for Indicator 3(b) by gender, ethnicity, Ward (District of Columbia region) and Medicaid status. DC EIP found that males fell into the “b” progress category (improved functioning but no change in trajectory) at a higher rate than girls; Black/African-American children fell into the “b” category (improved functioning but no change in trajectory) at a higher rate than other ethnicities; children in Wards 4, 7 and 8 fell into the “b” category (improved functioning but no change in trajectory) at a higher rate than children in other Wards; and children eligible for Medicaid services fell into the “b” category (improved functioning but no change in trajectory) at a higher rate than children not eligible for Medicaid services. As a preliminary SIMR, with stakeholder input, DC EIP chose to focus on all children in their development of the acquisition and use of knowledge and skills by the time they exit Strong Start.

During the August 25, 2014 meeting, stakeholders reviewed the State APR indicator results and engaged in a specific examination of the results for APR Indicator 3. For Indicator 3, stakeholders reviewed specific data from progress categories “a” to “e” that was used to calculate the reported data, data trends and local and national data. Additionally, beginning with questions posed by DC EIP,, stakeholders discussed areas of inquiry and questions they had about additional data to assess and better understand possible root causes for the downward trend for Indicator 3(b).

1(b): Disaggregation of Data

At the November 5, 2014 stakeholder meeting, stakeholders analyzed data for each component of Indicator 3 disaggregated by Medicaid status, settings, evaluation/assessment tool, eligibility category, and length of time in early intervention. Stakeholders also reviewed targets and actual data for Indicator 3 in order to identify root causes for the downward trend in Indicator 3(b). Following a detailed discussion of the data, stakeholders requested further disaggregated data to be presented and discussed at the December 2, 2014 meeting.

During the December 2, 2014 stakeholder meeting, stakeholders analyzed data disaggregated by specific evaluation/assessment tool and Medicaid status; specific evaluation/assessment tool and subsidized childcare; specific evaluation/assessment tool and qualifying medical or genetic condition; and specific evaluation/assessment tool and length of service. Stakeholders requested further disaggregated data

related to primary language, service provider and agency. The preliminary SIMR was revised to focus specifically on Medicaid eligible children.

During the January 21, 2015 stakeholder meeting, DC EIP provided stakeholders with disaggregated data requested during the December 2, 2014 meeting. Stakeholders analyzed data disaggregated by specific evaluation/assessment tool and eligibility category; specific evaluation/assessment tool and setting; specific evaluation/assessment tool and eligibility category; eligibility category and Medicaid status; and data related to Head Start/Early Head Start and TANF/SNAP. Based on the analysis of the data, and a discussion of the demographics of the District of Columbia, the preliminary SIMR was revised and final recommendation was to focus on Medicaid eligible children's knowledge and skills.

DC EIP and stakeholders used all data presented and analyzed, in conjunction with the infrastructure analysis, in order to identify root causes contributing to low performance. Root causes were narrowed based on further discussions of disaggregated data, infrastructure analysis and current initiative during the December 2, 2014, January 21, 2015 and February 27, 2015 stakeholder meetings.

Results of Analyses

Population Overview

During FFY 2013 (July 1, 2013 – June 30, 2014), the OSSE Early Intervention Program exited approximately 300 children who received early intervention services for 6 months or longer. These children were found eligible for early intervention under four distinct eligibility categories. The majority (51%) of children qualify under the category of 50% delay in at least one area, displayed in the table below. Among this group, 196 (65%) of 297 received Medicaid benefits during this time.

Eligibility Category	%	Num
25% Delay in at least 2 areas*	3%	9
50% Delay in at least 1 area	51%	149
ICO	14%	44
Qualifying Med/Gen Condition	32%	95
Grand Total	**100%**	**297**

*This category has only been in effect since July 1, 2013.

The AEPS provides a crosswalk to the OSEP progress categories consisting of 5 letters from A-E. These letters represent the progress a child has made during their length of stay in DC EIP. When the percentage of the two populations are compared by OSEP progress categories, those children eligible for Medicaid are significantly more likely to maintain functioning at a level close to their same age peers during their time in DC EIP. For the knowledge and skills category, more than twice as many Medicaid-eligible children improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers.

Knowledge and Skills by Medicaid Eligibility

At the beginning of the SSIP process, DC EIP disaggregated and analyzed data from multiple data sources, including data from SPP/APR indicators, 618 data collections, the AEPSi database and the Strong Start Tracker, and in multiple ways, including by Medicaid status, settings, evaluation/assessment tool, eligibility category and length of time in early intervention. The broad data analysis revealed that while DC EIP met FFY 2013 targets for all of the APR child-family-level results indicators, there was a downward trend in Indicator 3(b) Summary Statement 1 over a four year period. DC EIP and stakeholders reviewed data regarding the AEPSi scores for children for each of the components of Indicator 3 disaggregated by Medicaid eligibility, setting, eligibility category and primary language and identified the significant discrepancy in the results for Medicaid eligible children. Even though this discrepancy was revealed early in the data analysis process, DC EIP and stakeholders continued to disaggregate data in other ways to ensure that the focused SIMR would have the greatest impact on infants, toddlers and their families. Further disaggregation of the data (by type of childcare and by specific provider) confirmed the appropriateness of the SIMR.

In the analysis of the disaggregated data, DC EIP ascertained that Medicaid eligible children represent the majority of children served by DC EIP. Furthermore, the highest percentage of Medicaid eligible children

improved functioning but had no change in trajectory in the acquisition and use of knowledge and skills as opposed to non-Medicaid eligible children, who improved functioning to that of same-aged peers in the acquisition and use of knowledge and skills. This discrepancy between Medicaid eligible children and non-Medicaid eligible children was not consistent in the areas of social-emotional functioning and appropriate behaviors, where the highest percentage of children, for both groups, improved functioning to that of same-aged peers.

DC EIP chose to focus on the subsection of Medicaid eligible children because Medicaid eligible children represent the majority of children (66%) served by DC EIP and because of the discrepancy between Medicaid eligible children and non-Medicaid eligible children for Indicator 3(b) Summary Statement 1 (moved closer to functioning like same-aged peers plus improved functioning to that of same-aged peers) (36.7% of Medicaid eligible children; 48.5% of non-Medicaid eligible children). Even more compelling was the percentage of Medicaid eligible children who did not improve functioning or improved functioning but had no change in trajectory (56.1%), as compared to the percentage of non-Medicaid eligible children who did not improve functioning or improved functioning but had no change in trajectory (26.7%). Given that Medicaid eligible children represent a majority of children served by DC EIP and that the results for Medicaid eligible children significantly affected the actual data for Indicator 3(b) Summary Statement 1, improving the results for this subset of children will improve the results for Indicator 3(b) Summary Statement 1 for the District of Columbia.

1(c): Quality of Data

Overall, data quality is such that DC EIP feels confident that the data presented are valid and reliable. The data analyzed required a considerable amount of cleaning due to the number of users in the system. Specifically, duplicate children had to be removed, dates of assessment had to be verified, and the correct entry and exit data had to be selected. In addition, children who were found eligible prior to July 1, 2012, required a manual entry of their child outcome summary (COS) score.

While the data are overall valid and reliable, DC EIP and stakeholders noted the concern that some providers may not be accurately conducting the AEPSi, therefore skewing data used for reporting and decision-making. DC EIP has addressed this concern by including improvement of the quality and consistency of initial evaluations and assessments as a coherent improvement strategy. Likewise, based on the infrastructure analysis, including DC EIP's current initiatives, DC EIP and stakeholders chose to address data quality by including enhancing the data system by adding automated data checks and enhancing data entry methods as an improvement activity.

1(d): Consideration of Compliance Data

DC EIP reviewed APR compliance data to determine if any relationship existed between the preliminary SIMR and the performance on the compliance indicator. The State reported data for Indicator 1 (timely provision of services) was 92.21%. While DC did not reach the goal of 100%, not all of the children who represent the 7.79% of the children who did not receive timely services were Medicaid eligible children. Additionally, DC EIP has procedures in place to ensure that services begin in a timely fashion for Medicaid eligible children should the Managed Care Organizations (MCOs), who are responsible for implementing services for these children not provide services on time. DC EIP and stakeholders do not believe that the timely provision of services presents a potential barrier to improvement. Often the reason for untimely provision of services is the transfer of files between initial and dedicated service coordinators or the delay in the finalization of the IFSP. DC EIP does recognize that any delay in the provision of services could ultimately affect the growth of a child; however, after considering the Indicator 1 data, DC EIP does not believe the Indicator 1 noncompliance presents a potential barrier to improvement.

DC EIP's reported data for Indicator 2 (services in natural environments) is 98.04%. The vast majority of DC children are receiving services in the natural environment. DC EIP and stakeholders believe that these data do not present potential barriers to improvement. Stakeholders noted that services outside of the natural environment would likely be more related to Indicator 3(a) and 3(c). Additionally, the identified improvement

strategies can be implemented regardless of environment.

DC EIP reported 93.13% for Indicator 7 (45-day timeline). Similar to Indicator 1, not all of the children who represent the 6.87% of the children whose initial evaluation, assessment and IFSP were not conducted within the 45-day timeline were Medicaid eligible children. DC EIP and stakeholders do not believe that the noncompliance with the 45-day timeline presents a potential barrier to improvement. Often the reason for noncompliance with the 45-day timeline was the lack of trained initial service coordinators or the delay in the finalization of the IFSP. This noncompliance does not affect the identified improvement strategies. DC EIP does recognize that any delay in the provision of services could ultimately affect the growth of a child; however, after considering the Indicator 7 data, DC EIP does not believe the Indicator 7 noncompliance presents a potential barrier to improvement.

DC EIP and stakeholders do not believe that noncompliance identified in Indicator 8 (early childhood transition) presents potential barriers to improvement. The coherent improvement strategies for the SIMR are focused on the growth in the acquisition and use of knowledge and skills for Medicaid eligible children in order to increase outcomes for infants and toddlers with disabilities while the children are receiving Part C services. Therefore, there is a negligible link to early childhood transition.

1(e): Need for Additional Data

During the August 25, 2014, November 5, 2014, December 2, 2014 and January 21, 2015 stakeholder meetings, stakeholders suggested additional data to be considered. During each of the following meetings, DC EIP provided the requested data. At the February 27, 2015 stakeholder meeting, stakeholders suggested that during Phase II, DC EIP analyze individual child data for the infants and toddlers in the “b” progress category (improved functioning but no change in trajectory). The data are currently available through the AEPSi database and the Strong Start Tracker and will be analyzed in June 2015. DC EIP will consider, on an individual child level, whether the child has been available to receive all services, whether the child receives services in a daycare setting or in the home, and whether the parent(s) have been active participants in the delivery of services. These data will help the District better assess the quality of early intervention services it provides and ultimately lead to improved child outcomes.

1(f): Stakeholder Involvement

Stakeholders met on August 25, 2014, November 5, 2014, December 2, 2014, January 21, 2015 and February 27, 2015. Stakeholders were selected from 11 roles within early intervention including early intervention providers, Medicaid providers, DC EIP/Preschool 619, professional development providers, parents, OSSE Early Learning, OSSE Data, OSSE Legal, Head Start, DC Child and Family Services/CAPTA and DC Department of Mental Health.

During the August 25, 2014 meeting, stakeholders reviewed the State APR indicator results and engaged in a specific examination of the results for APR Indicator 3. For this Indicator, stakeholders reviewed specific data used to calculate the reported data, data trends and local and national data. The stakeholders endorsed a preliminary statewide SIMR. At the November 5, 2014 stakeholder meeting, stakeholders analyzed data for each component of Indicator 3 disaggregated by Medicaid status, settings, evaluation/assessment tool, eligibility category, and length of time in early intervention. Stakeholders also reviewed targets and actual data for Indicator 3. Following a detailed discussion of the data, stakeholders requested further disaggregated data to be presented and discussed at the December 2, 2014 meeting. Based on the analysis of the data, the SIMR was revised to focus on Medicaid eligible children.

During the December 2, 2014 stakeholder meeting, stakeholders analyzed data disaggregated by specific evaluation/assessment tool and Medicaid status; specific evaluation/assessment tool and subsidized childcare; specific evaluation/assessment tool and qualifying medical or genetic condition; and specific evaluation/assessment tool and length of service. Stakeholders requested further disaggregated data related to primary language, service provider and agency.

During the January 21, 2015 stakeholder meeting, DC EIP provided stakeholders with disaggregated data requested during the December 2, 2014 meeting. Stakeholders analyzed data disaggregated by specific evaluation/assessment tool and eligibility category; specific evaluation/assessment tool and setting; specific

evaluation/assessment tool and eligibility category; eligibility category and Medicaid status; and data related to Head Start/Early Head Start and TANF/SNAP. Based on the review of the data, stakeholders chose to endorse the SIMR as revised during the December 2, 2014 meeting.

During the February 27, 2015 stakeholder meeting, stakeholders discussed data that should be collected and analyzed during Phase II.

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

Component #2: Analysis of State Infrastructure to Support and Build Capacity

2(a): Analysis of Current Infrastructure

DC EIP began its infrastructure analysis by reviewing its current initiatives, recent successes, and on-going challenges. The District utilized the Early Childhood Technical Assistance Center's (ECTA) Systems Framework as a tool for this analysis. DC EIP also identified strengths of the program that would support improvement and build capacity in early intervention providers to implement, scale up and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. DC EIP engaged stakeholders on August 25, 2014 and November 5, 2014 to complete infrastructure analysis.

At the August 25, 2014 meeting, stakeholders engaged in a thorough and comprehensive infrastructure analysis. Stakeholders first participated in a large group discussion of the DC EIP infrastructure by reviewing and discussing governance. Stakeholders then divided into small groups to thoroughly discuss the strengths and areas of improvement for each of the, fiscal, quality standards, professional development, data, technical assistance, and accountability and monitoring aspects of the program. Finally, stakeholders reconvened as a large group to discuss the comments by each of the small groups related to each aspect of the program. Following this in-depth infrastructure analysis, stakeholders proposed some possible strategies for DC EIP to improve infrastructure to support improvement and build capacity in relation to the preliminary SIMR.

During the November 5, 2014 stakeholder meeting, stakeholders continued the in-depth infrastructure analysis by meeting in small and large groups to complete a Likelihood/Impact survey which focused on selecting the areas of improvement identified during the initial analysis which could be rewritten as "action statements" that could feasibly be used to support improvement and build capacity and would have a high level of impact on the SIMR. Before the small group discussions, each stakeholder was asked to complete the Likelihood/Impact survey using a 1-4 Likert scale. The small groups then met to come to consensus on each item, followed by a large group meeting to come to consensus on the results of the small group meetings. Stakeholders then plotted results for the infrastructure survey and discussed the results of the infrastructure survey to identify coherent improvement strategies in relation to the working SIMR.

2(b): Description of State Systems Infrastructure

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Governance

The District of Columbia OSSE, Strong Start DC EIP, is the lead agency for IDEA, Part C, in the District of Columbia. OSSE's role is to set high expectations, provide resources and support, and exercise accountability to ensure a statewide, comprehensive, coordinated, multidisciplinary, inter-agency system to provide early intervention services to infants and toddlers with disabilities and their families. OSSE's Division of Early Learning (DEL) houses DC EIP and, with the Division of Elementary, Secondary, and Specialized

Education's (ESSE) Quality Assurance and Monitoring unit (QAM), functions to ensure compliance with the Federal requirements of Part C of the IDEA and with the local regulations and policies that support the proper implementation of IDEA. DEL also manages initiatives including: Child Care Development Fund Block Grant, Head Start Collaboration, OSSE Home Visiting Program, Child Care Licensing, and TANF. In order to function effectively, DC EIP has Memoranda of Understanding with Preschool Special Education, Early Head Start, Child and Family Services Agency, the Department of Health Care Financing, and the Department of Health.

Fiscal

DC EIP is responsible for the appropriate tracking and expending of local and Federal Part C funds. DC EIP has in-house staff and contracts with local providers for the delivery of direct services. DC EIP conducts a quarterly review of its expenditure data to ensure that funding is disbursed according to the budget trajectory for the fiscal year. In the event of an influx of children, additional funding can be requested prior to the disbursement of all funds. DC EIP reviews monthly invoices for services delivered in the previous month to monitor the funds disbursed to early intervention programs. DC EIP reviews the provider's invoice to determine if there is documentation on file to support the invoiced amount and whether the billing packet is submitted in accordance with both the Government of the District of Columbia and DC EIP's billing and reimbursement requirements. On an annual basis, DC EIP is required to forecast expenditures for the upcoming fiscal year.

Quality Standards

The District of Columbia has adopted early learning standards which child development facilities are required to follow in order to maintain their quality rating system designation. The District of Columbia is also moving toward incorporating the requirement to provide quality services to all children, including those with disabilities, into the subsidy agreement for reimbursement. Currently, DC EIP does not have written quality standards for early intervention providers.

During the infrastructure analysis, DC EIP and stakeholders identified quality standards as a possible area of improvement. Specifically, DC EIP does not have identified evidence-based quality standards for providers. DC EIP and stakeholders acknowledged that the lack of evidence-based program standards is one of the root causes affecting the performance of Medicaid eligible children in the acquisition and use of knowledge and skills. They therefore included the establishment of evidence-based program standards, the development of policies and procedures related to the administration of the program standards and the development and implementation of a data-driven accountability system to ensure the delivery of quality evidence-based practices as key improvement activities to directly impact the SIMR.

Professional Development and Technical Assistance

OSSE provides pre-service and in-service training to ensure that staff members and providers are functioning as an interdisciplinary team with a foundation grounded in the intricacies of early intervention and the skills needed to use program technology, as well as to address challenges and meet new and ongoing program requirements. In addition, targeted technical assistance is provided to public and private providers, primary referral sources, paraprofessionals, and service coordinators to address identified areas of improvement. OSSE ensures that the training provided relates specifically to: understanding the basic components of early intervention services available in the District; meeting the interrelated social/emotional, health, developmental, and educational needs of eligible children under IDEA, Part C; assisting families in participating in the development and implementation of IFSPs and facilitating the development of their children; coordinating transition services from DC EIP to a Part B preschool program or other appropriate service(s); and using DC EIP technology. DC EIP also conducts monthly training sessions that are mandatory for all direct service staff and contractors.

Additionally, all service personnel must complete a series of online training modules related to early intervention practices prior to receiving a referral for service. Further, any provider needing assistance can request personalized on-site or field training to ensure that appropriate procedures or evaluation/treatment protocols are being followed.

OSSE's Comprehensive System of Personnel Development (CSPD) includes an Early Intervention Certificate Program. Undergraduate internships and advanced degree programs are also available in the District, with scholarship/grants provided to students interested in the early intervention field. The

Georgetown University Center for Child and Human Development is the contract provider for the CSPD in the District of Columbia.

DC EIP also sets an annual training calendar to inform early intervention providers of the opportunities for local continuing education both through the DC Early Intervention CSPD Program and in the community. Additionally, DC EIP's website provides information to enhance Strong Start service providers' knowledge and skills of best practices in early intervention services and supports. To date, more than eight online trainings have been developed in the areas of writing functional outcomes, routines-based evaluations, evidence-based practices in early intervention and developing motor and communication skills within natural daily activities. Additional annual trainings include four in-person trainings available to all providers.

Data
DC EIP collects data related to intake, Child Find, referral, assessment (compliance and outcome), evaluation (compliance and outcome), service coordination and direct services (compliance and outcome), and language access through the DC EIP Strong Start Tracker. For example, direct services data include service type, frequency, duration, setting, service provider, therapist credentials and therapy notes. Additionally, the DC EIP Strong Start Track houses the program/contractor directory, allows providers to request reauthorization for services to MCOs and maintains a copy of IFSPs.

The data system has more than 500 users who are able to access technical assistance for the database via phone and email. The system is easily modifiable allowing for additional fields and queries without additional cost to the program. OSSE has set aside funding to sustain the Part C database and invest in a commercially available updated database in order to allow Part C to bill Medicaid directly through the database. This funding has been available for three years and is expected to continue in the coming years. Monitoring data related to the issuance of noncompliance findings and correction of noncompliance is collected and tracked in the ESSE DC CATS database.

DC EIP uses data for case management, reporting, identification of improvement activities, identifying areas for training and technical assistance, tracking child outcomes, coordinating across systems (e.g., Medicaid, CFSA, Unity Health Clinic) and verification of invoices for payment.

Data guide every facet of DC EIP. DC EIP believes that data drives program growth, improvement and accountability. DC EIP is committed to improving its database and the collection and use of data within the program. Current efforts are in place to expand the database into a data system. Plans include moving from a case management database to a dual case management/billing data system, which has additional data checks and will allow streamlining of data reports.

Accountability and Monitoring
DC EIP engages in continuous quality improvement through monthly provider trainings in all areas of performance. Monthly provider trainings are used to communicate programmatic and procedural changes to early intervention providers. DC EIP also engages regional experts to provide training related to areas of improvement identified through compliance monitoring during the meetings. Additionally, DC EIP provides information related to community resources available to the families of infants and toddlers with disabilities. Providers are able to ask questions and request additional information related to any problems they may be encountering. The open-forum has proved to be a valuable avenue for providers to immediately find suggested solutions to current challenges and to collaborate with other local professionals.

Database monitoring for compliance on Indicators 1, 7 and 8 is conducted semi-annually. The QAM unit, in the ESSE division, issues findings of noncompliance based on the semi-annual data collection and subsequently tracks the completion of the required corrective action(s) and the correction of the noncompliance. OSSE also conducts on-site monitoring of programs and providers on a 3 year cycle. Data resulting from compliance monitoring (database, focused, or on-site) are used by DC EIP as the primary vehicle for determining the focus areas for the monthly provider trainings.

2(c): System Strengths and Areas for Improvement:

During the August 25, 2014 stakeholder meeting, stakeholders and DC EIP staff engaged in an in-depth process to identify the strengths and areas for improvement within and across the systems. DC EIP staff

compiled the information. The following is a sampling of feedback received for each of the infrastructure components:

Governance

Strengths

DC EIP has strong relationships with its sister agencies including, Department of Health Care Finance, The Department of Behavioral Health (DBH), The Child and Family Services Agency, and the Department of Health.

DC EIP has the ability to serve more children through the expanded eligibility criteria and the extended IFSP option.

Consistent core leadership in DC EIP.

Change in eligibility requirements and the adoption of extended IFSP option.

Areas for Improvement

DC EIP needs to increase the participation of its Interagency Coordinating Council (ICC).

Increase the number of multicultural and multilingual providers.

Fiscal

Strengths

No parent fees are charged for Part C services.

Increase in the rates paid to service providers.

Improved timeliness of invoice payments.

DC EIP now has the ability to bill Medicaid's Fee-for-Service Plan for reimbursement for services provided to eligible children.

Local funding for DC EIP has improved DC EIP's ability to meet individual needs and offer a variety of services.

Areas for Improvement

The process for obtaining new and renewed procurements is usually slow and cumbersome.

DC EIP does not currently receive reimbursement for children eligible enrolled in Medicaid Fee-for Service Plan.

DC EIP has repeatedly run a deficit, which the lead agency covers, due to the increasing numbers of children served and needs a sustainable solution.

Quality Standards

Strengths

DC EIP has documented policies and procedures in place to provide services to children and families.

Training is provided on a continuous basis to ensure that the highly qualified providers are staying current with evidenced-based practices for children with disabilities.

Areas for Improvement

DC EIP needs to develop handbooks and other tools/trainings for parents and the early learning community.

Need for more detailed practice standards around how to work with families.

Professional Development and Technical Assistance

Strengths

DC EIP's Comprehensive System of Personnel Development (CSPD) offers a variety of trainings catered toward the needs of the EI community as well as targeted technical assistance and on-line learning modules.

An Early Intervention Certificate Program and advanced degree programs are obtainable at area universities with available scholarship/grants.

Early Intervention providers are required to complete early intervention core training prior to serving children and families.

Areas for Improvement

Family involvement in the professional development system should be enhanced.

DC EIP needs to develop and/or support an online training for physicians and other medical staff.

DC EIP should consider making annual continuing education a requirement for all service providers.

Need to improve the quality of initial service coordination/dedicated service coordination and all early intervention providers' knowledge and skills.
Need to create effective way to evaluate providers and subsequently meet their needs.

Data

Strengths

Real-time data are available.
A link exists between Part C and Preschool Special Education (section 619) in the data system.
The database allows linkages among other parts of the Part C system such as Early Learning, MCOs and CAPTA.
Therapy notes can be shared across provider teams for children mutually served.

Areas for Improvement

A new data system needs to be developed to meet the growing needs of the program which will include the ability for Strong Start to bill Medicaid for early intervention services directly.
The system should include better automated data checks.
The database should have the ability to collect data on the early intervention workforce.

Accountability and Quality Improvement

Strengths

OSSE's monitoring approach is outcome oriented. To achieve desired performance results, it is critical that OSSE work collaboratively with EI programs and engage in shared accountability practices that maximizes success for all infants and toddlers with disabilities.
DC EIP publicly reports program level performance on the OSSE website.

Areas for Improvement

Data need to be provided to the public in a manner that is easy to understand, user friendly, and in a language people understand and parents feedback should be solicited regarding access, quality and analysis of data.
Continue improving quality of IFSPs by appropriately incorporating skills in daily routines.

2(d): State Level Improvement Plans and Initiatives

Current initiatives for the District include:

- Change in eligibility in EI with significant cost implications.
- Leveraging other resources/efforts (e.g. EHS, Home Visiting)
- Head Start/Childcare enhancement grant – 2 DC applications
- Explore appropriate models for children at risk
- Home Visiting Collaborations
- Healthy Start
- CFSA Waiver and Prevention Program for Wards 7 and 8

In addition to the above initiatives, DC EIP is developing a new data system in order to meet the growing needs of the early intervention program, forming a system to directly bill Medicaid for early intervention services, investing in training for all service providers related to the AEPSi, extending an IFSP option to focus on knowledge/skills for school readiness, and developing online training modules which will be required for all providers.

2(e): Representatives Involved in the Development of Phase 1

The following stakeholders were identified to assist in the development of Phase 1 of the SSIP:

Title	Organization	Role
Physical Therapist / Adjunct	Georgetown University, Center for	CSPD

Title	Organization	Role
Professor / Research	Child and Human Development	
Speech-language pathologist	Connections Therapy Center	Provider
Parent	Parent	Parent
Physical Therapist	Georgetown University, Center for Child and Human Development	CSPD
Physical Therapist	Easter Seals	Provider
Speech-language pathologist	MACS	Provider
Speech-language pathologist	MACS	Provider
Professor – Early Childhood	Catholic University	CSPD
Data Analyst	OSSE	Early Childhood Data
Data Analyst	OSSE	Early Childhood Data
Occupational Therapist	Little Feet and Hands	Provider
Vision Therapist/Professor	MC Consulting	Provider
Preschool Special Education Coordinator	OSSE	SEA - 619 Program
Parent	Parent	Parent
Program Manager	Department of Health Care Finance	Medicaid
Research Analyst	OSSE	Early Care and Education
General Counsel	OSSE	Legal
Administrator	Child and Family Services Agency	CAPTA
Administrator	Head Start Agency	Head Start
Data Analyst	SEA	Part B Data
Clinical Administrator	Department of Behavioral Health	Mental Health
Part C Data Manager	OSSE	Part C
Part C Coordinator	OSSE	Part C
Part C Program Manager	OSSE	Part C

All representatives participated in determining the strengths and areas of improvement for the six (6) infrastructure categories and the broad data analysis. They subsequently participated in completing the infrastructure analysis survey, the in-depth data analysis and the identification of coherent improvement strategies. Following the data and infrastructure analyses activities, the stakeholders continued their participation in finalizing the SIMR, identifying root causes and developing coherent improvement strategies the Theory of Action. While not all stakeholders were able to be present for all Phase I meetings, at least one representative from each discipline/agency/role was present at each meeting.

All representatives are committed to continuing in the development of Phase II of the SSIP planning process and DC EIP is encouraged that their participation will continue. Many of these representatives serve on the ICC and have been very engaged in the work to date.

The District utilized the Mid-South Regional Resource Center (MSRRC) and the Early Childhood Technical Assistance Center (ECTA) have assisted DC EIP in planning and convening discussions between among stakeholders for the purposes of developing the State Systemic Improvement Plan (SSIP). The IDEA Data Center (IDC) was instrumental in assisting with review and interpretation of data analysis for the SSIP and also for the Annual Performance Report (APR). The Center for IDEA Early Childhood Data Systems (DaSy) has provided guidance on the proposal for a new Part C database. DC EIP will continue to access technical assistance from these OSEP funded centers in the upcoming fiscal year as we continue to develop Phases

2 and 3 of the SSIP.

2(f): Stakeholder Involvement in Infrastructure Analysis

Multiple internal and external stakeholders (as outlined in section 2(e)) were involved in the infrastructure analysis at the August 25, 2014 and November 5, 2014 stakeholder meetings. At the August 25, 2014 meeting, stakeholders engaged in a thorough and comprehensive infrastructure analysis. Stakeholders first participated in a large group discussion of the DC EIP infrastructure by reviewing the current governance, fiscal, quality standards, professional development, data, technical assistance and accountability and monitoring of the program. Stakeholders then divided into small groups for focused discussions on the strengths and areas of improvement for each of the infrastructure components of the program. Finally, stakeholder reconvened as a large group to discuss the comments by each of the small groups related to each aspect of the program. Following the in-depth infrastructure analysis, stakeholders proposed initial strategies for DC EIP to improve infrastructure in order to support improvement and build capacity in relation to the preliminary SIMR.

During the November 5, 2014 stakeholder meeting, stakeholders met in small groups to complete an infrastructure survey which focused on selecting the areas of improvement identified during the initial analysis which could be rewritten as “action statements” that could feasibly be used to support improvement and build capacity and would have a high level of impact on the SIMR. Stakeholders then plotted and discussed results of the infrastructure survey to identify coherent improvement strategies in relation to the SIMR.

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

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

Statement

To substantially increase the rate of developmental growth in the acquisition and use of knowledge and skills for Medicaid eligible children by the time they exit the program, as defined by the targets, for each of the years, 2014-2018.

Description

Component #3: State Identified Measurable Result (SIMR)

3(a): SIMR Statement

The District of Columbia chose the following as its SIMR based on analyses of the data and infrastructure and stakeholder input:

> ***To substantially increase the rate of developmental growth in the acquisition and use of knowledge and skills for Medicaid eligible children by the time they exit the program, as defined by the targets, for each of the years, 2014-2018.***

3(b): SIMR Based on Data and State Infrastructure Analysis

The broad data analysis revealed that while DC EIP met FFY 2013 targets for all of the APR child-family-level results indicators, there was a downward trend in Indicator 3(b) Summary Statement 1 over a four year period. DC EIP and stakeholders reviewed data regarding the AEPSi scores for children for each of the components of Indicator 3 disaggregated by Medicaid eligibility, setting, eligibility category and primary

language and identified the significant discrepancy in the results for Medicaid eligible children. Even though this discrepancy was revealed early in the data analysis process, DC EIP and stakeholders continued to disaggregate data in other ways to ensure that the focused SIMR would have the greatest impact on infants, toddlers and their families. Further disaggregation of the data (by type of childcare and by specific provider) confirmed the appropriateness of the SIMR.

DC EIP also obtained and compiled comments and input from stakeholders regarding the strengths and areas of improvement within the system's framework. While the infrastructure analysis revealed the need for enhanced professional development and accountability for providers, the need to ensure the reliability of AEPSi evaluation scores, the need to ensure a robust data system and the need to establish evidence-based program standards, stakeholders also identified multiple areas of strengths. Stakeholders noted that the strengths identified in the DC EIP infrastructure provide the necessary foundation to address areas of improvement that are most likely to have a significant impact on the SIMR.

3(c): SIMR as Child-Family-Level Outcome

DC EIP is committed to increasing the rate of developmental growth in the acquisition of knowledge and skills for Medicaid eligible children by the time they exit the program in order to substantially improve the results for infants and toddlers with disabilities and their families within the District of Columbia. Acquisition and use of knowledge and skills, including early language and communication, is an early childhood outcome recognized by OSEP and the early intervention field. This outcome is an integral component of growth and development for children.

DC EIP chose the subsection of Medicaid eligible children because Medicaid eligible children represent the majority of children (66%) served by DC EIP and because of the discrepancy between Medicaid eligible children and non-Medicaid eligible children for Indicator 3(b) Summary Statement 1 (moved closer to functioning like same-aged peers plus improved functioning to that of same-aged peers) (36.7% of Medicaid eligible children; 48.5% of non-Medicaid eligible children). Even more compelling was the percentage of Medicaid eligible children who did not improve functioning or improved functioning but had no change in trajectory (56.1%), as compared to the percentage of non-Medicaid eligible children who did not improve functioning or improved functioning but had no change in trajectory (26.7%). Given that Medicaid eligible children represent a majority of children served by DC EIP and that the results for Medicaid eligible children significantly affected the actual data for Indicator 3(b) Summary Statement 1, improving the results for this subset of children will improve the results for Indicator 3(b) Summary Statement 1 for the District of Columbia.

3(d): Stakeholder Involvement in Selecting the SIMR

Stakeholders met on August 25, 2014, November 5, 2014, December 2, 2014, January 21, 2015 and February 27, 2015. The stakeholders present at the meetings represented early intervention providers, Medicaid providers, DC EIP/Preschool 619, professional development providers, parents, OSSE Early Learning, OSSE Data, OSSE Legal, Head Start, DC Child and Family Services/CAPTA and DC Department of Mental Health.

During the August 25, 2014 meeting, DC EIP presented a recommendation for a preliminary SIMR, based on the analysis to date, to stakeholders. After reviewing the APR data for results indicators, the stakeholders agreed that a SIMR related to Indicator 3(b) Summary Statement 1 would have the greatest impact on improving results for infants, toddlers and their families. Following a broad data analysis and the analysis of the State infrastructure, the stakeholder group chose to revise the SIMR to target a more specific subset of children.

During the November 5, 2014 meeting, stakeholders engaged in an in-depth data analysis by analyzing data for Indicator 3 disaggregated by Medicaid status, settings, evaluation/assessment tool, eligibility category and length of time in early intervention. Following a detailed discussion of the data, stakeholders requested further disaggregated data to be presented and discussed at the December 2, 2014, while suggesting that the SIMR be revised to focus on Medicaid eligible children.

At the December 2, 2014 meeting, stakeholders engaged in an in-depth discussion regarding revising the SIMR to focus on children in subsidized childcare; however, they ultimately concluded that focusing on

Medicaid eligible children would have the greatest impact on improving results for infants, toddlers and their families in the District of Columbia. During the January 21, 2015 meeting, stakeholders confirmed the choice of the SIMR.

3(e): Baseline Data and Targets for the SIMR

FFY 2013 - FFY 2018 Targets

FFY	2013 (Baseline Data)	2014	2015	2016	2017	2018
Target B1 ≥	39.56%	39.56%	44.56%	49.56%	54.56%	59.56%

Selection of Coherent Improvement Strategies

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

Component #4: Selection of Coherent Improvement Strategies

4(a): Selection of Improvement Strategies

The selection of coherent improvement strategies was borne out of the data and infrastructure analyses conducted with stakeholders over a 7 month period in FFY14. These analyses have led to the identification of five (5) root causes that affect the SIMR. Stakeholders narrowed the pool of potential coherent improvement strategies to align actionable activities with each of the contributing factors related to the SIMR which could be realistically addressed within the next three years.

4(b): Quality of Improvement Strategies

The improvement strategies selected by DC EIP and stakeholders include: establishing evidence-based program standards; developing policies and procedures for both providers and childcare centers related to the effective administration of early intervention services; developing and implementing a data-driven accountability system to ensure the delivery of quality evidence-based practices; enhancing the data system by adding automated data checks, enhancing data entry methods and user dashboards; improving the quality and consistency of initial evaluations, assessments and IFSPs; and implementing a coaching model and conducting follow-up observations. DC EIP believes that the selected improvement strategies are sound, logical and aligned.

During the infrastructure analysis, DC EIP and stakeholders considered DC EIP's current initiatives, including developing a new data system, forming a system to directly bill Medicaid for early intervention services, investing in training for all service providers related to the AEPSi, extending an IFSP option to focus on knowledge/skills for school readiness, and developing online training modules which will be required for all providers. Stakeholders reasoned that all of the current initiatives would have a direct impact on the SIMR and chose to incorporate current initiatives into the selected improvement strategies.

DC EIP and stakeholders agree that if actual practice improves because providers adhere to evidence-based practice standards and parents and providers make accurate data-driven decisions when developing IFSPs, Medicaid eligible infants and toddlers with disabilities will demonstrate a substantial increase in the rate of developmental growth in the acquisition and use of knowledge and skills for Medicaid

eligible children by the time they exit the program.

DC EIP and stakeholders agreed that, after DC EIP establishes evidence-based program standards and develops policies and procedures related to those standards, an effective accountability system to ensure the delivery of quality evidence-based practices must be developed and implemented. DC EIP and stakeholders also agreed that a there is a need for quality data collected and used by DC EIP, providers and parents.

4(c): Implementation of Improvement Strategies

DC EIP and stakeholders agreed that a root cause for the outcome of Medicaid children in the acquisition of knowledge and skills is the lack of consistency between and among providers related to the provision of services. Stakeholders discussed that, at times, providers may have lower expectations for the population of children who are eligible for Medicaid, providers may not be appropriately communicating strategies to parents of children who are eligible for Medicaid, and providers have various understandings overall of expectations for the provision of services. Therefore, if DC EIP establishes evidence-based program standards, and develops policies and procedures for providers and childcare centers related to the effective administration of services (the program standards), then providers, childcare centers and parents will have a shared understanding of practice standards and providers will have clear expectations for the administration and provision of services. When this occurs, actual practice will improve because providers will adhere to the evidence-based practice standards and parents will be able to make better decisions when developing IFSPs.

DC EIP and stakeholders also agreed that a root cause for the outcome of Medicaid children in the acquisition of knowledge and skills is the need for quality data collected and used by DC EIP, providers and parents. Stakeholders discussed that the outcomes for Medicaid eligible children in the acquisition of knowledge and skills may not be accurate and/or may not be readily known on an individual basis when making IFSP decisions. Therefore, if DC EIP enhances its data system by adding automated data checks, enhancing data entry methods and user dashboards, the accuracy and reliability of data will improve, and service providers and parents will have access to a variety of data. When this occurs, parents and providers will be able to make accurate data-driven decisions when developing IFSPs.

Next, DC EIP and stakeholders identified root causes of the outcome of Medicaid children in the acquisition of knowledge and skills as the lack of quality and consistency of initial evaluations, assessments and IFSPs; and the lack an identified service provision model (coaching model) with follow-up observations. Therefore, if DC EIP improves the quality and consistency of initial evaluations, assessments and IFSPs; and implements a coaching model and conducts follow-up observations, parents and providers will better understand the child's functioning and, thus, how to serve the child. When this occurs, actual practice will improve and parents and providers will make accurate data-driven decisions when developing IFSPs.

Finally, DC EIP and stakeholders agreed that a root cause for the outcome of Medicaid children in the acquisition of knowledge and skills is the lack of an effective accountability system to ensure the delivery of quality evidence-based practices. Stakeholders discussed that, at times, providers may have lower expectations for the population of children who are eligible for Medicaid and therefore may not always provide high-quality services to Medicaid eligible children including appropriately communicating strategies to their parents. Therefore, if DC EIP develops and implements a data-driven accountability system to ensure the delivery of quality evidence-based practices, providers and partners will be held accountable for the administration and provision of services, and appropriate and timely data will be used to target technical assistance to specific areas of need. When this occurs, actual practice will improve because providers will adhere to the evidence-based practice standards.

4(d): Improvement Strategies Aligned to Areas of Need

DC EIP has aligned the coherent improvement strategies to the root causes identified over the course of the data and infrastructure analyses. The following is a description of the areas in which the root causes were identified and the corresponding improvement strategies.

Root Cause #1: **Leadership**

The need for a coaching, evidenced-based model for service delivery.

Coherent Improvement Strategies:
Establish evidence-based Program Practice Standards across providers by linking data to quality control improvements.
Improve the quality and consistency of initial evaluation, assessment and IFSP by creating an in-house team.
Develop policies and procedures for both providers and childcare centers on how to successfully administer early intervention services in the child care setting.
Assess challenges that service provider agencies face in their pursuit of delivering quality care to children and families.

Root Cause #2: **Professional Development**
The need to enhance the statewide professional development system to ensure the EI system partners have adequate knowledge and skills.

Coherent Improvement Strategy: Improve Knowledge and Skills of childcare providers and parents by implementing ongoing coaching model and conducting follow-up observations

Root Cause #3: **Accountability and Monitoring**
The need for enhanced accountability system to ensure the delivery of evidenced based services

Coherent Improvement Strategies:
Develop a performance assessment program that evaluates effective use of standards.
Improve reliability and validity of providers' administration of AEPSi by creating an exit assessment team; or creating a team of observers to review all assessments by treating providers.

Root Cause #4: **Accountability and Monitoring**
Parents are not receiving adequate knowledge of child development and how to support their child's IFSP goals and outcomes

Coherent Improvement Strategy: Improve Knowledge and Skills of childcare providers and parents by implementing ongoing coaching model and conducting follow-up observations.

Root Cause #5: **Data**
The lack of quality childcare evaluation/assessment information collected and used by the state and EI system.

Coherent Improvement Strategy: Create an enhanced EI data system, including automated data checks.

4(e): Stakeholder Involvement in Improvement Strategies
In the August 25, 2014, meeting, stakeholders reviewed of the results for APR Indicator 3, engaged in an inquiry to determine root causes of the State reported data for Indicator 3(b) Summary Statement 1 and a participated in a thorough and comprehensive infrastructure analysis. Following the in-depth infrastructure analysis, stakeholders proposed initial strategies for DC EIP to improve infrastructure and enhance evidence-based practices to increase measureable results for infants and toddlers and their families.

In the November 5, 2014, meeting, stakeholders discussed the results of the infrastructure survey and began the discussion of coherent improvement strategies. At the December 2, 2014 meeting, stakeholders discussed the likelihood that a strategy/effort could be achieved within the next three years and the impact that strategy/effort would have on results for infants and toddlers with disabilities and their families if the strategy or effort were achieved. The discussion was the basis for developing coherent improvement strategies.

At the December 2, 2014, meeting, stakeholders reviewed additional disaggregated data to further the discussion regarding coherent improvement strategies identified in the August 25, 2014 and November 5, 2014 meetings and the likelihood that the strategy could be achieved and the level of impact on the SIMR.

Stakeholder also suggested additional potential improvement strategies.

At the January 21, 2015, meeting, stakeholders engaged in a thorough root cause analysis of the areas of improvement identified as being related to the SIMR. Stakeholders then identified the leverage points (strengths noted during the infrastructure analysis) which could address each of the contributing factors. Finally, stakeholders narrowed the pool of potential coherent improvement strategies to align actionable activities with each of the contributing factors related to the SIMR which could be realistically addressed within the next three years.

Theory of Action

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

District of Columbia Theory of ActionDistrict of Columbia Theory of Action

Provide a description of the provided graphic illustration (optional)

Description of Illustration

5(b): Description of Graphic

The Theory of Action addresses improvement strategies in the areas of leadership, data, professional development/technical assistance and accountability/monitoring. The improvement activities were selected based upon the data and infrastructure analyses, including the root cause analysis with a focus on the likelihood of successful impact on the SIMR.

DC EIP and stakeholders agreed that a root cause for the outcome of Medicaid children in the acquisition of knowledge and skills is the lack of consistency between and among providers related to the provision of services. Therefore, if DC EIP establishes evidence-based program standards, and develops policies and procedures for providers and childcare centers related to the effective administration of services, then providers, childcare centers and parents will have a shared understanding of practice standards and providers will have clear expectations for the administration and provision of services. When this occurs, actual practice will improve because providers will adhere to the evidence-based practice standards and parents will be able to make better informed decisions when developing IFSPs.

DC EIP and stakeholders also agreed that a root cause for the outcome of Medicaid children in the acquisition of knowledge and skills is the need for improved data collection and utilization by DC EIP, providers and parents. Therefore, if DC EIP enhances its data system by adding automated data checks, enhancing data entry methods and user dashboards; parents and providers will be able to make accurate data-driven decisions when developing IFSPs.

Next, DC EIP and stakeholders identified root causes of the outcome of Medicaid children in the acquisition of knowledge and skills as the lack of quality and consistency of initial evaluations, assessments and IFSPs; and the lack of a coaching model with follow-up observations. Therefore, if DC EIP improves the quality and consistency of initial evaluations, assessments and IFSPs; and implements a coaching model and conducts follow-up observations, parents and providers who better understand the child's functioning will better understand how to serve the child. When this occurs, actual practice will improve and parents and providers will make accurate data-driven decisions when developing IFSPs.

Finally, DC EIP and stakeholders agreed that a root cause for the outcome of Medicaid children in the acquisition of knowledge and skills is the lack of an effective accountability system to ensure the delivery of quality evidence-based practices. Therefore, if DC EIP develops and implements a data-driven accountability

system to ensure the delivery of quality evidence-based practices, providers and partners will be held accountable for the administration and provision of services, and appropriate and accurate data will be used to target technical assistance to specific areas of need. When this occurs, actual practice will improve because providers will adhere to the evidence-based practice standards.

5(c): Stakeholder Involvement

Stakeholders engaged in a thorough discussion of how the root causes and identified improvement strategies were inter-related regardless of the “strands” in which they are categorized. Therefore, provider training relates to the strands of leadership, data, professional development/technical assistance and accountability/monitoring. Stakeholders agreed upon the Theory of Action developed. All stakeholders agreed that each of the improvement strategies is an integral part of substantially increasing the rate of developmental growth in the acquisition and use of knowledge and skills for Medicaid eligible children in order to increase the outcomes for infants and toddlers with disabilities in the District of Columbia.

Infrastructure Development

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

1(a): Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.

The District of Columbia is focusing on four specific areas of its infrastructure to better support the early intervention program and its providers. The following four areas align with our theory of action (Attachment 1) and are outlined in our logic model (Attachment 2):

1. Leadership
2. Data
3. Professional Development and Technical Assistance
4. Accountability and Monitoring

Stakeholder input was instrumental in developing these improvement strategies and the DC Early Intervention Program (DC EIP) will continue to engage our stakeholders in the implementation of the improvement plan. The following is a list of the types of stakeholders that participated in meetings and theory of action strand workgroups that supported the development of Phase II of the DC Early Intervention State Systemic Improvement Plan (SSIP).

Title	Organization	Role
Physical Therapist/Adjunct Professor	Georgetown University, Center for Child and Human Development	Comprehensive System of Personnel Development
Speech Therapist	Little Feet and Hands	Provider
Parent	N/A	Parent
Parent	N/A	Parent
Parent	N/A	Parent
Physical Therapist	Georgetown University, Center for Child and Human Development	Comprehensive System of Personnel Development
Speech Therapist	MACS	Provider
Speech Therapist	MACS	Provider

Title	Organization	Role
Professor – Early Childhood Development	Catholic University	Comprehensive System of Personnel Development
Occupational Therapist	Little Feet and Hands	Provider/ Comprehensive System of Personnel Development
Program Manager	DC Department of Health Care Finance	Medicaid
Vision Therapist	MC Consulting	Provider/ Comprehensive System of Personnel Development
General Counsel	OSSE	Legal/Policy
Early Intervention Specialist	OSSE	DC EIP Staff
Project Director	George Washington University - LEEAD: Leadership for Excellence in Early Academics and Development	Comprehensive System of Personnel Development
Evaluation Consultant	Consultant	Evaluation Planning
Child and Adolescent Health Division Chief	DC Department of Health	Home Visiting Program
Research Analyst	OSSE	Early Care and Education
Technical Assistance Provider	Georgetown University, Center for Child and Human Development	Comprehensive System of Personnel Development
NICU Nurse and Professor	George Washington University - LEEAD: Leadership for Excellence in Early Academics and Development	Comprehensive System of Personnel Development
Child Care Provider	Easter Seals	Provider
Administrator	Child and Family Services Agency	CAPTA
Assistant Superintendent of Early Learning	OSSE	Early Care and Education

Leadership

DC EIP is taking concrete steps to move the Part C system in DC towards a primary service provider model to enhance the capabilities of early intervention providers, service coordinators, and families. The primary service provider model utilizes a team approach where one member of the child's early intervention team is identified as the "primary" provider. The early intervention provider network has been divided into multidisciplinary early intervention service provider teams to support this effort. Four training webinars on the model will be provided between April and September 2016. It is anticipated that over 200 providers will be trained on the model by the end of September. DC EIP is leveraging the available resources across the state system through policies, procedures, and partnerships that will help support this model. DC EIP must ensure that key partners and stakeholders are supported in carrying out their role in delivering services to children and families through the primary service provider model.

Data

The current DC EIP data system is flexible and responsive to the needs of the Program; however there is a need for enhancements to improve the analysis and reporting functionality of the data system. DC EIP is moving from a Quickbase platform to a ".Net" platform to enhance the security, capacity, and capability of the data system. The changes to the system will also help support the management of the expected growth in the number of children served through the early intervention system. The specific enhancements to be gained are:

- Embedded electronic signature forms to improve efficiency and customer care;
- Link and import child outcome data from the Assessment, Evaluation, and Programming System for Infants and Children (AEPSi) to improve reporting and data analysis;
- An advanced billing/invoice system that will support more real time analysis of expenditures; and
- HIPAA-compliant system which will support Medicaid claiming and reimbursement.

These enhancements will improve DC EIP's ability to monitor early intervention provider performance, provide sophisticated data reports, and track service quality and expenditures.

-

Professional Development and Technical Assistance

The DC EIP needs to update its service delivery model and program standards for initial evaluations, direct services, assessments and Individual Family Service Plans (IFSPs) to improve results for infants and toddlers. Stakeholders agreed that the current service delivery model, where multiple provider agencies are delivering different services for the same IFSP outcome for the same child can be overwhelming for families and the child. Based on research and input from other states and OSEP technical assistance centers, a two-pronged approach was determined to be the best solution:

- Service Coordination – Routines Based Interview/Intervention (RBI)
- Service Delivery – Early Intervention Coaching and Teaming Model

The combination of these two approaches, implemented by the District's Comprehensive System of Professional Development (CSPD), will lead to a more results driven accountability system of service delivery for our children and families.

Accountability and Monitoring

DC EIP will develop a data-driven accountability and monitoring system to allow for an effective feedback loop with technical assistance providers. This targeted method will allow for an ongoing review of the new processes to be implemented. Key to this effort will be a focus on enhanced monitoring of local Programs and improved data quality and reporting to help strengthen and expand support for the new primary provider model.

1(b): Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top – Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.

By December 2016, the Division of Early Learning will create cross-functional working groups with representation from the Early Intervention, Quality Initiatives, and Child Care Licensing Units to improve collaboration and coordination and ensure all children (birth to age five) and their families are supported through a continuum of high quality early care and education. Additionally, OSSE is leading several initiatives focused on improving and aligning services for Part C eligible children:

- **DC's Quality Improvement Network (QIN)** is supported by an Early Head Start Child Care Partnership Grant. The goal of the QIN is to improve the quality of infant and toddler care in DC to Early Head Start Standards. The QIN includes three neighborhood based hubs that provide job embedded professional development, coaching, and family support services to 12 child development centers and 10 child development homes. Each hub has a full time infant/toddler disabilities coordinator that works with center directors and families to support the development of children with disabilities and/or mental health needs. The infant/toddler specialists provide training and technical assistance related to screening, assessment and inclusion practices to center staff and parents and monitor that child care staff are implementing IFSP goals. The QIN is supported by an Interagency District Steering Committee comprised of representatives from the Department of Health Care Finance, Department of Behavioral Health, Department of Human Services, Department of Health, and Child and Family Services. These agencies help inform and support the provision of comprehensive services and supports for families and children.
- **Enhanced Quality Rating and Improvement System (QRIS)** – The enhanced QRIS includes program standards and practices that support and address the needs of children with special needs. The QRIS is undergirded by a continuous quality improvement plan, which establishes a system of supports to ensure that programs offer a range of services that ensure access, participation, and the infrastructure needed to achieve the desired results related to inclusion.
- **Performance Management Dashboard** – the DEL is developing a performance management dashboard with relevant metrics for all units in the Division. This dashboard will build the capacity of the DEL leadership team and staff to use data to drive decision-making to inform quality improvement strategies.

In addition to these internal initiatives, DC EIP is partnering with the DC Department of Health on the following:

- **Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)** to coordinate services for children with disabilities.
- **Children with Special Health Care Needs (CSHCN)** a portion of the Title V funds are being used to support DC EIP service coordination.
- **Help Me Grow** – Anticipated launch in 2017 will provide supports for families of young children including providing them with resources, services, and follow up support.

1(c): Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.

Expected Outcomes	Resources Needed	Responsible Party	Timeline
Leadership: Primary Service Provider Model	Other state initiatives	Part C Coordinator; Assistant Superintendent of Early Learning; CSPD Providers	September 2015 – January 2018

	Mentor/coaching materials		
Data: Enhanced Data System	National Center for Early Childhood Data Systems (DaSy) team review of requirements	Supervisory Program Specialist/Database Administrator	May 2015 – May 2017
	Cadre of users to test system		
	Other state initiatives		
Professional Development and TA: Coaching and Teaming Program		Part C Coordinator; Supervisory Early Intervention Specialist; CSPD Providers	November 2015 – May 2018
	Mentor/coaching materials		
	Enhanced data system to produce more detailed reports		
Accountability and Monitoring: Improved Accountability System	Other state initiatives	Specialist Assistant, Part C; Supervisory Coordinator for Special Education; Data Analysis and Research Division; Assistant Superintendent of Early Learning;	January 2016 – April 2018
	Mentor/coaching materials		

1(d): Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

The infrastructure changes are an agency-wide priority. The District's Interagency Coordinating Council (ICC) and several small working groups, made up of many of the same stakeholders described above, that met, at minimum, on monthly basis from September 2015 – February 2016 were instrumental in developing the priorities for infrastructure development and will be kept informed of, and encouraged to, provide feedback on progress at every meeting (4 times per year). In addition to these stakeholder groups, DC EIP will engage the QIN Interagency Steering Committee and two committees of State Early Childhood Development Coordinating Council (SECDCC): Early Intervention and Family Support and Health and Well-being.

Leadership

The Division of Early Learning's Policy, Planning, and Research Unit and OSSE's Office of the General Counsel work closely with DC EIP to ensure that the necessary policies, regulations and procedures are in place to support the primary service provider model.

Data

DC EIP has the support of OSSE's Chief Information Officer to develop the enhanced database including new reporting features. OSSE's Data Analysis and Research Division will support the DC EIP in analyzing data and coordinating the integration of DC EIP data into the State Longitudinal Education Data (SLED) System.

Professional Development and Technical Assistance

Joint trainings for early intervention providers with the Department of Health's MIECHV program are ongoing.

The Division of Early Learning's Quality Improvement Unit will explore partnering with DC EIP on improving inclusion practices within child care centers and homes and providing professional development and technical assistance.

Accountability and Monitoring

DC EIP is partnering with the Elementary, Secondary and Specialized Education Division on the development of a risk-based monitoring processes and procedures.

The Data Analysis and Research Division is partnering with the DEL on developing a Performance Management Dashboard with particular attention to the areas impacting progress towards achieving our State Identified Measureable Result (SIMR). These analyses will include information on children in the subsidy and Head Start programs; quality of the child care centers where eligible children are being served; and other state supported services the child and family may be receiving.

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

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

implementation of the evidence-based practices once they have been implemented with fidelity.

2(a): Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

DC EIP researched evidence-based program standards and service delivery models. As part of the research, DC EIP looked at many different models and compared their efficacy to other proven methods. Several states that implemented each model as well as national technical assistance providers were consulted to determine the best path for DC EIP. After consideration and input from stakeholders, DC EIP made the decision to use Routines-Based Interview/Intervention (RBI) along with the evidence-based coaching and teaming method.

DC EIP's Comprehensive System Professional Development (CSPD) providers enrolled in the Workshop/Certification Program for Routines Based Interviews and Routines Based Interventions in order to support high fidelity adoption, implementation and sustainability of the evidence-based practices and coherent improvement strategies. CSPD coordinated a two-day workshop in September 2015 for 350 early intervention providers to learn about and practice the new model.

DC EIP will provide support for implementation of RBI within the primary service provider model through specialized coaching for each member of the child's early intervention team. This support is designed to improve their effectiveness and ensure fidelity to the model. Full participation and investment by early intervention providers is essential to the success of this model.

Routines Based Interview (RBI) Professional Development and Implementation

DCEIP has adopted the RBI as part of the program planning process and to improve the quality of IFSPs by creating functional and contextualized outcomes. The RBI is a family centered method of gathering information from families. It is a semi-structured interview that asks the family about their concerns, priorities and resources and the child and family functioning in every day routines. Evaluation Providers, Service Coordinators, and Service Providers will participate in a phased program to implement the RBI with fidelity in the District of Columbia. The program will train all early intervention providers in a standardized method of conducting the RBI with families. Training for this initiative will begin in September 2016.

Coaching for Early Intervention Providers

Coaching is an interaction style used to build the capacity of parents and other care providers to promote child development and learning within the context of everyday routines and activities. A two-component training program will be offered to Strong Start early intervention providers. Component 1 is an all early intervention provider training in the critical aspects of coaching as an EI Interaction style (EI Coaches). Component 2 is a Master Coach Training Program offered to a select group of early intervention providers (Master Coaches). The trained Master Coaches will be available on an on-going basis to support the EI Coaches, ensuring that coaching continues and is conducted in a meaningful way.

2(b): Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

DC EIP has developed the activities for the coherent improvement strategies developed in Phase I of the SSIP. The activities needed to implement the strategies were communicated through a mandatory workshop/conference in September 2015 and are reinforced at monthly service coordination and early intervention provider meetings. Targeted trainings are also planned to ensure that the early intervention community is informed and develops the skills required to utilize evidence-based practices in their work with children and families.

Stakeholders were actively involved in identifying the steps and specific activities needed to implement the coherent improvement strategies. CSPD providers, service coordinators, evaluators and direct service providers were actively involved in workgroups that developed these activities. Parents will be oriented to the specific strategies through partnerships with Early Head Start Child Care Partnership grantees, agreements with child care centers, and directly with early intervention service providers and service coordinators. The workgroups that are addressing each action strand will continue to meet and provide updates on progress to the ICC which meets four times per year to ensure all activities are implemented with fidelity.

<u>Leadership</u>

Key activities will be centered on establishing new partnerships and enhancing existing partnerships to further the work of establishing evidence-based standards and developing policies and procedures to support that work. Although stakeholders will be involved in the development of policies and procedures, there is always a possibility of delay during the required public participation process. As additional barriers are identified, strategies to address them will be developed.

Activities	**Resources Needed**	**Who Is Responsible**	**Timeline**
Strategy 1. Establish evidence-based program standards.			
Define evidence-based program practices in early intervention for service coordinators, service providers and evaluators.	Team of early intervention professionals Technical assistance team CSPD	Part C Coordinator	September 2015 – December 2015

Activities	Resources Needed	Who Is Responsible	Timeline
Develop policies, procedures and tools for administering primary service provider model.	Materials from states that have implemented the model	Part C Coordinator/ Supervisory Program Analyst Supervisory Early Intervention Specialist	January 2016 – July 2016
Create or change District of Columbia policy, as needed, to support universal implementation of the evidence-based Program Practice Standards.	Information on evidence-based practice standards Stakeholder input	DEL Director of Policy, Planning, and Research	July 2017 – June 2018
Strategy 2. Develop policies and procedures for both early intervention providers and child care centers related to the effective administration of early intervention services.			
Outline key strategies and community resources families can leverage to support the services in home and other natural environments.	Team of early intervention professionals QIN Interagency Steering Committee	Part C Coordinator	2018 - 2019
Develop partnerships with child care centers.	List of child care centers serving children with IFSPs	Part C Coordinator and DEL Director of Quality Initiatives	2017 -2018

Data

A project plan has been developed for three phases of the database. Phase One is anticipated to be completed by August 2016. DC EIP has encountered changes in the database development team which has been a barrier to completing the work as scheduled. The OSSE Chief Information Officer has deployed additional resources to the project to address this barrier. As additional barriers are identified, strategies to address them will be developed.

Activities	Resources Needed	Who Is Responsible	Timeline
Strategy 1. Create an enhanced EI data system, including automated data checks, improved data entry methods, and user dashboards.			
Create and implement an enhanced EI data system that includes: · Adding automated data checks; · Improving data entry methods; · Enhancing user dashboards; and · Expanding the number of reports	Funding to support the effort Consistent project management to ensure adherence to requirements Thorough user acceptance testing Training of staff and early intervention providers on the proper use of new functionality	Supervisory Program Analyst	July 2015 – June 2017

Professional Development and Technical Assistance

Ongoing coaching programs to support the new service delivery model have been developed for early intervention providers to ensure that the two-pronged approach described above is implemented with fidelity. The coaching program has a fidelity checklist to ensure that it is being implemented appropriately. Assessments of progress will be conducted to

determine improvement over time. One barrier is ensuring active participation of all early intervention service providers and service coordinators. Contracts will be modified to require participation in the coaching programs. As additional barriers are identified, strategies to address them will be developed.

Activities	Resources Needed	Who Is Responsible	Timeline
Strategy 1. Improve the quality and consistency of initial evaluations, assessments and IFSPs.			
Routines Based Interview (RBI) Training	Other states' initiatives Mentor/coaching materials	Part C Coordinator/ CSPD Team	March 2015 – August 2017
Strategy 2. Implement a coaching model and conduct follow-up observations.			
Coaching service delivery method	Other states' initiatives Mentor/coaching materials	Part C Coordinator/ CSPD Team	September 2015 – August 2017

Accountability and Monitoring

DC EIP will revise its general supervision system to include processes that will allow for clear accountability on the part of early intervention providers and partners. Barriers will be addressed as they arise.

Activities	Resources Needed	Who Is Responsible	Timeline
Strategy 1. Develop and implement a data-driven accountability system to ensure the delivery of quality evidence-based practices.			
Conduct annual monitoring and evaluation of progress towards SSIP goals.	Other states' systems Evaluation plan Team of evaluators Other states' systems	Special Assistant, IDEA Part C; Supervisory Coordinator for Ongoing Special Education;	
Review and revise the Part C accountability system to ensure implementation of evidence-based program practices.	Evaluation plan Team of evaluators	Special Assistant, IDEA Part C; DEL Director of Policy, Planning, and Research	July 2016 – June 2018

2(c): Specify how the State will involve multiple offices with the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Leadership

The Division of Early Learning's Policy, Planning, and Research Unit and the OSSE Office of the General Counsel work closely with the DC EIP to continue to review early intervention policies and procedures to ensure that they continue to meet the needs of the program as the use of evidence-based practices are routine.

Data

DC EIP has the support of the OSSE Chief Information Officer in maintaining the early intervention database. The Data Analysis and Research Division will support the DC EIP with data analysis and reporting. These activities will help DC EIP determine where supports and TA may be needed for early intervention providers.

Professional Development and Technical Assistance

Joint trainings for early intervention providers with the Department of Health, MIECHV program, are ongoing and will continue even after evidence-based practices are implemented with fidelity. The DEL's Quality Improvement Unit will continue to partner with DC EIP on providing professional development resources for the child care sector.

Accountability and Monitoring

The Data Analysis and Research Division will continue to partner with DC EIP to conduct analyses to ensure that DC EIP is making the progress it needs toward its SIMR. The performance based dashboards will inform progress towards implementation.

Evaluation

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

3(a): Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and families.

The evaluation plan (Attachment 3) has four overarching goals: 1) to closely align with the SSIP Theory of Action; 2) to evaluate short- and long-term outcomes; 3) to incorporate data collection and analysis methods and timelines that measure both implementation and impact; and 4) to involve and engage stakeholders. This evaluation addresses the four main areas of greatest need: Leadership, Data, Professional Development, and Accountability/Monitoring. These four areas were used to drive the creation of the Theory of Action (Attachment 2), which in turn, determined the content of the logic model (Attachment 1). The theory of action and logic model drive the evaluation plan; short-term, intermediate, and long-term outcomes; and research questions.

3(b): Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

DC EIP reconvened the stakeholder group from Phase One and also recruited some new members. From this group the four workgroups were formed to develop activities and an evaluation plan for each of the strands. Representatives were from early intervention provider agencies; OSSE (Part B, McKinney-Vento, Child Care, Head Start; DC EIP); other state agencies (Health, Medicaid, Human Services, Mental Health); university partners; and families. These groups will continue to meet, at minimum, on a quarterly basis to examine the data collected and make recommendations for the continued implementation of the coherent improvement strategies. Each evidence-based practice strategy also has its own evaluation component that requires ongoing feedback from coaches, early intervention providers and families.

3(c): Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

DC EIP will continue ongoing database monitoring of Part C programs. The existing AEPSi data system allows for collection and analysis of entry and exit data on child outcomes. As part of the revision of the accountability and monitoring system, additional measures will be put in place to collect and analyze data such as: focus group protocols; pre- and post-training evaluations; self-evaluations; direct observations; and checklists for document review.

Sampling for Evaluation

Staff/Agencies: For evaluations that involve evaluating knowledge levels of staff, as well as qualitative interviews and focus groups with staff, a sample will be randomly selected. The size of the sample will depend on the total possible sample size and, for quantitative data, on the power analysis for a specific proposed test. Samples will be representative of the target population/audience.

Parents. For evaluations related to parents, a sample of parents will be randomly selected. The size of the sample will depend on the total possible sample size (e.g. for a small subgroup of parents who attend a particular training, all of the parents involved might be included in the data collection) and, for quantitative data, on the power analysis for a specific proposed test.

*IFSP*s. In an analysis involving IFSPs and IFSP quality, a sample of IFSPs will be randomly selected for analysis.

Data Analyses. Analyses will be determined based on the research question being answered. Most of the analyses will involve pre-post comparisons, such as when examining skills acquisition during a specific training. Data will also be examined for changes over time, such as quality of data (as scored by a checklist) and child outcome data. Qualitative data will be coded and analyzed for overarching themes.

3(d): Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

To ensure that the SSIP is being implemented correctly and that the strategies are effective, DC EIP will follow the "Plan, Do, Study, Act" (PDSA) continuous improvement cycle. Data will be reviewed on an ongoing basis with stakeholders. Stakeholders will have opportunities to give input on the ongoing implementation for the evaluation. The PDSA cycle will support the Program in making adjustments in the SSIP based on the results of the data being collected.

Evaluators will report all findings and facilitate PDSA "Plan" and "Study" phase discussions during quarterly meetings of the ICC, strand working groups and at the SECDCC Committee meetings and QIN Interagency Steering Committee meetings. These sessions will be held in-person in order to promote learning and collaboration across the community and state system levels. Program evaluators will facilitate all quarterly discussions and will work with the DC EIP Administrator, as well as other representatives from OSSE and key partner agencies, to ensure that each quarterly agenda is geared to plan and study the activities and progress of the SSIP in order to achieve its short-, medium-, and long-term outcomes.

During the quarterly meetings, the stakeholder groups will plan next steps and identify improvement theories. Testing will occur between quarterly meetings, during the "Do" and "Act" phases and will be monitored by relevant partners at the monthly early intervention provider meetings. Outside of quarterly meetings, evaluators will also share quantitative and qualitative findings in real time – both with individuals and implementation teams –to support the SSIP process.

The evaluators will also identify the technical assistance needs of working groups and assist them in monitoring their service delivery efforts. Stakeholder input will also be included in the annual reporting of progress on the SSIP.

Leadership

Progress toward meeting the outcomes for this strand will require process checklists; knowledge assessments; and collaboration among agency partners. Stakeholders will have an opportunity to review the data on a quarterly basis during ICC meetings to provide feedback and assess progress toward meeting the SIMR.

Data

The schedule for the completion of the database and its component parts is set and reviewed weekly. Any changes to the schedule are discussed within the context of the SSIP. The database is integral to sharing of data required for service provision in the coaching and teaming strategy.

Professional Development and Technical Assistance

Each professional development strategy has its own timeline for data review and will make modifications to the activities as work progresses. The fidelity measures, family surveys, self-assessments and coaching reviews will inform the progress on this strategy.

Accountability and Monitoring

Monitoring of continuous improvement plans for early intervention provider agencies as well as a review of technical assistance will determine if there is a clear feedback loop from data demonstrating the need for additional assistance in a particular area.

Overall SIMR

The AEPSi is used to evaluate growth in the acquisition and use of knowledge and skills for Medicaid-eligible children to determine change over time.

The AEPS – Assessment, Evaluation, and Programming System, is the tool for initial and continuous assessment for infants and toddlers. This system allows for seamless linking of assessments, goal development, intervention and evaluation. The AEPS is comprehensive and meets National Association for the Education of Young Children (NAEYC) guidelines as well as evidence-based practices for assessments. Brookes Publishing has an AEPS Inter-Rater Reliability (IRR) Certification Course to help identify if administrators are qualified to be certified as reliable scorers. This certification is valid for three years. DCEIP secured 200 slots for early intervention service providers and evaluators, and has required all provider agencies to register teams to participate and complete the course. The course allows registrants a full year from first access and two attempts to become certified. The course began December 1, 2015, and will close November 30, 2016. Currently 145 seats are filled, and additional seats are filled monthly with new providers coming onboard with DC EIP. To date, 15 participants have completed the course. For those who complete the course but do not pass with certification, additional support and technical assistance will be provided throughout the year, and participants will be eligible to sit for the certification test again after December 1, 2016.

Technical Assistance and Support

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

OSSE sought assistance from several technical assistance centers in the development of Phase II: IDEA Data Center; Center for Early Childhood Data Systems (DaSy); Early Childhood Technical Assistance Center (ECTA); and the National Center for Systemic Improvement (NCSI). As the SSIP is implemented, OSSE will continue to seek technical assistance and support from these centers to implement the four Theory of Action strands. OSSE will seek assistance in the review of our evidence-based practice standards and seek guidance on the development of effective policies and procedures that will support implementation of the primary service provider model. OSSE will also work with IDC, DaSy, and ECTA on the integration of Part C data into the Statewide Longitudinal Educational Data System (SLEDS). As OSSE works to develop a more data driven accountability and monitoring system, it will seek assistance from NCSI, and ECTA.

OSEP Response

Required Actions

Certify and Submit your SPP/APR

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

Selected: Designated by the Lead Agency Director to certify

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

Name: Kerda DeHaan

Title: Special Assistant

Email: kerda.dehaan@dc.gov

Phone: 202-741-0791