

**Part C State Performance Plan (SPP) for 2005-2012****REVISED FEBRUARY 1, 2011****Overview of the State Performance Plan Development:**

The Office of the State Superintendent of Education (OSSE), Department of Special Education (DSE), DC Early Intervention Program (DC EIP) (herein after referred to as the District serves as the designated office for the District of Columbia responsible for administering Part C of the Individuals with Disabilities Education Act. The District of Columbia Part C program is funded through a federal grant under the U.S. Department of Education, Office of Special Education Programs.

On April 1, 2008, Early Childhood Education Administration (ECEA), including DC EIP, was transitioned to the District of Columbia Office of the State Superintendent of Education as a result of the Public Education Reform Act of 2007 (D.C. Law 17-9, effective June 12, 2007). The District of Columbia Special Education Program (IDEA Part B) is also a component of OSSE. A second transition occurred in summer 2008 with the DC EIP transitioning to the Division of Special Education within OSSE.

Initial development of the SPP involved staff of the DC EIP and the Interagency Coordinating Council (ICC), the advisory board for DC EIP. The DC EIP and ICC met in June 2005 to begin planning the stakeholders' involvement in the development of the District of Columbia six year State Performance Plan (SPP). These stakeholders included the ICC and parents. Staff of the DC EIP met with the full ICC at its quarterly meeting in July 2005 to provide an overview of the SPP requirements and to plan a timeline for ICC and other stakeholders' input. All staff attended OSEP's Summer Institute held in August 2005 to learn more about the SPP requirements and OSEP's expectations. The draft SPP, as developed, was shared and reviewed with members of the ICC at a day-long retreat in October 2005. Additional stakeholder input was obtained through a focus group held at a family orientation luncheon in November 2005, facilitated by a parent member of the ICC. The State Performance Plan has been revised to reflect the approved FFY 2009 Annual Performance Report (APR).

It is significant to note that the District revised the start and end of its reporting period to align with the federal fiscal year. This resulted in an overlap in data and reporting between the FFY 2006 and 2007 APR submissions.

The state Management Information System (MIS) is the database that **formerly served** as the data management tool for the U.S. Department of Education, Office of Special Education Programs (OSEP) federal reporting requirements. The database was developed and ready for use in June 2006. In FFY 2009 DC EIP began using a Quick Base application, Early Steps and Stages Tracker (ESST) as its primary database. **The FFY 2009 APR utilizes the ESST** as the primary source for collection and analysis of data. The District is more confident in the improved reliability of the data generated from its new system. This is important in accurately identifying

infants and toddlers served during each reporting period. In addition, the Quick Base platform allows for immediate modifications of the database.

The District received ongoing monthly on-site technical assistance from the Mid-South Regional Resource Center (Mid-South), FFY 2006 through FFY 2008. **In FFY 2009, Mid-South provided assistance on an as needed basis.** The assigned Technical Assistance Specialist facilitated meetings with staff and stakeholders designed to analyze implementation of federal requirements and internal and external monitoring procedures. The Data Accountability Center (DAC) and the National Early Childhood Technical Assistance Center (NECTAC) also provide technical assistance to the District.

**Outreach and Public Awareness Plan**

The District will make both the SPP and APR available to the public, including publishing both in the *District of Columbia Register* and posting on the OSSE website. In addition, the APR will be disseminated to the public through the ICC and other early intervention related committees. The APR will be available to the public within forty-five (45) days after OSEP’s approval of the report.

The District will comply with federal requirements for public reporting of providers who serve children in the Part C system related to the OSEP indicators identified in this SPP and reported in the APR each year. The FFY 2008 public report is available on the OSSE website.

The following chart outlines the distribution of Part C information and materials for the purpose of increasing public awareness of the DC EIP in the District of Columbia. This plan includes targeted outreach to limited or non-English proficient communities. All sub-grantees and contractors funded through DC EIP are required to assist with the distribution and information sharing of the DC EIP mission.

| <b>Audience</b>         | <b>Materials</b>  | <b>Community Distribution</b>   |
|-------------------------|---|---|
| Consumers<br>(Families) | <ul style="list-style-type: none"> <li>• Brochures</li> <li>• Fact Sheets</li> <li>• Resource Directory</li> <li>• Public Service Announcements</li> <li>• Promotional giveaways such as pens, cups, etc.</li> <li>• Flyers</li> <li>• Newsletters</li> </ul> | <ul style="list-style-type: none"> <li>• Health Fairs &amp; Community Events</li> <li>• TV, Radio</li> <li>• Website</li> <li>• Public Libraries</li> <li>• Community based establishments (e.g. Grocery Stores, Hair Salons, Convenience Stores, Community Centers</li> <li>• ECEA Grantees</li> </ul> |
| Hospitals,              | <ul style="list-style-type: none"> <li>• Referral Guide</li> </ul>  | <ul style="list-style-type: none"> <li>• Doctor’s Offices</li> </ul>  |

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| Audience                            | Materials  | Community Distribution  |
|-------------------------------------|--|---|
| Physicians and Nurse Practitioners  | <ul style="list-style-type: none"> <li>• Posters</li> <li>• Brochures</li> <li>• Magnets</li> <li>• Pens</li> <li>• Rolodex Cards</li> </ul>   | <ul style="list-style-type: none"> <li>• Clinic Staff</li> <li>• Waiting Areas</li> <li>• Bulletin Boards (electronic and traditional)</li> <li>• Mail</li> <li>• Website</li> <li>• Personal Visits</li> </ul> |
| Child Care Providers                | <ul style="list-style-type: none"> <li>• Posters</li> <li>• Calendars</li> <li>• Brochures</li> <li>• Fact Sheets</li> <li>• Newsletters</li> <li>• Pens</li> <li>• Magnets</li> </ul>             | <ul style="list-style-type: none"> <li>• Mail</li> <li>• Website</li> <li>• Training</li> <li>• Meetings</li> <li>• Compliance Visits</li> </ul>  |
| Other Government Agencies           | <ul style="list-style-type: none"> <li>• Posters</li> <li>• Referral Guide</li> <li>• Rolodex Cards</li> <li>• Eligibility Requirements</li> <li>• Presentations</li> <li>• Newsletters</li> </ul> | <ul style="list-style-type: none"> <li>• Mail</li> <li>• Website</li> <li>• Meetings (professional/community)</li> <li>• Trainings (professional/community)</li> </ul>  |
| Private and Religious Organizations | <ul style="list-style-type: none"> <li>• Posters</li> <li>• Rolodex Cards</li> <li>• Presentations</li> <li>• Newsletters</li> <li>• Referral Guide</li> </ul>                                     | <ul style="list-style-type: none"> <li>• Mail</li> <li>• Website</li> <li>• Meetings (professional/community)</li> <li>• Trainings (professional/community)</li> </ul>  |

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

**Measurement:**

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

Account for untimely receipt of services.

**Overview of Issue/Description of System or Process:**

During FFY 2004, DC EIP staff instituted the practice of bi-monthly phone calls to every family in the early intervention system to check on the status of their services. Less than one year later DC EIP began a new practice of tracking services on a monthly tracking sheet. Both practices were developed to help ensure that children and families receive all of the services on their Individualized Family Service Plans (IFSPs) in a timely manner. Because OSEP had not previously required data on the number of days elapsed between parental consent for services and the initiation of those services, DC EIP had not systematically tracked the *start date* of services. DC EIP is able to track this information using the providers' monthly reports and invoices. In FFY 2005 DC EIP instituted the practice of having service start dates recorded on the internal monthly tracking sheets as well as in the dedicated service coordination monthly reports. In order to establish the baseline data for the current SPP, DC EIP sought to identify start dates by reviewing the early intervention providers' December 2004 caseload reports submitted in compliance with DC EIP's monitoring requirements. Because DC EIP did not require service start dates in those caseload reports, DC EIP staff has worked with the providers to identify the start dates for as many of the children as possible. The baseline for this SPP is compiled from the records of 106 children.

As of FFY 2008, DC EIP systematically collects the start date of services for all children enrolled in early intervention services. This information is documented and recorded in the ESST and as well as the early intervention record.

**Criteria for Timely Receipt of Services:**

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Services that begin within 30 days of the initial IFSP or parent’s initial signed consent for services (if IFSP is delayed) meet the DC EIP criteria for timely onset. We have selected this timeline because it is in synch with the DC Public Schools’ 30-day timeline from completion of the Individualized Education Program (IEP) to service delivery and with the Medicaid Managed Care Organizations (MCOs) whose contracts allow 30 days for delivery of non-urgent care appointments.

### Baseline Data for FFY 2003 (2003-2004):

| Total Cases | In Compliance<br>30 days | 39 - 46 days<br>(9-16 days<br>delay) | 54 - 61 days<br>(24-31 days<br>delay) | Over 61 days<br>(Month delay<br>or more) |
|-------------|--------------------------|--------------------------------------|---------------------------------------|--|
| 106         | 72                       | 6                                    | 6                                     | 22                                       |

| Reason for Delay   | 9-16 days delay | 24-31 days delay | Over 31 days delay |
|--------------------|-----------------|------------------|--------------------|
| Parent             | 0               | 2                | 15                 |
| Provider           | 1               | 1                | 0                  |
| Managed Care       | 2               | 2                | 2                  |
| Private Insurance  | 0               | 1                | 1                  |
| Child Care Voucher | 3               | 0                | 0                  |
| Hospitalization    | 0               | 0                | 4                  |

### Discussion of Baseline Data:

Using monthly reports submitted by early intervention providers in December, 2004, DC EIP was able to track the start date of services for 106 children. Seventy-two (72) children began their services within 30 days of their initial IFSP meeting or of initial parental consent if the IFSP was delayed. Thirty-four (34) children encountered delays from nine (9) to over 30 days. Of the 34 with delays, seventeen (17) were caused by parents needing more time before they could take advantage of services and four (4) of the delays were due to hospitalization of children. Thirteen (13) of the delays related to issues involving Managed Care, private insurance, child care vouchers, or service providers. Thus, out of the 106 cases, 93 (88%) were in compliance with the 30 day start date or were delayed for reasons that are considered acceptable under the law (i.e. exceptional family circumstances). Thirteen (13) or 12% raised

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compliance issues that DC EIP is aware of and will address in the improvement activities described below.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 100%                           |
| 2006<br>(2006-2007) | 100%                           |
| 2007<br>(2007-2008) | 100%                           |
| 2008<br>(2008-2009) | 100%                           |
| 2009<br>(2009-2010) | 100%                           |
| 2010<br>(2010-2011) | 100%                           |
| 2011<br>(2011-2012) | 100%                           |
| 2012<br>(2012-2013) | 100%                           |

### Improvement Activities/Timelines/Resources (through FFY 2012):

|    | Improvement Activities  | Timelines & Resources  | Status  |
|----|---|--|---------|
| 1. | Provide technical assistance and training on timely service delivery for sub-grantees and | Ongoing, 2007-2012<br>Part C Coordinator and staff, Comprehensive System of Professional | Ongoing |

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|    | Improvement Activities   | Timelines & Resources  | Status    |
|----|--|--|-----------|
|    | contractors.   | Development (CSPD), the Data Accountability Center (DAC), MSRRC, NECTAC, OSSE, and Additional Key Stakeholders                                 |           |
| 2. | Re-examine the definition for timely receipt of service to ensure that the definition reflects OSEP’s definition of timely receipt of service and parental right to prior informed written consent.                                  | June 2008 – August 2008<br>Part C Coordinator and staff, and Stakeholders.   | Completed |
| 3. | Explore the use of the Human Care Agreement as mechanism to offer contracts for services and shorten the time needed to identify additional service providers.   | September 2007<br>Part C Coordinator and staff, OSSE Grants Management Specialist, and OSSE OCP.   | Completed |
| 4. | Collaborate with the Department of Health (DOH), DHCF’s Medicaid Managed Care organizations to develop a formal intake, referral and case management process to monitor and ensure timely receipt of services for eligible families. | Ongoing, 2007-2012<br>Part C Coordinator and staff, and Medical Assistance Administration, Medicaid Managed Care Director.                     | Ongoing   |
| 5. | Collaborate with area universities to increase student awareness of early intervention as a career option and to identify interns and new graduates who may be interested in working in the field.                                   | Ongoing, 2007-2012<br>Part C Coordinator and staff, Interagency Coordinating Council (ICC), CSPD, and other appropriate community stakeholders | Ongoing   |

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|     | <b>Improvement Activities</b>  | <b>Timelines &amp; Resources</b>   | <b>Status</b>    |
|-----|--|--|------------------|
| 6.  | Implement an electronic distribution of flyers as a marketing campaign to locate and identify additional service providers.  | <b>Ongoing, 2007-2012</b><br><br>Part C Coordinator and staff, and OSSE Office of the Chief of Staff         | <b>Ongoing</b>   |
| 7.  | Identify and utilize additional funding opportunities to provide additional financial support for the DC Part C Program.   | <b>Ongoing, 2007-2012</b><br><br>Part C Coordinator and staff; OSSE Administrators, and Department of Health | <b>Ongoing</b>   |
| 8.  | Review and revise policies and procedures related to service coordination and timely initiation of services to improve service delivery.   | <b>February 2008-2012</b><br><br>Part C Coordinator and staff, NECTAC, MSRRC, and CSPD.                      | <b>Ongoing</b>   |
| 9.  | Access technical assistance from NECTAC and MSRRC regarding timely provision of services.  | <b>February 2008-2012</b><br><br>Part Coordinator and staff, NECTAC, and MSRRC                               | <b>Ongoing</b>   |
| 10. | Explore the feasibility and effectiveness of primary provider coaching model of service delivery.  | <b>August 2008-2012</b><br><br>Part C Coordinator and staff, Community Service Providers, and families       | <b>Ongoing</b>   |
| 11. | Continue to consider utilization of DC Part B's "Easy IEP" system and replicate it for Part C by developing the "Easy IFSP" system with appropriate training and mentoring for staff and providers to insure timely data collection. | <b>October 2008-June 2012</b><br><br>DC Part C Coordinator and staff, OSSE OIS, MSRRC, NECTAC, sub-grantees  | <b>Ongoing</b>   |
| 12. | Revise Provider monthly  | October 2008-February  | <b>Completed</b> |

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|  | <b>Improvement Activities</b>  | <b>Timelines &amp; Resources</b>                                 | <b>Status</b> |
|--|--|--|---------------|
|  | report form to clearly identify all new services from each IFSP and start dates of services. | 2009<br>DC Part C Coordinator and staff, MSRRC, and sub-grantees |               |

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings.

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

Since 1998 all center-based early intervention programs for young children with disabilities in the District of Columbia have become subsidized child care providers under the OSSE/ECEA Child Care Subsidy Program. These programs enroll typically developing children as well as children with developmental delays and disabilities. In addition, ECEA is working on developing standards for a differential rate for child care providers who receive children with severe/profound disabilities. A special task force has been set up to study the feasibility of these rates.

Individualized Family Service Plan (IFSP) teams in the District of Columbia consider the early intervention programs participating under the Child Care Subsidy Program to be natural environments because these programs are community based and serve all children, those with or without disabilities. Parents enroll their children by choice. Since becoming subsidy providers, all of the early intervention programs have gradually increased the number of typically developing children they enroll in their programs. Classrooms vary at every center and all of the centers have some classrooms where more than half of the children participating are typically developing. Beginning in FFY 2008, the Child Care Subsidy Program no longer provided vouchers to DC EIP families.

Also in FFY 2008, the measurement for this indicator changed and was documented in the FFY 2008 revised SPP. Children attending child care programs which include typically developing children are fall under community-based setting category. The District identified the primary setting for each child (Home, Community-based, or Other) in determining the whether or not a child is being served in the natural environment.

**Baseline Data for FFY 2004 (2004-2005):**

| <b>Year</b>    | <b>Total Part C children Reported</b> | <b>Part C Children in Early Intervention CC Subsidy Settings</b> | <b>Part C Children in Hospital based services</b> | <b>Part C Children in Traditional Child Care Subsidy Settings</b> | <b>Part C Children in Home Based Services</b> | <b>Total Part C Children in Natural Environments</b> |
|----------------|---------------------------------------|--|---|---|---|--|
| <b>FY 2002</b> | 283                                   | 144 (51%)  | 18 (6%)   | 42 (15%)  | 79 (28%)                                      | 265 (94%)  |
| <b>FY 2003</b> | 247                                   | 107 (43%)  | 19 (8%)   | 42 (17%)  | 79 (32%)                                      | 228 (92%)  |
| <b>FY 2004</b> | 294                                   | 99 (34%)   | 29 (10%)  | 42 (14%)  | 124 (42%)                                     | 265 (90%)  |

**Discussion of Baseline Data:**

DC EIP’s 618 Supplementary Data Report submitted to OSEP on November 1, 2005, revealed that 34% (99 out of 294) of children reported in services on December 1, 2004, received services in an early intervention child care subsidy program, 42% (124 out of 294) received services in their own home, 14% (42 out of 294) received services at a child care center and 10% (29 out of 294) received services at a hospital clinic. In total, 90% (265 out of 294) received services in a natural environment. IFSPs for the 29 children receiving services at the clinic contained appropriate child-specific justifications for services not being provided in the natural environment.

An increase of 10 children receiving services in out-patient clinical settings led to a 4% decrease in the proportion of children receiving their services in natural environments from FY 2002 to FY 2004. DC EIP recognizes the need to have settings other than natural environments available for some children and families and a small percentage of children will always receive services in clinical outpatient or in-patient settings. Therefore, annual targets have been established keeping in mind that for some children these hospital based settings may be the most appropriate even if they cannot be defined as “natural environments.”

| <b>FFY</b>          | <b>Measurable and Rigorous Target</b> |
|---------------------|---------------------------------------|
| 2005<br>(2005-2006) | 91%                                   |
| 2006<br>(2006-2007) | 92%                                   |

|                     |       |
|---------------------|-------|
| 2007<br>(2007-2008) | 93%   |
| 2008<br>(2008-2009) | 94%   |
| 2009<br>(2009-2010) | 94.5% |
| 2010<br>(2010-2011) | 95%   |
| 2011<br>(2011-2012) | 95%   |
| 2012<br>(2012-2013) | 95%   |

**Improvement Activities/Timelines/Resources (through FFY 2012):**

|    | <b>Improvement Activities</b>  | <b>Timelines &amp; Resources</b>  | <b>Status</b> |
|----|--|---|---------------|
| 1. | Provide technical assistance and educational activities to promote natural environments and inclusion to families, Part C staff, service providers and service coordinators.   | Ongoing, 2009 – 2012<br><br>Part C Coordinator and staff, CSPD provider, stakeholders               | Ongoing       |
| 2. | Participate in the Early Care and Education Administration’s child care subsidy task force to analyze disability rates for special needs child care (Proposed reimbursement model approved by the Mayor’s Advisory Committee on Early Childhood Development (MACECD) in November | September 2008 – June 2009<br><br>Part C Coordinator and staff, Stakeholders, and MACECD task force | Completed     |

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|           | <b>Improvement Activities</b>  | <b>Timelines &amp; Resources</b>   | <b>Status</b>    |
|-----------|--|--|------------------|
|           | 2008).   |  |                  |
| <b>3.</b> | Participate in the MACECD task force to develop strategies to increase the capacity of Child Care Providers to offer inclusive child care settings and provide on-site therapeutic services to children with disabilities and special health care needs. | June - September 2009<br>(Strategies for public review and approval)<br><br>Part C Coordinator and staff, and MACECD task force. | <b>Completed</b> |
| <b>4.</b> | Complete pilot testing of capacity building strategies including professional development workshops to train early care and education providers for receiving Part C children.   | September 2009<br><br>Part C Coordinator and staff, CSPD, and MACECD task force  | <b>Completed</b> |
| <b>5.</b> | Develop online training module for early intervention (EI) providers and service coordinators on natural environments.   | FFY 2010 – 2012<br><br>Part C Coordinator and staff, CSPD provider, DC EIP Providers   | <b>Proposed</b>  |
| <b>6.</b> | Ensure that the DC EIP's public awareness campaign includes a focus on natural environments (definition, obligations, etc.)  | FFY 2010 – 2012<br><br>Part C Coordinator and staff  | <b>Proposed</b>  |

**Monitoring Priority: Early Intervention Services In Natural Environments**

**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

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

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

**Measurement:**

Outcomes:

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

Progress categories for A, B and C:

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

same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

**Measurement for Summary Statement 1:**

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

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

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

**Overview of Issue/Description of System or Process:**

The District accessed technical assistance from OSEP, NECTAC and the Early Childhood Outcomes Center (ECO) to redesign the child outcomes measurement system. As of May 1, 2007 the District adopted the Child Outcomes Summary Form (COSF) to collect data for this indicator. A summary of the background and current approach are presented below.

The District will receive continued training and technical assistance from NECTAC and ECO to effectively implement and monitor this indicator. ECO provided training in 2007 and is scheduled to continue to provide trainings to DC EIP staff, service coordinators and providers in 2008 with the first training scheduled for February 26, 2008. Technical assistance and training will also be provided to service providers and service coordinators to utilize the COSF. The District will participate in all local conferences, trainings and conference calls related to this indicator.

The District will maintain quality assurance and proper monitoring procedures to ensure the accuracy and completeness of the outcomes data including:

- Ongoing case reviews;

- Ongoing meetings with eligibility evaluation sites service providers and service coordinators to identify issues and to offer TA;
- Development of policies and procedures to guide measuring outcomes, which will be distributed to all providers and service coordinators to use to properly implement our plan for this indicator.

### ***Background***

Prior to April 2007, the District contracted with Teaching Strategies to utilize the Creative Curriculum to collect data for this indicator. DC EIP staff, service coordinators, service providers and some families were trained to utilize the Creative Curriculum. The District began implementation of the process and determined that the Creative Curriculum method of collecting data would not easily fit with the current method of evaluation and data collection. While the Creative Curriculum is an excellent evaluation tool, the existing District Part C system is not compatible with how data must to be collected for the Creative Curriculum, in large part, because of the requirement to complete three (3) or more observations and to have the results entered into the online database developed by Teaching Strategies. To that end, the District determined that it would be most effective if the existing evaluation structure was used to implement requirements for this indicator.

The District informed its stakeholders of the status for measuring outcomes and began the process of exploring alternatives to meet the needs of DC EIP to develop an effective child outcomes measurement system. As a result, the District accessed technical assistance from OSEP who linked DC EIP with NECTAC, Mid-South and the ECO. The District and NECTAC, Mid-South, and ECO engaged in a series of conferences calls, research and on-site training to move forward in collaboration with our stakeholders. As a result of stakeholder and TA input, the ECO Child Outcomes Summary Form (COSF) was selected to be used in development of the DC Part C system for measuring progress on child outcomes. Targets will be set in 2010 as required by OSEP. Progress data reported in 2010 will be considered baseline data.

### ***Current Approach***

The District began identifying children for entry data collection in May 2007 and will collect data on all infants and toddlers who entered services (before 2 years, 6 months of age). The COSF will be completed at the initial IFSP meeting when possible. Data sources include: data from evaluations and assessments; observations and input of the IFSP team which includes the parent. Within ten days of collection, entry data was entered into the COSF to OSEP spreadsheet.

Approved evaluation tools include:

- o The Bayley Scales of Infant and Toddler Development
- o Brigance Inventory of Early Development of Infants
- o The Infant-Toddler Developmental Assessment
- o The Ounce Scale

- o Battelle Developmental Inventory
- o The Mullen Scales of Early Learning
- o The Preschool Language Scale – 4
- o The Peabody Development Motor Scales -2

All infants and toddlers who have had at least six (6) months of consecutive service and are exiting the system will have exit data collected. The exit data will be collected no more than 60 days prior to the child's exit from the program. Children usually exit the program for one of the following reasons: (a) the child completed IFSP requirements prior to the third birthday; (b) the child moves out of state; (c) the child is ready to transition at three years to Part B services. For children who unexpectedly exit Part C services, the District will utilize the most recent data available for the child to make the decision for completion of the COSF.

### **Approved Standardized and Standards Based Assessment Instruments**

#### ***The Bayley Scales of Infant and Toddler Development***

The Bayley Scales of Infant and Toddler Development is a norm-referenced test that can be used to identify deficits in young children in five areas of development: cognitive, language, motor, adaptive behavior, and social-emotional. The Bayley Scales of Infant and Toddler Development have been used extensively in developmental assessment and research over the past 50 years.

#### ***Brigance Inventory of Early Development of Infants***

The Brigance Inventory of Early Development of Infants includes the Infant and Toddler screen, Early Preschool Screen-II, and the Brigance Comprehensive Inventory of Basic Skills-Revised (CIBS-R). The Brigance is a norm-referenced assessment.

#### ***Infant-Toddler Development Assessment (IDA)***

*The Infant-Toddler Developmental Assessment (IDA)* was developed by Sally Provence, Joanna Erikson, Susan Vater, and Saro Palermi. *The IDA* is "a comprehensive, multidisciplinary, family-centered process designed to improve early identification of children birth to three years of age who are developmentally at risk." (Riverside Publishing Co.) *The IDA* is unique in that it addresses the complex interdependence of family, health, and social/emotional factors.

#### ***The Ounce Scale***

*The Ounce Scale* is an observational assessment for evaluating infants' and toddlers' development over a period of three and a half years – from Birth to 3 ½. Its purpose is twofold: (1) to provide guidelines and standards for observing and interpreting young children's growth and behavior, and (2) to provide information that parents and caregivers can use in everyday interactions with their children. (Pearson Early Learning) *The Ounce Scale* includes an observation record, the family album, and the developmental profile. *The Ounce Scale* is based upon standards of development. Its organization includes six parts: Personal Connections; Feelings About Self; Relationships With Other Children; Understanding and Communicating; Exploration and Problem Solving; and Movement and Coordination that are aligned with more

traditional domains of social and emotional development, language development, cognitive development and physical development.

***Battelle Developmental Inventory – 2***

The Battelle Development Inventory consists of five (5) domains which include Adaptive (sub-domains – self-care and personal responsibility), Personal-Social (sub-domains - adult interaction, self-concept, social role), Communication (sub-domains – receptive and expressive communication), Motor (sub-domains – gross motor, fine motor, perceptual motor), and Cognitive (sub-domains – attention and memory, reasoning and academic skills, perception and concepts).

***Mullen Scales of Early Learning***

The Mullen Scales of Early Learning provide a “developmentally integrated system that assesses language, motor, and perceptual abilities.” The five scales are in the areas of gross motor, visual reception, fine motor, expressive language, and receptive language. Its purpose is to assess children’s abilities and needs, and identify areas for interventions. It is used for children from birth to 68 months of life and is a normed instrument.

***Preschool Language Assessment – 4 (PLS-4)***

The PLS-4 assesses the receptive and expressive language of children from birth to age six. It is a normed referenced assessment that provides suggested accommodations for special populations. The assessment is also available in a Spanish language version.

***Peabody Development Motor Scales – PDMS -2***

The PDMS-2 is a normed referenced assessment developed by M. Rhonda Folio and Rebecca R. Fewell. It is published by Pro-Ed. It tests the motor skills of children from birth to five years of age. There are six subtests in the following areas: reflexes, stationary; locomotion; object manipulation, grasping, and visual-motor integration.

***Quality Assurance and Monitoring Procedures to Ensure the Accuracy and Completeness of the Outcome Data***

The monitoring system will include a component to ensure that the outcomes for a child are documented and collected according to the schedule laid out below (See STATUS and BASELINE assessment discussion.)

DC EIP, along with the Interagency Coordinating Council’s advice, as needed, will determine whether to use a sampling procedure over the long term with data collection. Thus, the policies that will be made to ensure the accuracy and completeness of outcome data will possibly include plans to ensure standardization of data.

***Data System Elements for Outcome Data Input and Maintenance and Outcome Data Analysis Functions***

Sampling may be employed if a plan is presented that shows that the results will be reliable and valid.

DC EIP will work to develop the data infrastructure that will enable data collection to proceed electronically rather than being dependent upon manual calculation and allow for retrieval of demographic, outcome, and service delivery information in order to carry out a sample outcome collection plan. However, since data collection will have to occur before all the changes to the data system can be made, the child outcomes work will go forward with more rudimentary methods for the time being. DC EIP has been field testing a simple Excel based data collection process. Longitudinal data for individual children will be collected by the eligibility evaluation sites and the dedicated service coordinators and entered into the Excel spreadsheet by the ID# assigned to that child by DC EIP.

**Baseline Data for FFY 2008 (2008-2009):**

**Progress Data for Infants and Toddlers Exiting 2008-2009**

| <b>Measurement:</b>  |                           |                      |
|--|---------------------------|----------------------|
| <b>A. Positive social-emotional skills (including social relationships):</b>   | <b>Number of children</b> | <b>% of children</b> |
| a. Percent of infants and toddlers who did not improve functioning   | 2                         | 3%                   |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 14                        | 20%                  |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach                         | 32                        | 46%                  |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 16                        | 23%                  |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 6                         | 9%                   |
| <b>Total</b>   | <b>70</b>                 | <b>100%</b>          |
| <b>B. Acquisition and use of knowledge and skills (including early language/communication):</b>  | <b>Number of children</b> | <b>% of children</b> |
| a. Percent of infants and toddlers who did not improve functioning   | 1                         | 1%                   |

|  |                           |                      |
|--|---------------------------|----------------------|
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 17                        | 24%                  |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach                         | 27                        | 39%                  |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 18                        | 26%                  |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 7                         | 10%                  |
| <b>Total</b>   | <b>70</b>                 | <b>100%</b>          |
| <b>C. Use of appropriate behaviors to meet their needs:</b>  | <b>Number of children</b> | <b>% of children</b> |
| a. Percent of infants and toddlers who did not improve functioning   | 0                         | 0%                   |
| b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 12                        | 17%                  |
| c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach                         | 27                        | 39%                  |
| d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers                                 | 21                        | 30%                  |
| e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers                                     | 10                        | 14%                  |
| <b>Total</b>   | <b>70</b>                 | <b>100%</b>          |

**Baseline Data for Infants and Toddlers Exiting 2008-2009:**

| <b>SUMMARY STATEMENTS</b>   |                      |
|---|----------------------|
| <b>Outcome A: Positive social-emotional skills (including social relationships)</b>   | <b>% of children</b> |
| 1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | <b>75%</b>           |

|   |                      |
|---|----------------------|
| 2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program   | <b>31%</b>           |
| <b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>   | <b>% of children</b> |
| 1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | <b>71%</b>           |
| 2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program   | <b>36%</b>           |
| <b>Outcome C: Use of appropriate behaviors to meet their needs</b>  | <b>% of children</b> |
| 1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | <b>80%</b>           |
| 2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program   | <b>44%</b>           |

**Discussion of Baseline Data:**

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

**Outcome A:**

Summary Statement 1:  $75\% [48 (32+16) / 64 (2+14+32+16)] * 100$

Summary Statement 2:  $31\% [22 (16+6) / 70 (2+14+32+16+6)] * 100$

**Outcome B:**

Summary Statement 1:  $71\% [45 (27+18) / 63 (1+17+27+18)] * 100$

Summary Statement 2:  $36\% [25 (18+7) / 70 (1+17+27+18+7)] * 100$

**Outcome C:**

Summary Statement 1:  $80\% [48 (27+21) / 60 (0+12+27+21)] * 100$

Summary Statement 2:  $44\% [31 (21+10) / 70 (0+12+27+21+10)] * 100$

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

The District began collecting entry data on eligible children in May 2007. From that date, data on all infants and toddlers who entered DC EIP (before 2 years, 6 months of age) have been collected. The entry COSF is completed at the initial IFSP meetings. Data sources include: data from evaluations and assessments; observations; and input of the IFSP team, which includes the parent. Within ten days of collection, entry data are entered into the ECO calculator spreadsheet.

The exit data were collected no more than 60 days prior to the child’s exit from the program. Children usually exit the program for one of the following reasons: (a) the child completed IFSP requirements prior to the third birthday; (b) the child moved out of state; or (c) the child was ready to transition at three years to Part B services. For children who unexpectedly exited Part C services, the District utilized the most recent data available for the child to complete the COSF.

Data were collected on all children who were served for at least six months. Child outcomes exit data were collected on 70 children for FFY 2008. This represents 30.4% of all children who exited the program. Entry data was not available for the majority of children who exited the program in FFY 2008, as they entered prior to the date that the COSF was implemented.

| <b>MEASURABLE AND RIGOROUS TARGET</b>   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <b>Infants and Toddlers Exiting in FFY 2009 (2009-10) and FFY 2010 (2010-2011) and Reported in Feb 2011 and Feb 2012</b>  |                                   |                                   |
| <b>Summary Statements</b>   |                                   |                                   |
| <b>Outcome A: Positive social-emotional skills (including social relationships)</b>   | <b>FFY 2009<br/>% of children</b> | <b>FFY 2010<br/>% of children</b> |
| 1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | <b>75.0%</b>                      | <b>75.0%</b>                      |
| 2. The percent of children who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program   | <b>31.4%</b>                      | <b>31.4%</b>                      |
| <b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>   | <b>FFY 2009<br/>% of children</b> | <b>FFY 2010<br/>% of children</b> |
| 1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | <b>71.4%</b>                      | <b>71.4%</b>                      |

**SPP Template – Part C**

|   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| 2. The percent of children who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program   | <b>35.7%</b>                      | <b>35.7%</b>                      |
| <b>Outcome C: Use of appropriate behaviors to meet their needs</b>  | <b>FFY 2009<br/>% of children</b> | <b>FFY 2010<br/>% of children</b> |
| 1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | <b>80.0%</b>                      | <b>80.0%</b>                      |
| 2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program   | <b>44.3%</b>                      | <b>44.3%</b>                      |

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

# SPP Template – Part C

District of Columbia  
State

|   |       |       |
|---|-------|-------|
| 1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 80.1% | 80.2% |
| 2. The percent of children who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program   | 44.3% | 44.4% |

## Improvement Activities/Timelines/Resources (through FFY 2012):

|    | Improvement Activities  | Timeline/Resources   | Status    |
|----|---|--|-----------|
| 1. | Implement the COSF for measuring child outcomes.  | January 2008 – Feb 2010  | Completed |
| 2. | Collaborate with OSSE Special Education 619 Part B Coordinator, to align policies, procedures and practices for measuring child outcomes to ensure a smooth transition from Part C to Part B. | Effective June 2008, this activity will be ongoing for FFY 2008-2012<br>District Part C, OSSE, Mid South, NECTAC, ECO          | Ongoing   |
| 3. | Narrow the selection of approved evaluation tools.  | June 2008<br>DC Part C, ECO, NECTAC, OSSE  | Completed |
| 4. | Provide technical assistance/training and professional development for service coordinators and evaluation providers on use of the COSF.  | Effective April 2008, this activity will be ongoing for FFY 2008-2012<br>NECTAC; ECO; CSPD; DC Part C Staff, service providers | Ongoing   |
| 5. | Develop policies and procedures on measuring outcomes (data collection for entry and exit) to improve systems administration and monitoring.  | April 1, 2008 – Feb. 2010<br>NECTAC; ECO; Mid South; DC Part C Staff, contractors, sub-grantees                                | Completed |

**SPP Template – Part C**

|            | <b>Improvement Activities</b>   | <b>Timeline/Resources</b>  | <b>Status</b>    |
|------------|---|--|------------------|
| <b>6.</b>  | Train DC Part C staff in procedures for reviewing completed COSFs to identify the need for additional training and TA.  | Effective July 2008, this activity will be ongoing for FFY 2008-2012<br><br>NECTAC; ECO; Mid South; DC Part C Staff, contractors, sub-grantees | <b>Ongoing</b>   |
| <b>7.</b>  | Incorporate monitoring improvement activities from Indicator C9.  | February 2008 – 2010<br><br>NECTAC; ECO; Mid South; DC Part C Staff; OSSE<br>Office of the Chief Information Officer                           | <b>Completed</b> |
| <b>8.</b>  | Create online training modules for service coordinators and early intervention providers that focus on Routines Based Intervention to support child outcomes.   | FFY 2010 - FFY 2012<br><br>CSPD Provider; DC Early Intervention Staff and providers.   | <b>Proposed</b>  |
| <b>9.</b>  | Create a targeted public relations campaign aimed at primary care physicians' offices, clinics, child care providers, and private practice interventionists to disseminate the message about the DC Early Intervention Program. | FFY 2010 - FFY 2012<br><br>Public Awareness Contractor; DC Early Intervention Staff and providers.   | <b>Proposed</b>  |
| <b>10.</b> | Run a test of outcomes results midyear and work with providers regarding results to increase validity of COSF.  | FFY 2010<br><br>DC EIP Staff   | <b>Proposed</b>  |

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

The family outcomes data collected from August 2007 to January 2008 provided a NEW baseline for setting NEW targets for this indicator. Prior to June of 2007, the District utilized the DAC Survey and contracted with the Center for Applied Research and Urban Policy (CARUP) at the University of District of Columbia to administer and manage the survey process. Because the District is so small, DC EIP is fortunate to have familiar relationships with eligible families that will serve the purpose of improving the participation rate.

The District engaged the input of stakeholders and families and subsequently revised its data collection approach based on the feedback. Based on stakeholder input and consultation from NECTAC and ECO, the District revised the family outcomes measurement system submitted in February 2007. The District also accessed the website for NECTAC to explore how other states are measuring outcomes and the ECO website for instructions for utilizing the COSF. Results from the 2006 survey were presented to families at the January 2007 ICC meeting. At that time, families were asked to provide feedback on the survey process. Families indicated that they wanted (1) a survey that is short and to the point; (2) a survey provided in the language that the family speaks; (3) to be able to return the survey via mail or send it to the program with their

child; and (4) a paper survey although a phone interview would be okay if it was short and to the point.

Based on this feedback, the District and its stakeholders developed a survey using questions from the ECO Family Outcomes Survey made available in Spanish and English. All surveys are anonymous and families are notified that their participation is voluntary. The District and its stakeholders are confident that the survey meets the needs and preferences of Part C families. A copy of the survey is attached.

DC EIP convened a focus group on November 5, 2005, to gather input from families regarding the outcome measures that OSEP has selected for the SPP. The consensus was that these outcomes are meaningful to families and several of the parents and guardians at the meeting volunteered to join our new Early Intervention Ambassador Council to help DC EIP promote positive outcomes for families. The Ambassador Council will work with DC EIP to:

- Highlight the accomplishments of the children and families in the early intervention system;
- Create parent-to-parent networks for early intervention families;
- Help plan and carry out activities that support families who are caring for young children with disabilities; and
- Provide early intervention information and training to help other parents meet the special needs of their child(ren);

Parent “Ambassadors” will assist with and participate in many different activities including: the ICC, IFSP and Service Coordination Training, Family Orientation, Provider Orientation, Advocacy and Mediation training, special events such as “Family Fun Day” and the “Getting to Know You Luncheon”, Transition training for families and providers, and other activities they decide on.

Families and service providers will assist us with the collection of family outcomes data. With assistance from our CSPD sub-grantee, we have developed a user-friendly family outcomes survey that is designed to gather data to respond to the three outcomes in the SPP family outcomes indicator. This is the instrument that we plan to use to collect data from the families in our system. The new grant agreement that direct service providers are signing this fall (2005) requires that they survey the families they serve at least twice a year using the instrument designed by DC EIP.

Through an Interagency Memorandum of Understanding, the Center for Applied Research and Urban Policy (CARUP), at the University of the District of Columbia, will carry out a second citywide survey of Part C Families. The first survey took place in 2004 and was reported on in DC EIP’s FY 2003 APR. Unfortunately, the first survey did not ask questions that would yield the data called for in this SPP indicator. The next CARUP/UDC survey will incorporate sample questions provided by NCSEAM (National Center on Special Education Accountability Monitoring) to assist states with collecting this data.

**Actual Baseline Data for FFY 2006:**

- 4A) 88% (102/116\*100) report that early intervention services have helped the family know their rights.
- 4B) 85% (98/116\*100) report that early intervention services have helped the family effectively communicate their infants and toddlers' needs.
- 4C) 78% (91/116\*100) report that early intervention services have helped the family help their infants and toddlers develop and learn.

**Discussion of Baseline Data:**

Data were gathered after using the new DC EIP Family Outcomes Survey. Four hundred surveys (400) were distributed by service coordinators to families who participated in the program for six (6) months or more. Of the 400 surveys distributed, one hundred (100) were disseminated in Spanish. Arrangements were made for the survey to be translated into other languages upon request, but no requests were received. Families returned 116 (29%) surveys and the District is confident that the data is valid and reliable since all aspects of data collection for this indicator were carried out in this office. The family survey response rate for FFY 2006-2007 data is representative of the diverse population served by the District.

| <b>FFY</b>                                      | <b>Measurable and Rigorous Target</b>  |
|---|--|
| <p>2006<br/>(2006-2007)<br/><i>Baseline</i></p> | <p>A. 88% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</p> <p>B. 84.6% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children’s needs.</p> <p>C. 78.6% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</p> |
| <p>2007<br/>(2007-2008)</p>                     | <p>A. 88.2% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</p> <p>B. 84.8% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children’s needs.</p>   |

|                             |  |
|-----------------------------|--|
|                             | <p>C. 78.7% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</p>  |
| <p>2008<br/>(2008-2009)</p> | <p>A. 88.5% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</p> <p>B. 84.9% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children’s needs.</p> <p>C. 78.8% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</p> |
| <p>2009<br/>(2009-2010)</p> | <p>A. 88.9% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</p> <p>B. 85% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children’s needs.</p> <p>C. 78.9% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</p>   |
| <p>2010<br/>(2010-2011)</p> | <p>A. 89% of respondent families participating in Part C will report that early intervention services have helped the family know their rights.</p> <p>B. 86% of respondent families participating in Part C will report that early intervention services have helped the family effectively communicate their children’s needs.</p> <p>C. 79% of respondent families participating in Part C will report that early intervention services have helped the family help their children develop and learn.</p>       |

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

**Improvement Activities/Timelines/Resources (through FFY 2012):**

|    | IMPROVEMENT ACTIVITIES   | TIMELINES / RESOURCES   | STATUS  |
|----|--|---|---------|
| 1. | DC EIP will develop and implement strategies to address program needs identified through analysis of the family outcomes survey. | <p>Ongoing, through FFY 2012</p> <p>DC EIP staff, NECTAC, ECO</p> | Ongoing |

**SPP Template – Part C**

|    | <b>IMPROVEMENT ACTIVITIES</b>   | <b>TIMELINES / RESOURCES</b>  | <b>STATUS</b> |
|----|---|---|---------------|
| 2. | Expand parent outreach and trainings via ongoing sessions sponsored by DC EIP and in collaboration with the ICC and Parent Training and Information Center. | Ongoing, through FFY 2012<br><br>OSEP TA Providers, ICC, Advocates for Justice and Education, Parent Training and Information Center (PTI), Multicultural Resources, PTRC, Part C Providers, Parents as Teachers National Resource Center (PAT) | Ongoing       |
| 3. | Implement online survey to increase range of questions, improve response rate and streamline analysis.  | FFY 2010 – FFY 2012<br><br>DC EIP staff   | Proposed      |
| 4. | Ensure parent participation in DC EIP ongoing Early Childhood Transition and Part C Orientation meetings.   | FFY 2010 – FFY 2012<br><br>DC EIP Staff and providers   | Proposed      |

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

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

Over the past few years, DC EIP has significantly increased the number and percentage of children birth to one being identified through the Child Find system and being determined eligible for services. The increase in identification of children birth to one (1) is the result of several activities. The Child Find Coordinator continued to conduct quarterly meetings with all child find sub-grantees that emphasized the importance of early identification and reviewed each vendor's progress towards meeting child find targets. DC EIP re-established a working relationship with the Pediatric Clinic at George Washington Hospital to identify and refer children to Part C services. The Supervisory Transition Coordinator continued to meet regularly with the Part C evaluation sites re-emphasizing automatic eligibility of infants with conditions known to result in delay. An extensive child find mailing was sent out each year to physicians and clinics in the District. DC EIP launched a major media campaign for child find that included TV & Radio commercials, newspaper articles and community presentations. In addition, DC Child Find conducted an advertising campaign on the city's Metro mass transit system that ran from May through December 2005. Information was posted on buses and trains as well as kiosks and dioramas at several bus stops and metro train stations. DC EIP also established a referral protocol with the District's Child and Family Services Agency (CFSA).

The District of Columbia has a comprehensive Child Find System known as *DC Child Find* that is designed to locate, identify, refer and evaluate infants, toddlers, preschool and school-age children who may be eligible for Part C early intervention and Part B special education services. This system is coordinated with other public and private agencies to locate and identify infants and toddlers with developmental delays, known disabilities or special health care needs.

Components of the system include:

- Collaboration with the District of Columbia Public Schools (DCPS) for Child Find outreach activities.
- Linkages with Child Find sub-grantees to ensure adherence to Part C eligibility and referral regulations and procedures.
- Maintaining relationships with DC Department of Health, Community Health Administration (formerly Maternal and Primary Care Administration [2006-2007] and Maternal and Family Health Administration [prior to 2006]) and with the Newborn Hearing Screening and Metabolic Screenings.
- Collaborative partnerships through an Early Childhood Comprehensive Systems Steering Committee, with the Community Health Administration and with the District Child and Family Services Agency (CFSA), DCPS and ECEA.
- A newly implemented data system to capture relevant data.

**Baseline Data for FFY 2004 (2004-2005):**

Infants and Toddlers, birth to one with IFSPs as percentage of the birth to one (1) population on Dec 1 2004: 43 = .6% of 0-1 population (*source: District of Columbia 618 Data report using 7,000 birth rate for December 1, 2004*).

**Percent of Infants/Toddlers Birth - One Compared with Other States and US (618 data)**

| District of Columbia | Arizona | Missouri | Alaska | United States Average |
|----------------------|---------|----------|--------|-----------------------|
| .63                  | .53     | .55      | .80    | 1.03                  |

**Discussion of Baseline Data:**

From 2003 to 2004 the number of children with IFSPs under the age of one in the District of Columbia's Part C Program went from 24 to 43, from 9% of total caseload to 15% of total caseload. As a percentage of the total birth to one population in the District, the percentage went from .35 percent to .63. The 2004 figure is comparable to the three states that have the same eligibility definition as the District of Columbia—Alaska (.80), Arizona (.53) and Missouri (.55). The District of Columbia is ahead of Arizona and Missouri and behind Alaska. The national average for this figure is 1.03%.

The birth to one (1) caseload grew by 79% from 2003 to 2004, from 24 to 43. As a percentage of the birth to one population the caseload went from .3% to .6%. The reason for this growth is explained in the overview. It is expected that this growth will continue as indicated by the targets that have been established.

The District ranks 2nd among programs with similar narrow eligibility definitions and 48th nationally. The District’s eligibility definition is 50% delay in one or more areas. Arizona is the only state that has an equivalent eligibility definition of 50% delay. Only four (4) other states use a definition requiring 50% delay in one area, but these states broaden the definition to permit eligibility with a 25% delay in two (2) or more areas.

| <i>State and National Comparisons</i>                    |                               |                   |
|--|-------------------------------|-------------------|
| <i>State</i>   | <i>Number Children Served</i> | <i>Percentage</i> |
| Arizona  | 588                           | 0.60              |
| <b>District of Columbia</b>                              | <b>45</b>                     | <b>.059</b>       |
| Montana  | 112                           | 0.96              |
| Nevada   | 255                           | 0.67              |
| North Dakota   | 159                           | 1.92              |
| Oklahoma   | 661                           | 1.26              |
| <b>Summary-<br/>50 States &amp; District of Columbia</b> | <b>43,048</b>                 | <b>1.04</b>       |

The District needs to analyze the significance of the report findings on the numbers of children served in DC Part C given our narrow eligibility criterion of 50% delay in one or more areas. The District’s health indicators must certainly influence the number of children eligible for Part C in the District. Specifically, DC KIDS COUNT reports:

- Mothers who received adequate prenatal care continued to slip in 2004, while the percentage of those receiving inadequate care nearly doubled.
- Infant mortality increased in 2004 after declining in the previous year; deaths to infants under age 1 increased.
- Deaths to children and teenagers rose in 2004; 50% increase in deaths to children age 1 to 14 years.
- Revised population estimates demonstrate that the District’s population is growing and the number of children increased for the 2<sup>nd</sup> straight year; the largest number of births in seven (7) years.
- One out of three children in the District lives in poverty with more than one-third of African-American children living in poverty.
- The number of families who were eligible for TANF, Medicaid/SCHIP (State Children’s Health Insurance Program), and/or food stamps decreased while the number of families accessing subsidized child care increased suggesting that families are “working” poor.

# SPP Template – Part C

- Homelessness in the District increased for the 5<sup>th</sup> consecutive year.
- Cases of child neglect increased in 2005.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | .8%                            |
| 2006<br>(2006-2007) | 1%                             |
| 2007<br>(2007-2008) | 1.2%                           |
| 2008<br>(2008-2009) | 1.3%                           |
| 2009<br>(2009-2010) | 1.4%                           |
| 2010<br>(2010-2011) | 1.5%                           |
| 2011<br>(2011-2012) | 1.5%                           |
| 2012<br>(2012-2013) | 1.5%                           |

### Improvement Activities/Timelines/Resources (through FFY 2012):

|  | Improvement Activities | Timelines/Resources | Status |
|--|------------------------|---------------------|--------|
|--|------------------------|---------------------|--------|

**SPP Template – Part C**

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

**SPP Template – Part C**

|           | <b>Improvement Activities</b>   | <b>Timelines/Resources</b>   | <b>Status</b>   |
|-----------|---|--|-----------------|
| <b>4.</b> | Provide targeted outreach in wards of the city that have generated the most children eligible for DC EIP services. Increase technical assistance and training to child find sub-grantees, community referral sources, and interagency partners to ensure that poor and language minority families are fully represented and participating in Child Find activities. | January 2008 – through FFY 2012<br><br>DC EIP Staff; Public Awareness Campaign provider  | <b>Ongoing</b>  |
| <b>5.</b> | Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances)  | FFY 2007-2012<br><br>DC EIP Staff; Public Awareness Campaign provider  | <b>Ongoing</b>  |
| <b>6.</b> | Utilize the Human Care Agreement and Request of Application provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes evaluations, therapy services, service coordination and child find tasks.                                    | FFY 2008-2012:<br>DC EIP Part C coordinator and Staff, DC Office of Contracts and Procurement and OSSE Grants Management Office. | <b>Ongoing</b>  |
| <b>7.</b> | Provide access to the Ages  | August 2009 – Ongoing  | <b>Proposed</b> |

**SPP Template – Part C**

|           | <b>Improvement Activities</b>   | <b>Timelines/Resources</b>  | <b>Status</b>   |
|-----------|---|---|-----------------|
|           | and Stages Questionnaire – 3 (ASQ-3) and social emotional (ASQ-SE) to the general public.   | through FFY 2012<br>DC EIP staff  |                 |
| <b>8.</b> | Implement a public awareness campaign to inform and educate District residents about early intervention for infants and toddlers with development delays or disabilities. | October 2010-<br>September 2011<br><br>DC EIP staff, Public Awareness Campaign provider | <b>Proposed</b> |
| <b>9.</b> | Partner with Neonatal Intensive Care Units (NICUs) on the identification and referral of children to DC EIP.  | FFY 2010 – 2012<br><br>DC EIP Staff, NNNS Vendor  | <b>Proposed</b> |

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

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

The District of Columbia has developed and implemented a comprehensive Child Find System known as “DC Child Find” that is designed to locate, identify, refer and evaluate infants, toddlers, preschool and school-age children who are eligible for Part C early intervention and Part B special education services. This system is coordinated with other major efforts including public and private agencies to locate and identify children with delays in their development, known disabilities or special health care needs.

Child Find information is distributed throughout the community through contracts with private agencies; memoranda of agreement with other public agencies that serve children and families; mailings to physicians; presentations to community groups; trainings with health professionals and other groups; media advertisement (i.e. radio, TV, newsprint & metro bus postings) and material availability in public and private clinics; public service waiting areas; community businesses, recreation centers and supermarkets.

Children are identified through primary referral sources such as hospital nurseries and clinics, physicians, child care centers, homeless shelters, parents, teachers, therapists, and other government agencies and programs such as the Maternal and Family Health Administration (i.e. New Born Hearing Screening, Birth Defects, Metabolic Screening and Healthy Start); Medicaid Managed Care Organizations; Early Head Start Programs; Child and Family Services Agency (i.e. substance exposed and abused/neglected children) and the DC Public Schools System.

The Child Find process consists of the following:

- Step 1 - An initial screening for identification (optional)
- Step 2 - Referral to the Part C intake
- Step 3 - Referral for eligibility determination after parental consent

- Step 4 - Prior written notice and initial IFSP development
- 

For this indicator, the District ranks 2<sup>nd</sup> when compared to states with narrow eligibility definitions and 45<sup>th</sup> nationally. The District’s eligibility definition is 50% delay in one or more areas. Arizona is the only state that has an equivalent eligibility definition of 50% delay. Only four (4) other states use a definition requiring 50% delay in one area, but these states broaden the definition to permit eligibility with a 25% delay in two or more areas.

| <b>State and National Comparison with States with Similar Eligibility Definitions</b> |                      |                   |
|---|----------------------|-------------------|
| <b>State</b>  | <b>Number served</b> | <b>Percentage</b> |
| Arizona   | 5,299                | 1.81              |
| <b>District of Columbia</b>   | <b>308</b>           | <b>1.40</b>       |
| Montana   | 679                  | 1.94              |
| Nevada  | 1,520                | 1.36              |
| North Dakota  | 757                  | 3.11              |
| Oklahoma  | 3,043                | 1.97              |
| 50 States and DC  | 299,848              | 2.43              |

All vendors who subcontract with the DC EIP are required to carry out public awareness and child find activities as part of their grant agreement. In addition, DC EIP subcontracts with several agencies and hospitals to work exclusively on public awareness and child find. The overview discussion of Indicator # 9 – General Supervision, describes the system for monitoring child find activities.

While the Part C Office has conducted several activities to increase the number of children and families who access Part C services, translation of public awareness materials into languages other than Spanish still poses some challenges. The DC EIP child find materials are among the many items awaiting re-translation after the rejection of the translations produced by the District’s Office of Human Rights. However, there are now informational fliers available in Amharic and Vietnamese and these are distributed by DC EIP sub-grantees that perform child find activities throughout the Asian and Ethiopian communities.

**Baseline Data for FFY 2004 (2004-2005):**

December 1, 2004 - 294 children reported with IFSPs or 1.4% of the birth-to-three (3) population (.014 x 21000 = 294)

December 1, 2003 - 247 children reported with IFSPs or 1.18% of the birth-to-three (3) population (.0118 x 21000 = 247.8)

**Percent of Infants/Toddlers birth - three compared with other states and US (618 data)**

| District of Columbia | Arizona | Missouri | Alaska | United States Average |
|----------------------|---------|----------|--------|-----------------------|
| 1.4                  | 1.36    | 1.33     | 2.12   | 2.24                  |

**Discussion of Baseline Data:**

The December 1<sup>st</sup> child count grew 19 percent from 2003 to 2004, from 247 children to 294; and went from 1.18% to 1.4% of the birth-to-three (3) population. The 2004 figure is comparable to the three states that have the same eligibility definition as the District of Columbia—Alaska (.80), Arizona (.53) and Missouri (.55) The District of Columbia is ahead of Arizona and Missouri and behind Alaska. The national average for this measure is 2.24%.

To determine rigorous targets for the next six (6) years DC EIP has taken into account two (2) critical factors: (1) the increase in the number of children being identified through the Department of Health's various high-risk newborn screening programs (e.g. hearing, metabolic and genetic, and birth defects registry); and (2) the effect that the increase in referrals from the Child Protective Services Division of the Child and Family Services Agency will have on the Part C Program. Based on the estimates coming in from those sources DC EIP will work towards meeting a target of 3% of the District of Columbia birth to three population or approximately 630 children by 2010-2011.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 1.6%                           |
| 2006<br>(2006-2007) | 1.8%                           |
| 2007<br>(2007-2008) | 2%                             |
| 2008<br>(2008-2009) | 2.25%                          |
| 2009<br>(2009-2010) | 2.5%                           |

|                     |    |
|---------------------|----|
| 2010<br>(2010-2011) | 3% |
| 2011<br>(2011-2012) | 3% |
| 2012<br>(2012-2013) | 3% |

**Improvement Activities/Timelines/Resources (through FFY 2012):**

|    | <b>Improvement Activities</b>   | <b>Timelines/Resources</b>  | <b>Status</b> |
|----|---|---|---------------|
| 1. | Continue collaboration and implementation of activities with DCPS, Charter Schools, and OSSE for Child Find, including meeting at least twice a year with representatives from various outreach initiatives throughout the District.  | Ongoing throughout FFY 2005 – 2012<br>DC EIP, OSSE, DCPS, and Charter Schools | Ongoing       |
| 2. | Maintain linkages with programs that screen infants and toddlers for established risks or conditions including the DOH Community Health Administration (formerly Maternal and Primary Care Administration’s (MPCA)) screening programs for Newborn Hearing and Metabolic Disorders. | Ongoing throughout FFY 2005 - 2012;<br>DC EIP and CHA staff                   | Ongoing       |

**SPP Template – Part C**

|    |   |   |         |
|----|---|---|---------|
| 3. | Continue to participate on advisory boards at the DOH/Community Health Administration (formerly Maternal and Family Health Administration), the CFSA and the Child Care Services Division within OSSE Early Childhood Education (ECE) (formerly Early Care and Education Administration).   | Ongoing throughout FFY 2005 – 2012;<br>DC EIP staff                                     | Ongoing |
| 4. | Provide targeted outreach in wards of the city that have generated the most children eligible for DC EIP services. Increase technical assistance and training to child find sub-grantees, community referral sources, and interagency partners to ensure that poor and language minority families are fully represented and participating in Child Find activities. | January 2008 – through FFY 2012<br><br>DC EIP Staff; Public Awareness Campaign provider | Ongoing |
| 5. | Review, revise and widely distribute outreach materials to target populations least likely to access early childhood services (English language learners and families impacted by low socioeconomic circumstances)  | FFY 2007-2012<br><br>DC EIP Staff; Public Awareness Campaign provider                   | Ongoing |

|    |  |  |                 |
|----|--|--|-----------------|
| 6. | Utilize the Human Care Agreement and Request of Application provider procurement processes to increase the number of available providers for all aspects of service provision to ensure eligible children remain active in the DC EIP system; includes evaluations, therapy services, service coordination and child find tasks. | FFY 2008-2012:<br>DC EIP Part C coordinator and Staff, DC Office of Contracts and Procurement and OSSE Grants Management Office. | <b>Ongoing</b>  |
| 7. | Provide access to the Ages and Stages Questionnaire – 3 (ASQ-3) and social emotional (ASQ-SE) to the general public.   | August 2009 – Ongoing through FFY 2012<br>DC EIP staff   | <b>Proposed</b> |
| 8. | Implement a public awareness campaign to inform and educate District residents about early intervention for infants and toddlers with development delays or disabilities.  | October 2010-September 2011<br><br>DC EIP staff, Public Awareness Campaign provider  | <b>Proposed</b> |

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

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

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

**Measurement:**

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

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

**Overview of Issue/Description of System or Process:** Please see overview of Child Find System in Indicator #6 and overview of General Supervision System in Indicator #9

**Baseline Data for SPP:**

| Fiscal Year  | 2002 | 2003 | 2004 |
|--------------|------|------|------|
| % Compliance | 48%  | 75%  | 84%  |

DC EIP will use the data collected during fiscal year 2004 as the baseline data for this SPP.

|   |     |
|---|-----|
| Of total new/re-opened* cases, number found eligible  | 279 |
| Of total found eligible, number timeline met for evaluation and/or IFSP development   | 235 |
| Of total found eligible, number timeline not met for evaluation and/or IFSP development   | 44  |
| Reasons timelines missed for children found eligible: <ul style="list-style-type: none"> <li>• Child issues/Family non-compliance (unable to maintain contact for completion; missed appointments)</li> </ul> | 26  |

|   |    |
|---|----|
| <ul style="list-style-type: none"> <li>• Medicaid non-compliance (MCO lost referral; failed to follow through or experienced difficulty with authorization for evaluation)</li> </ul> | 10 |
| <ul style="list-style-type: none"> <li>• DC EIP contractor non-compliance</li> </ul>  | 5  |
| <ul style="list-style-type: none"> <li>• Part C office delay</li> </ul>   | 3  |

**Discussion of Baseline Data:**

Timely evaluation and initial IFSP is defined as within 45 days of the date of referral to DC Part C. Initial data for this indicator was gathered from the District’s database, allowing for the matching of date of referral to date of parent signature/consent on the initial IFSP. A desk audit of the data was conducted to identify and correct any potential irregularities of the data, and to identify those children for whom evaluations and initial IFSP were not delivered in a timely fashion. The database is not yet capable of disaggregating documented reasons for delay so additional information was gathered from the child’s record to confirm the documented reason that a service was not delivered timely. Data were gathered for all children with referral dates within the FFY.

DC EIP has demonstrated significant improvement in the area of compliance with regard to meeting the 45-day timeline for evaluation and IFSP development for eligible children.

OSEP findings in 2001 - 2002 indicated that DC EIP was not meeting the 45-day timeline for completion of the initial evaluation and IFSP development. DC EIP has demonstrated significant improvement in this area. Challenges remain in connection to oversight of providers who are not sub-grantees with DC EIP. Data reported in the FY 2002 APR indicated a compliance rate of 44% to 48% when random samples of IFSPs were reviewed by a consultant. Data submitted in the final report of the State Improvement Plan in June 2004, showed that the compliance rate increased to 75%. Data submitted in the FY 2003 APR, showed that the compliance rate increased to 84%.

For the APR submitted in March, 2005 rather than relying on random samples, DC EIP staff reviewed every single referral that came through the Part C office from October 1, 2003 – September 30, 2004, to monitor for compliance with the 45-day timeline. The 593 cases reviewed included brand new referrals and re-opened cases. Of the 593 children referred, 279 were found eligible. Two hundred and thirty-five (235) or 84% of those found eligible met the 45-day timeline for evaluation and completion of the initial IFSP. Forty-four (46%) were out of compliance.

As is demonstrated in the table above: 26 children missed the 45-day timeline because of delays caused by the family; 10 children missed the timeline because of delays caused by the Medicaid//Managed Care organization; five (5) missed the timeline because of service provider non-compliance and 3 because of delays in the Part C Office. All of these issues are addressed in the Improvement Activities below.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 100%                           |
| 2006<br>(2006-2007) | 100%                           |
| 2007<br>(2007-2008) | 100%                           |
| 2008<br>(2008-2009) | 100%                           |
| 2009<br>(2009-2010) | 100%                           |
| 2010<br>(2010-2011) | 100%                           |
| 2011<br>(2011-2012) | 100%                           |
| 2012<br>(2012-2013) | 100%                           |

**Improvement Activities/Timelines/Resources (through FFY 2012):**

|    | Improvement Activity   | Timelines & Resources   | Status    |
|----|--|---|-----------|
| 1. | Populate the management information system, once operational, to better track referrals.   | Ongoing 2005-2010<br>DC EIP staff and consultants                 | Completed |
| 2. | Provide technical assistance and training for families, evaluation contractors and sub-grantees regarding Part C requirements related to | Effective January 2008 – FFY 2012<br>Part C Coordinator and staff | Ongoing   |

# SPP Template – Part C

|           | <b>Improvement Activity</b>   | <b>Timelines &amp; Resources</b>  | <b>Status</b>    |
|-----------|---|---|------------------|
|           | eligibility determination and the 45-day timeline.  |   |                  |
| <b>3.</b> | DC EIP is partnering with NCSEAM (now DAC), NECTAC, and MSRRC to analyze the current general supervision model. Based upon these findings, DC EIP general supervision system will be considered for redesign. | Ongoing 2007-2010<br><br>DC EIP, NECTAC, DAC, and MSRRC   | <b>Completed</b> |
| <b>4.</b> | Collaborate with DHCF to improve interagency procedures to facilitate timely evaluations.   | Effective January 2008 – FFY 2012<br><br>Part C Coordinator and staff; DHCF Administration and staff; MCO staff | <b>Ongoing</b>   |
| <b>5.</b> | Part C Coordinator will meet with staff to conduct ongoing reviews of state data for this indicator.  | Effective February 2008 – FFY 2012<br><br>Part C Coordinator and staff  | <b>Ongoing</b>   |
| <b>6.</b> | Review eligibility and evaluations policies to clarify, revise and streamline procedures, forms and practices.  | Effective February 2008 – FFY 2012<br><br>Part C Coordinator and staff; NECTAC and MSRRC                        | <b>Ongoing</b>   |
| <b>7.</b> | Access technical assistance from NECTAC to improve 45-day timeline and explore what other states are doing.   | April 2008 – 2010<br><br>Part C Coordinator and staff; NECTAC; MSRRC  | <b>Completed</b> |
| <b>8.</b> | Explore offering incentive to evaluation providers for consistently providing timely evaluations.   | June 2008 – 2012<br><br>Part C Coordinator and staff; ECE; NECTAC   | <b>Ongoing</b>   |
| <b>9.</b> | Temporarily suspend penalizing providers payment of 1% of their invoices until clear internal policies and procedures are in place and consistent technical assistance  | February 2008 – 2012<br><br>DC EIP; DSE Fiscal Policy Unit  | <b>Ongoing</b>   |

# SPP Template – Part C

|     | <b>Improvement Activity</b>  | <b>Timelines &amp; Resources</b>   | <b>Status</b>    |
|-----|--|--|------------------|
|     | can be provided to providers.  |  |                  |
| 10. | Review existing monitoring policies and procedures for possible implementation while policies and procedures are under revision.   | April 2008 – 2010<br>Part C Coordinator and staff                                      | <b>Completed</b> |
| 11. | The Part C Coordinator will be actively engaged in meetings with evaluation providers to ensure the provision of technical assistance and training on timely completion of 45-day timeline requirements. | March 2008 – 2012<br>Part C Coordinator and staff                                      | <b>Ongoing</b>   |
| 12. | The Part C Office (DC EIP) will convene a task force to identify and address barriers to timely completion of the 45-day timeline requirements.  | May 2008 – September 2008<br>Part C Coordinator and staff; MSRRC; NECTAC; stakeholders | <b>Completed</b> |
| 13. | Consult with OSEP to clarify the definition of referral.   | March 2008<br>Part C Coordinator, OSEP   | <b>Completed</b> |
| 14. | Part C Coordinator will meet with staff to conduct regular reviews of state data.  | Effective February 2008 – FFY 2012<br>Part C Coordinator and Staff                     | <b>Ongoing</b>   |
| 15. | Consider the implementation of the <b>Initial Service Coordinator</b> model.   | July 2011 – ongoing<br>Part C Coordinator and Staff, MSRRC, NECTAC                     | <b>Proposed</b>  |

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

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

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

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

**Measurement:**

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

**Overview of Issue/Description of System or Process:**

DC EIP and DCPS have made significant strides in streamlining the transition process. DC EIP works closely with the Part B Early Childhood Division of DCPS and has specific liaisons assigned to each early intervention provider to assist with transition. A representative is invited and present at every transition conference. A new centralized registration center referred to as C.A.R.E., Central Assessment, Referral & Evaluation Center, has made it possible for DCPS to more quickly determine a child’s Part B eligibility, complete an IEP and offer placement. Part C and Part B transition staff continue to: meet on a regular basis; share a tracking log system; co-train Part C providers and parents on a regular schedule; and share completion data on all Part C children.

In FFY 2010, DC EIP and Part B Early Stages (formerly the C.A.R.E. Center) have drafted Transition guidelines for the two programs to follow in ensuring a smooth and effective transition for children in the District. The guidelines clearly outline the transition process for the

Service Coordinator (Part C) and Family Care Coordinator (Part B). These new procedures will be implemented in FFY 2010.

## **Baseline Data**

DC EIP will use baseline data from fiscal year 2003 (calendar years 2003-2004). A new baseline will be established once DC EIP completes its comprehensive audit (“child find validation review”). This review is being completed due to the absence of a working management information system and the need to validate the number of children who participated in the DC EIP system during the previous fiscal year.

### **A. IFSPs with Transition Steps and Services**

DC EIP demonstrated a compliance rate of 100% for including transition steps on the IFSP. DC EIP’s data collected during FY 2004 (FY 2003 APR) reviewed the 163 transition conferences held to determine compliance with including transition steps on the IFSP Transition Plan. Of the 163 cases, 163 evidenced inclusion of the steps necessary to complete transition in the plan.

### **B. Notification to LEA if Child is Potentially Eligible for Part B**

The DC EIP’s 2003 APR identified 100% compliance with this requirement. All of the 279 children found eligible in the file review carried out during FY 2004 (please see table on p. 24) were reported electronically to the DCPS Preschool Special Education Division by DC EIP’s Supervisory Transition Coordinator. The Part C Office is completing a case by case review of all children exiting the Part C System during FY 2005. The new figures will be submitted as baseline data with the FY 2005 APR in February, 2007.

### **C. Transition Conference, if Child Potentially Eligible for Part B**

DC EIP must ensure that: the transition conference is held and an IFSP Transition Plan is developed for all Part C-eligible children at least 90 days before the third birthday; DCPS representatives are notified and invited to the conference; and the plan includes steps necessary to support transition.

The DC Part C Office’s FY 2002 APR (corrected June 2004) evidenced:

- 85% compliance in completing an IFSP transition conference (139 conferences held for 162 children identified as transitioned out of Part C);
- 53% compliance for completing the IFSP transition conference on time (75 out of the 139 conferences held);
- 89% compliance for inviting Part B personnel (124 invitations for the 139 conferences held);

DC Part C Office’s FY 2003 APR data evidenced:

- 100% compliance in completing an IFSP transition conference (163 conferences held for 163 children);

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- 85% compliance in completing the conference on time (139 out of 163 conferences) (95.8% compliance is noted when parental non-compliance is factored out – 18 families contributed to the missed deadline);
- 98% compliance for inviting Part B personnel (161 invitations for 163 conferences held);

Within the last two (2) years, DC EIP has come close to 100% compliance for meeting the transition conference timeline when the family contribution to missed timelines is factored out.

### Discussion of Baseline Data:

DC EIP has made significant improvement in all three areas of Transition compliance. The baseline data submitted in this SPP is data based on comprehensive record reviews completed during FY 2004 (October 1, 2003 – September 30, 2004). As mentioned above, an internal audit of all children’s records FY 2005 is still being completed. DC EIP will submit revised baseline data for this indicator with the FY 2005 APR in February, 2007. There is every reason to believe that the DC EIP compliance rate in all three areas of Transition will continue to be close to 100%.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 100%                           |
| 2006<br>(2006-2007) | 100%                           |
| 2007<br>(2007-2008) | 100%                           |
| 2008<br>(2008-2009) | 100%                           |
| 2009<br>(2009-2010) | 100%                           |
| 2010<br>(2010-2011) | 100%                           |
| <b>2011</b>         | <b>100%</b>                    |

|                     |      |
|---------------------|------|
| (2011-2012)         |      |
| 2012<br>(2012-2013) | 100% |

DC EIP requires IFSP Transition conferences be held six (6) months before the child’s third birthday to ensure adequate planning time. A follow-up meeting is required two (2) to three (3) months before the child’s third birthday to ensure all tasks identified and assigned are completed. The dedicated service coordinator takes responsibility for ensuring that anyone identified as providing support to the child/family completes their tasks prior to the child’s transition (exiting the Part C system).

**Improvement Activities/Timelines/Resources (through FFY 2012):**

|    | Improvement Activity  | Timelines & Resources  | Status    |
|----|---|--|-----------|
| 1. | The Part C Transition team and Coordinator will work with the OSSE Office of Information Technology (OIT) to upgrade Part C’s MIS to ensure the data reports necessary to effectively monitor transition timelines and report on compliance requirements are available. | 2008-2010<br>Part C Coordinator and Transition team,<br>MSRRC, DAC, NECTAC,<br>OSSE and its OSSE OIT | Completed |
| 2. | Implement Transition Service Coordinator model to facilitate transition planning conferences for children entering late.  | Effective July 2010 and ongoing through FFY 2012<br>DC EIP Staff                                     | Proposed  |

|           |  |   |                        |
|-----------|--|---|------------------------|
| <p>3.</p> | <p>Collaborate with DCPS Part B Early Stages Center, Charter LEA stakeholders, including the Public Charter School Board, and other community stakeholders, including parents, in the development and implementation of comprehensive guidelines to ensure a smooth and effective transition for infants and toddlers.</p> | <p>October 2010 – FFY 2012</p> <p>DC EIP Staff; DCPS Early Stages Staff; Public Charter School Board; Community Stakeholders; Parents</p> | <p><b>Proposed</b></p> |
|-----------|--|---|------------------------|

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

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

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

**Measurement:**

A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:

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

Percent = b divided by a times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

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

Percent = b divided by a times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.
- b. # of findings of noncompliance made.
- c. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

**Overview of Issue/Description of System or Process:**

The Part C Office uses the following instruments and procedures to identify and correct IDEA noncompliance as soon as possible but in no case later than one year from identification:

**1. Signed Grant Agreements:**

All vendors who are sub-grantees of DC EIP must sign a grant agreement that requires compliance with federal Part C and applicable District government regulations. DC EIP had the following number of providers with grant agreements during the reporting period:

| Reporting Period   | Number of direct service sub-grantees | Number of evaluation sub-grantees | Child Find sub-grantees |
|--------------------|---------------------------------------|-----------------------------------|-------------------------|
| 10/01/04 - 9/30/05 | 15                                    | 5                                 | 7                       |

**2. Sub-Grantee Monitoring: Self-Assessments, Site Visits, Exit Reports, Corrective Action Plans and Verification Visits:**

All sub-grantees are monitored for compliance with Part C requirements through a process that entails self-assessment, on-site visit, exit report, corrective action plan and verification visit. The monitoring cycle of the 27 sub-grantees referred to above was completed by April, 2005. The results of the monitoring are presented below as baseline data and explained in the "Discussion of Baseline Data." *Early Intervention service providers who receive no funding from the District of Columbia Part C Office are also monitored for compliance with Part C requirements.*

**3. Other Instruments and Procedures That Help DC EIP Identify and Correct Noncompliance:**

***Bi-monthly Phone Calls to Families***

Early Intervention (EI) Specialists make bi-monthly telephone calls to all families with children currently in the Part C system. These calls allow the EI Specialist to connect directly with the family, check on the status of early intervention services and assess the family's satisfaction with those services.

***Quarterly Meetings with Sub-Grantees***

EI staff meet with child find, evaluation and direct service providers at least quarterly and sometimes more frequently to up-date sub-grantees on Part C requirements and DC EIP policies and procedures.

***Desk Audits***

EI staff also perform desk audits of sub-grantees' monthly reports and invoices to monitor adherence to performance measures and other terms of their grant agreements and to ensure compliance with Part C requirements. Funds are disbursed on a monthly basis upon receipt of an invoice that must be accompanied by a written report documenting activities and expenses. Invoices for direct service sub-grantees are cross-checked with service verification logs that have been signed off by families. Payments are disallowed when non-compliance or non-performance is identified through a desk audit. If problems persist, the grantee will be notified of the appropriate action in writing, which may include termination of the grant agreement, reduction of the grant amount, or non-renewal of the grant agreement.

***Grant Evaluation Questionnaires***

EI staff complete detailed grant evaluation questionnaires prior to renewal of all grant agreements. DC EIP terminated one (1) sub-grantee after several failed attempts to bring the eligibility evaluation process into compliance with timeline adherence as well as report content.

***Monitoring Reports from ECEAs Program Development Office***

The Program Development Office (PDO, formerly the Program Development Division), is a division of the Early Care and Education Administration (ECEA). The PDO's Monitoring Unit monitors more than 300 licensed child care centers and family child care homes in the DHS' Child Care Subsidy Program for compliance with child development facilities licensing regulations and terms and conditions of the DHS' subsidy provider agreement. All five (5) early intervention center-based vendors participate in the subsidy program. They provide services to all enrolled Part C-eligible children as well as typically developing children. Each year, DC EIP obtains and reviews PDO reports on monitoring visits for these five (5) centers.

***DC Part C Office Policy Manual and Provider Orientation***

A detailed DC Early Intervention Program Manual with policies, procedures and other information is updated annually. It is used as a training tool at a provider orientation held each year to promote compliance with Part C rules and regulations.

**4. Complaint Resolution through Mediation and Internal Negotiation**

To ensure compliance with Part C and to guarantee families’ access to mediation services OSSE has adopted the Part B hearing procedures for Part C, including the use of the mediation system. Upon receipt of a request for mediation, prior to filing of a due process complaint, the Student Hearing Office appoints a mediator.

**Baseline Data for FFY 2004 (2004-2005):**

Twenty-seven (27) sub-grantees completed the monitoring cycle for 2004-05. By December 30, 2004, all Direct Service, Child Find and Evaluation sub-grantees had completed the self-assessment and received a site visit. Exit reports were issued to 14 direct service and six (6) child find sub-grantees. The five (5) evaluation sub-grantees received their exit reports during the first two weeks of February, 2005. All of the Child Find and Evaluation sub-grantees had at least one (1) citation of noncompliance. Eleven (11) of the 15 Direct Service providers had one or more citations. All providers had submitted Corrective Action Plans (CAPs) by March 15, 2005. The dates of verification visits and sign-off on the CAPs varied from provider to provider as shown in the table below.

| <b>Agency</b>     | <b>Date of CAP</b> | <b>Compliance Issue(s)</b>   | <b>Data Required</b>  | <b>Non-Compliance Corrected</b>  | <b>If Not, Next Steps</b>  |
|-------------------|--------------------|--|---|--|--|
| Direct Service #1 | 2-22-05            | Failure to inform families of procedural safeguards  | Evidence of staff training and correction of procedures   | Staff attended Foundation Training; observed in IFSP meeting; now 100% in compliance                         | N/A  |
| Direct Service #2 | 12-15-04           | 10 out of 46 records without IFSPs; 15 of 36 with IFSPs lack evidence of periodic review; 31 of 46 no evidence transition conference | Update files;- schedule IFSP meetings ; schedule transition conferences; send IFSPs and trans plans to DC EIP; Participate in Service Coordinator Certification (SC Cert) | Provider missed DC EIP deadline for compliance but has until 12-15-05 to comply with OSEPs one year deadline | Provider has large caseload. DC EIP has TA agreement with agency to help it come into compliance by December 15, 2005. |
| Direct Service    | 1-20-05            | 5 of 30 IFSPs no   | Re-do 5 IFSPs; update files for   | 5 IFSPs were reviewed and  |  |

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| <b>Agency</b>      | <b>Date of CAP</b> | <b>Compliance Issue(s)</b>   | <b>Data Required</b>  | <b>Non-Compliance Corrected</b>   | <b>If Not, Next Steps</b> |
|--------------------|--------------------|--|---|---|---------------------------|
| #3                 |                    | measurable outcomes; 11 of 30 files no evidence prior written notice (PRN)                             | PRN documents; participate in SC Cert   | corrected; Provider showed evidence of PRN for all 11 files; completed SC Certification |                           |
| Direct Service #4  | No CAP required    | No complaint log or other mechanism for recording complaints   | Develop complaint log or similar mechanism  | Complaint log was developed   |                           |
| Direct Service #5  | 5-07-04            | Provider not evaluating EI therapy sub-contractors; PRN missing in some files.                         | Develop evaluation system; give DC EIP credentials & evaluation reports; update files for PRN; participate in SC Cert | All non-compliance was corrected and provider completed SC Certification                |                           |
| Direct Service # 6 | 2-01-05            | 22 out of 24 periodic IFSPs failed to document measurable change related to outcomes; no complaint log | Review and correct IFSPs; Develop Complaint Log.  | Provider completed reviews and complaint log on 2-28-05                                 |                           |
| Direct Service #7  | 8-28-04            | IFSPs not updated; progress towards outcomes not noted; PRN evidence missing from files;               | Review IFSPs, update outcomes, check parental consent, schedule transition conferences                                | All non-compliance was corrected by 3-04-05   |                           |

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| Agency             | Date of CAP      | Compliance Issue(s)   | Data Required   | Non-Compliance Corrected   | If Not, Next Steps |
|--------------------|------------------|---|---|--|--------------------|
|                    |                  | transition conferences late   |   |  |                    |
| Direct Service # 8 | 12-13-04         | 14 of 18 IFSPs overdue for periodic review; 18 of 18 IFSPs did not address outcomes; PRN missing in 4 of 18 files; no complaint log; staff licensing & training credentials missing | Schedule reviews for 14 IFSPs; address measurable outcomes for 18 IFSPs; update PRN in 4 files; develop complaint log; update staff credentials; participate in SC Cert | All non-compliance was corrected by 2-03-05.                                     |                    |
| Direct Service # 9 | 1-15-05          | 5 of 16 IFSPs did not contain measurable outcomes; 6 of 16 files had no evidence of PRN   | Reconvene IFSPs to write measurable outcomes; update files re PRN; participate in SC Cert   | All non compliance was corrected by 2-18-05 Provider completed SC. Certification |                    |
| Direct Service #10 | CAP not required | Files of EI personnel lacked current licenses and other evidence of qualifications  | Submit all documentation to DC EIP; keep files up to date;  | All non Compliance was corrected by 2-23-05.                                     |                    |
| Direct Service #11 | 10-28-04         | 11 out of 20 IFSPs reviewed   | Reconvene IFSP mtgs to develop outcomes   | All non compliance was corrected   |                    |

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| Agency                    | Date of CAP | Compliance Issue(s)  | Data Required  | Non-Compliance Corrected   | If Not, Next Steps                                  |
|---------------------------|-------------|--|--|--|---|
|                           |             | lacked measurable outcome statements   | statements; participate in SC Cert                                       | by 4-29-05; completed SC Certification   |   |
| Eligibility Evaluation #1 | 3/25/05     | 2 out of 20 cases missed 45-day timeline; 1 out of 20 did not have vision results; 10 out of 20 IFSPs missing required content | Participate in SC Cert; Use checklist to ensure IFSP document compliance | Continues to be inconsistent<br><br><b>Update: Corrected 1/07</b>  | Deadline is March 2006<br><br>Compliance Met 1/2007 |
| Eligibility Evaluation #2 | 3/14/05     | Failure to provide rights; 4 out of 15 referrals missed 45-day timeline; 9 out of 12 IFSPs missing required content            | Participate in SC Cert; use checklist to ensure compliance of IFSPs      | Continues to be inconsistent<br><br><b>Update: Corrected 1/07</b>  | Deadline is March 2006<br><br>Compliance Met 1/2007 |
| Eligibility Evaluation #3 | 3/1/05      | Vision and hearing results missing; 2 out of 15 referrals missed 45-day timeline; 9 out of 12 IFSPs missing required content   | Participate in SC Cert; use checklist to ensure IFSP compliance          | Vision/ Hearing issues corrected; Inconsistencies continue with IFSPs<br><br><b>Update: Corrected 1/07</b> | Deadline March 2006<br><br>Compliance Met 1/2007    |

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| <b>Agency</b>             | <b>Date of CAP</b> | <b>Compliance Issue(s)</b>   | <b>Data Required</b>  | <b>Non-Compliance Corrected</b>  | <b>If Not, Next Steps</b>                                |
|---------------------------|--------------------|--|---|--|--|
| Eligibility Evaluation #4 | 4/15/05            | Failure to provide rights; 8 out of 15 referrals missed 45-day timeline; 10 out of 15 IFSPs missing required content           | Participate in SC Cert; monitor reports for vision/hearing info.; utilize checklist to ensure IFSP compliance   | Problems persisted throughout the fiscal year; referrals stopped by DC EIP | N/A – no longer a sub-grantee; terminated 9/05           |
| Eligibility Evaluation #5 | 5/1/05             | Vision and hearing results missing; 8 out of 30 referrals missed 45-day timeline; 12 out of 22 IFSPs missing required content; | Review documents prior to completion; develop system for tracking referrals                                     | Inconsistencies continue   | Deadline May 2006<br><br>No Longer an DC EIP sub-grantee |
| Child Find # 1            | 03/10/05           | Failure to refer children to Part C without parental consent<br>No written protocols for making referrals to Part C            | Evidence of written protocols that support the referral of children to Part C with or without parental consent. | Not all non-compliance issues corrected                                    | Decreased funding  |
| Child Find #2             | 03/07/05           | Failure to refer children to Part C without parental   | Evidence of written protocols that support the referrals of children to Part C with or without parental         | All non-compliance corrected by 4/15/05                                    |  |

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| Agency        | Date of CAP           | Compliance Issue(s)  | Data Required  | Non-Compliance Corrected                | If Not, Next Steps          |
|---------------|-----------------------|--|--|---|-----------------------------|
|               |                       | consent<br><br>Staff and written material did not address options for accessing child find<br>Failure to submit timely invoices according to the grant requirement       | consent<br><br>Written information that identifies the options for accessing child find<br><br>Invoices are submitted as required in the grant agreement   |   |                             |
| Child Find #3 | Failed to develop CAP | Failure to identify and refer children<br>Failure to implement grant   |  | No                                      | Termination of grant – 9/05 |
| Child Find #4 | 03/08/05              | Failure to refer children to Part C without parental consent<br><br>Staff and written material did not address options for accessing child find<br><br>Failure to submit | Referrals are made to Part C regardless of parental consent<br><br>Evidence of written protocols that support the referrals of children to Part C with or without parental consent<br><br>Written information that identifies the options for accessing child find | All non-compliance corrected by 4/20/05 |                             |

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| Agency         | Date of CAP | Compliance Issue(s)   | Data Required   | Non-Compliance Corrected                          | If Not, Next Steps |
|----------------|-------------|---|---|---|--------------------|
|                |             | timely invoices according to the grant requirement  | Invoices are submitted as required in the grant agreement   |   |                    |
| Child Find # 5 | 03/02/05    | <p>No Part C materials or information visible or available for families to access</p> <p>Failure to refer children to Part C without parental consent</p> <p>Failure to submit timely invoices according to the grant requirement</p> | <p>Part C materials visible and available to families</p> <p>Referrals are made to Part C regardless of parental consent</p> <p>Invoices are submitted as required in the grant agreement</p> | Not all non-compliance issues have been corrected | Decreased funding  |
| Child Find #6  | 02/25/05    | <p>Failure to refer children to Part C without parental consent</p> <p>Failure to submit timely invoices according to</p>   | <p>Referrals are made to Part C regardless of parental consent</p> <p>Invoices are submitted as required in the grant agreement</p>   | All non-compliance corrected by 3/29/05           |                    |

| Agency         | Date of CAP | Compliance Issue(s)  | Data Required   | Non-Compliance Corrected                | If Not, Next Steps |
|----------------|-------------|--|---|---|--------------------|
|                |             | the grant requirement  |   |   |                    |
| Child Find # 7 | 01/24/05    | No Part C materials or information visible or available for families to access<br><br>Failure to refer children to Part C without parental consent | Part C materials visible and available to families<br><br>Referrals are made to Part C regardless of parental consent | All non-compliance corrected by 3/03/05 |                    |

**A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:**

- a. # of findings of noncompliance made related to monitoring priority areas and indicators:

**Direct service providers:** Indicator #8-C, percent of all children exiting Part C who received a transition conference, if child potentially eligible for Part B - there were two (2) findings of non-compliance related to the transition conference. See direct service providers #2 and #7 on monitoring summary table.

**Evaluation providers:** Indicator # 7, Forty-five day timeline – there were 5 findings of noncompliance related to the 45-day timeline. See eligibility evaluation providers on monitoring summary table.

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

**Direct Service providers:** One of the providers corrected the non-compliance within six (6) months of identification. The other provider has not fully corrected the non-compliance and has until December 15, 2005, to complete the year from the date of identification. This provider has entered into a technical assistance agreement with DC EIP to facilitate compliance.

**Evaluation providers:** All evaluation sub-grantees continued to demonstrate inconsistencies in compliance although most are now close to 90% compliant. All sub-grantees had until March 2006 to demonstrate 100% compliance. Of those five (5) identified, three (3) will not serve as grantees during fiscal year 2005. DC EIP continues to be challenged with use of vendors who are not sub-grantees but who are providing support for the completion of the eligibility evaluation process.

By January 2007, all evaluation sub-grantees previously identified as out of compliance had demonstrated compliance with the federal requirements for implementation of the 45-day timeline and development of the initial IFSP.

DC EIP's Medicaid vendor continued to demonstrate non-compliance during the fiscal year related to meeting timelines. Meetings were held with the Medicaid Managed Care Organizations to address this issue. DC EIP also met with the vendors administrators on several occasions. A new administration took over the unit that DC EIP works with and some improvement was seen. One staff member was dismissed when it was discovered that she had not been processing paperwork given to her. This included documents that were not being forwarded to the DC EIP. DC EIP now speaks directly with a senior therapist when there is a question about a referral that has not been resolved by the responsible staff. This action has resulted in some improvements in service delivery. The Medicaid managed care organizations (MCO) have also stopped making referrals to this agency unless absolutely necessary.

DC EIP has identified and secured a new provider to assist with completion of the eligibility determination process for Medicaid funded children. This provider is now able to accept direct referrals from one (1) Medicaid MCO for children under two (2) and is working on securing contracts with two (2) other MCOs and with DC Medicaid. Utilization of this provider will allow DC EIP to be less dependent on the other Medicaid vendor. This new provider has already exceeded our expectations in complying with Part C and DC EIP timelines.

**B. Percent of noncompliance related to areas not included in the SPP priority areas and indicators corrected within one year of identification:**

**a. # of findings of noncompliance made related to such areas:**

**Direct Service providers:** there were 23 findings of non-compliance among 11 direct service providers in the following areas:

34 CFR 303.403 - Prior Notice – seven (7) findings

34 CFR 303 - Complaint procedures – two (2) findings

34 CFR 303.342 - Procedures for IFSP development (b) Periodic review- three (3) findings

34 CFR 303.444 (c) (1) - Content of an IFSP/Outcomes – six (6) findings

34 CFR 303.340 - Ensure IFSP developed - one finding

34 CFR 303.12(a) (3) (ii) - Qualified Personnel – three (3) findings

**Child Find providers:** there were 10 findings of non-compliance among seven (7) child find providers in the following areas:

34 CFR 303.321 (d) - Child Find Referral Procedures – seven (7) findings

34 CFR 303.320 - Public Awareness – three (3) findings

**Evaluation providers:** there were five (5) findings of non-compliance among five (5) evaluation providers in the following areas:

34 CFR 303.342 - Procedures for IFSP Development

34 CFR 303.444 - Content of an IFSP – Outcomes

**b. # of corrections completed as soon as possible but in no case later than one year from identification:**

**Direct Service providers:** 20 out of 23 corrections were completed in compliance with timelines prescribed in the CAP and well within one year of identification. The deadline for correcting the other 3 compliance issues is December 15, 2005. All three of the corrections belong to the provider with the TA agreement. It is expected that full compliance will not be achieved by December 15, 2005 and the TA agreement will be extended.

**Child Find providers:** Eight (8) out of 10 corrections were completed in compliance with timelines prescribed in the CAP. The 2 outstanding corrections belonged to the same provider and that agency's child find contract has not been renewed.

**Evaluation providers:** All five (5) sub-grantees had until March 2006 to resolve and prove compliance. Compliance requirements were met by January 2007.

**C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:**

**a. # of agencies in which noncompliance was identified through other mechanisms.**

None

**b. # of findings of noncompliance made.**

None

**c. # of corrections completed as soon as possible but in no case later than one year from identification.**

None

**Discussion of Baseline Data:**

All of the baseline data reported under Sections “A” and “B” above were collected through on-site monitoring of the 27 direct service, child find and evaluation sub-grantees, under contract with DC EIP from October 1, 2004 - September 30, 2005. DC EIP's on site monitoring process includes analysis of the provider's self assessment data and the utilization of information gathered through desk audits prior to making site visits. All providers were monitored for the 2004-05 cycle. The Part C Office will select approximately half of the providers for the full cycle of monitoring during 2005-06. Those who have had the most difficulty coming into compliance during 2004-05 will be targeted first.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 100%                           |
| 2006<br>(2006-2007) | 100%                           |
| 2007<br>(2007-2008) | 100%                           |
| 2008                | 100%                           |

|                                   |             |
|-----------------------------------|-------------|
| (2008-2009)                       |             |
| 2009<br>(2009-2010)               | 100%        |
| 2010<br>(2010-2011)               | 100%        |
| <b>2011</b><br><b>(2011-2012)</b> | <b>100%</b> |
| <b>2012</b><br><b>(2012-2013)</b> | <b>100%</b> |

**Improvement Activities/Timelines/Resources (through FFY 2012):**

|           | <b>Improvement Activity</b>   | <b>Timelines &amp; Resources</b>   | <b>Status</b>    |
|-----------|---|--|------------------|
| <b>1.</b> | Early Intervention (EI) Specialists make bi-monthly phone calls to families to ensure services are being received and that families are satisfied with the outcomes | Ongoing 2005 – 2012<br>Part C staff  | <b>Ongoing</b>   |
| <b>2.</b> | EI Specialists facilitate IFSP meetings for children on their service coordination caseload to ensure compliance with Part C requirements                           | Ongoing 2005 – 2012<br>Part C staff  | <b>Ongoing</b>   |
| <b>3.</b> | Track, review and certify provider invoices for payment.  | Ongoing 2005 – 2012<br>Part C staff  | <b>Ongoing</b>   |
| <b>4.</b> | Partner with NCSEAM, NECTAC and MSRRC to analyze the current general supervision model  | Ongoing 2007 – 2010<br>Part C Coordinator and staff; NECTAC, DAC and MSRRC | <b>Completed</b> |
| <b>5.</b> | Partner with NECTAC, DAC and MSRRC to develop and finalize Part C monitoring manual and tools.  | FFY 2009<br>Director, Monitoring and Compliance; NECTAC, DAC and           | <b>Completed</b> |

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|  | Improvement Activity | Timelines & Resources | Status |
|--|----------------------|-----------------------|--------|
|  |                      | MSRRC                 |        |

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

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

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

**Measurement:**

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

**Overview of Issue/Description of System or Process:**

During the baseline reporting period, the lead agency for DC EIP was the Department of Human Services. The Office of the State Superintendent (OSSE) is the new Lead Agency for Part C in the District of Columbia effective April 2008. DC EIP has not adopted the due process procedures of Part B, in 34 C.F.R. Part 303.400 for the timely administrative resolution of individual complaints by parents concerning the identification, evaluation, placement and provision of Early Intervention services for their child. The DC EIP maintains a Memorandum of Agreement with the Part B Hearing Office to ensure availability of persons qualified to review complaints, mediation or due process requests.

The DC EIP has developed a “Families Have Rights” brochure for families to explain their rights relative to the Individuals with Disabilities Education Act (IDEA). This brochure not only outlines their basic rights such as evaluation, IFSP, service coordination, privacy and consent but also addresses the process for families to receive attention when they are not pleased with any aspect of the Part C system and would like support and assistance. The brochure identifies the process and contact information for filing a formal complaint. **Information is also available on the OSSE website.**

Any person with a concern about the Infant and Toddler with Disabilities Program has the right to submit a written complaint about any aspect of the program or system. The OSSE has sixty (60) days to investigate and respond to the written complaint.

During the reporting period (October 1, 2004 – September 30, 2005), DC EIP had no formal written complaints to the then lead agency director under DHS. Twelve (12) informal complaints received by the DC EIP Program Manager during the same period were resolved to the satisfaction of the families.

# SPP Template – Part C

## Baseline Data for FFY 2004 (2004-2005):

DC EIP did not receive any signed written complaints during the reporting period.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 100%                           |
| 2006<br>(2006-2007) | 100%                           |
| 2007<br>(2007-2008) | 100%                           |
| 2008<br>(2008-2009) | 100%                           |
| 2009<br>(2009-2010) | 100%                           |
| 2010<br>(2010-2011) | 100%                           |
| 2011<br>(2011-2012) | 100%                           |
| 2012<br>(2012-2013) | 100%                           |

## Baseline Data for FFY 2005 (2005-2006):

DC EIP did not receive any signed written complaints during the reporting period

## Baseline Data for FFY 2006 (2006-2007):

DC EIP did not receive any signed written complaints during the reporting period

## Improvement Activities/Timelines/Resources (through FFY 2012):

DC EIP continues to monitor this issue.

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

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

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

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

**Overview of Issue/Description of System or Process:**

OSSE has adopted the Part B hearing procedures for Part C to address all requests for mediation and due process hearings. The “Families Have Rights” brochure outlines the process for requesting a due process hearing. Families may contact:

The Office of the State Superintendent of Education, Student Hearing Office, 810 First Street NE, Washington, DC 20002. Phone and fax numbers are also printed on the brochure.

**Baseline Data for FFY 2004 (2004-2005):**

DC EIP did not receive any due process hearing requests during the reporting period.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 100%                           |
| 2006<br>(2006-2007) | 100%                           |
| 2007<br>(2007-2008) | 100%                           |
| 2008<br>(2008-2009) | 100%                           |

# SPP Template – Part C

District of Columbia  
State

|                     |      |
|---------------------|------|
| 2009<br>(2009-2010) | 100% |
| 2010<br>(2010-2011) | 100% |
| 2011<br>(2011-2012) | 100% |
| 2012<br>(2012-2013) | 100% |

### Baseline Data for FFY 2005 (200-2006):

DC EIP did not receive any due process hearing requests during the reporting period.

### Baseline Data for FFY 2006 (2006-2007):

DC EIP did not receive any due process hearing requests during the reporting period.

### Improvement Activities/Timelines/Resources (through FFY 2012):

DC EIP continues to monitor this issue.

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

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

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

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

**Overview of Issue/Description of System or Process:**

See overview – Indicator 11.

**Baseline Data for FFY 2004 (2004-2005):**

DC EIP did not receive any signed written complaints during the reporting period.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 100%                           |
| 2006<br>(2006-2007) | 100%                           |
| 2007<br>(2007-2008) | 100%                           |
| 2008<br>(2008-2009) | 100%                           |
| 2009                | 100%                           |

|                     |      |
|---------------------|------|
| (2009-2010)         |      |
| 2010<br>(2010-2011) | 100% |
| 2011<br>(2011-2012) | 100% |
| 2012<br>(2012-2013) | 100% |

**Baseline Data for FFY 2005 (2005-2006):**

DC EIP did not receive any signed written complaints during the reporting period.

**Baseline Data for FFY 2006 (2006-2007):**

DC EIP did not receive any signed written complaints during the reporting period.

**Improvement Activities/Timelines/Resources (through FFY 2012):**

DC EIP continues to monitor this issue.

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

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

**Measurement:**

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by (2.1) times 100.

**Overview of Issue/Description of System or Process:**

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

~~As required by law, the Part C Office offers mediation as an alternative to the formal hearing process. Mediation is provided for families to resolve disputes involving any matter relating to child identification, screening, evaluation, assessment, eligibility determination, the development, review and implementation of the IFSP, and the failure to respect parents’ procedural rights. Mediation is voluntary on the part of all parties and cannot be used to deny or delay a parent’s right to a due process hearing or deny any other rights afforded by IDEA and is not binding on the participants. It is conducted by a qualified, impartial mediator.~~

~~DC EIP currently utilizes the Part B hearing procedures including the use of the mediation system. The Parent’s Rights Brochure includes an explanation of procedural policies, including the availability of mediation prior to and upon the filing of a due process complaint. In addition, the Due Process Complaint Notice form explicitly informs the parent that it is their right to have mediation, including prior to the filing of a due process hearing.~~

# SPP Template – Part C

District of Columbia  
State

Assistant Superintendent for Special Education, Office of the State Superintendent of Education, 810 First Street, NE, Washington, DC 20002. Phone – (202) 727-2824 or via email – [www.osse.dc.gov](http://www.osse.dc.gov)

## Baseline Data for FFY 2004 (2004-2005):

During the reporting period (October 1, 2004 – September 30, 2005) DC EIP received no requests for mediation.

## Discussion of Baseline Data:

DC EIP did not receive any mediation requests during the reporting period.

| FFY                 | Measurable and Rigorous Target |
|---------------------|--------------------------------|
| 2005<br>(2005-2006) | 100%                           |
| 2006<br>(2006-2007) | 100%                           |
| 2007<br>(2007-2008) | 100%                           |
| 2008<br>(2008-2009) | 100%                           |
| 2009<br>(2009-2010) | 100%                           |
| 2010<br>(2010-2011) | 100%                           |
| 2011<br>(2011-2012) | 100%                           |
| 2012<br>(2012-2013) | 100%                           |

## SPP Template – Part C

District of Columbia  
State

### **Baseline Data for FFY 2005 (2005-2006): NA**

DC EIP did not receive any mediation requests during the reporting period.

### **Baseline Data for FFY 2006 (2006-2007): NA**

DC EIP did not receive any mediation requests during the reporting period.

### **Improvement Activities/Timelines/Resources (through FFY 2012):**

DC EIP continues to monitor this issue.

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

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

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

**Measurement:**

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

**Overview of Issue/Description of System or Process:**

The DC EIP staff prepare all state reported data required by OSEP for compliance with Part C of IDEA. DC EIP does not have a Part C Data Manager. The DC EIP Program Analyst or assigned staff perform all data related tasks and coordinates production of these reports. Data are gathered through monitoring all early intervention service providers and DC EIP sub-grantees and from the Part C data system. During calendar year 2005, all state reported data was submitted on or before the due dates.

In the past, the DHS Office of Information Systems (OIS) was responsible for providing technology supports to all agencies within DHS. In 2002, OIS developed a “management information system” (MIS) for DC EIP to keep track of all data collected. Unfortunately, this system has had many glitches that have persisted to the present time despite numerous attempts by OIS to correct the problems. As a result, DC EIP has had to rely substantially on manual tabulation of data.

The plan set forth in the FY 2003 APR to embark on a web-based data system is still underway. The DC EIP has considered various options for implementing a web-based system but has not yet completed this task. The DC EIP Management Information System (MIS) was successfully re-developed by the DHS OIS and in use June 2006. Substantial enhancements were made to the system between 2006 – 2007. The web-based component has not been implemented. DC EIP began using the data base as its primary tool for collection and analysis of data with the development of the FFY 2006 APR. Desk audits continue to be performed to ensure the accuracy of the data.

**Baseline Data for FFY 2004 (2004-2005):**

All federally required reports were submitted on or before their due dates including: the 618 Data Tables; the FY 2003 Annual Performance Report; the FY 2005 Part C Grant Application; and the Part C SPP/APR.

As mentioned earlier, the Part C Office is carrying out a comprehensive internal audit, referred to as the Child Find Validation Review, to determine the accuracy of DC EIPs child count data. This is discussed further below.

**Discussion of Baseline Data:**

DC EIP recognizes the need to ensure accurate data collection and the challenges associated with not having a dependable management information system. In order to investigate the accuracy of the District’s Part C data, the Part C Office initiated a comprehensive audit (“Child Find Validation Review”) to determine the exact count of children who received services during the fiscal year (October 1, 2004 – September 30, 2005). For this audit, DC EIP used a manual system and counting everything by hand. An additional analysis was completed for every child referred to the Part C system and found eligible over the past three (3) years at the time baseline data was submitted (2004-2005). The Part C Office completed both analyses by the end of December, 2005.

| <b>FFY</b>          | <b>Measurable and Rigorous Target</b> |
|---------------------|---------------------------------------|
| 2005<br>(2005-2006) | 100%                                  |
| 2006<br>(2006-2007) | 100%                                  |
| 2007<br>(2007-2008) | 100%                                  |
| 2008<br>(2008-2009) | 100%                                  |
| 2009<br>(2009-2010) | 100%                                  |
| 2010<br>(2010-2011) | 100%                                  |

|                     |      |
|---------------------|------|
| 2011<br>(2011-2012) | 100% |
| 2012<br>(2012-2013) | 100% |

**Improvement Activities/Timelines/Resources (through FFY 2012):**

|    | <b>Improvement Activity</b>   | <b>Timelines &amp; Resources</b>  | <b>Status</b>    |
|----|---|---|------------------|
| 1. | Part C staff will work with the data manager at DCPS to coordinate compatibility of new DC EIP database with DCPS SETS database.                | June – September 2006<br>Part C Coordinator and DCPS staff                | <b>Completed</b> |
| 2. | Part C staff will work with Mid-South to make the link between the Part C and Part B databases, so that data can be shared from birth to 21.    | June 2006 – September 2009<br>Part C staff                                | <b>Completed</b> |
| 3. | DC Part C successfully developed an electronic database. This process is continuing to develop.   | June 2008 – September 2009<br>Part C Coordinator and staff; MSRRC         | <b>Completed</b> |
| 4. | DC EIP will develop a manual along with training materials for training staff and providers on the implementation of the data system.           | June 2008 – September 2009<br>Part C Coordinator and staff; MSRRC         | <b>Completed</b> |
| 5. | Implement review of all DC EIP data requirements to ensure consistency in method and analysis.  | FFY 2009 – FFY 2012<br>DC EIP staff; DSE Data Unit                        | <b>Proposed</b>  |
| 6. | Continue to process DC EIP state complaints through the OSSE State Complaint office managed by the Quality Assurance and Monitoring (QAM) Unit. | Ongoing, FFY 2009 – FFY 2012<br>DSE Quality Assurance and Monitoring Unit | <b>Proposed</b>  |